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 7 December 2022

Trust Offices
Room 6 and 7, Trinity House
110-120 Upper Pemberton, Kennington
Ashford TN25 4AZ

This meeting will be broadcast to the public

Kent Community Health NHS Foundation Trust

TRUST BOARD MEETING IN PUBLIC

Wednesday 7 December 2022, 9.00 – 11.30am
Rooms 6 and 7, Trinity House, Ashford TN25 4AZ

The meeting will be broadcast to the public

AGENDA

STANDING ITEMS				
1.	Welcome, introduction and apologies	Trust Chair	Verbal	9.00
2.	Staff network: Disability and carers' network	Ms Jaishree Narayanan (network chair)	Verbal	9.01
3.	Declaration of interests	Trust Chair / all	Verbal	9.20
4.	Minutes of the Board meeting in public held on 7 September 2022	Trust Chair		
5.	Action log and matters arising from the meeting held on 7 September 2022	Trust Chair		
6.	Chair's report	Trust Chair	Verbal	9.30
7.	Chief executive's report	Chief executive		9.35
QUALITY AND BOARD ASSURANCE				
8.	Board assurance framework	Interim Trust Secretary		9.45
9.	Quality committee chair's assurance report – meetings of 11 September 2022 and 17 November 2022	Chair of Quality Committee		9.55
10.	Infection prevention and control board assurance framework	Chief Nursing Officer		
11.	Learning from deaths report	Chief Medical Officer		
12.	Kent and Medway Special Educational Needs and Disability services (SEND) inspection	Chief Nursing Officer		10.05
13.	Reading the signals: Maternity and neonatal services in East Kent – the Report of the Independent Investigation	Chief Nursing Officer		10.15

14.	Audit and risk committee chair's assurance report – meeting of 21 November 2022	Chair of Audit and Risk Committee		10.20
15.	Finance, business and investment committee chair's assurance report – meeting of 12 October 2022 and 1 December 2022 (verbal)	Chair of Finance, Business and Investment Committee		10.25
16.	Strategic workforce committee chair's assurance report – meeting of 3 November 2022	Chair of Strategic Workforce Committee		10.30
17.	Charitable funds committee chair's assurance report	Chair of Charitable Funds Committee		10.35
PERFORMANCE				
18.	Integrated performance report – October 2022	Chief Finance Officer Executive Directors		10.40
19.	Winter plan	Deputy Chief Executive and Chief Operating Officer		10.55
GOVERNANCE AND COMPLIANCE				
20.	Emergency preparedness, resilience and response (EPRR) annual assurance statement	Executive Director of Health Inequalities and Prevention		11.00
21.	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard action plans 2022/23	Chief People Officer		11.05
22.	Briefing on the latest national corporate governance developments: Updated Code of Governance for NHS provider trusts and NHSE consultations on provider license and enforcement action	Interim Trust Secretary		11.15
ANY OTHER BUSINESS				
23.	Any other items of business previously notified to the Chair	Trust Chair	Verbal	11.20
QUESTIONS FROM MEMBERS OF THE PUBLIC				
24.	Questions from members of the public relating to the agenda items	Trust Chair	Verbal	11.25
CONFIRMED MINUTES OF COMMITTEES – FOR NOTING				
25.	• Charitable funds committee meeting of 21 July 2022			

- Quality committee meeting of 22 September 2022
- Finance, business and investment committee meeting of 21 July 2022
- Strategic workforce committee meeting of 1 September 2022
- Audit and risk committee meeting of 1 September 2022

	DATE OF NEXT MEETING			
26.	Wednesday 18 January 2022; venue tbc	Trust Chair	Verbal	11.30

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Board of Directors' Register of Interests

Board member	Declared interests
Mr John Goulston Trust Chair	• Chair of Steering Board, NHS London Procurement Partnership (LPP) • Chair, Kent and Medway Provider Collaborative Board for Adult Mental Health, Learning Disabilities and Autism
Ms Pippa Barber Non-executive Director	• Independent Nurse (Governing Body) South West London Clinical Commissioning Group • Director, THF Health Ltd • Trustee, Demelza House Children's Hospice
Mr Paul Butler Non-executive Director	• None
Ms Pauline Butterworth Deputy Chief Executive and Chief Operating Officer	• None
Ms Ali Carruth Executive Director of Health Inequalities and Prevention (non-voting)	• Governor, Downsbrook Primary School, Worthing
Mr Peter Conway Non-executive Director	• Non-executive director, Kent and Medway NHS and Social Care Partnership Trust
Mr Gordon Flack Chief Finance Officer	• None
Mrs Kim Lowe Non-executive Director	• Non-executive director, Kent and Medway NHS and Social Care Partnership Trust (KMPT) • Lay Member and Senior Independent Governor, University of Kent • Chair of Trust Board, University of Kent Academies Trust
Ms Mairead McCormick Chief Executive	• None
Dr Sarah Phillips Chief Medical Officer	• Newton Place Pharmacy LLP (shareholding)
Ms Victoria Robinson-Collins Chief People Officer	• None
Dr Mercia Spare Chief Nursing Officer	• None
Dr Razia Shariff Associate Non-executive Director (non-voting)	• Chief Executive Officer and Company Secretary, Kent Refugee Action Network • Member of South East Main Grants Committee, Children in Need (BBC)
Mrs Karen Taylor Non-executive Director	• Director of Research and Insights, Centre for Health Solutions, Deloitte LLP
Mr Nigel Turner Non-executive Director	• Owner, Turner Business Solutions

Last updated 1 December 2022

Kent Community Health NHS Foundation Trust

UNCONFIRMED Minutes of the Kent Community Health NHS Foundation Trust Board meeting in public, held on Wednesday 7 September 2022, rooms 6 and 7, Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford, Kent TN25 4AZ

Present:	John Goulston, Trust Chair (Chair) Paul Butler, Non-Executive Director Pauline Butterworth, Chief Operating Officer Peter Conway, Non-Executive Director Gordon Flack, Deputy Chief Executive/Director of Finance Kim Lowe, Non-Executive Director Mairead McCormick, Chief Executive Dr Sarah Phillips, Medical Director Victoria Robinson-Collins, Director of People and Organisational Development Gerard Sammon, Director of Strategy and Partnerships Dr Razia Shariff, Associate Non-Executive Director (non-voting) Dr Mercia Spare, Chief Nurse Karen Taylor, Non-Executive Director Ali Carruth, Director for Patient Experience, Participation and Health Inequalities (non-voting)
In attendance:	Gina Baines, Committee Secretary (minute-taker) Ms Jayne Bedingfield (agenda item 1.6) Georgia Denegri, Interim Corporate Trust Secretary Sue Mitchell, Assistant Director for Participation and Involvement Natalie Wanstall, Operational Manager (agenda item 6)
Apologies:	Pippa Barber, Non-Executive Director Nigel Turner, Non-Executive Director

07/09/01 Introduction by Trust Chair

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

07/09/02 Apologies for absence

Apologies were noted as listed above.

The meeting was quorate.

07/09/03 Declarations of Interest

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

07/09/04 Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 25 May 2022

The minutes were read for accuracy.

The Board **AGREED** the minutes of its meeting held on 25 May 2022 as an accurate record.

07/09/05 Matters arising from the Kent Community Health NHS Foundation Trust Board meeting held on 25 May 2022

The Board **RECEIVED** the matters arising.

07/09/06 Patient/Service Impact Story

Dr Spare introduced Ms Bedingfield and her sister to the Board. Ms Natalie Wanstall, Operational Manager, Thanet Long Term Services team, was also present to brief on the improvements made to the service as a result of the learning from this story.

Ms Bedingfield shared her family's story which outlined how in the last few days of her mother's life, her mother and the family had not received the level of support, empathy and compassion they had expected from the Thanet Long Term Services team. The family felt that the thoughts and wishes of their mother as a patient, as well as her loved ones, were not considered when assessing her needs, especially around pain relief. The staff's attitudes and behaviours were not in keeping with the trust's values. The family was also concerned that there was not effective communication from the community nursing team or the GP as to what to expect in their mother's final days. There was inconsistency in the approach from the community nurses and the family felt let down and frustrated by the care that their loved one received.

Ms Bedingfield emphasised that rather than making a complaint, sharing her story offered the opportunity to the Board to reflect on what had happened and what could be learnt by the community nursing team so that other families did not go through such experience.

Dr Spare apologised for the extremely poor experience of the family at such a difficult time. Ms Wanstall reassured the family that there had been much learning from their story. Following the death of Ms Bedingfield's mother, there had been a debrief attended by all the team. All the staff had wanted to see a number of changes to prevent a similar episode again. Bespoke kindness and civility training had been attended by all staff, as well as further end of life care training. This was monitored through one to one meetings. Administrative support was put in place to release senior staff to go out with junior staff to support them with end of life care. Communication between the service and GPs was re-evaluated and staff now joined end of life care meetings at the surgery, as well as the multi-disciplinary team (MDT) meetings. There was more engagement with the hospice, the referral

process had been reviewed and there were weekly meetings for all staff so that they were aware of all the active patients on their caseload. The team was also engaged with the triangle of care framework to support families and carers. Complaints were triangulated across both east and west Kent.

Mrs Lowe apologised for the experience that the family had had and that it should not have happened. She pledged to visit the Thanet Long Term Services team in the coming months to check that the learning had been embedded.
Action – Mrs Lowe

Ms McCormick apologised that the Trust had failed in providing the comfort and peace that a family would expect in such circumstances.

Dr Shariff reflected that more continuity of care could have helped.

Ms Taylor commented that she had previously been an author of a report to Parliament in 2008 on end of life care. This had set out that learning and continuous training was required. She was now a member of the Trust's Quality Committee which had oversight of the end of life care strategy. She had recently been invited to become a member of the end of life care steering group and she would bring the learning from that group to the wider Board. She reflected that although services could not always provide continuity of care, there were ways of ensuring continuity of communication.

In response to a question from Mr Flack as to whether the community nursing team was using the Kent and Medway Care Record which allowed clinicians from different organisations to have access to a patient's record, Ms Wanstall confirmed that the team was using it. In this instance, the community nursing team thought that the acute response team was leading on the care when that was not the case. This was the wrong assumption which led to further errors.

Mr Goulston thanked Ms Bedingfield and her family for coming to the meeting to share their story. He apologised on behalf of the Trust for letting Ms Bedingfield's mother and the family down and for failing to give the level of compassion and empathy that should have been provided under such circumstances.

Ms Bedingfield thanked the Board for giving her the opportunity to share her story as a closure so she could begin the process of moving on.

Dr Spare confirmed that she would provide an update to the Quality Committee in the next quarter on the learning from the story with a further report to the Board in six months' time.
Actions – Dr Spare

07/09/07 Trust Chair's Report

Mr Goulston presented the report to the Board for information.

The Kent and Medway integrated care system (ICS) came into being on 1 July 2022. Oversight of the system sat with the integrated care board (ICB). The Kent and Medway Integrated Care Partnership Committee (ICP) had also been established and its membership included the chairs of the four health and care partnerships (HCPs) of which Mr Goulston was chair for West Kent. The ICB had met in June and July and had been tasked to develop an integrated care strategy for Kent and Medway by December 2022. Once that was complete, the ICB would set its delivery care plan for the next five years, which it would share with its partners to deliver.

Mr Goulston had attended the first meeting of the Mental Health, Learning Disabilities and Autism Provider Collaborative Board as its vice chair. He had asked for clarity about the breadth of the group's responsibilities as it was not clear whether it had responsibility for adult and children and young people or whether the latter were the responsibility of the children's board. It was important that the various groups were clear about their remit to avoid areas of health been duplicated or omitted.

Mr Goulston, Ms McCormick and Mr Flack had met with Kent County Council (KCC) to undertake the annual review of the Trust's partnership with KCC in delivering public health contracts. The review had been positive despite workforce challenges. Ms McCormick and the executive team would be exploring how the prevention agenda delivered by various of the Trust's services would align with the integrated care strategy.

With regards to service visits, Mr Goulston and the non-executive directors had visited a number of services since May. Mr Goulston, Mrs Lowe and Ms Barber had visited the Musculoskeletal Physiotherapy Service at the Churchill Centre, Aylesford. Mr Goulston had visited Ms Kate Stevens, one of our specialist nurses in the tuberculosis (TB) nursing service in North and West Kent. Mr Goulston and Ms McCormick had visited Tonbridge Community Hospital and had met Mr David Wells, the new chair of its League of Friends.

Mr Goulston thanked Mr Conway for attending the opening of the Sevenoaks Hospital garden by Ms Gloria Hunniford. He also thanked the various local supporters who had provided plants and landscaping to the garden.

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

07/09/08 Chief Executive's Report

Ms McCormick presented the report to the Board for information.

Ms McCormick thanked everyone for the warm welcome they had given her since she had taken up her post. She had attended about a third of the Trust's services and has been struck by the commitment of staff to go above and beyond with the delivery of care to patients. Patients were presenting

with a new layer of care complexity and the executive team would be reviewing the models of care and the workforce to meet the challenge. A plan was needed to help services manage the next six to eight months. This would include the winter plan. However, there was a need to redesign and reconfigure care alongside the winter model. The mechanism for that would be through integrated care teams at neighbourhood, place and locality level. There was a real appetite to do this and some progress was already being made. The foundations were being laid already through the Frailty Service and Virtual Ward, which were aligning Trust services with those of its partners.

Ms McCormick thanked Ms Natalie Davies, previously Director of Corporate Services who had left the Trust on 1 September 2022 to join the Kent and Medway ICB, for the contribution she had made to the Trust. She welcomed Ms Georgia Denegri as the new interim Trust Secretary. She also welcomed Ms Ali Carruth onto the Board. Her role on health inequalities and prevention would be critical for the Board going forward.

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

07/09/09 Board Assurance Framework (BAF)

Mr Flack presented the report to the Board for assurance.

In response to a question from Mr Sammon as to what was the key learning for the Trust around improving the voluntary turnover rate, Ms Robinson-Collins responded that the organisation was recognising the impact of the cost of living crisis on its staff and responding. Much had to do with fostering a culture where leaders could lead with compassion and direction and ensure that staff felt that they had a voice. Since January 2022, a considerable amount of work had been done by the operational and HR teams which was now beginning to deliver incremental change.

In response to a question from Dr Shariff regarding risk 123 which outlined the impact on a number of Trust and system pathways from the limited capacity within the domiciliary care market, Ms Butterworth explained that the issues that had been thrown up would not be solved by continuing to offer the same model of working. Ms McCormick was keen to look at alternative interventions which would avoid hospital admissions with more emphasis on care being delivered at home. The Trust had been the first organisation in Kent to put in a service on an acute site to address this, where the emphasis was on preventative care and early intervention. However, in order for this to be delivered successfully, the Trust would have to stop doing some of its other activities. Ms McCormick added that preventative care was key to shifting the dial. The longer people remained in hospital, the more complicated their care became. It was not necessarily about social care but rather reducing the length of stay so as not to compound health problems. The Trust could help hospitals with reducing lengths of stay through redirecting resource and capacity to less complex patients. Dr Spare added that the chief nurses from across Kent and

Medway had distributed funding to upskill carers with this in mind. The Trust's Patient and Carer Council would be involved in understanding what this would look like.

Mr Conway reported that the Audit and Risk Committee had met the previous week and discussed the estates risk. The Committee had agreed that the BAF reflected well the risks that the Trust faced. Mrs Lowe commented that compassionate, strong, empathetic leadership was needed to keep the turnover rate down. An update to the Board on the estates' risks would be added to the Board forward plan and presented by Mr Sammon. **Action** – Mr Sammon

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

07/09/10 Infection Prevention and Control Board Assurance Framework (IPC BAF)

Dr Spare presented the report to the Board for assurance.

The report had been received by the Quality Committee at its meeting in July.

Some mandated infection prevention and control (IPC) guidance had been paused, although these could come back in the autumn as there were some predictions that there could be high levels of flu and respiratory diseases. The number of Covid infections in the Trust among patients and staff were low at present. Routine screening was being reviewed and would be paused.

With regards to the flu and Covid vaccination programme for staff, Dr Spare confirmed that this would begin at the end of September and run to the end of December. There would be two separate vaccines for flu and covid-19. The Trust would be working to the Joint Committee on Vaccination and Immunisation (JCVI) guidance for Covid vaccination.

In response to a question from Mr Goulston as to whether the Trust could achieve a high level of compliance this year, Dr Spare responded that the delivery programme was more rehearsed now and the co-administration of the two vaccines could help with compliance; however, not all staff would be eligible to receive the Covid booster this year. The flu vaccine would arrive earlier than it had done in the previous year which would give more staff more time to access it.

In response to a question from Ms Taylor as to why the number of reported urinary tract infections (UTIs) had been above the trajectory for several months in a row, Dr Spare explained that a new process had been put in place to look at the test results. A surveillance role had been incorporated into IPC Team which had led to more active monitoring. It had also been thought that the increase in UTIs was due to reduced hydration in patients. A quality improvement project was underway to encourage people to drink

more liquids. If it was successful then this would have a positive impact on the number of reported UTIs.

Dr Spare would provide an update on the staff flu and Covid vaccination programme in her next report to the Board.
Action – Dr Spare

The Board **RECEIVED** and **NOTED** the Infection Prevention and Control Board Assurance Framework.

07/09/11 Audit and Risk Committee Chair's Assurance Report

Mr Conway presented the report to the Board for assurance.

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

07/09/12 Charitable Funds Committee Chair's Assurance Report

Mr Butler presented the report to the Board for assurance.

Mr Butler highlighted that he and Dr Shariff were new members on the committee. They, with the new chair Mr Turner, were considering the role of the committee and its effectiveness. They were keen to ensure that charitable monies were spent and spent wisely. There had been considerable discussion around the cost of living pressures that staff were facing and the role of charitable funds to give support where it could. Mr Goulston confirmed that the committee would be holding an extraordinary meeting to look at a proposal for a hardship fund for staff. The outcome of this would be reported at the next public Board meeting.

The Board **RECEIVED** and **NOTED** the Charitable Funds Committee Chair's Assurance Report.

07/09/13 Finance, Business and Investment Committee Chair's Assurance Report

Mr Butler presented the report to the Board for assurance.

The committee had discussed the challenge of delivering the cost improvement programme (CIP) year on year and the strain on services that this represented. The committee had received a paper on how service transformation could drive the CIP strategy. The committee had suggested that the executive team bring the paper to the Board as soon as possible for further discussion. As the executive team wished to use it as part of the next cycle of business planning, it was important that the full Board had sight of the intended approach. Pauline Butterworth agreed to bring the report to the Board.
Action – Ms Butterworth

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

07/09/14 Quality Committee Chair's Assurance Report

Ms Taylor presented the report to the Board for assurance.

Dr Shariff clarified that there were two groups: the Health Inequalities Programme Board, which consisted of mainly Trust staff, and the Healthy Communities Steering Group, which mainly consisted of community representatives and which was previously called the Migrant Communities Steering Group.

Ms McCormick commented that it was for the senior leaders in the system to decide where care was delivered geographically. However, there was also a piece to be undertaken on estates optimisation and the Trust was about to embark on this work. Ms Taylor highlighted how much staff valued having a rest room which they could use to take a break. This was also valued by those staff who are working out in the community. She asked that this was kept in mind when the estate was being reviewed.

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

07/09/15 Strategic Workforce Committee Chair's Assurance Report

Mrs Lowe presented the report to the Board for assurance.

The committee had agreed that risk 115 continue to be scored at 20. There was a need for new operating models and skill mixes to make a difference as the current models would not help services deliver what was required of them. The Trust recognised it would be taking a risk but also understood the importance of listening to staff.

With regards to listening, the committee was listening to stories from the staff networks. The network chairs played an important role in the success of the networks and provision of a good induction programme, support from their executive sponsor and knowledge of where to go for further support were essential. The committee supported Ms Robinson-Collins' decision to start again with the equality, diversity and inclusion (EDI) action plan. The Board would be leading on this with its board development session that afternoon.

Ali Carruth highlighted that NHS England was providing development sessions for executive sponsors and network chairs. The executive sponsors were attending and it was agreed that Ms Robinson-Collins would invite the network chairs to attend.
Action – Ms Robinson-Collins

Mr Sammon commented that as the newest executive sponsor for a network he saw a role for the network chairs to provide support to each other as they grew in their roles. Ms Robinson-Collins agreed to share this suggestion with them.
Action – Ms Robinson-Collins

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

07/09/16 Learning from Deaths Report

Dr Phillips presented the report to the Board for assurance.

The report had been received by the Quality Committee at its meeting in July.

Ms Carruth commented that the report had made her reflect on equity of access to the Trust's community hospitals. She had been struck by the ethnicity of inpatients and that no deaths have been recorded of patients of colour. As part of her engagement work, she would give consideration as to whether those patients in the ethnic communities chose not to access the community hospitals.

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

07/09/17 Workforce Race Equality Standard (WRES)

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

The report had been received by the Strategic Workforce Committee and the Board at its Part Two meeting.

The action plan would come to the Board at a later date for further discussion following engagement with colleagues. Mr Goulston commented that the Board and the Trust had significant work to do and that this is a top priority for the Board. He suggested that a development session with the Council of Governors would be helpful.

Ms Butterworth highlighted that the turnover figures amongst black, Asian and minority ethnic colleagues (BAME) was too high and that there were pockets of even higher turnover such as in the Musculoskeletal Physiotherapy Service. Work was being done to hear the lived experience of staff in these hotspots and to respond to their needs. Ms Robinson-Collins added that the Trust had appointed an EDI analyst to interpret the data and enable a better targeting of activity. This was in addition to the benchmarking information that the Board had. It was agreed that she would bring an update on progress with the WRES to the December Public Board meeting.
Action – Ms Robinson-Collins

The Board **APPROVED** this year's WRES data and report and action plan for submission and publication on the Trust website.

07/09/18 Workforce Disability Equality Standard (WDES)

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

The report had been received by the Strategic Workforce Committee and the Board at its Part Two meeting.

The action plan would come to the Board at a later date for further discussion following engagement with colleagues. Mr Goulston commented that there was considerable work to be done around encouraging staff to report their disabilities on ESR, the NHS Employee Staff Record system. He also highlighted that the Trust had significant work to do around improving on almost half of the metrics on the dashboard. Ms Robinson-Collins agreed to bring an update on progress with the WDES to the December Public Board meeting.
Action – Ms Robinson-Collins

The Board **APPROVED** this year's WDES data and report and action plan for submission and publication on the Trust website.

07/09/19 Integrated Performance Report (IPR)

Mr Flack, Dr Spare, Ms Robinson-Collins and Ms Butterworth presented the report to the Board for assurance.

In response to a question from Dr Shariff regarding the tuberculosis (TB) nursing service's trajectory to meet the 85 per cent compliance target against the 28-day standard for the number of babies vaccinated and to reach this by December 2022, Ms Butterworth confirmed that this was correct. She was well-sighted on the service which would achieve this by additional staff and service redesign.

In response to a question from Mr Conway as to the extent of the reputational risk for the Trust arising from running such long waiting times for diagnosis for those children on the Autistic Spectrum Diagnostic pathway (ASD), Ms Butterworth explained that the Trust was not an outlier nationally. However, the service wanted to try and increase its capacity through reducing its vacancies. Some work would also be outsourced which although it would not make significant inroads into the length of the waiting times, it would stop the number increasing. An advanced nurse practitioner had been employed as part of the remodelling and this was working well. In this context, she suggested that this did not pose a significant reputational risk to the Trust. Mr Goulston added that the long waiting times had been raised at the Mental Health, Learning Disabilities and Autism Provider Collaborative Board because it was a system issue. Ms Butterworth commented that the service provided a final diagnosis. While families waited for this, they had access to support. Dr Phillips reflected that across the

country, the pathways were not working for families and were an intractable problem. The staffing gaps in community paediatrics were significant but the team was starting to use a number of different approaches such as skill mix, use of technology, and early medication reviews by phones. The service would benefit from more intensive quality improvement support but the challenge was finding the capacity to undertake this. Ms McCormick suggested that it would be for the system to find a solution rather than individual organisations.

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

07/09/20 Standing Financial Instructions and Scheme of Delegation

Mr Flack presented the report to the Board for approval.

Mr Flack would share with Board members the flowchart which set out how a decision was made for a tender, procurement or a quote.
Action – Mr Flack

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

07/09/21 Board and Committee membership and governance updated from April 2022 (September 2022)

Mr Goulston presented the report to the Board for approval.

Mr Goulston would present the paper to the Council of Governors at its October meeting.
Action – Mr Goulston

The Board **APPROVED** the Board and Committee membership and governance updated from April 2022 (September 2022).

07/09/22 2021/22 Annual Report and Accounts

Mr Flack presented the report to the Board for information.

The content of the report would be presented at the Annual Members' Meeting on 28 September 2022. The event would be live streamed at 2pm.

The Board **NOTED** the 2021/22 Annual Report and Accounts.

07/09/23 2021/22 Quality Account

Dr Spare presented the report to the Board for information.

The Board **RECEIVED** and **NOTED** the 2021/22 Quality Account.

07/09/24 Any Other Business

There was no other business to report.

07/09/25 Questions from members of the public relating to the agenda

Ms Gillian Harris, Public Governor, Sevenoaks, thanked Ms Robinson-Collins and the HR team for the work they had done in supporting the workforce and helping the Governors do the work they did.

Ms Carol Coleman, Public Governor, Dover and Deal, thanked Ms Bedingfield and her family for having the courage to come forward to share their story with the Board and the wider public. She commented that she often spoke with the community nursing leads when attending the East Kent Forum. They had highlighted to her the significant increase in the number of home deaths that the community nurses had attended in the last two years and the implications for the resourcing of the community nursing and acute response teams in order to keep pace with volume of cases. Ms McCormick responded that she and the executive team recognised that these teams were feeling the strain and that clinicians needed to be given the time to give the complex care that was needed. She intended to bring a paper to the Board which would set out a robust plan to address this.
Action – Ms McCormick

Ms Butterworth added that the rapid response service was receiving 600 referrals a month above plan. The service was managing to meet it but the executive team felt it was incumbent upon them to propose a different model to manage the demand and capacity more effectively as it was not sustainable. Ms Butterworth, Dr Spare and Ms Robinson-Collins were working closely together to progress this.

In response to a question from Ms Carol Coleman, as whether there could be an opportunity for a governor or patient to be represented on the Trust's end of life care steering group, Dr Spare responded that she would be pleased to extend an invitation. Ms Carol Coleman also asked if the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) tool could be shared with the Council of Governors, Dr Spare agreed to share it. Mr Goulston suggested that Dr Spare also arrange for a Governor development session on End of Life Care. Dr Spare agreed to make the necessary arrangements.
Actions – Dr Spare

Dr Spare reflected that the children and young people's services had also seen an increase in end of life patients this year compared to previous years. She had accompanied community nurses on their visits to patients who were receiving end of life care and had observed the extraordinary compassion the nurses showed in the care they gave. There was no evidence of compassion fatigue.

Ms Robinson-Collins thanked Ms Gill Harries for her comments. She commented that there were three areas that she and her team were

focussing on. Firstly, to remove non-value-added activity; secondly, to lead with compassion; and thirdly to enable more colleagues to be alongside each other through improved skill mixing, models of care, culture and compassionate leadership.

Mr Goulston confirmed that the video of the meeting and how to submit any questions would be available on the public website shortly.

Date and venue of the next meeting

Wednesday 7 December 2022; Rooms 6 and 7, Kent Community Health NHS Foundation Trust offices, 110 – 120 Upper Pemberton, Kennington, Ashford, Kent TN25 4AZ. This meeting will be broadcast live to the public.

The meeting ended at 11.20am

Kent Community Health NHS Foundation Trust

ACTION LOG FROM THE BOARD MEETING OF 7 SEPTEMBER 2022 (PART ONE)

Minute number	Agenda Item	Action	Action Owner	Update	Action status
07/09/06	Patient/Service Impact Story	To visit the Thanet Long Term Services team to check that the learning has been embedded.	Mrs Lowe	Mrs Lowe will visit the service on 24 January 2023.	Closed
07/09/06	Patient/Service Impact Story	To provide an update to the Quality Committee in the next quarter. To provide a report to the Board in six months' time.	Dr Spare	This will come to the January Quality Committee meeting and the March Board meeting.	Open
07/09/09	Board Assurance Framework (BAF)	To add to the Board forward plan an update to the Board on the Estate risks.	Ms Butterworth	To be scheduled	Open
07/09/10	Infection Prevention and Control Board Assurance Framework (IPC BAF)	To include in the next report an update on the staff flu and Covid vaccination programme.	Dr Spare	The Quality Committee has been kept updated on the take up of the staff flu and Covid vaccination programme. The latest position is included in the infection prevention and control board assurance framework (IPC BAF).	Closed

Minute number	Agenda Item	Action	Action Owner	Update	Action status
07/09/13	Finance, Business and Investment Committee Chair's Assurance Report	To bring the paper on how service transformation could drive the cost improvement programme strategy to the October Board meeting.	Ms Butterworth	Service transformation and the cost improvement programme was discussed further at the finance, business and investment committee meeting on 1 December 2022. The intention is that this will be discussed by the board in the new year.	Open
07/09/15	Strategic Workforce Committee Chair's Assurance Report	To inform the staff network chairs of the NHS England development sessions for network executive sponsors and network chairs and invite them to attend.	Ms Robinson-Collins	Action complete. Also shared the other regional offers for network members that may be relevant for those with protected characteristics.	Closed
07/09/15	Strategic Workforce Committee Chair's Assurance Report	To encourage the network chairs to provide support to each other as they grow in their roles.	Ms Robinson-Collins	This networking is already in place.	Closed
07/09/17	Workforce Race Equality Standard	To bring an update on progress with the WRES to the December Public Board meeting.	Ms Robinson-Collins	On the agenda.	Closed
07/09/18	Workforce Disability Equality Standard	To bring an update on progress with the WDES to the December Public Board meeting.	Ms Robinson-Collins	On the agenda.	Closed

Minute number	Agenda Item	Action	Action Owner	Update	Action status
07/09/20	Standing Financial Instructions and Schemes of Delegation	To share with Board members the flow chart which sets out how a decision is made for a tender, procurement or a quote	Mr Flack	Action complete.	Closed
07/09/21	Board and Committee membership and governance updated from April 2022	To present the paper to the Council of Governors at its October meeting.	Mr Goulston	Action complete.	Closed
07/09/25	Questions from members of the public relating to the agenda	To bring a paper to the Board on workforce modelling in relation to complex models of care.	Ms McCormick	The chief nursing officer is responsible for safer staffing and is under taking a skill mix review. This will inform workforce planning for the future. However, we also need to align this to working in a more integrated way through neighbourhood teams. This work is being led through health and care partnerships. The board will be sighted on these developments as they progress.	Closed
07/09/25	Questions from members of the public relating to the agenda	To invite a Governor or patient representative to become a member of the End of Life Care Steering Group	Dr Spare	Update will be provided at the meeting	Open

Minute number	Agenda Item	Action	Action Owner	Update	Action status
07/09/25	Questions from members of the public relating to the agenda	To share the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) with the Council of Governors.	Dr Spare	Update will be provided at the meeting	Open
07/09/25	Questions from members of the public relating to the agenda	To arrange for a Governor Development Session on End of Life Care.	Dr Spare	This has been added to the governor development sessions forward plan and will take place in the new year.	Closed

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	7
Agenda Item Title:	Chief Executive's Report
Presenting Officer:	Mairead Mc Cormick, chief executive officer
Action – this paper is for:	☐ Decision ☒ Information ☐ Assurance

Report Summary
This report highlights key people, 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	

Kent Community Health
NHS Foundation Trust

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Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	7
Agenda Item Title:	Chief Executive's Report
Presenting Officer:	Mairead McCormick, chief executive officer
Action – this paper is for:	☐ Decision ☒ Information ☐ Assurance

Report Summary
This report highlights key people, business and service developments in Kent Community Health NHS Foundation Trust since the last public board report in September 2022.

Proposal and/or recommendation
To note the report.

If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis (EA) for this paper? *National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.* *You can find out more about EAs here on flo*	☐ 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:	Mairead McCormick	Job title:	Chief Executive
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CHIEF EXECUTIVE'S REPORT
December 2022

It's almost six months since I joined KCHFT. This is my second public Board meeting and after visiting nearly 50 services I feel like I have gained so much more knowledge not only of how the services work or the challenges faced by our teams, but I'm also really starting to get to know the people. I have been hugely impressed by their passion, innovation and enthusiasm to build on their success and develop new models of care, which will make a real difference to our communities.

While we have some immediate challenges and some tough months ahead – dealing with winter pressures, strike action, planned power cuts or the cost of living crisis to name but a few, it's really important our focus is on actions which will make long-term impacts and deliver better outcomes for everyone, such as developing a robust rehabilitation model, truly integrated neighbourhood teams or putting prevention much higher on the agenda.

We also need to recognise the difficult financial climate we are working in. It is really important we make sure we get the best value for money out of every pound spent and that we work together with our social care partners to ensure we are efficient and effective together, while we address the needs of our residents across Kent and Medway, east Sussex and London.

This report highlights some key updates since the previous public board report in September.

Current situation and pressures

New executive portfolios

The pandemic has really made us all think differently about how we do things but as we all know it has emphasised the absolute need to address inequalities and preventing ill health. The introduction of integrated care boards and health and care partnerships creates many opportunities to work differently, so it has been timely as I have reviewed how the executive portfolios can best be realigned to meet those needs. I have now completed a structured review of the executive portfolios with support of the Good Governance Institute and I would like to share what this now looks like going forward.

New deputy chief executive

Succession planning is really important to create attractive career pathways for people and a resilient health and social care sector. I offered my Executive Team an opportunity to develop the skills to become a chief executive in the future. I've been very fortunate to have Gordon Flack, who is a brilliant deputy chief executive and did an extraordinary job as interim chief executive, but Gordon has other life plans and has stepped down from the deputy chief executive role. I would like to put on record my thanks for his support.

After a selection process**,** Chief Operating Officer Pauline Butterworth has been appointed for a two-year fixed period. As part of the portfolio changes, the deputy chief executive will also take on responsibility for estates and facilities, which was previously under the director of corporate services, which is no longer in the structure. A new role of

director of corporate governance will report to the deputy chief executive; in the interim Georgia Denegri is in this role and an advert for the substantive post has been launched.

Health inequalities and prevention to come together

Health inequalities and prevention needs a whole new level of attention and focus and we need to bring this much closer to the Board's focus. I am bringing together responsibility for this under **Ali Carruth** as Executive Director of Health Inequalities and Prevention. This means public health services and the delivery of services will move under Ali. She will also have a responsibility for building integrated neighbourhood teams with our partners, as described in Claire Fuller's report, of which prevention and anticipatory care are a huge part. She will support our teams to codesign these models with partners and populations.

New role of chief allied health professions officer

After hearing from so many colleagues about the importance of our allied health professionals in care and rehabilitation and appreciating their major contribution to the NHS Long Term Plan, I am delighted to announce that I am seeking to appoint a new role of chief allied health professions officer**,** who will co-design a new model of care for rehabilitation, as well as provide succession planning for AHPs to board level positions.

Strategy and next steps

Our former Director of Strategy and Partnerships, Gerard Sammon, has been seconded to a role in the NHS East England Team. I would like to put on record my huge thanks to Gerard for everything he has done at KCHFT and also for his role in supporting the East Kent Health and Care Partnership. Overall responsibility for strategy at KCHFT will sit with me, as chief executive, and I believe each executive member has a strategic role to play in their areas of expertise.

I know change can bring uncertainty and I have been mindful to complete these changes in a thoughtful way. The new portfolios will mean a change in some reporting lines. Members of the Executive Team have already begun conversations with anyone affected in the sub-structures.

Strike action

Royal College of Nursing (RCN) members at Kent Community Health NHS Foundation Trust (KCHFT) voted to take strike action over pay and patient safety.

The RCN has announced the first strikes will take place on Thursday, 15 December and Tuesday, 20 December. However, KCHFT is not on the list for strike action on these dates. The college has indicated the number of NHS employers affected by action will increase in January unless negotiations are held. Other unions are continuing to ballot. We have now also received the results of the Unison ballot, and KCHFT did not meet the threshold for strike.

For our colleagues who voted or intend to strike, we recognise this will not be a decision they have taken lightly. We continue to prepare in case of action and are negotiating our derogations with our trade union representatives, these are services which we must maintain to keep people safe.

If strike action goes ahead for any of the unions, we will do everything we can to avoid cancelling appointments, but for those planned appointments or clinics for patients or clients we will need to cancel, services will be contacting patients and reschedule. We will direct patients to our website, which we will keep regularly updated for details about the strike and how it affects them: www.kentcht.nhs.uk/strike.

Winter planning

Our winter plan this year is to trial more joined-up care which will help in developing our integrated model for the future as referred to earlier. This involves enabling teams to work as one and move resources to where the need arises rather than multiple hand offs between provider organisations. This requires giving teams permission to act in the knowledge that it is right decision for the patient and citizen rather than the organisation.

Our plan has been developed with the Kent and Medway Integrated Care Board and providers within health and care partnerships and focuses on:

- current national identified priorities for building sustainable and responsive out of hospital services, such as the urgent community response and virtual wards
- data and modelling that identifies patient cohorts and pathways where there is an opportunity to improve the patient pathway and flow
- current national policy or guidance, including discharge to assess and Our Plan for Patients.

I am working with my counterparts in provider organisations to enable this important work and continue to monitor impact, review and improve as necessary. I will also be the senior responsible officer for discharge and intermediate care across Kent and Medway to enable us to spend our share of the allocated money to support discharge. We are also one of 12 ICBs across England that will be a pilot for a new recovery/intermediate care model that we have already started to build some solid foundations. This is the interface between hospital and home.

Exercise Artic Willow

A three-day national emergency exercise took place in Ashford in November to test our resilience and preparedness this winter as we face potential strike action, power outages and adverse weather. Colleagues from across operations, estates, facilities, IT, procurement and communications joined the exercise, alongside NHS partners in Kent and Medway. The learning from the event will be added to our emergency response plans and will help make sure we can continue to provide essential patient care this winter. It also showed we are an organisation skilled and experienced at responding to emergency situations and learning from previous events.

COVID-19 and flu vaccinations

We continue to monitor rates of Covid and flu.

As of 23 November, our teams have vaccinated more than 2,000 colleagues. Uptake is 43.4 per cent for flu and 42.3 for Covid.

We're still providing flu jabs for colleagues until 28 February, as well as Covid boosters for any eligible colleagues until 16 December. We ran a short survey with colleagues to understand people's views and any reluctance to have the boosters, and as a result we ran an online webinar on 14 November with the chief nurse, the medical director and the chief pharmacist to provide more information for colleagues.

Cost of living

We continue to look at how we can support staff as the cost of living crisis starts to hit. We have agreed to look at the development of hardship fund, using charitable funds from *i care*, as well as provide colleagues with access to financial advice and tips on saving money. Our 'You' magazine, which was provided for every KCHFT colleague and was paid for via charitable funds, outlines the health and wellbeing support we provide for colleagues, including financial support.

People

Staff survey and Executive Team visits

The annual NHS Staff survey launched in October and closed on 25 November, with a **62 per cent response rate** from our colleagues, just short of last year's 65 per cent. We believe response rates across the country have dropped this year. We have a plan in place to share and act on the feedback we receive and are exploring an option to develop a Staff Council.

We have significantly increased our Executive Team visibility co-ordinated with our NEDS and governors across the organisation with a series of service visits. We now have a robust mechanism to receive and give feedback on what we have seen and heard and are working with staff to improve where it is required and of course triangulating that it is having the desired effect. This is a really important function of our Board and why our visits need to be effective.

EDI action plan refresh and leaders conference

A refresh of the Equity, Diversity and Inclusion action plan was endorsed by the Board and we now have now commissioned an independent facilitator to lead the engagement plan. A number of engagement activities are planned for the coming months, including access to executive colleagues, team meetings and virtual world café sessions, as well as opportunities for colleagues to submit feedback anonymously.

Our leaders conference *'Nobody left behind – the language we use'* took place at Ashford International on Wednesday, 2 November. We were joined by Occupational Psychologist Tinu Cornish who talked to us about the language we use when talking about race, why good people end up discriminating and looked at the unconscious bias we all hold and what we can do about it.

We have also just launched our sixth network for neurodiversity in response to requests from colleagues; with 40 people attending the first meeting.

Awards

National awards

Congratulations to our **Pharmacy Team** for winning the Patient Safety Award at this year's Health Service Journal Awards in London. This award recognises the importance of championing patient safety and the work the team have done to support children with complex needs with their medication in schools.

Our work across the Kent and Medway Integrated Care System, in a partnership between Thanet CIC and Thanet GP practices, was also recognised in two categories. The **Thanet Acute Response Team** was a finalist in the Primary and Community Care Innovation of the Year and Primary and Community Care Provider of the Year.

KCHFT won the healthcare security innovation award at the National Association for Healthcare Security awards for the innovative **SafeZone** app which puts the safety of our lone-working colleagues first.

Graduation for our apprentices

Apprentices from across KCHFT joined fellow graduates at a ceremony at Rochester Cathedral to celebrate their graduations, which recognised achievements in healthcare, dental nursing and business administration.

It is fantastic to see our apprentices celebrate their graduations after a challenging few years of combining study and practice. Apprenticeships offer an amazing opportunity for our colleagues to learn and develop on the job and we are proud to support them to reach their potential.

Long service awards

It was great to attend my first annual long service awards at Ashford International Hotel on Friday, 14 October. We gave in-person awards to people celebrating 15, 20, 25, 30, 35 and 40 years of service. The event was a chance to ask the people in the room to reflect on why they do what they, remind them how rewarding it is to care and engage them to inspire the next generation of healthcare professionals to join us.

Patients and service users

Stroke beds

We're at the start of an exciting journey to provide a specialist stroke rehabilitation unit in Westbrook House, Margate. The inpatient unit will provide intensive therapy for people to allow them to get home safely and spend less time in hospital. The ward will be nurse and therapy-led, with an emphasis on helping patients reach personal goals. We have already recruited a team of physiotherapists, occupational therapists, speech and language therapists and dietitians to roles in the service and are now recruiting to our nursing teams.

Armed Forces Covenant

The new armed forces covenant duty became law on 22 November. Our Armed Forces Network has been working with colleagues to help develop the pledges that underpin the Armed Forces Covenant, which, at the time of writing, we were due to sign yesterday (6 December). The actions we will take to uphold those pledges will help us become an armed forces friendly employer and help improve access to our services. By signing the Covenant, we can submit a nomination to the Defence Employer Recognition Scheme and achieve Veteran Aware Accreditation through the Veterans Covenant Healthcare Alliance.


At your service

How my army skills help the NHS

We bring so many skills

NHS support for veterans

Partnerships

SEND report

Many of you will have seen the news headlines about the report concerning the level of support for children with special educational needs and disabilities (SEND) in the county. Ofsted and the Care Quality Commission carried out a three-day re-visit in September to assess the support we – Kent County Council, NHS Kent and Medway, local schools and settings, provide. They found that not enough progress has been made to address the weaknesses identified in their 2019 inspection.

The letter makes for uncomfortable reading and while it's hard to hear criticism of the services we deliver, we now need to work with our parents, families, schools, KCC and NHS Kent and Medway to meet the expectations of families. and to make improvements.

Edenbridge Health and Wellbeing Centre

Build work on Edenbridge Health and Wellbeing Centre is progressing well, however more needs to be done to ensure we deliver the truly integrated model we want to provide, as well as the outcomes for our communities. Now we have realigned the Executive Portfolios, the chief operating officer is putting in additional senior leadership to develop the clinical model for the centre.

Folkestone Winter Well event

Colleagues from urgent care, specialist respiratory, public health and patient participation teams were just some of 20 contributors across the NHS, community and voluntary services who delivered the #WinterWell event in Folkestone on Saturday, 12 November.

Some of the event highlights included: 28 flu vaccines given to school-aged children, more than 30 people supported by our specialist respiratory nurses, three people referred into community homelessness services. Our One You Kent Team delivered 30 health interventions and more than 60 families were supported with healthcare advice for children and young people, along with referrals to food and financial support services.

A real draw of the event was the winter coat giveaway, with hundreds of coats kindly donated by colleagues at KCHFT and our partners given to people in need. This was the first in-person event that brought together partners from the East Kent Health and Care Partnership to support people in the community and has provided a successful model for us to follow in our towns.

This concludes my report other than to to say a huge thank you to everyone for the work they are doing to make sure our patients have safe care in the challenging months ahead.

Mairead McCormick
Chief Executive December 2022

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 2 (Confidential)
Date of Meeting:	07 December 2022
Agenda Number:	8
Agenda Item Title:	Board assurance framework
Presenting Officer:	Georgia Denegri, interim trust secretary
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

What is the purpose of the paper and the ask of the committee or board?

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.

The top three BAF risks are as follows:

- BAF ID 123 – 'KCC Funded Social Care' – risk rating 20
- BAF ID 115 – 'Operational Pressures & Staff Shortages' – risk rating 20
- BAF ID 124 – 'Strike Action Risk' – risk rating 20

No new risks have been added since the BAF was last presented to the board.

No risks have been removed since the BAF was last presented to the board.

Kent Community Health NHS Foundation Trust

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

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Updated 29th November 2022

Appendix 1

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.
Confidence Assessment: This represents the confidence level of the risk being mitigated by the target completion date. High confidence/medium confidence/low confidence
Risk Appetite score: This reflects the appetite towards the risk in line with the trust's position: 1 Minimal/2 Cautious/3 Open/4 Seek/5 Pro-active
Target Rating: The risk can be removed from the BAF (and if appropriate onto the directorate risk register) once this score is achieved.
Target Date: Month end by which all actions should be completed
Strategic Goals: Integrate Services/Prevent Ill Health/Deliver High Quality Care at Home and in the Community/Develop Sustainable Services

Action status key:

Actions completed	G
On track but not yet delivered	A

Strategic Goal	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.	Appetite	C	L	Target	Target Date (end)
Integrated Care	123	May 2022	Pauline Butterworth	**KCC Funded Social Care Risk** There has been a sustained lack of domiciliary care for KCC funded long term packages of care in the system. This is caused by a number of factors including availability of workforce; reduced numbers of domiciliary care providers in the market place, variations in rates of pay and LA funding constraints. This is having an impact on system flow as discharges from hospitals are delayed and NFTR numbers have increased. Board Committee Lead on Assurance: **Board**	4	5	20	KCC have developed a plan to address gaps in provision; this has yielded only a small increase in capacity to date, but more capacity is expected to come on line in step changes in October and December 2022. Daily sitrep reporting and system level approach to mutual aid Utilisation of KCHFT trigger and escalation plan and regular implementation of OPEL 4 actions incl: MADE Events; senior oversight of caseload reviews; identification of alternative discharge pathways. HCP winter surge planning underway to model additional bed and Hilton / HWS capacity required for winter in anticipation that Dom care supply issues will not be fully resolved. Working with ICS and Provider partners to take action in response to the national 100 day challenge to improve flow. System plan developed and actions underway.	Internal daily sitrep. System sitrep calls and support from OCC. Shrewd reporting.	4	5	20	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Low	3 - Open	3	3	9	April 2023
													Partnership working to respond to the 100 day challenge	Pauline Butterworth	December 22	A						
													Regular MADE events	Pauline Butterworth	December 22	A						
													Redesign of KCHFT bed management processes to maximise flow in KCHFT Community Hospitals	Pauline Butterworth	November 22	A						
Prevent ill health	115	February 2021	Victoria Robinson - Collins	**Operational Pressures & Staff Shortages Risk** Risk that the on-going operational pressures combined with staff shortages or skill mix issues as a result of managing high turnover alongside a deterioration in retention, 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 limit services with the resultant impact on the system. Risk that the ongoing nature of the pressure described will impact on staff stress levels, fatigue and morale to an extent that the delivery of services to patients is compromised. Board Committee Lead on Assurance: **Strategic Workforce Committee**	5	4	20	Active and bespoke recruitment campaigns for key professions i.e. nursing, facilities Weekly staff rota review and escalation paths Patient Safety & Clinical Risk Group IMM meeting - redeployed staff Bank system in place Wellbeing initiatives for staff Reimagine Team Working and Flex for the Future Projects Wellbeing conversations and inclusion of wellbeing and career conversation in appraisal process Retention steering group. KCHFT academy and recruitment to further cohorts with assessment to consider expansion. Regular review of skill mix to ensure full use of MDT i.e. therapists, and over establishment of assistant grades to support registered professionals.	Daily Sit rep IMM report to executive Management of vacancy and turnover rates Oversight of recruitment of workforce metrics by quality committee & board Monthly quality report Twice weekly safer staffing review	5	4	20	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Low	5 - Pro-active	2	3	6	March 2023
													Q3 review of skill mix to ensure full use of MDT i.e. therapists, and over establishment of assistant grades to support registered professionals.	Pauline Butterworth Victoria Robinson-Collins Mercia Spare	December 22	A						
													Q3 Recruitment of staff during via range of supply streams including international, national and local recruitment. Utilising pipelines including Step into Health, Return to Practice	Victoria Robinson-Collins	December 22	A						
													Q3 advertising additional staff support and wellbeing mechanisms utilising regional initiatives and funding streams to maximise benefits	Victoria Robinson-Collins	December 22	A						
													Q3 review of staff turnover, vacancy rates and stability metrics with interventions/ recovery plans tracked through EPR and IPR processes	Victoria Robinson-Collins	December 22	A						
													Q3 task and finish activity of promotion and utilisation of flexible working options, opportunities for reasonable adjustments and access to career conversations to enable staff to work for longer whilst balancing carer, health and family commitments whilst increasing engagement	Victoria Robinson-Collins	December 22	A						
													Communications campaign Autumn/ Winter 22/22 to support Physical and Mental Health	Victoria Robinson-Collins	December 22	A						
Deliver High Quality Care at Home and in the Community	124	August 2022	Victoria Robinson - Collins	**Strike Action Risk** If some or all Trade Unions gain a mandate for strike action, or action short of strike in relation to national terms & conditions, Then the level of disruption created will detrimentally impact on capacity and capability to deliver services, Resulting in the potential of inadequate care for patients and reduce staff engagement and morale. Board Committee Lead on Assurance: **Strategic Workforce Committee**	5	3	15	Monthly Staff Partnership Forum with local TU reps. Attendance at regional Staff Partnership Forum with regional TU reps. Regular review of staffing levels in line with Safer Staffing and Roster good practice recommendations. Regular communication and engagement with colleagues either face to face via service visits or using Flo to offer wellbeing support and ensure visibility. Weekly staff rota review and escalation paths Patient Safety & Clinical Risk Group IMM meetings and daily SitRep Bank system in place Wellbeing initiatives for staff Wellbeing conversations Regular review of skill mix to ensure full use of MDT Shared comms/ FAQ's with colleagues Published strike protocol on Flo and support for managers	Twice weekly strike tactical response group made up of core IMM members. Regular regional professional lead, HR and operational meetings taking place both at exec and deputy director level to prepare the K&M response. Daily Sit rep IMM report to executive Twice weekly safer staffing review Weekly staff rota review and escalation paths Regular review of skill mix to ensure full use of MDT	4	5	20	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Medium	3 - Open	4	3	12	March 2023
													Safer staffing reviews for community hospitals and hot spot areas weekly	Mercia Spare	November 22	A						
													Agree criteria and areas for pickets with staff side	Victoria Robinson-Collins	November 22	A						
													Work collaboratively with K&M system HRD's and ICB CPO to ensure system workforce plan and solution to staffing gaps is in	Victoria Robinson-Collins	November 22							
													Report safer staffing to execs monthly	Mercia Spare	December 22	A						
													Regular review of skill mix to ensure full use of MDT	Pauline Butterworth Victoria Robinson-Collins	December 22	A						
													Local oversight of the delivery of quality matrix and escalation via PSCRG as indicated	Mercia Spare	December 22	A						

Current Rating = Risk remaining with current controls in place. This is reviewed monthly and should decrease as actions take effect.
Confidence Assessment: This represents the confidence level of the risk being mitigated by the target completion date. High confidence/medium confidence/low confidence
Risk Appetite score: This reflects the appetite towards the risk in line with the trust's position: 1 Minimal/2 Cautious/3 Open/4 Seek/5 Pro-active
Target Rating: The risk can be removed from the BAF (and if appropriate onto the directorate risk register) once this score is achieved.
Target Date: Month end by which all actions should be completed
Strategic Goals: Integrate Services/Prevent Ill Health/Deliver High Quality Care at Home and in the Community/Develop Sustainable Services

Strategic Goal	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.	Appetite	C	L	Target	Target Date (end)
Prevent ill health	126	October 2022	Pauline Butterworth	**Winter Pressures & System Surge Risk** If the winter surge combined with insufficiently funded/coordinated system and plans and or covid related staff absence puts significant additional demand on KCHFT services. Then the demand & decreased staffing capacity could result in the system being overwhelmed and patients not receiving the services they require. Resulting in patients at risk of harm if the level of care or pathway of care required cannot be provided. **Board Committee Lead on Assurance:** **Quality Committee**	5	3	15	KCHFT winter surge plan developed and agreed at HCP level with targeted support initiatives subject to funding agreement KCHFT Winter surge Group in place to oversee implementation of winter plan and monitor progress KCHFT SitRep established monitored by IMM. Meeting frequency can be stepped up to daily if required KCHFT representation at System calls to review system risk and agree system action. Frequency can be stepped up to daily if required Implement staff flu and Covid booster vaccination programme System led, surge and recovery plans monitoring across the system. Weekly COO collaborative meeting in place to ensure providers are working in a joined-up way.. Daily Sitrep reporting - Locally and Nationally. Operational risk and controls logs. Membership of LHRP	Daily KCHFT sit rep IMM escalation route to exec team Established OCC system sit rep calls to manage system risk and oversee mutual aid Twice weekly safer staffing reviews Use of escalated bank rates to mitigate staff roster gaps	5	3	15	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Medium	3 - Open	2	3	6	**March 2023**
													Recruit against Ageing Well investment which will support the 2 hour UCR and therefore admission avoidance in the approach to next winter and other periods of surge.	Pauline Butterworth	December 22	A						
													Implementation & delivery of Covid boosters	Mercia Spare	December 22	A						
													Implement virtual ward programme in frailty (east and east Kent) and work as a partner in the wider virtual ward programme (east and west Kent) including delivering the monitoring hub for east Kent. This will deliver additional admission avoidance and discharge support in the approach to winter and periods of surge.	Pauline Butterworth	February 23	A						
													Monitor Winter Pressure Plans through Governance structures	Pauline Butterworth	February 23	A						
													Implementation & full delivery of flu Vaccination Programme	Mercia Spare	February 23	A						
													Continuation of IMM and option to increase frequency of IMM to daily if pressures increase	Pauline Butterworth	February 23	A						
													Active monitoring of staffing rates, and patient waiting lists which may deteriorate due to winter impact	Pauline Butterworth	February 23	A						
Deliver High Quality Care at Home and in the Community	122	May 2022	Victoria Robinson - Collins	**Equality & Inclusion Risk** Risk that we are not achieving the level of equality and inclusion aspired to in our strategy. This results in disillusioned staff exiting the Trust impacting levels of turnover and recruitment and undermining our aim to be the best employer Board Committee Lead on Assurance: **Strategic Workforce Committee**	5	3	15	Use of data. Increased drive on equality monitoring. Workforce equality steering group. Veteran programme group.	Data from ESR and Power BI. EDI strategy with oversight from execs and assurance via Strategic workforce committee and Board.	4	3	12H	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Medium	3 - Open	2	3	6	**May 2023**
													Develop reciprocal mentoring programme.	Victoria Robinson-Collins/Ali Carruth	November 22	A						
													Development of leadership framework and supporting development aligned to EDI charter and pledges.	Victoria Robinson-Collins/Ali Carruth	December 22	A						
													Establishment of inclusion ambassador programme	Victoria Robinson-Collins/Ali Carruth	December 22	A						
													Action refresh of workforce EDI action plan	Victoria Robinson-Collins	December 22	A						
													Continued Q3 support for established staff networks.	Victoria Robinson-Collins/Ali Carruth	December 22	A						
													Delivery of Q3 equality objectives.	Victoria Robinson-Collins/Ali Carruth	December 22	A						

Kent Community Health
NHS Foundation Trust

Workforce Report Exceptions – December 2022 Highlight Report

Introduction

The risk number 115 on the Board Assurance Framework (BAF) is currently rated at 20. This risk relates to on-going pressures combined with staff shortages and skill mix issues generating an impact on retention and stability.

This risk is reflected in the themes evident in the current, and previous Workforce Reports to SWC and in the IPR relating to turnover, stability and vacancy rate.

Following a peak in January 2022, total and voluntary turnover metrics have incrementally improved with the positive trend continuing into October 2022.

At 12.74% the organisation's turnover rate (voluntary turnover is 11.31%) is reporting below the target of 14.47% and the lowest point over the reference period. The turnover rate continues on a downward trajectory. A review of reporting of this metric is underway.

Looking at the vacancy rate, a significant spike in April 2022 reflected an annual trend i.e. a marked increase in the vacancy rate each April, as budgets and establishments are reset, and related specifically to an increase to establishment of 82.67 WTE. The vacancy rate improved between the months of May and June 2022 to 7.39% but spiked again in July due to a further rebasing of the establishment to take account of vacancy factor held in reserves.

October 2022 shows the vacancy rate is reporting at 7.15%, continuing a decline from the previous 2 months and is now at its lowest since March 2022.

Update on Actions to Mitigate Risk

Workload Demands

A complex piece of work comprising several elements is being led by a sub-group of our Integrated Management Meeting (IMM) to review skill mix, safe staffing levels and demand and capacity modelling across key areas of operational services to ensure role design and distribution of resource best meets the needs of our patients whilst seeking to ameliorate workload pressures.

A rapid piece of focussed Quality Improvement on a solution within community nursing specifically related to insulin administration is due to commence imminently with the aim of assessing the skill mix required to ease the pressure and utilise the full multi-disciplinary team.

Recruitment and Retention

A task and finish group has been established specifically to progress bespoke solutions for facilities recruitment and retention. This includes options to advertise and recruit differently, using widening participation to reach out to all areas of the local community, review of rosters and shift patterns, exploring use of Recruitment Retention Premia (RRP) for hard to fill areas/ roles and consultation with existing colleagues to best understand what measures may support them to remain in their roles.

Nearly all members of the four cohorts of our International Nurse Recruitment campaign have now landed and are in post. Those still outstanding are delayed only due to VISA status and are expected imminently. The aim was to achieve 100 WTE new recruits by the end of 2022. Additionally, KCHFT is progressing with international recruitment of 25 AHP posts within the current financial year.

A task and finish group led by the People & OD Business Partners is progressing solutions including review of the 100 day interview, consideration of stay/ itchy feet conversations, complete revision of the way exit data is collected across the Trust to provide relevant, service specific data and qualitative information, review of local induction to encourage welcome meetings and proactive activity from the manager and team to welcome their new colleague, review of job adverts and recruitment collateral to ensure it is attractive and bespoke to each role, review of career conversations and talent management processes.

The Flex for the Future Programme and Reimagine Team Working Programmes both seek to aid retention by improving opportunities for flexible working and by the promotion of self-managed teams respectively. The Reimagine Team Working Programme has now concluded with the project close down report going to the Integrated People Meeting and to the Integrated Management Meetings. Flex for the Future has been extended and is now named 'Work Life'.

Financial Wellbeing

KCHFT is an accredited Real Living Wage employer and is being publicised via our communications team and in recruitment literature to demonstrate the commitment to supporting all our colleagues to be free from poverty.

Colleagues are able to access free advances against their earnings via Wagestream up to 1 transaction per month. This is promoted as to be used for emergencies only and not to be something for colleagues to rely upon. We know that many colleagues are already utilising expensive Payday loans or doorstep lending facilities and, in this instance, the Wagestream option generates a cost saving which can aid financial recovery.

Other financial packages for colleagues including Salary Finance and Salad Money are now live, where preferential rates for loans available via mainstream and sub-prime lenders respectively, will be available to staff. This accompanies options for preferential savings rates and financial advice/ counselling which is available from both providers.

Business mileage rates have been uplifted temporarily by a further 3p per mile in July 2022 as a local agreement to supplement the existing HMRC rates and 'triangulation' approach to mileage claims. This offers a preferential option to the national arrangements via Agenda for Change. Mileage rates will be assessed each quarter and re-based using the RAC fuel tracker tool to inform future rates to ensure colleagues are supported.

Staff side colleagues are canvassing feedback from colleagues via Flo in relation to other options that may assist them in real terms with the outputs from that consultation exercise being presented to Staff Partnership Forum for consideration.

New solutions being developed to support colleagues include a Hardship Fund, access to acute Trust subsidised restaurants for our colleagues and a test of concept for pool cars.

Recommendation

Kent Community Health
NHS Foundation Trust

Committee members are asked to note and receive assurance in relation to efforts taken to mitigate this BAF risk.

It was approved at June 2022 SWC that the BAF risk 115 remains at 20 until risk is mitigated as demonstrated by reduction in total turnover to 16% and voluntary turnover to 14.5%, in conjunction with a vacancy rate of 7.5%. This is the first exception report to Board that reports both of these metrics within the agreed target set and Board members are therefore asked to consider reducing the level of this BAF risk.

Victoria Robinson-Collins
Chief People Officer
December 2022

Kent Community Health
NHS Foundation Trust

EXCEPTION REPORT – BOARD ASSURANCE FRAMEWORK
RISK 123 WITH A RISK SCORE OF 20

Introduction

The risk number 123 on the Board Assurance Framework (BAF) is currently rated at 20. This risk relates to on-going pressures caused by a limited capacity within the domiciliary care market and the impact this has on a number of KCHFT and system pathways.

Due to the severity of the rating this paper serves as an exception report to offer assurance in relation to the steps being taken to mitigate this risk.

The risk was formally opened on the BAF in May 2022 but the issues described have been ongoing since July 2021. A number of actions plans have been agreed across the Integrated Care System and working jointly with the local authority but the impact on KCHFT services and pathways has increased leading to the addition of this risk.

Update on Actions to Mitigate Risk

There is an action plan in place based on working in partnership at an HCP level with the ICB, acute Trusts and local authority to:

- maximise the use of pathway 0
- regularly review and cleanse caseloads to ensure that all potential discharge pathways and services are utilised
- manage delayed transfers of care from the acute, community hospitals and pathway 1 services.
- Reduce to use of additional pathway 3 beds in the system.
- Maximise the use of voluntary services to replace domiciliary care for non-registered activities

West Kent:
In West Kent KCHFT and Maidstone and Tunbridge Wells NHS Trust (MTW) have completed the data exercise previously described and the reported numbers of patients who are no longer fit to reside (NLFTR) is now aligned in the reporting at organisational and HCP level. The Integrated Discharge Team (IDT) have also completed a deep dive into reasons why planned discharges don't take place and this has led to a change of process for using the Hilton Nursing (pathway 1) resource whereby additional standby patients are identified each day to maximise use of all capacity. There continue to be challenges with KCHFT having visibility of the Hilton resource and this is escalated to the Operational Command Centre (OCC) as required).

In West Kent there is a small additional bedded resource originally commissioned as part of the discharge to assess funding (Hawkhurst House) and the IDT are reviewing if this is required going into winter and what the appropriate support to these beds is to ensure that the risk of patients deconditioning is minimised.

As part of the winter planning the IDT are also developing a small pilot scheme using an agency external to Kent and Medway to provide large packages of care to facilitate discharge. The West Kent HCP team are supporting a build to use some of the Adult Social Care Discharge Fund for this work.

The west kent community hospitals have continued to see an improvement in the NLFTR numbers.

The west Kent rapid response team continues to hold a number of patients who require personal care only and have been accepted for a package of care. This has been highlighted to the ICB and pathway 1 provider but the numbers have remained stable for several months, as have the numbers being bridged by Hilton.

East Kent:
In east Kent the discharge processes have been reviewed as part of continuing to develop the transfer of care hub. Since the last report the process for using interim beds has been changed so that only pathway 3 patients are placed in interim beds. This has shown a significant reduction in use of pathway 3 beds. This is to reduce the risk of harm from deconditioning for patients who could return home (pathway 1) and to reduce the care required for those patients who are NLFTR and still in an acute bed.

As part of a plan to develop an integrated same day emergency care (SDEC) service in the emergency departments, the Rapid Transfer Service (RTS) have merged with the Hot Floor Discharge Team (HFDT) to ensure that clinical resources are maximised at the front door. East Kent Hospitals University Foundation Trust (EKHUFT) are also recruiting additional therapy staff to support this team. This will complement the virtual ward by identifying patients that can go home with or without support.

The winter plan for east Kent is based on maximising admission avoidance via the virtual ward and SDEC. In addition, the plan proposes two schemes to reduce the NLFTR numbers whilst the admission avoidance capacity builds. These schemes are:

- To employ a short-term support worker resource
- To open 30 additional enablement beds for winter (Westbrook and Westview).

These schemes have been agreed in principle as part of the winter plan but system level funding is still being reviewed. A bid is being submitted to use the Adult Social Care Discharge Fund to support this.

The number of patients NLFTR in both the community hospitals and the pathway 1 provider (Home with Support) have remained stable at approximately 30% of the community hospital bed base and 60% of the HWS caseload.

Further system level actions:

For both HCPs the following regular actions are being undertaken.

- Regular formal MADE (multiagency discharge event) on all caseloads to identify alternative pathways
- Regular attendance at board rounds from senior members of the IDT and RTS to reinforce criteria led discharge principles.

Recommendation

Board members are asked to note that this remains a significant risk and that despite a collaborative action plan in place in both HCPs, very limited progress is being made on the delays in the system and NLFTR numbers in all pathways.

The board is asked to support system level actions to:

1. Increase visibility of the impact of this risk and likely ongoing impact into the winter surge period
2. Support review of action plans to identify new or innovative approaches to reduce use of interim beds and dependence on pathway 1.
3. Support HCP level discussions about schemes within the winter plans for each HCP.

Pauline Butterworth
Chief Operating Officer
December 2022

Kent Community Health
NHS Foundation Trust

Workforce Report Exceptions – December 2022 Highlight Report

Introduction

The risk number 124 on the Board Assurance Framework (BAF) is currently rated at 20 following a recent increase in rating from 15. This risk relates to the impact of forthcoming national industrial action in relation to terms and conditions and remuneration.

Members of the Royal College of Nursing (RCN) recently balloted nationally for strike action and met the threshold at KCHFT. The RCN have recently confirmed strike dates of 15th and 20th December and we are awaiting further notification if KCHFT will be one of the organisations included in one or both of those dates.

In Kent & Medway, the Integrated Care Board (ICB) and South East Coast Ambulance Service are the only other organisations other than KCHFT to have met the threshold to participate in strike action.

Other Unions are actively balloting members nationally, with the timeline below offering an indication of dates ballots are expected to close. We are expecting the formal letter advising of the outcome of the ballots and how they may impact KCHFT from Unison and the Royal College of Occupational Therapists.

Union	Status	Ballot dates
BMA (general practice)	Formal ballot under consideration	NA
BMA (junior doctors committee)	Formal ballot announced	Planned for January
RCN	Formal ballot concluded	6 October to 2 November
Unison	Formal ballot concluded	27 October to 25 November
Royal College of Occupational Therapists/British Association of Occupational Therapists	Formal ballot concluded	27 October to 25 November
The Chartered Society of Physiotherapy	Formal ballot announced	7 November to 12 December
Royal College of Midwives (RCM)	Formal ballot announced	11 November to 9 December
GMB (Ambulance Services)	Formal ballot underway	24 October to 29 November
Unite (Ambulance Services)	Formal ballot underway	26 October to 30 November (28 October to 2 December)

Update on Actions to Mitigate Risk

KCHFT has stepped into a battle rhythm mirroring the Covid-19 response as part of efforts to plan for forthcoming industrial action. This includes participating in all 3 days of the national Emergency Planning and Preparedness Response (EPRR) exercise Arctic Willow, with valuable lessons learned to aid our local preparation.

Local mechanisms stepped up include:

- Twice weekly industrial action tactical response group comprising of Integrated Management Meeting (IMM) members
- Twice weekly extraordinary Staff Partnership Forum (SPF) meetings co-opting in members of Unions where we have ballot outcomes which impact directly on KCHFT
- Internal and external Frequently Asked Questions (FAQs) for patients and colleagues respectively, published on external website and Flo, and updated as live documents
- Senior HR team representation at national webinars run by NHS England to aid planning
- Participation in Kent & Medway planning with ICB at Deputy HR Director and Chief People Officer levels. Chief Nurses are also meeting as are Chief Operating Officers. A system triumvirate meeting is being established. Joint negotiation at regional SPF meetings.
- Completion and return of national self-assessment checklist (appended) which interrogates detailed local plans based on any unionised response to industrial action, and compilation of proposed derogations for discussion with local staff side colleagues

Recommendation

The Board is asked to note and receive assurance in relation to efforts taken to mitigate this BAF risk.

Victoria Robinson-Collins
Chief People Officer
December 2022

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	9
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 reports summarise the quality committee meetings held on 11 September and 17 November 2022.

Summary of key points

Proposal and/or recommendation to the committee or board
The board is asked to receive the quality committee chair's assurance reports.

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	

Kent Community Health
NHS Foundation Trust

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 is founded on the Quality Committee meeting held on 22 September 2022.

Agenda item	Assurance and key points to note	Further actions and follow up
Feedback from Services	Ms Barber, Mrs Lowe and Mr Goulston, Trust Chair had visited the musculoskeletal physiotherapy (MSK) service at the Churchill Centre, Maidstone. The staff had discussed the waiting lists in the West Kent MSK service, the recruitment processes, and estate issues for their service. Although Ms Butterworth, chief operating officer was aware of the issues and confirmed that they were being addressed, the committee suggested that there should be increased focus on ensuring that staff were kept updated on progress with concerns they raised. The team had also highlighted an issue they were having with scheduling on Rio. Ms Barber had attended the September audit and risk committee meeting where it had received the annual report from the health and safety and security management summary report and a legal report update.	The committee would receive an update on the issue around Rio and scheduling and what level of risk this posed. The Rio task and finish group would be asked to ensure that they kept the MSK team up to date on progress with resolving the issue. Dr Phillips, executive lead for quality improvement (QI) had agreed to check whether the health and safety and security

Agenda item	Assurance and key points to note	Further actions and follow up
	Ms Barber had attended the mortality surveillance group (MSG) meeting. Good assurance had been received. The group provided an example of good learning, following the November 2020 patient story where the board had listened to a patient experience regarding the out of hours staff in West Kent and the service working with the patient's carers to administer analgesia. Ms Barber had also seen and heard assurance on how this experience by the team was being shared more widely. The end of life care (EoLC) story shared at the most recent Board will be considered by the EoLC steering group. Ms Barber had received assurance at the MSG that there was not a theme coming from either complaints, or mortality reviews on lack of empathy.	team were involved with QI and working through a QI perspective. The committee asked for clarification of the highest number of claims for fractures. An update and assurance will be provided on actions taken following this most recent board patient experience story.
Board Assurance Framework	Risk 110 (system surge and reset risk): The committee has been nominated as the board committee lead on assurance for this risk.	The committee will receive an update on risk 110 at its November meeting.
Update on legislation / regulations	The committee noted an update on the changes to the Care Quality Commission (CQC) inspection approach and ratings and how the self-assessment process would	A paper will come to the committee setting out what the implications of these changes will be for the Trust.

Agenda item	Assurance and key points to note	Further actions and follow up
	be used to establish current status and identify any areas of required focus. The committee noted the National Guidance on System Quality Groups report from the National Quality Board (NQB). As part of its role, the NQB drives system alignment of quality across local health and care systems. Ms Barber is an attendee at the Kent and Medway Integrated Care Board (ICB) Improving Outcomes Committee and Dr Spare is a member of the Kent and Medway ICB system Quality Committee. The committee welcomed that the Trust had a voice on both of these important system groups.	
Frequent Service User Team presentation	Ms Jill Whibley, frequent service user manager presented on the frequent service user service. This service continues to provide a unique and valuable service in west Kent to help people reduce the frequency of use on specific NHS services. It works together with local authorities, other NHS organisations, emergency services and charities to deliver holistic care that makes a real difference to patient lives and also delivers positive outcomes for the NHS and its partner agencies. The service's successes have been recognised nationally and	

Agenda item	Assurance and key points to note	Further actions and follow up
	there is a discussion underway to build on the model in east Kent.	
Monthly Quality Report	Further update up on avoidable falls incidents was received. There was still a challenge with the benchmarking data as it did not compare like with like. The team would continue to refine their reporting to the committee. Assurance received on what the trust was doing to reduce the number of incidents of sub-optimal care of the deteriorating patient. There had been a reduction in the number of serious incidents in this category but further work was underway such as looking across action plans for themes. The team would continue to monitor this area and provide support where necessary. The trust's performance around complaints was discussed. Assurance was received that the majority of complaints are resolved within 25 working days. The Trust's primary goal was to work with the family in a satisfactory way, being led by the complainant. Although it was important to meet the deadline, it was the work that went on between the complainant and the service to	The committee would be updated on performance around the sub-optimal care of the deteriorating patient once a quarter in the quality report.

Agenda item	Assurance and key points to note	Further actions and follow up
	ensure that the complaint was closed satisfactorily that was key.	
Operational Deep Dive	Two areas considered: Autistic Spectrum Disorder (ASD) waiting list challenges and actions. Waiting times continue to be longer than we would want. The service has put in place a number of mitigations while it works through a series of initiatives and actions at both system and service level to reduce the length of time patients are waiting to receive their diagnosis. This is a national problem and requires national and system intervention as well as KCHFT service intervention. While patients wait for the final diagnosis, they are prioritised as well as being signposted to interim support mechanisms. The executive team is monitoring waiting list times and the impact of mitigations and actions at its monthly executive performance reviews. Sexual health services prison clinics waiting times: good progress has been made and good assurance received.	The committee will receive an update on the ASD waiting list challenges and progress with the actions the service is undertaking at its January committee meeting.

Agenda item	Assurance and key points to note	Further actions and follow up
Clinical Effectiveness Group Chair's Assurance Report	Assurance was received around end of life care. There was a discussion about supporting the development and improvement of end of life care conversations and the importance of communicating with families on changes to patients' conditions. An update was provided and discussed on the relevant CQUINs to community services. Because of the delay in the implementation of WoundMatrix Version 5 software, the Trust will not be able to meet the thresholds for assessment, diagnosis and treatment of lower leg wounds CQUIN this year. It was also highlighted that there were significant issues impacting negatively on the Trust's ability to meet the CQUIN: assessment and documentation of pressure ulcer risk	The Committee will receive an update on the implementation of WoundMatrix Version 5 software at its November meeting. The Committee will receive an update on the issues which are impacting negatively on the CQUIN: assessment and documentation of pressure ulcer risk at its November meeting. .
Patient and Carer Council Chair's Report	Understanding Culture in Healthcare will replace the current equality, diversity and inclusion mandatory training. This training has been identified as being more meaningful for staff with its focus on cultural aspects of this subject. Hawkhurst Community Hospital has four carer champions. These are also in place at other community hospitals.	

Agenda item	Assurance and key points to note	Further actions and follow up
Patient Safety and Clinical Risk Group Chair's Assurance Report	Assurance received on the latest risks reported to the group. Although the risk around scheduling on Rio was not included in the report, it was confirmed that a risk had been raised by staff and that they had had feedback.	The committee will monitor future reports for the inclusion of the risk around scheduling on Rio or assurance on non-inclusion and risk mitigation.
Quality Impact Assessments of the Cost Improvement Programme schemes (2022/23)	The latest quality impact assessments were received by the committee and assurance received. Scheme CS0108 Adult Learning Disabilities – ALD – clinical skill mix had attracted slightly higher scores. It was reported that equality impact assessments (EqIA) had not been completed on the quality impact assessments as the EqIA had only recently been published. Meetings were being arranged to carry out the assessments on the schemes.	Ms Taylor will undertake a deep dive of scheme CS0108. Other non-executive directors would be invited to join her on her visit. The committee would be informed of any schemes that attracted high EqIA scores.
Reports received for noting	The following reports were noted: Medicines Optimisation Group Assurance Report Patient and Carer Partnership Team Quarter One Report Good assurance received on each.	
Any other business	The Dental Service at HMP Rochester had received a Care Quality Commission inspection. The initial feedback indicated no concerns.	The board will receive a report on the outcome of both inspections.

Agenda item	Assurance and key points to note	Further actions and follow up
	The Special Educational Needs and Disability (SEND) Service would be receiving a Care Quality Commission inspection between 27 and 29 September 2022.	

Pippa Barber, Chair of Quality Committee
Non-executive director
September 2022

Kent Community Health NHS Foundation Trust

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee meeting held on 17 November 2022.

Agenda item	Assurance and key points to note	Further actions and follow up
Non-executive director deep dives	Non-executive director members of the committee had undertaken three deep dives. Two of which followed from the review earlier in the year of the quality impact assessments of the cost improvement programme schemes – health visiting service. The third related to an earlier committee action to review the trust's pressure ulcer improvement plan. With regards to the parenting programme scheme and the non-pay scheme in the health visiting service, assurance was received that the parenting programmes were person centred and increased the reach and accessibility of parenting support packages. The service engaged with families and carers to develop and co-design support packages materials. These and other digital content sought equality of access but were differentiated according to risk to make sure families	

Agenda item	Assurance and key points to note	Further actions and follow up
	requiring face-to-face interactions were supported. With regards to the non-pay scheme, the introduction of educational leads supported the training needs of the service and was reducing pressure on operational management and the division. This model could be transferable to other services. With regards to the pressure ulcer improvement plan, the leadership of the head of tissue viability and the good work of the team were commended. Areas of future work would include learning from after action review (AAR) themes, support for formal and informal carers and embedding completed actions to empower and increase the knowledge of staff. One area that was highlighted was around sharing knowledge and best practice across community teams to improve the understanding of how Rio could help with the retrieval of data. At the committee meeting, this led to a broader discussion on the ongoing challenges and related risks with using Rio.	For the quality committee to receive an update in March on the work of the Rio and task and finish group and actions to support clinical teams in effective use of Rio, including a review of assessment from and Rio progress notes.
Non-executive director feedback on the patient and carer council and patient safety and	Both groups are sub-committees of the quality committee. Non-executive directors attended a meeting to observe and assess how well they were delivering against their terms of reference.	

Agenda item	Assurance and key points to note	Further actions and follow up
clinical risk group meetings	Mr Butler had attended the patient safety and clinical risk group meeting on 31 October 2022. It had been well attended and there was good participation. Mr Butler sought assurance on the system of consistency of risk scoring between services. Following discussion, it was clear this corporate system oversight process has now changed. Dr Shariff had attended the patient and carer council. It had been chaired well. There had been considerable information sharing but less challenge than she had expected, although the chair indicated that this was unusual. The council still had further work to do in balancing its membership across staff, carers and voluntary representation and meeting the diversity agenda within the terms of reference.	The importance of the system of the corporate risk team undertaking sense checking of service risk scoring was discussed. The executive team was aware this needed to be further strengthened. This will be shared with audit and risk committee. Feedback has been shared with both the executive lead and co-chair and the council is continuing to work on the areas discussed. The executive team will be having further discussion as to whether the health inequalities steering group, which currently reports to the quality committee via the patient and carer council, should be a separate committee in its own right. Further discussion at quality committee in January.
Board story end of life care update	The committee received an update on how the community nursing service was progressing with improvements following the complaint that was presented to the Board in September around end of life care. A	Some of the actions are still in their early stages and their impact is being monitored Early feedback from the staff has been positive.

Agenda item	Assurance and key points to note	Further actions and follow up
	number of targeted actions have been implemented to improve attitudes and behaviours, competencies and skills, and communication between staff members. Bespoke kindness and civility training have been provided locally. Further end of life training has been provided in-house and through the hospice. This was being monitored in one to ones and at appraisal reviews. Administrative support has been provided in each team so that clinical leads had capacity to go out with staff and support them with competencies and gain experience. The team now attends the end of life or multi-disciplinary team (MDT) meetings for three GP surgeries in the locality to improve joint working around end of life care and is working more closely with the hospice and acute to support competencies. Bereavement packs have been introduced to support staff with the complex conversations. The committee was pleased to hear that no further complaints have been received around this issue in the last six months and the team has received some compliments from relatives around end of life care.	A non-executive director (NED) and executive team member to visit the team in January to provide further support on learning and will feedback to the committee
Infection prevention and control board	The committee had received the latest infection prevention and control board assurance framework. It was noted that the UK was now moving to living with	

Agenda item	Assurance and key points to note	Further actions and follow up
assurance framework (IPCBAF)	COVID-19. The most recent changes to the IPCBAF reflected a move towards the use of standard procedures as opposed to COVID-19 and non-COVID-19 procedures around testing, cleaning, standard infection control and transmission-based precautions and infection assessments. The flu and COVID-19 staff vaccination programme was underway. Compliance was improving but there was still more work with teams needed. Currently, benchmarking consistently and low, but best practice learning from others was also being sought to improve take up of both vaccinations.	The committee would receive an update on inputs to and compliance rates with the staff vaccination programme at its January meeting.
Update on legislation / regulations: Patient safety incident response framework (PSIRF) and implications for the trust	The patient safety incident response framework was published in August 2022 and outlined how providers should respond to patient safety incidents for the purpose of learning and improvement. This framework would replace the current serious incident framework. All staff would need to complete level one training which would be available online from January 2023.	Ms Barber would complete the patient safety level one training when it became available.
Kent and Medway SEND inspection	The report had made sobering and concerning reading. The committee wished to understand which aspects of the pathway were delivered by KCHFT, what was driving the issues that the report had identified and what improvement plans were in place in the relevant services.	A paper would be brought to the December public board meeting. The key performance indicators (KPIs) which KCHFT is responsible for delivering are in the Board integrated performance report.

Agenda item	Assurance and key points to note	Further actions and follow up
	An initial report considered by the executive team which had been written in response to the inspection report would be circulated to the committee. The need for strengthening co-production with families, working with system partners and reviewing how we are represented at system level on this very important area were all part of the executive team's review.	Consideration will be given on how these could be highlighted as to their impact on SEND delivery. If indicated by the board a further report will come to the January meeting of the quality committee.
Monthly quality report	The committee noted that the trust was not benchmarking well on the number of falls reported in the trust (but was benchmarking well on falls with harms). It was agreed to focus on this at its next meeting. A high number of complaints had been received in the community paediatrics service. This was unusual and related to waiting times for autism spectrum disorder (ASD and attention deficit hyperactivity disorder (ADHD) services. The complaints team was aware and working with the services to see how the numbers could be reduced.	A paper on falls would be presented at the January meeting of the committee. The committee would receive an update on the complaints and actions with the community paediatrics service at its meeting in January.
Patient and carer Council chair's assurance report	The head of health inequalities had presented the annual public sector equality duty report. The report described how the organisation was progressing with meeting its	The annual public sector equality duty report would be received at the public

Agenda item	Assurance and key points to note	Further actions and follow up
	set of objectives which are required to meet its PSED under the Equality Act 2010. There was an improving picture for objective one which was to increase equality monitoring access across all services. Ethnicity recording month on month had increased between September 2021 and October 2022 from 61.6% to 67.9% organisation-wide. Progress had been reported against objective two: that all relevant procedural documents identify equality - related impacts including risks and how risk would be managed. This objective included the introduction of the equality impact assessments as well as supporting services through digital applications to analyse and understand their equality data in order to improve their performance in responding to health inequalities.	board meeting in December 2022 or January 2023.
Patient safety and clinical risk group chair's assurance report	The need to increase the number of emergency nurse practitioners (EMPs) at urgent treatment centre sites was discussed. This was a particular difficult skill set to recruit to and raised the question whether the trust should be doing more to grow its own. It does have a programme in one part of the trust. It was suggested that this should be considered at the strategic workforce committee.	Ms Butterworth, chief operating officer would further strengthen the workforce plan for this group and discuss with the strategic workforce committee.

Agenda item	Assurance and key points to note	Further actions and follow up
Clinical effectiveness group chair's assurance report	The latest version of Wound Matrix had gone live on 19 October. The latest updates included integrating it with Rio to avoid duplicate entry of patient details; and the development of team level dashboards to demonstrate how many patients were being cared for with lower limb wounds and healing rates associated with care.	
Learning from deaths quarterly report	Changes by the system to the guidelines followed by the medical examiner may have an impact on families from particular religions who would need to have the body of their loved one released promptly for burial. Delays were possible and the committee suggested that complaints/family feedback should be monitored to see if the issue was flagged. Families will need to be advised of the change. The quarterly learning from death report was considered. No deaths were considered more than likely due to lapses in care.	The committee would monitor for any issues escalated from the complaints/ PALS/patient experience team. SPC charts to be used to track impact of actions in themed areas of learning to enable the trust to consider if learning is being embedded.
Quality improvement (QI) Thanet long term services collaborative	The committee had been following this work since its inception with the first long term service team in Thanet. Since then other teams including the local musculoskeletal physiotherapy team had joined in to identify and bring about change in their working	A QI collaborative workshop would take place in January to which members of the Board would be welcome to attend.

Agenda item	Assurance and key points to note	Further actions and follow up
	environment. Close internal collaboration and the use of QI principles had been actively encouraged in order to focus on key challenges and share how they were being addressed. The work had been team led and areas that had been identified included improving capacity, caseload allocation, forms and parking. An evaluation of the work would follow.	
Legal report	The committee discussed and sought assurance on the learning from inquests and CNST claims. The committee welcomed that more work was being done to link with complaints and incidents to further strengthen the triangulation of themes for learning.	

Pippa Barber, Chair of Quality Committee
Non-executive director
November 2022

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	10
Agenda Item Title:	Infection prevention and control board assurance framework
Presenting Officer:	Dr Mercia Spare, chief nursing officer
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

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

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.

Following the release of an updated Infection prevention and control board assurance framework there are a number of changes to the evidence provided. All changes from NHS England are in yellow, changes made for the trust evidence is highlighted in blue.

This paper was received by the quality committee on 17 November 2022.

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.

The UK is now moving to living with COVID-19 IP and C guidance and the changes to the BAF reflect moving towards the use of the National Infection Prevention and Control Manual (NIPCM) and Standard Infection Control Precautions (SICP) and Transmission Based Precautions (TBP) as opposed to COVID-19 and non COVID-19. :

- Asymptomatic COVID-19 testing for staff was paused at the beginning of September 2022.Except for staff working with patients who are at risk of being significantly affected by COVID-19.
- Patient testing has changed to one LFT on admission and a PCR if symptomatic
- Standard and enhanced cleaning is to be undertaken in line with the National Standards of Healthcare Cleanliness.

- Standard infection control precautions (SIPC's) are applied for all patients, at all times in all care settings.
- Transmission based precautions (TBP) may be required when caring for patients with known/suspected infection or colonization.
- Patients are assessed for signs and symptoms of an infection as opposed to COVID alone.

Proposal and/or recommendation to the committee or board
Recommend the report to the board 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	

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Classification: Official

Publication approval reference: C1501

Infection prevention and control board assurance framework

September 2022 Version 1.11

Updates from version 1.8, November 30 are highlighted in yellow

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services adapted and responded during the COVID-19 pandemic.

Effective infection prevention and control must continue and to support service recovery we have updated this board assurance framework (BAF) to support all healthcare providers to effectively self-assess their compliance with the National infection prevention and control manual (NIPCM) and other related infection prevention and control guidance to identify risks associated with infectious agents and provide an additional level of assurance to the Board. 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 the NIPCM or existing local policies whilst the NIPCM is being implemented. 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
Chief Nursing Officer for England

1. Introduction

The application of infection prevention and control (IPC) measures has been key in the response to the SARS-CoV-2 pandemic.

The UKHSA guidance was archived at the end of April 2022, the proposal is that NIPCM combined with this version of the Board Assurance Framework (BAF) will support this transition.
This will continue to ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users, and staff.

The update of the BAF helps providers to assess against the NIPCM as a source of internal assurance. It will also identify any areas of risk and the corrective actions required in response. The BAF provides assurance to trust boards that organisational compliance has been systematically reviewed.

The BAF is intended to support local organisations with decision making and be used by directors of infection prevention and control, medical directors, and directors of nursing if required unless alternative internal assurance mechanisms are 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.
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 infectious agents, 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 November 2022

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 plan incorporating respiratory seasonal viruses that includes: – point of care testing (POCT) methods for infectious patients known or suspected to have a respiratory infection to support patient triage/placement according to local needs, prevalence, and care services – segregation of patients depending on the infectious agent taking into account those most vulnerable to infection eg clinically immunocompromised – a surge/escalation plan to manage increasing patient/staff infections – a multidisciplinary team approach is adopted with hospital leadership, operational teams, estates and facilities, IPC teams and clinical and non-clinical staff to assess and plan for creation of adequate isolation rooms/cohort units as part of the plan. • Organisational /employers risk assessments in the context of managing infectious agents are: – based on the measures as prioritised in the hierarchy of controls – applied in order and include elimination; substitution, engineering, administration and PPE/RPE – communicated to staff – further reassessed where there is a change or new risk identified eg. changes to local prevalence. • The completion of risk assessments have 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 the infectious agents. • Ensure that transfers of infectious patients between care areas are minimised	• Pausing of asymptomatic COVID testing of patients and staff implemented at the beginning of September in line with national guidance. • An admission LFT is undertaken for all negative patients admitted into a community hospital • Where outbreaks identified, contact tracing using LFT tests • Patients with respiratory symptoms tested for COVID, influenza A, B and RSV where indicated on onset of symptoms and day 3 • COVID PCR swab for discharge to care home • Patients are		

and made only when necessary for clinical reasons. • Resources are in place to monitor and measure adherence to the NIPCM. This must include all care areas and all staff (permanent, flexible, agency and external contractors). • The application of IPC practices within the NIPCM is monitored e.g. 10 elements of SICPs. • The IPC Board Assurance Framework (BAF) is reviewed, and evidence of assessments are made available and discussed at trust board level. • The trust board has oversight of incidents/outbreaks and associated action plans. • The trust is not reliant on a single respirator mask type and ensures that a range of predominantly UK made FFP3 masks are available to users as required.	isolated/cohorted according to results. • Patients most vulnerable to infection e.g. clinically immunocompromised are cared for in a single room when possible. • COVID positive patients are Isolated/cohorted until 2 negative results received (flow chart on intranet) and IPC team daily records of all swabs. • MDT approach is in place with estates and facilities. This includes discussions regarding isolation facilities where indicated. • Hierarchy of controls reflected in current risk assessment. • Operational capacity to care for patients are considered as part of the admission criteria and the twice 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, clinics and home visits assessed prior to admission/visit • 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. • 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 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 96.5% • Training in place for donning and doffing PPE and COVID information pages on flo • 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. • 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 bi-monthly • Chief Nurse hosts weekly calls with ward 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/room. • Cleaning standards and frequencies are monitored in clinical and non-clinical areas with actions in place to resolve issues in maintaining a clean environment. • Enhanced/increased frequency of cleaning should be incorporated into environmental decontamination protocols for patients with suspected/known infections as per the NIPCM (section 2.3) or local policy and staff are appropriately trained. • Manufacturers' guidance and recommended product 'contact time' is followed for all cleaning/disinfectant solutions/products. • For patients with a suspected/known infectious agent the frequency of	• IPC training updated to incorporate COVID-19 information, donning and doffing, viral swabbing, and face to face fit test training including domestic staff have received training, and where appropriate have been fit tested. • Non-infectious areas cleaned and visited prior to infectious areas. • Patient information available and the offer of masks for patients		

cleaning should be increased particularly in: patient isolation rooms – cohort areas – donning and doffing areas – if applicable – 'frequently touched' surfaces e.g., door/toilet handles, chair handles, patient call bells, over bed tables and bed/trolley rails – where there may be higher environmental contamination rates, including: toilets/commodes particularly if patients have diarrhoea and/or vomiting. • The responsibility of staff groups for cleaning/decontamination are clearly defined and all staff are aware of these as outlined in the National Standards of Healthcare Cleanliness • A terminal clean of inpatient rooms is carried out: – when the patient is no longer considered infectious – when vacated following discharge or transfer (this includes removal and disposal/or laundering of all curtains and bed screens) – following an AGP if clinical area/room is 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. • Ventilation systems, should comply with HBN 03:01 and meet national recommendations for minimum air changes. • Ventilation assessment is carried out in conjunction with organisational estates teams and or specialist advice from the ventilation group and/or the organisations, authorised engineer and plans are in place to improve/mitigate inadequate ventilation systems wherever possible. • Where possible air is diluted by natural ventilation by opening windows and doors where appropriate.	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 chlorine-based cleaning solutions are in place • National cleaning standards are measured and audited in all areas. • Area cleaned in line with National cleaning standards (April 2021). • 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 compliance has been reviewed and is currently subject to discussions with landlords for any remedial works. • Specialist ventilation is in place at QVMH only. Reviewed in line with HTM. Window opening regime in place. • Policy and protocols in place for decontamination of all equipment. Check lists are located on all clinical units and IPC check these as part of their clinical visits. As part of the safer space		

	programme staff are required to clean all IT equipment and desk spaces before and after use.		

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 (AMS) are maintained and a formal lead for AMS is nominated. • NICE Guideline NG15 is implemented – antimicrobial stewardship: systems and processes for effective antimicrobial medicine use. • The use of antimicrobials is managed and monitored: – to optimise patient outcomes – to minimise inappropriate prescribing – to ensure the principles of Start Smart, Then Focus are followed. • Contractual reporting requirements are adhered to, and boards continue to maintain oversight of key performance indicators for prescribing including: – total antimicrobial prescribing – broad-spectrum prescribing – intravenous route prescribing. • Resources are in place to support and measure adherence to good practice and quality improvement in AMS. This must include all care areas and staff (permanent, flexible, agency and external contractors).	• 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.		

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: • IPC advice/resources/information is available to support visitors, carers, escorts, and patients with good practices e.g. hand hygiene, respiratory etiquette, appropriate PPE use. • 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 principles on inpatient hospital visiting and maternity/neonatal services will remain in place as an absolute minimum standard. National guidance on visiting patients in a care setting is implemented. • Patients being accompanied in urgent and emergency care (UEC), outpatients or primary care services, should not be alone during their episode of care or treatment unless this is their choice. • Restrictive visiting may be considered by the incident management team during outbreaks within inpatient areas This is an organisational decision following a risk assessment and should be communicated to patients and relatives. • There is clearly displayed, written information available to prompt patients' visitors and staff to comply with handwashing, respiratory hygiene and cough etiquette. The use of facemasks/face coverings should be determined following a local risk assessment. • If visitors are attending a care area to visit an infectious patient, they should be made aware of any infection risks and offered appropriate PPE. • Visitors, carers, escorts who are feeling unwell and/or who have symptoms of an infectious illness should not visit. Where the visit is considered essential for compassionate (end of life) or other care reasons (e.g.,	• Guidance on Intranet, reflect national guidance. This has been updated on flo in response to recent updated guidance in June 2022 and includes patients attending urgent and emergency care (UEC) being accompanied by a visitor unless they choose not to. • 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 respiratory / non-respiratory patients, and SOP's in local services for this • Available on Internet and Intranet – easy read version in process for most information • Patients and visitors accessing our buildings		

parent/child) a risk assessment may be undertaken, and mitigations put in place to support visiting. • Visitors, carers, escorts should not be 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 behaviours Implementation toolkit has been adopted where required.	are asked to wear PPE based on a local risk assessment • The toolkit has been roiled out in line with national guidance. The Trust actively strives to ensure a culture of wellbeing, leadership development and speaking up.		

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: • All patients are risk assessed, if possible, for signs and symptoms of infection prior to treatment or as soon as possible after admission, to ensure appropriate placement and actions are taken to mitigate identified infection risks (to staff and other patients). • Signage is displayed prior to and on entry to all health and care settings instructing patients with symptoms of infection to inform receiving reception staff, immediately on their arrival (see NIPCM). • The infection status of the patient is communicated prior to transfer to the receiving organisation, department or transferring services ensuring correct management /placement. • Triaging of patients for infectious illnesses is undertaken by clinical staff based on the patients' symptoms/clinical assessment and previous contact with infectious individuals, the patient is placed /isolated or cohorted accordingly whilst awaiting test results. This should be carried out as soon	• 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 pathways for these patients (e.g. home visit, clinic or virtual assessment). • Inpatients who are identified at risk of	• SOP for the management of respiratory viruses – in the process of being written	• Policy for respiratory tract infections in the community hospital setting still available on Flo. • The IPC team review all patients with respiratory viral infections daily and advice clinical staff on stepdown criteria.

as possible following admission and a facemask worn by the patient where appropriate and tolerated. • Patients in multiple occupancy rooms with suspected or confirmed respiratory infections are provided with a surgical facemask (type II or type IIR) if this can be tolerated. • Patients with a suspected respiratory infection are assessed in a separate area, ideally a single room, and away from other patients pending their test result and a facemask worn by the patient where appropriate and tolerated (unless in a single room/isolation suite). • Patients with excessive cough and sputum production are prioritised for placement in single rooms whilst awaiting test results and a facemask worn by the patient where appropriate and tolerated only required if single room accommodation is not available. • Patients at risk of severe outcomes of infection receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare eg priority for single room protective isolation. • If a patient presents with signs of infection where treatment is not urgent consider delaying this until resolution of symptoms providing this does not impact negatively on patient outcomes. • The use of facemasks/face coverings should be determined following a local risk assessment. • Patients that attend for routine appointments who display symptoms of infection are managed appropriately, sensitively and according to local policy. • Staff and patients are encouraged to take up appropriate vaccinations to prevent developing infection • Two or more infection cases linked in time, place and person trigger an incident/outbreak investigation and are reported via reporting structures.	severe outcomes of infection are placed in a side room as appropriate. • 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. • Direct inpatient admissions are isolated until assessed for risk of infection. • Inpatients are screened using LFT on admission. • If patient develops respiratory symptoms a viral PCR is taken at onset of symptoms and day 3 of continuing symptoms • Patients with a respiratory viral infection are isolated /		

	cohorted until they meet the criteria to be stepped down for the infection they have. (SOP for the management of respiratory viruses) • Staff wear FFP3 masks when caring for patients with suspected or confirmed respiratory infections spread by the airborne route. • TIIR masks are worn based on an IP&C risk assessment for all other patients, in respiratory outbreak settings or if staff personal choice. • Patients with respiratory symptoms, or when an area is experiencing a respiratory outbreak are requested to wear a FRSM when unable to socially distance, and when mobilising around the area as tolerated. Posters and leaflets available to encourage this.		

	• Dual COVID -19 and flu vaccinations for eligible staff run according to the JCVI guidance. Occupational Health provide employment vaccinations according to role. • Entrances to all hospitals have signage displayed advising relatives not to visit if they are unwell with respiratory or diarrhoea and vomiting symptoms • When two or more infection cases linked in time, place and person are identified outbreak measures and investigation is implemented including national reporting of it.		

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**
Systems and processes are in place to ensure that: • IPC education is provided in line with national guidance/recommendations for all staff commensurate with their duties. • training in IPC measures is provided to all staff, including: the correct use of PPE. • All staff providing patient care and working within the clinical environment are trained in hand hygiene technique as per the NIPCM and the selection and use of PPE appropriate for the clinical situation and on how to safely put it on and remove it (NIPCM). • Adherence to NIPCM, on the use of PPE is regularly monitored with actions in place to mitigate any identified risk. • Gloves and aprons 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. • Hand hygiene is performed: – before touching a patient – before clean or aseptic procedures – after body fluid exposure risk – after touching a patient – after touching a patient's immediate surroundings. • 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 (NIPCM). • Staff understand the requirements for uniform laundering where this is	• Full IP&C guidance on Flo, shared through communication channels. • IPC training continues, Fit-testing continues, records held centrally by EWD and reported monthly to IPC team • PPE not re-used unless re-usable or sessional • Decontamination options available (visors) • The NIPCM will replace many of the IPC policies and a link on Flo will be added which will take staff directly to the government page. • The IP&C team are actively promoting the wearing of PPE based on risk assessment as per	• Hand hygiene audits from in patient areas are focussed on before and after patient contact and not the 5 moments	• The IP&C team observe hand hygiene compliance against the 5 moments on their clinical visits.

not provided for onsite.	the NIPCM, SICP and TBP • IPC team visit wards and provide feedback twice per month • 6 steps hand hygiene posters, respiratory hygiene posters. PPE poster prompts 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		

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 the compliance of facemask wearing for patients with respiratory viruses is monitored (particularly when moving around the ward or healthcare facility) providing it can be tolerated and is not detrimental to their (physical or mental) care needs. • Patients who are known or suspected to be positive with an infectious agent where their treatment cannot be deferred, care is provided following the NIPCM. • Patients are appropriately placed ie infectious patients are ideally placed in a single isolation room. If a single/isolation room is not available, cohort patients with confirmed respiratory infection with other patients confirmed to have the same infectious agent. • Standard infection control precautions (SIPC's) are applied for all, patients, at all times in all care settings. • Transmission based precautions (TBP) may be required when caring for patients with known/suspected infection or colonization.	• Patients with a confirmed respiratory infection are nursed in a single room where possible or are cohorted together with the same respiratory organism. • Appropriate facilities, PPE and precautions are in place to manage patients who have a suspected or confirmed infectious agent when their treatment cannot be delayed. • IPC team review placement daily with clinical staff • All patients are managed with SICP and TBP are used for all patients with a suspected or	• Limited single rooms in some settings	• Single rooms prioritised, and cohorting of patients implemented. • IPC team review placement daily with clinical staff • IP&C team observational audit when visiting clinical areas.

	confirmed infection/ colonisation. • There is signage on area doors when a patient is being nursed with TBP in place.		

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: • Laboratory testing for infectious illnesses is undertaken by competent and trained individuals. • Patient testing for infectious agents is undertaken promptly and in line with national guidance. • Staff testing protocols are in place for the required health checks, immunisations and clearance. • 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. • Inpatients who go on to develop symptoms of infection after admission are tested/retested at the point symptoms arise. **COVID-19 specific** • Patients discharged to a care home are tested for SARS-CoV-2, 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. Coronavirus (COVID-19) testing for adult social care services. • For testing protocols please refer to:	• All tests for infectious illnesses are processed by external laboratories. No delays in results. • All patients are tested on admission or when symptoms start for an infectious agent. Staff are aware of the required clinical specimen for the patient's condition and how to collect the required sample. • OH undertakes pre employment checks including vaccination status depending on role. • Lateral flow testing in		

COVID-19: testing during periods of low prevalence	place for staff who develop symptoms and for those staff that meet the national criteria for asymptomatic twice weekly lateral flow testing. • Twice weekly reporting of staff positive cases via IMM and for executive sitrep. • All screening protocols implemented, and audited outbreak screening discussed at outbreak meetings • 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. • All patients screened 48 hours prior to discharge if going to care home and the result is communicated to the		

	receiving care home. • Elective Podiatric surgery – In line with the updated guidance for pausing asymptomatic COVID swabbing from 1st September 2022 patients are no longer COVID swabbed prior to their surgery unless they are severely immunocompromised. Symptomatic patients or those with a known respiratory infection are deferred until they have recovered.		

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 • Resources are in place to implement, measure and monitor adherence to good IPC and AMS practice. This must include all care areas and all staff (permanent, flexible, agency and external contractors). • Staff are supported in adhering to all IPC and AMS policies. • 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 infectious linen/laundry used in the care of known or suspected infectious patients is handled, stored and managed in accordance with current national guidance as per NIPCM. • PPE stock is appropriately stored and accessible to staff when required as per NIPCM. --	• Checklist and audit by IPC team, data reporting for alert organisms • All Guidance reviewed and updated when national changes occur within 24-48 hours. Immediate risks are communicated via 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 • When two or more infection cases linked in time, place and person are identified outbreak measures and investigation is implemented including national reporting of it. • The IP&C team visit clinical areas when an outbreak is declared and regularly throughout the outbreak to ensure appropriate precautions are in place. • Outbreaks meetings are held at lest weekly and more often if required. • Notes and actions from outbreak meetings are recorded and sent to all stakeholders.		

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 occupational health department/IPCT/GP or employer as per their local policy.
• Bank, flexible, agency, and locum staff follow the same deployment advice as permanent staff.
• Staff understand and are adequately trained in safe systems of working commensurate with their duties.
• 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
  ○ facilitate access of staff to treatment where necessary and implement a vaccination programme for the healthcare workforce as per public health advice
  ○ lead on the implementation of systems to monitor staff illness, absence and vaccination
  ○ 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 NIPCM.
• A risk assessment is carried out for health and social care staff including pregnant and specific ethnic minority groups who may be
	• Managerial support, OH only for management referrals, not routine OH monitoring.
	• 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		

at high risk of complications from respiratory infections such as influenza or severe illness from COVID-19 ○ a discussion is had with employees who are in the at-risk groups, including those who are pregnant and specific ethnic minority groups ○ that advice is available to all health and social care staff, including specific advice to those at risk from complications ○ bank, agency, and locum staff who fall into these categories should follow the same deployment advice as permanent staff ○ a risk assessment is required for health and social care staff at high risk of complications, including pregnant staff. • Testing policies are in place locally as advised by occupational health/public health. • NHS staff should follow current guidance for testing protocols. • Staff required to wear fit tested FFP3 respirators undergo training that is compliant with HSE guidance and a record of this training is maintained by the staff member and held centrally/ESR records. • Staff who carry out fit test training are trained and competent to do so. • Fit testing is repeated each time a different FFP3 model is used. • All staff required to wear an FFP3 respirator should be fit tested to use at least two different masks. • 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 or an alternative is offered such as a powered hood. • 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	company rep and Fit – to – FIT company completed and two machines purchased. • Fit-test results reported and recorded locally and centrally. • Working towards identified staff groups being fit tested on multiple masks, as per resilience principles, to enable choice and responsiveness to changes in push stock • IPC team report staff fit-testing compliance weekly at IMM and are working closely with EWD on the accuracy of the figures. • 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.		

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. • Staff who have symptoms of infection or test positive for an infectious agent should have adequate information and support to aid their recovery and return to work.	• Guidance information on Flo, shared internally, implemented through SOP's and challenged on IPC team walkabouts, and H&S walkabouts • E-roster reporting tool in place. HR policy on Flo for testing through national portal • As per the national guidance for pausing of asymptomatic testing. Lateral flow testing is in place for symptomatic staff and those that meet the criteria for asymptomatic twice weekly LFD testing.		

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	11
Agenda Item Title:	Learning from deaths report
Presenting Officer:	Dr Sarah Phillips, chief medical officer
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

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

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 committee, the report is published on the trust's public website.

This paper was received by the quality committee on 17 November 2022.

Summary of key points

Mortality review processes has 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 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

Kent Community Health NHS Foundation Trust

improvements in care to reduce future risks to patients and engagement of duty of candour.

Proposal and/or recommendation to the committee or board
For the board to receive 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	

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Kent Community Health NHS Foundation Trust

Learning from Deaths Report 2022-2023 Quarter 2 (July - September 2022)

1. Introduction

The Trust Mortality Review and Learning from Deaths process adheres to the National Learning from Deaths Guidance (2017). All inpatient deaths in East Kent have been scrutinised by the Medical Examiner since Q1 2021-22 and scrutiny for inpatient deaths in West Kent is in place for deaths occurring after Q2 2022-23. Further internal review is provided using a structured judgement review (SJR) method to comment on the specific phases of care in the period before an inpatient death occurred. In line with the national guidance, 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 review. Of those deaths reviewed, the Trust reports 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 2022-2023: Results and Analysis

Number of Community Hospital Inpatient Deaths Reviewed - Including Deaths Occuring <28 days post Transfer of Care (ToC) in Q2								
Number of Inpatient Community Hosptials Deaths			Inpatient Community Hosptials Deaths Reviewed			Number of deaths considered more likely than not due to problems in care		
Sept.	Aug.	July	Sept.	Aug.	July	Sept.	Aug.	July
1	**3**	**9**	**7**	**5**	**1**	**0**	**0**	**0**
Quarter 2	Prev. Q 1		Quarter 2	Prev. Q1		Quarter 2	Prev. Q 1	
13	**6**		**13**	**16**		**0**	**0**	
Year to Date	Last Year		Year to Date	Last Year		Year to Date	Last Year	
23	**54**		**32**	**60**		**0**	**0**	

Community Hospital Inpatient Mortality Data	
Deaths reviewed by Structured Judgement Review (SJR) %	100% (77% completed and closed)
Gender (%) Female Male	38.46 61.54
Age range (years)	81 - 99
Mean Age (years)	87.92
Ethnicity (%) White British Not Stated	77 23
Length of stay range (days)	5 -105
Length of stay mean (days)	30.31

Community Hospital Inpatient Mortality Data	
Number of cases where resuscitation documentation not in place at time of death	2
COVID-19 deaths recorded	2
Nosocomial deaths Recorded	1
Cause of Deaths including Frailty and Advanced Frailty	7

During Q2 the coroner was consulted for seven deaths. Six cases have been concluded and closed. The seventh is scheduled for inquest in October 2022. The East Kent Medical Examiner made one recommendation for a structured judgement review in Q2 2022-23 due to a cause of death determined as Clostridium Difficile Colitis. No change of management which could have altered the outcome was identified by the SJR process. One compliment from a patient's family regarding care by the community hospital team was received via the Medical Examiner.

All inpatient deaths were reviewed by SJR process in accordance with Trust policy.

One case in July was identified as a nosocomial Covid 19 case, hospital; onset definite. No lapses in care were identified related to the infection. The assessment process to consider whether this case met the threshold for an SI was followed, this case did not meet SI criteria.

Primary causes of death included; Pneumonia, Infarction of Small Bowel Covid 19, Chronic Heart and Renal Failure with recent Cardiac Ischaemia, Covid 19 Pneumonia, Parkinson's Disease, Urinary Sepsis, Sepsis and Clostridium Difficile Colitis, Biological frailty and Alzheimer's dementia.

No deaths during 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.

Spread of Scores Awarded for the Phases of Care of The Community Hospital Deaths & Reviews completed in Q2					
Phase of care	Grading				
	Very Poor	Poor	Adequate	Good	Excellent
Admission and Initial	-	-	4	10	2
Ongoing	-	-	5	9	2
End of Life (EoL)	-	1	3	9	3
Overall	-	1	5	8	2
Patient record quality	-	-	5	8	3

3. Evidence of Good Practice recognised in Community Hospital reviews

107 elements of good practice have been recorded from the 16 reviews completed in Q2, with the comments spread between the three phases of care; Admission and Initial Assessment – 30 comments, Ongoing – 30 comments and 47 comments relating to End of Life Care. Patient record quality was judged to be good or excellent in 68.7% of reviews. One case received scores of excellent across all phases of care and overall care was judged to be good or excellent in 62.5% of cases.

Highlights included examples of time spent with patient attempting to settle them. TEP completed on admission- patient had requested to not be sent to acute should he deteriorate. Early recognition of swallowing difficulties. Excellent record keeping. Continuity from both doctors looking after the patient, very compassionate care. Positive response to the interactions with the dementia support worker. Staff receptive to the patient's needs. Excellent conversation between HCA and patient documented.

Early recognition of EoL with care plans in place. Responded to new pain concerns quickly. Early consideration of syringe driver. Pain was well monitored with good pain relief achieved. Anticipatory medicines where prescribed and other medicines stopped appropriately. DNAR and TEP discussion to be had on admission and documented in the notes. Staff remained with patient so, was not alone when they died. Nursing care exemplary nursing care, good examples of conversations around resuscitation and ceiling of treatment, excellent discussions with the patients regarding wishes, and excellent communication with the Multidisciplinary Team, patient and family.

4. Learning from Mortality Reviews for Community Hospital Deaths

Two cases reviewed in Q2 were judged as poor or very poor for two of the phases of care and a total of four cases had problems in care identified in Q2 using the Royal College of Physicians problem categories criteria;

Problems identified with medication including administration of oxygen;

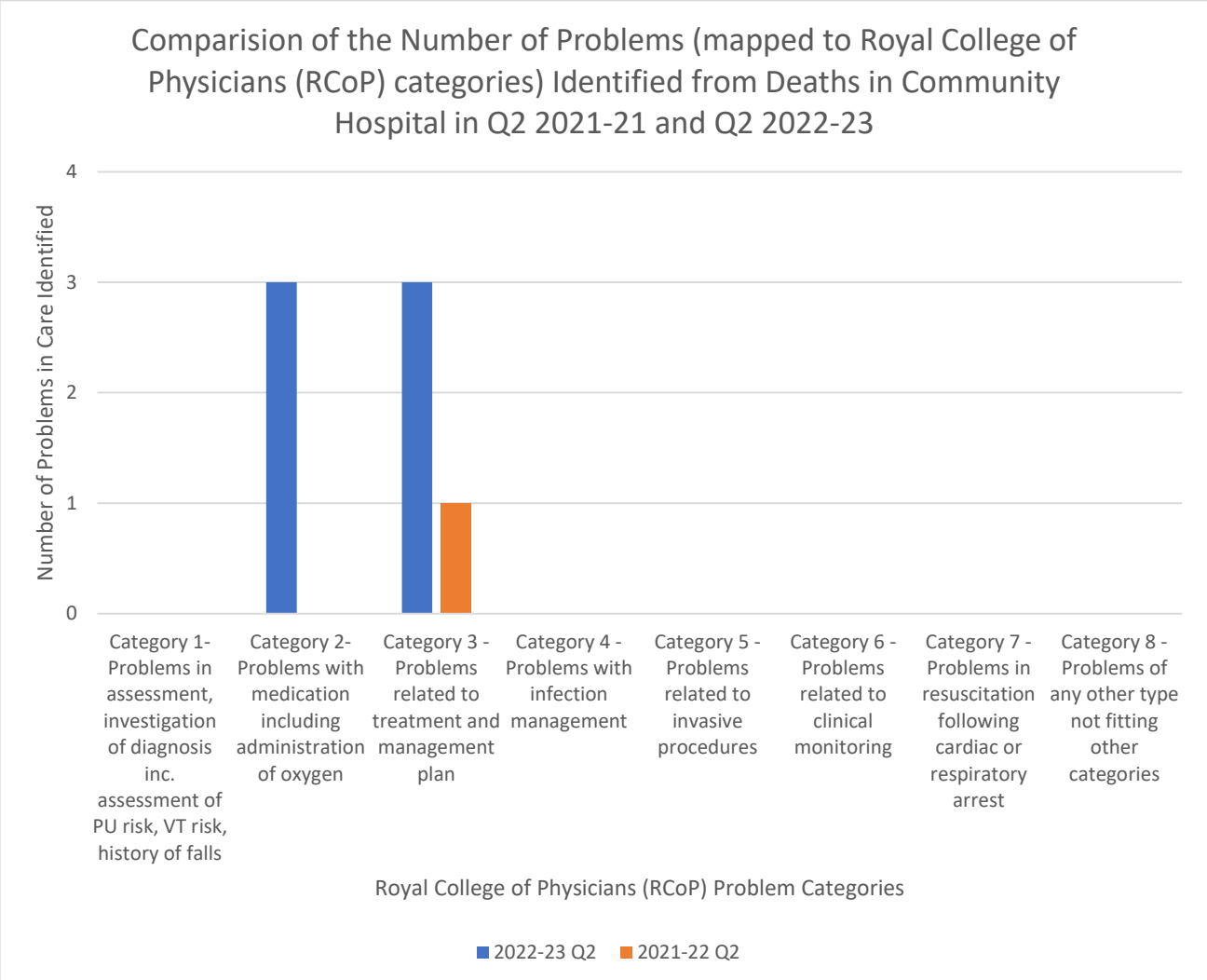
- Double dose of prescribed medication (antidepressant) given in 24 hours that may contributed to fall. The error may have been related to initial unavailability of medication as dose was given 10 hours later when available but should have been checked with pharmacy and documented. (No Harm) Action: Any unavailable meds must be checked with pharmacy and documented to avoid double dosing errors.
- Patient continued to receive 3L oxygen with oxygen saturation levels of 96%, although documented target saturation levels of 88-92%. (No Harm) Action: Ward to review the requirement for oxygen to titrate oxygen accordingly based on saturation levels especially in that pt. have COPD.
- Documented patient was having difficulties swallowing tablets but morphine sulphate tablet was still being administered up until the day before death. Ward could have switched to the morphine sulphate subcutaneous. (No Harm) Action: As soon as administration of oral medicine becomes difficult consider switching to alternative more tolerable methods e.g. subcutaneous.

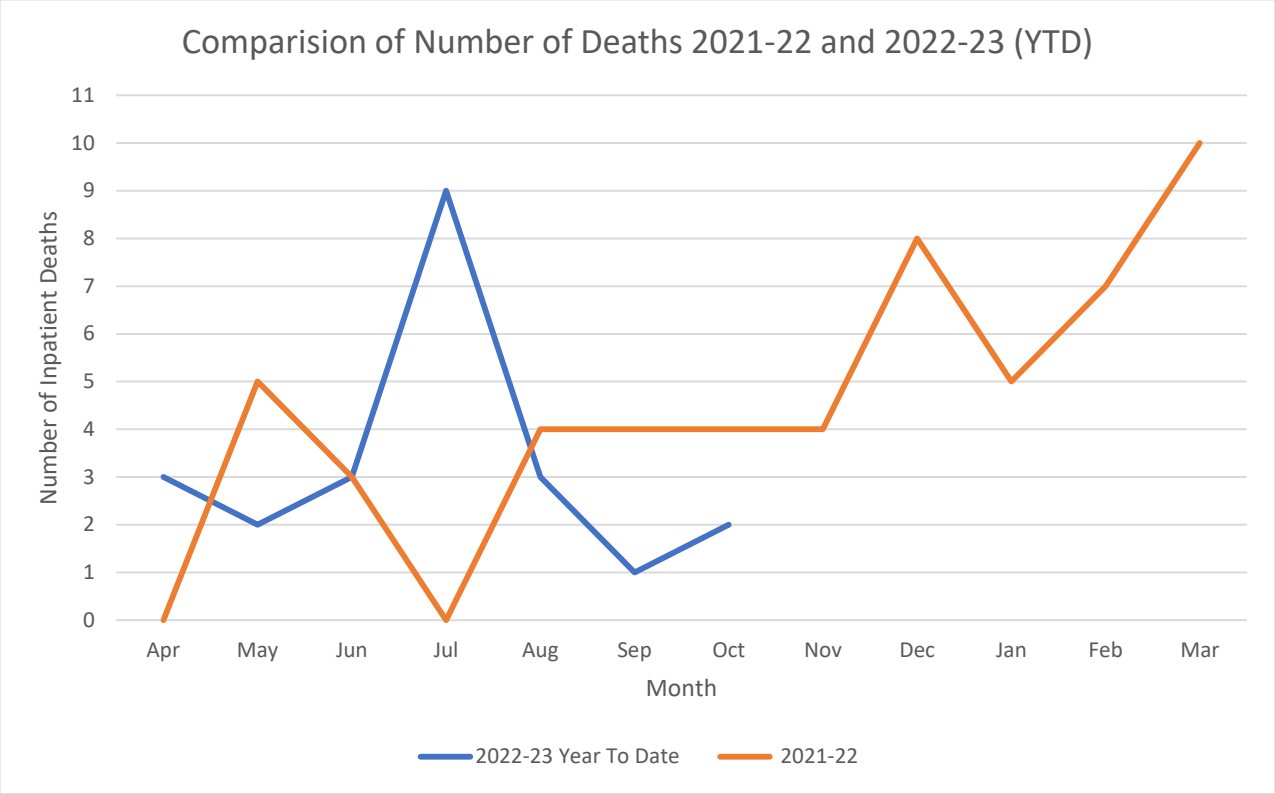
Problems related to treatment and management plan

- Insufficient DNAR discussions and alignment of pt. priorities with an appropriate Care Planning. (No Harm) Action: Clear, direct and frank discussions needed about having a DNAR in place, and explaining the outcomes if not in place ie transfer to acute in the event of cardiac arrest.
- Clear ceiling of care not set initially and no discussion held on CPR status, despite receiving EoL care a DNACPR was needed. (Probable harm). Action: To discuss and set clear ceilings of care from outset and have essential DNAR conversations.

• Concerns for patient following fall and head injury not discussed for senior review before escalating to A+E (TEP not for escalation) To seek support and further discussion from frailty team or senior clinicians could have avoided patient being taken to A&E due to a fall with a head injury, despite his TEP stating not for escalation. (Probable Harm). • Action: To seek support and further discussion from frailty team or senior clinicians could have avoided patient being taken to A&E due to a fall with a head injury, despite his TEP stating not for escalation.

The problems have all been shared with the patient safety team and the problems that were concluded as probable harm by the Virtual Mortality Review Panel have been rereferred for investigation individually by the patient safety team.





Themes of Areas for Improvement Identified for Learning from Deaths Reviewed in Q2
1. Problems in assessment, investigation of diagnosis Including assessment of pressure ulcer risk, Ventricular Tachycardia (VT) risk, history of falls
• No baseline observations on admission. • SSKIN and purpose T to be completed on admission.
2. Problems with medication including administration of oxygen
• Documentation of symptom assessment before and after administration of anticipatory medication. • Provide PRN analgesia when indicated. • Prompt prescribing of End of life care medication cited in four cases. • Anticipatory medication had been prescribed but not signed (rectified within a few hours) • Recognition of need to prescribe oxycodone in place of morphine sulphate in impaired renal function (recognised and rectified before administration as above)
3. Problems related to treatment and management plan
• Improvement in proactive management of pain symptoms and causes cited in 2 cases. • Administration and documentation of regular mouthcare when patient not eating or drinking. • Review patient wishes and treatment escalation plans throughout admission. Ensure TEPs updated promptly when revised plans agreed. Cited in 2 cases • Lack of care plan documentation for diabetes management, nutrition and hydration or management of pressure ulcers. • Mental capacity assessment to be used when patient presents with confusion. • Clear documentation of action if senior medical review requested to ensure appropriate staff support provided. • DNACPR could have been reviewed again in community hospital with more details.

Themes of Areas for Improvement Identified for Learning from Deaths Reviewed in Q2
6. Problems in clinical monitoring
• Consider doing 6CIT nearer admission and repeating if needed. • Lack of clear recognition of deterioration and early signs of dying identified in 3 cases. • No escalation planning appears to have been completed. • Correct use of action log on NEWS 2 chart. • Clear documentation of decision regarding benefit of continuing or stopping observations when patient approaching end of life.
8. Problems of any other type not fitting other categories
• Timing of acute transfers - Avoiding transfer late on a Friday full assessment delayed as consequence. **Improved documentation –** • To prioritise updating nursing documentation as soon as possible after admission. 2 Cases • Catheter assessment page to be fully completed on RIO. • Care plan to reflect patients' wounds. • To document ongoing care in progress notes. • To document evidence of End of Life care given to patient. • To prioritise updating progress notes as soon as possible after admission. • To Datix transfers to acute sites as per policy. • Update risk assessments. • To clearly document the recognition that patient has reached terminal phase and is EOL. • Documentation lacked the specific wording of recognition of deteriorating patient. • To document rational of decision not to prescribe syringe pump. • Add to documentation rational for patient dying alone; i.e. Infection control measures prevented staff staying with patient. • Ensure the updated version of TEP is uploaded to RiO for accuracy. • No documentation of personal wishes and any spiritual needs. **Team communication issues –** • To consider a best interest decision as a team. • To improve communication with family about rapid deterioration and potential sudden event leading to death. • VoD training for all appropriate hospital staff to avoid pull staff from community services. **Patient related communication Issues –** • To discuss and document clearly Advanced Care planning early involving the patient and family. 2 Cases • Support clear ongoing discussions about DNAR decisions when clinically appropriate. 2 cases Action; Community Consultant Geriatrician for West Kent sites raised in meeting with doctors emphasising the importance of documenting all conversations with patient and their families about care planning. • Improved documentation of symptom management. • Improved documentation of patient goals and priorities are. **Issues relating to support of families and those important to the dying person** • Communication with family regarding sending patient to hospital not documented. • Could have discussed with family about deterioration in condition and discuss TEP again. • No documentation of EOL plan on Rio or indication of discussion of patients end of life wishes with daughter. • Family expectation around discharge to be more fully explored.

A total of 48 areas of improvement were identified from the 16-community hospital inpatient deaths reviewed during Q2 that have been collated and closed.

Number of themes identified from mortality reviews of deaths occurring in each month (in line with Royal College of Physicians (RCoP) categories)				
Areas of Improvement Categories	**Jun-22**	**Jul-22**	**Aug-22**	**Total 2022-23**
Problems in assessment, investigation of diagnosis including assessment of PU risk, VT risk, history of falls				**9**
Ineffective recognition of end of life	0	2	0	**4**
Issues relating to physical needs	0	4	0	**5**
Problems with medication including administration of oxygen				**22**
Issues relating to medications and/or symptom control	0	12	0	**22**
Problems related to treatment and management plan				**34**
Lack of involvement in care decisions	0	2	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	2	0	**2**
Issues relating to Personalised Care Plans and other documentation	4	14	0	**28**
Issues relating to Fast Track and palliative care support	0	1	0	**1**
Problems with infection management	0	0	0	**0**
Problems related to invasive procedures	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**
Problems in resuscitation following cardiac or respiratory arrest	0	0	0	**0**
Problems of any other type not fitting other categories				**10**
Issues relating to emotional, psychological, social, spiritual, cultural and religious needs	0	0	1	**2**
Issues relating to support of families and those important to the dying person	0	1	0	**3**
Patient related communication issues	0	2	0	**3**
Team related communication issues	0	2	0	**2**
Total number of issues arising by month	**4**	**42**	**1**	**75**
No. deaths with completed reviews	2	9	1	**17**

5. Community Deaths Mortality Data

Community Mortality Data	Current Quarter	Q2 Previous Year
Community Deaths report via Datix	27	18
Community Deaths referred for full SJR	12	10
Number of complaints	5	7
Number of Patient safety raised SI's/AAR	3	2
Number with Safeguarding investigations	4	0
Number referred for SJR by the Medical Examiner	0	N/A

In September 2021 the ME process began its phased induction for all community deaths in East Kent. During this quarter, the ME did not make any recommendations for further review of community patient deaths. One death was referred for a coroner's inquest; this case has been closed, with the learning and actions for the trust overseen by the Patient Safety Team.

Following discussions at a Virtual Mortality Review Meeting one case was referred for consideration of a Safeguarding Adult Review by the Kent and Medway Safeguarding Adults Board.

Since the last report 18 SJRs for community deaths have been completed and closed. No cases reviewed 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.

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

All deaths have been reviewed against the RCP problem categories. None of the 17 cases reviewed have had problems identified in Q2.

Areas for Improvement and Problems in Care Identified from Community Mortality Reviews Mapped to the RCoP problem categories
3. Problems related to treatment and management plan
• Clear ceiling of care not set initially and palliative medications should have been prescribed earlier. Action: Community Consultant Geriatrician for West Kent - Acute staff have been shadowing in the community hospital seeing the differences and the care that community hospitals offer in contrast to acute, this is hoped to build respect in differing sites. The addition of the ME process in West Kent will also provide support in cases such as this. • Consideration of potential for catastrophic bleed not considered or planned for by external medics ahead of last days of life so this fell to nurse team lead. Action: Teams have worked hard since this case to improve hospice communication, and have set up a weekly call with the hospice, it is hoped that this will limit urgent referrals. • No DNAR paperwork found in home and no record at on electronic systems. Action: Task and finish group to develop paper light records with accompanying organisation wide SOP to ensure appropriate documentation is in the patient's home for quick reference in an emergency.

Areas for Improvement and Problems in Care Identified from Community Mortality Reviews Mapped to the RCoP problem categories	
3.	Problems related to treatment and management plan
	• Problems in care identified - related to treatment and management plan Probable harm - No MDT discussions to make sure ACP and TEP in place early Action: EoL care training is essential to all HCAs role. The team leads have already recognised that the NEWS2 scoring is a good tool and have plans to train all non-registered staff to be able to use NEWS 2 tool. The ART team also plan to roll out a medical model for this service alongside the personal care packages they currently offer. • Continue to ensure we have the right conversations at the beginning of care including providing patients and families with the EOLC leaflet to set the expectation of care. Action: Standard care packs are under development by the End of Life Consultant Nurse. These packs containing leaflets with written information will provide addition support to relatives as they may not be able take in all of the verbal information given in these distressing times, which can leave families to feel let down and unsupported at the time their loved one died.
8.	Problems of any other type not fitting other categories
	• The patient was known to have a high level of alcohol intake, though there was no record seen on K&MCR of what support the patient had had for this issue. The KCHFT safe guarding team would accept referrals and offer advice to the CCN team relating to patient's who appear to be self- neglecting. Though the acute services and the GP service had a longer history in engaging with the patient and there does not appear to be evidence of contacting their safeguarding support team for advice on record on K&MCR. Action: Consultant EOL care Nurse – Working on a SAR in relation to this case; work underway around the failed access policy and how staff communicate. • Better communication between Acute and Community services. Action: Feedback from team; automated reply on email in red writing flagging that discharge referrals must go through the correct rout via the LRU and not directly to team generic email box as this is not monitored. Action: Work is ongoing to ensure seamless transfer of care with acute that only occasionally refer in to our trust. A Safe transfer at EOL document has been developed which will be discussed and approval for use at the next EoLC Steering Committee Meeting (11.08.2022). • Practitioner not fully aware of patient's medical history as providing cover from another team, unfortunately they had not been a formal handover so was not familiar with patient's care. Action: Teams have now introduced a formal handover process for end of life patients that might require visits from another team in the evenings and in addition the team have a formal recording system for the nurses to review. • While patient was in the care and responsibility of the commissioned care home an accident occurred and the patient suffered a fall which resulted in the patient's death. Action: The team attended the home on several other occasions following this accident, and due to the concerns raised at that time, the Community Assessment Bed Team ceased using this care home for referral placements.

A total of **64** areas of improvement were identified from the **17** community deaths that have been collated from reviews closed at the time of report.

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 RCoP categories				
Areas of Improvement Categories	**Jun-22**	**Jul-22**	**Aug-22**	**Total 2022-23**
Problems in assessment, investigation of diagnosis including assessment of PU risk, VT risk, history of falls				**14**
Ineffective recognition of end of life	2	0	1	**6**
Issues relating to physical needs	5	0	2	**8**
Problems with medication including administration of oxygen				**19**
Issues relating to medications and/or symptom control	12	0	2	**19**
Problems related to treatment and management plan				**58**
Lack of involvement in care decisions	1	0	0	**1**
Lack of respect of patient and family wishes in decision making	1	0	0	**1**
Lack of documentation around capacity and best interests	4	0	0	**4**
Issues relating to Personalised Care Plans and other documentation	27	1	5	**52**
Issues relating to Fast Track and palliative care support	0	0	0	**0**
Problems with infection management	0	0	0	**0**
Problems related to invasive procedures	0	0	0	**0**
Problems related to clinical monitoring				**2**
Reversible causes of deterioration not considered/excluded and/or documented	0	0	0	**2**
Issues relating to nutrition and hydration	0	0	0	**0**
Problems in resuscitation following cardiac or respiratory arrest	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	**0**
Issues relating to support of families and those important to the dying person	1	0	2	**3**
Patient related communication issues	2	0	1	**4**
Team related communication issues	2	0	0	**4**
Total number of issues arising	**57**	**1**	**13**	**104**
Number of deaths with completed SJR reviews	6	2	1	**19**

7. Learning Disability (LD) Mortality Reviews Report

LeDeR Internal Q2 Report 2022.docx.pc

Dr Lisa Scobbie, deputy medical director
Tatum Mallard, mortality review project lead
Oct0ber 2022

LeDeR Review Programme
Quarter 2 Report

July - September 2022
(reporting on deaths January – March 2022)

Written By

Mandy Setterfield – Senior Reviewer

Renée Fenton – LeDeR Business Support

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1. Quarterly Update

We are now able to provide quarterly updates comparatively to last year as our new Dashboard and reports have been in place since end of 2020. In this report, we will compare the current Q2 data in 2022 to the data produced in Q2 in 2021, deaths recorded in January – March 2021 and identify the key differences from last year to this year.

The process for Focused Reviews continues to develop with external services being involved and offering advise and ideas to support the LeDeR team.
There are currently 2 reviews breaching from August 2022, 1 is awaiting a coroner's inquest and the other has been delayed due to being our first Autism only review.

We now have a new structure in place for the LeDeR Steering Groups; we will be changing these meetings to be apart of the Health Inequalities Steering Group where LeDeR will have key involvement alongside the Learning Disabilities Team. The bi-monthly Operational Groups still remain and are successful in identifying SMART actions.

Completion of Reviews

To date we have completed a total of 182 reviews for the time frame October 2020 – September 2022, 22 of these were in Q2 (deaths recorded between January – March 2022) with a staff capacity of 100% and the trajectory being overachieved every month (with the exception of 2 reviews breaching as stated above).

In Q2 this year, there were 20 reviews completed with the exception of 2 reviews; 1 awaiting coroner's inquest and the other is under review but delayed due to being our first review for just Autism. For Q2 last year, we had a higher number of deaths at 53.

Jan-21	Feb-21	Mar-21
27	**14**	**12**
27	14	11
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	1
0	**0**	**0**
Jul-21	**Aug-21**	**Sep-21**

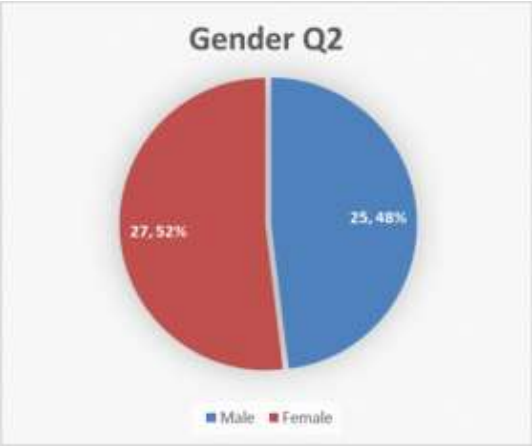
Jan-22	Feb-22	Mar-22
4	**11**	**7**
4	9	7
0	0	0
0	0	0
0	0	0
0	0	0
0	2	0
0	0	0
0	**2**	**0**
Jul-22	**Aug-22**	**Sep-22**

2. Personal Demographic Trends

Gender

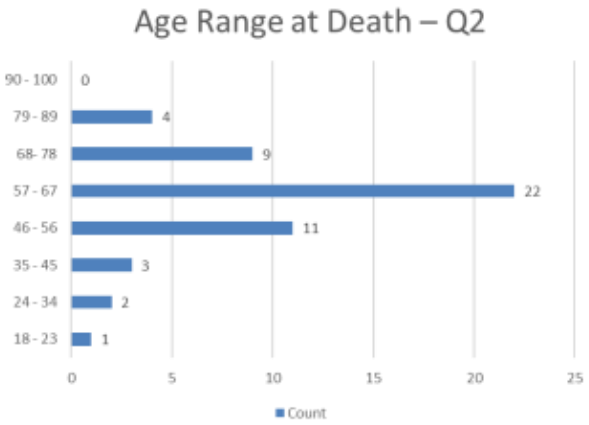
The tables below display Q2 2021 on the left and Q2 2022 on the right.

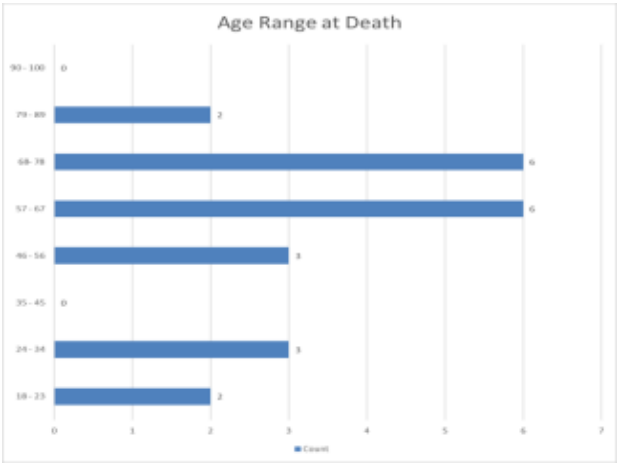
In Q2 for 2021, there were 27 female deaths and 25 male deaths. In Q2 this year, the numbers have significantly dropped to 9 female and 13 male deaths however, the ratio of male vs female deaths has increased since last year.



Age

In Q2 this year, the graph on the right shows that the highest age range at death was 68-78 and 57-67 years old, both with 6. Similarly, in Q2 last year, the age range at death was between 57 – 67-year olds.

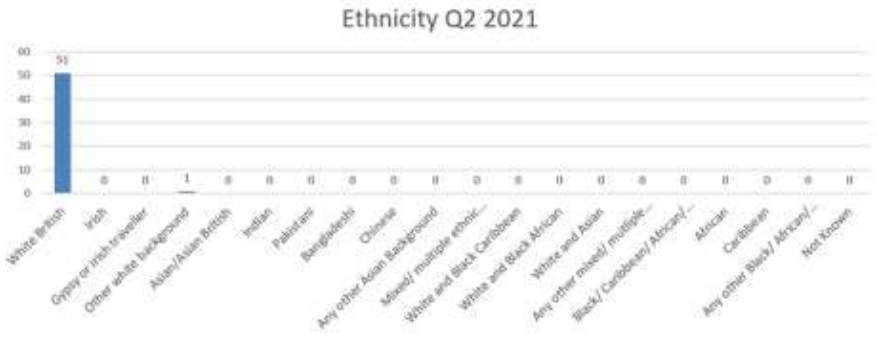


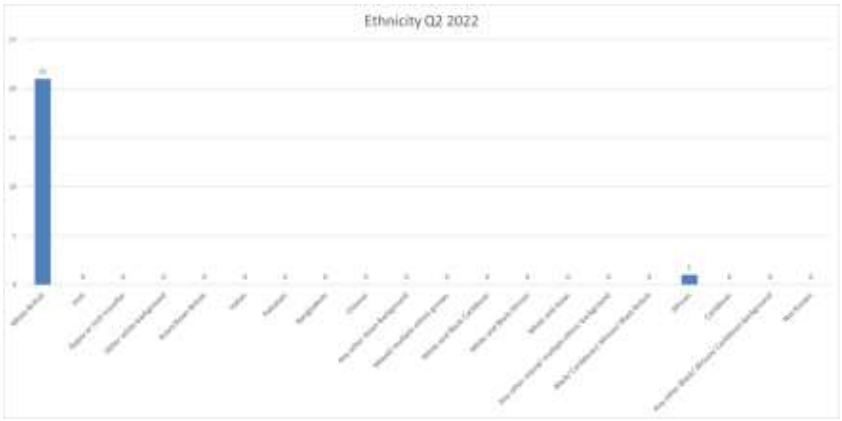


Ethnicity

Out of the 22 notifications in Q2 2022, there were 21 people recorded as White British and 1 recorded as African.

In Q2 2021, there were 51 recorded as White British and the other was other white background. The high volume of White British recordings has continued through the quarters, whilst seeing some recordings from BAME backgrounds.

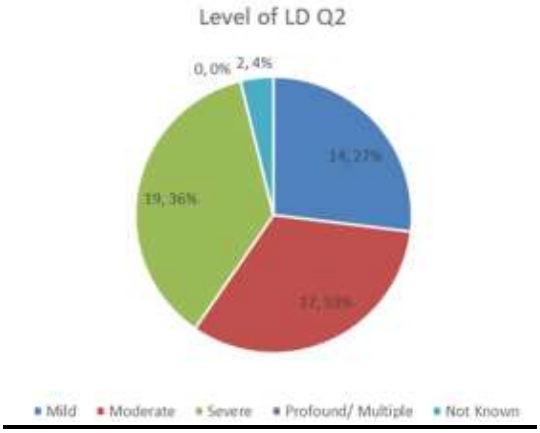


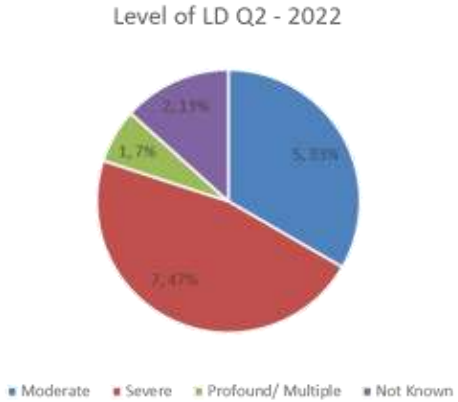


Severity of LD

In Q2 this year (right), the highest level of LD was Severe with 47%, followed by Moderate at 33%.

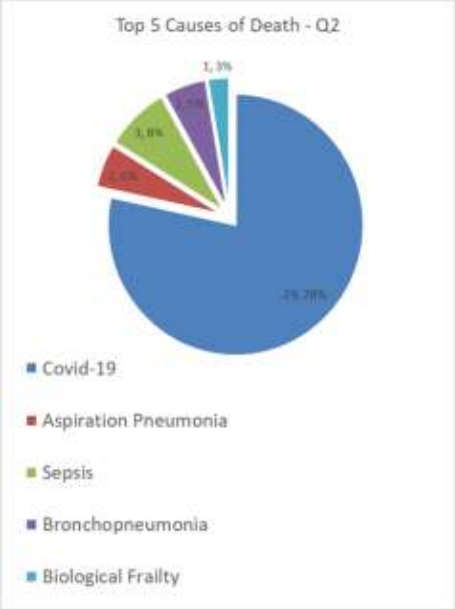
In Q2 2021, we saw very similar results with the highest level of LD as Severe with 36%, followed by Moderate with 33%.

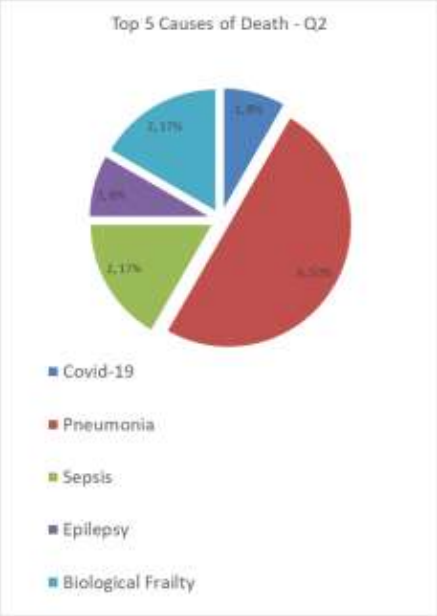




3. Causes of Deaths

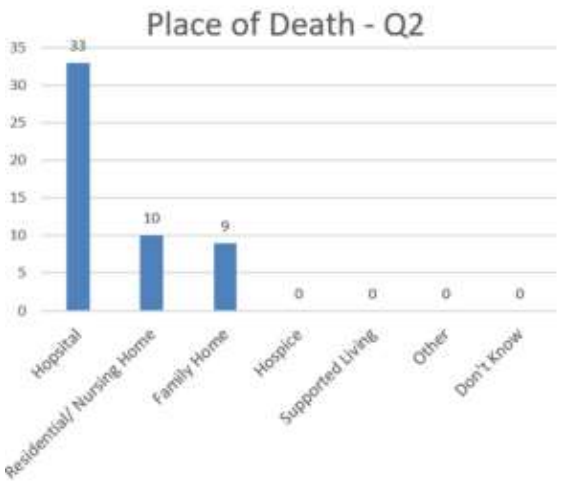
In Q2 this year, the graph on the right shows that Pneumonia (including Aspiration and Broncho) still remains the highest cause of death, with 50%. Unlike Q2 in 2021 where the highest cause of death was Covid-19 with 78%, and Pneumonia combined was just 5.1%.

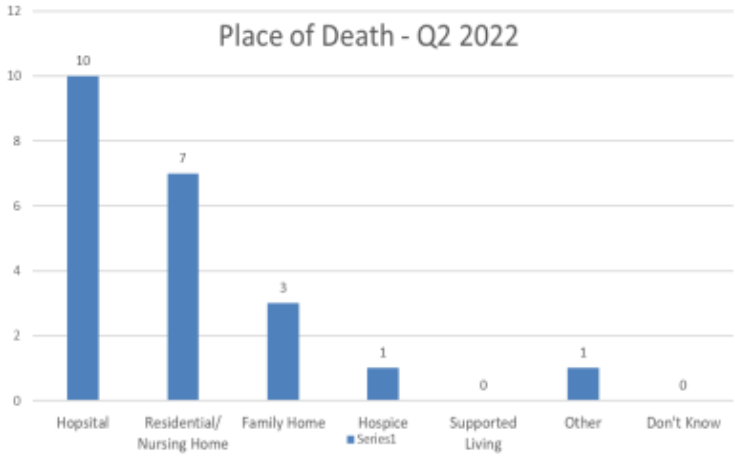




4. Place of Death

In Q2 this year (right), the highest place of death was Hospital with 10 out of 22 deaths, followed by 7 in Residential/ Nursing Homes, then 3 in family/ the person's home. Q2 in 2021 (left) was very similar with deaths in Hospital as the highest place of death, followed by Residential/ Nursing Homes, then family/ the person's home.





5. Those Open to KCHFT

The graph shows those open to KCHFT at the time of death for reviews completed in Q2 (January – March 2022 deaths)

We can see that the Adult Learning Disabilities team had the highest number of people open to them with 9 recorded; 1 was open to Nursing and another open to Physiotherapy.

There was also 2 for the Community Adult Nursing Team and 7 were recorded as not open to KCHFT.

Some people were open to more than 1 service, which is why the figures are higher than those who died in Q2.

We did not record those open to KCHFT in Q2 2021 so are unable to provide a comparison.

Open to KCHFT	
LD Team	9
LD Team - Nursing	1
LD Team - OT	0
LD Team - SLT	0
LD Team - Physio	1
Dietetics	0
Community SALT Team	0
Community Adult Nursing Team	2
Continence Team	0
Dental Services	0
Epilepsy Service	0
Falls Prevention Service	0
Frailty Service	0
Lymphoedema Service	0
One You Service	0
Podiatry	0
Public Health Service	0
Respiratory Team	0
Sexual Health	0
Urgent Treatment	0
Not open to KCHFT	7

6. Best Practice & Learning from Reviews

Alongside the Focused Review Panel Meetings, an Operational Group was set up in June 2022 to undertake Deep Dive's on the wider themes and trends identified in the initial reviews and to ensure learning is not lost from these reviews. We have also now merged LeDeR into a Health Inequalities Steering Group instead of having the individual LeDeR Steering Groups.

Learning and Actions

- Within the Focused Review Panel Meetings, an issue had been identified that "Did Not Attend (DNA): Was not brought to outpatient appointments" was appearing as a theme and these DNA appointments were not being followed up. - An action has been taken by the acute trust and the Learning Disability (LD) hospital nurse will be notified when there is a DNA and they will follow up with the local LD team. The acute trusts are also looking to incorporate this process in their "Was Not Brought" strategy.
- Lead GP for LD and LeDeR has taken forward an action to discuss with GP's a flagging system when someone with an LD does not attend an appointment (via Annual Health Check Steering Group). Further to this action, another action has been taken forward by our GP Lead to arrange for letters to be checked by admin and raised if there is a DNA by a patient with an LD.
- Arrangements for all GP practices to have one admin person as a LD Champion.
- Data is being kept around the use of antipsychotic medication against the Cause of Death, this is in the early stages and will be analysed when further data is collected.
- A LeDeR reviewer is attending the Trust' STOMP/STAMP Meetings, End of Life Care Meetings and Annual Health Check Steering Group Meetings to gain wider learning and to pass on themes and trends from reviews. This is proving useful so far, more specific themes will be highlighted and communicated.
- Contact is being made with Local Authority (education) to discuss concerns regarding transfer of care from educational settings and possible actions we can take to address these. KCHFT is taking this forward.
- "Identifying Sepsis" guidance to be looked at by Lead GP and panel members re issues being raised in reviews with carers not identifying infection markers.
- GP onward referral letters to include that a person has an LD at the very beginning of the letter so recipient is aware that reasonable adjustments may be needed.
- A group has been set up with the senior reviewer and all the Acute Trust LD Liaison nurses for Kent & Medway. This group looks at themes and trends and any learning from all reviews where the person had died in Hospital.

Positive Practice

- The LeDeR team have attended Provider Conferences and held workshops.
- Offered presentations to private providers, outside agencies and services within KCHFT.
- The Outpatient Action is progressing at different rates in each individual Hospital.
- One of our reviewer's links in with other groups, for example STOMP and STAMP Steering Group, Annual Health Check Steering Group, End of Life Care (EOL) and Respect Group.
- From May, an individual reviewer will be a link person for each CLDT.
- Deep Dives will include members of the CLDT and other relevant services within KCHFT.
- Deep Dives will occur on themes and trends that have been identified in the initial reviews.
- A Task & Finish Group will be held at QEQM regarding DNACPR's.
- There will be promoting LD Champions in GP Practices.

- Bulletins now go out to CLDT's GP's and Safeguarding Boards.
- The Locality Clinical Managers will now sit on the focused review panels, local learning will be passed on and actioned more efficiently.

7. Key findings for Q2 2021 vs. Q2 2022:

- The number of deaths per quarter has reduced.
- The number of female deaths vs male deaths was higher in Q2 last year, this year we are seeing more male to female deaths.
- The place of death has been the same for Q2 in both 2021 and 2022.
- The number of issues recorded on the Learning Dashboard have reduced significantly and Communication isn't within the top 3 areas of issues for Q2 2022.
- The number of Covid-19 related deaths has dramatically reduced from Q2 2021 to Q2 this year.
- Age range at death last year compared to this year has shown us that less people are dying at a younger age.

Issues Actions for KCHFT

- There were no deaths that could be attributed to KCHFT.

- One person died before the local LD team actioned the referral, the person was on the waiting list for 3 months with no follow up by the team. This has been actioned locally with the team and changes made to triaging referrals for this team. The outcome for this person would not have changed. Support and advice could have been beneficial to the provider.

- Each local LD team now has a named reviewer who attends the locality meetings and feeds back any local learning.

- Senior Reviewer continues to work with the acute trust on: 'Was not brought' to outpatients, systems have been changed and implemented. Teaching is now in place for staff in the acute trusts from the top down, which includes LD awareness and DNACPR. (The acute Learning Disability Liaison Nurses deliver this training).

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	12
Agenda Item Title:	Kent and Medway SEND inspection
Presenting Officer:	Dr Mercia Spare, chief nursing officer
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

What is the purpose of the paper and the ask of the committee or board?
(include reference to any prior board or committee review) Has the paper been to any other committee?
To receive the paper and note the actions being undertaken within KCHFT and the Kent area to support improvement in the support provided to children and families with special educational need and/or disability.

The report was discussed at Quality Committee in November 2022.

Summary of key points

The paper details the findings of the follow up inspection by Ofsted and the Care Quality Commission (CQC) of the Kent and Medway SEND services between 27 and 29 September 2022. This was a reinspection to identify progress against the written statement of action published on 22 March 2019.

Proposal and/or recommendation to the committee or board

The board is asked to note the findings from the report and the actions that have been commenced to generate local and system improvement.

If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper? *National guidance or legislative change, organisational or system redesign, a significant impact to patients, local*	☐ Yes *(please attach)*

Kent Community Health
NHS Foundation Trust

policy or procedural change, local impacts (service or system) or a procurement process. *You can find out more about EAs here on flo* **If not, describe any equality and diversity issues that may be relevant.** *Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.*	☒ No *(please provide a summary of the protected characteristic highlights in your paper)*

Highlights relating to protected characteristics in paper

This paper details the findings of an Ofsted and CQC reinspection in regard to the support provided to children identified with special educational needs and/or disability and their families. It details the significant negative impact of services commissioned and provided in the Kent local area.

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

Kent Community Health NHS Foundation Trust

Kent Area Ofsted and Care Quality Commission Inspection of Special Educational Needs and/or Disability provision 2022.

1. Introduction

1.1 Between 27 and 29 September 2022 Ofsted and the Care Quality Commission (CQC) revisited the area of Kent (Integrated Care Board/Kent County Council, with providers contributing to the process via focus groups), the aim was to decide whether sufficient progress has been made in addressing each of the 9 areas of significant weakness detailed in the inspection report letter published on 22 March 2019.

1.2 Following the reinspection, the inspectors concluded that the Kent area has not made sufficient progress in addressing any of the significant weaknesses identified at the initial inspection. As none of the 9 areas of weaknesses have improved. The Department for Education and NHS England will determine the next steps for recovery and improvement.

1.3 There are a range of services delivered by Kent Community Health NHS Foundation Trust (KCHFT) which offer support to children with Special Educational Needs and/or Disabilities (SEND) these are summarised below:

KCHFT Children's Services

Specialist and Public Health Services	Geographical Area	Commissioner
Children's Therapies	Kent-wide	ICB
Community Paediatrics	North/West Kent	ICB
Special School Nursing	Kent-wide (although not commissioned all special schools)	ICB
Health Visiting Services	Kent-wide	KCC as part of the KCC/KCHFT co-operation agreement
Kent School Health (including children and young people's counselling services)	Kent-wide	

1.4 While the ICB will coordinate the required improvement for the Kent area, this paper outlines the aspects that relate to services provided by Kent Community Health NHS Foundation Trust and measures being taken to deliver improvement locally.

2. Background

2.1 Between 28 January and 1 February 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Kent to judge the effectiveness of implementing the disability and special

educational needs reforms as set out in the Children and Families Act 2014.

2.2 The inspection in 2019 outlined 9 key areas of weakness and made a number of recommendations which were issued in the form of a Written Statement of Action. The CCG/KCC set up a number of groups to lead the required reforms. KCHFT supported all of the groups relevant to our services.

2.3 In 2020 the global COVID-19 pandemic was declared and in June 2021 a virtual review was undertaken by Ofsted and CQC the to assess progress against the Written Statement of action, but also to look at changes in working practices due to the pandemic. This review primary focused on the provision of evidence regarding ways of working and 1:1 discussion with children and families.

2.4 Between 27 and 29 September a further joint reinspection by Ofsted and CQC was completed which found that the Kent area had not made sufficient progress against the 9 areas of identified weakness.

3. Main Findings from 2022 reinspection that impact on KCHFT

3.1 Pre-School Age Children - Health Visiting Services

- <u>The provision of antenatal and postnatal support for families</u>
  Achievement of the antenatal visit KPI has been impacted by workforce challenges. Maternity services are the lead provider of the Healthy Child Programme during the antenatal period and hold the families. All flagged families are seen as part of targeted and specialist provision with welcome letters to universal antenatal families. These letters provide access to digital and online resources including our refreshed website. This frees capacity and expertise to focus on our safeguarding responsibilities.

- <u>Workforce challenges within health visiting impacting coverage of the antenatal visit and skill mixed model with the universal new birth visit undertaken by a community public health nurse.</u>
  There is a national shortage of qualified Health Visitors. In response to the inability to recruit Health Visitors, the service has introduced skill mix roles including Community Public Health Nurses and Public Health Assistants that can legitimately under national guidance operate under the direction of a Health Visitor. The service has developed competency frameworks supported by a programme of education delivered in partnership with Canterbury Christ Church University. Nationally, this is the direction from the Department of Health and Social Care and more recently the service has been invited to participate in the South East 0-19 Workforce Project Steering Group to share our approach. The skill mixed roles are part of the Health Visiting strategy being implemented in 2023 which KCC has endorsed.

3.2 Education and Health Care Plans (EHCPs)

- <u>The timeliness of EHCP plans being issued and updated remains an issue.</u>
  Statutory health services are required to provide advice / complete assessment within six-weeks from date of notification by local authority to proceed with an EHCP assessment. KCHFT is not meeting this timeframe. The re-inspection identified that there has been an 18% increase in requests for EHCPs above the national average.

- KCHFT services have developed processes in place to contribute to EHCPs and track compliance with the six-week statutory time frame. Following a recommendation from the 2019 inspection all children's services feed into the EHCP if the child is known to the service.

- During 2021/22, a total of 2,700 EHCPs were sent to KCHFT a 60% rise since 2019. Current performance is 67% within timeframe at M6. However, clinicians work with special educational needs officers in the local authority to ensure advice is provided to meet the panel statutory timeline for completion of EHC plan by 20 weeks. Compliance against the 20-week statutory response time at M6 is reported at 90%.

- All children's therapies reports are quality assured by a professional lead and the service participates in the ICB quality assurance process which the inspectors recognised is having an impact on the quality of the health contribution to reports, however this is a fairly new process and we anticipate a steady rise in impact over time.

3.3 ASD Pathway

- <u>Children, young people and their families continue to wait too long for assessments.</u>
  KCHFT's longest wait for ASD diagnosis is 3.5 years. The capacity within the Community Paediatric service is challenged being allocated across a number of clinical pathways including Looked After Children statutory assessments, ASD & ADHD diagnosis, neuro-developmental assessments and reviews and follow-ups. All are of equal importance so the ability to redirect capacity is limited without adversely affecting children on other pathways. During the last two years the service has experienced periods where referral rates were higher than our pre-pandemic levels due to children being out of education and not receiving the levels of support they would have done at a usual time. Nationally it is recognised that there is an increased prevalence rate for ASD. Key actions have been undertaken to increase ASD capacity and improve standardised working:

- Skill mix within the service to include specialist teachers who work across organisational boundaries to support early diagnosis.
- Working with a private provider for additional capacity to reduce waits within the ASD pathway. This commenced in September 2022 with an additional 30 slots that has reduced the wait to 3.3 years.
- Speech and Language Therapy (SLT) only appointments for children where the information is highly suggestive of ASD. The speech and language assessment report is shared with the community paediatrician at the appointment so a diagnosis can be made.

- A recovery trajectory is being revised to include the impact of all the initiatives being implemented.

- The review outlines parents feeling of frustration and the lack of support whilst waiting for an ASD diagnosis. This is borne out by the number of PALS enquires, formal complaints and MP enquires that KCHFT receive. KCHFT is implementing a number of schemes funded by the ICB to help support parents whilst waiting that include:
  - "This is Me" pilot that uses a tool called the "Portsmouth Tool" that assesses nine developmental strands of a child or young person aged 0-19 to help identify what support they may need. The midpoint evaluation is overwhelmingly positive.
  - The West Kent pilot is an MDT approach to ASD diagnosis for under 5-year olds to reduce waiting times for this cohort.
  - Parent support groups are being developed which are modelled on our ADHD parent support groups. The first group will commence in December for children awaiting diagnosis.
  - The impact of these measures, if success, will result in parents being supported increasing satisfaction and builds on the review identification of good practice to provide a 'needs-led' offer for families awaiting a diagnosis.

3.4 Attention deficit hyperactivity disorder (ADHD)

- Attention deficit hyperactivity disorder services across Kent remain fragmented particularly around medication reviews. This is confusing as some families receive follow up support from primary care providers, while for others there is no shared care agreement in place.
  There is a shared care agreement across the West and North of Kent but this does not extend to the East of the county. There are two providers for ADHD provision; KCHFT in the north and the west until 11 years of age and NELFT providing the service in the east and for all children over 11 years of age.

- The shared care agreement in the north and west is problematic as some GP practices are not confident in prescribing for ADHD and refuse to prescribe the medication. This is not a wide spread issue but causes difficulties for families where this has arisen. In this instance, KCHFT undertake the prescribing but this puts added pressure on the service and is inconvenient for families who have to travel to a KCHFT base in order to pick up the controlled medication prescription. The ICB pharmacy team are aware of this issue but to date have not resolved this, despite it being raised on numerous occasions.

3.5 SLT Pathways

- <u>The better communication strategy for Kent has adopted the 'Balanced System' approach.</u>
  The Balanced System is supporting a Kent-wide, system-wide approach to developing universal and targeted approaches to supporting the Speech, Language and Communication needs of children in order that fewer referrals will be made for specialist therapeutic work. In line with this, children's therapies have employed two teachers to work in our school age SLT teams to provide advice to schools focused on improving the classroom environment and teaching approaches for whole cohorts of children as well as identified individuals.

- <u>Long waiting times from referral to treatment for children with speech, language and communication needs have not improved in some parts of Kent.</u>
  The inspectors recognised that there remains fragmented provision due to capacity issues within the SLT workforce. The strongest themes from families' feedback are concerns around the waits for speech and language therapy. As a result, the service has adapted our intervention offer, offering more review and advice appointments with fewer blocks of therapy. As part of the pathway redesign the service has introduced an advice line that enables families and professionals to be directed to appropriate online resources, to identify other services or agencies that may be able to support and to identify any children who would be a priority for early referral.

  Three quarters of parents who completed Ofsted's inspection survey said that they do not feel supported by the local area in identifying and providing the right help and support for their child with SEND. It is parents' widely held belief that an EHC plan and a diagnosis is essential to ensure their child's needs are met. Kent now has a 20% higher rate of children on EHC plans than the England average. This is driving referrals to specialist services up in particular speech and language therapy and community paediatrics.

- The inspectors noted that Governance was weak within commissioners and the impact of interventions were not analysed. We will continue to work with partners to redesign pathways. Co-production with service users is a key element of this work and needs to be an area of focus.

4. **Next Steps**

4.1 The ICB are taking forward a case for change to commission an ASD pathway to support parents and children and reduce the need for a diagnosis. A 'needs led' approach between health and education would strengthen supportive needs provision and strong system leadership.

4.2 KCHFT are continuing to transform the community paediatric and Therapy services in order to maximise capacity to meet demand.

4.3 The Balanced System needs a systematic review. KCHFT needs to transform SLT pathways using a greater level of skill mix to provide the service. An example of this is the (ELIM) screening pilot introduced as part of the 2 – 2 ½ year review with joint interventions by the Health Visitor service and SLT for children with identified needs.

4.4 Services are working to improve compliance with the statutory time frame for EHCP health input. System level transformation needs to be considered to how this can be achieved. Quality needs to continue to be a key focus for the system, and KCHFT needs to maintain confidence in the quality of the assessments that are submitted. This will support patients to be confidence that the needs of children with specialist educational needs are met. This may reduce the requests for EHCP's.

4.5 Demand and capacity modelling has commenced in Community Paediatrics and will be completed by February 2023. Children's therapies will commence in December 2022, aiming to be completed by April 2023. During this period service transformation will continue to help us identify gaps that can be articulated to the commissioners.

4.6 ADHD shared care agreement needs an urgent review to ensure equity of provision across Kent and Medway. This will be discussed with the Pharmacy team in the ICB.

5. **Recommendation**

5.1 The Board is asked to note the findings from the report and the actions that have been commenced to generate local and system improvement.

Dr Mercia Spare
Chief Nursing Officer
07 December 2022

Page numbering not necessary as automatic numbering is provided by the package we use to collate the papers

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	13
Agenda Item Title:	Reading the signals: Maternity and neonatal services in East Kent – the Report of the Independent Investigation.
Presenting Officer:	Dr Mercia Spare, chief nursing officer
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

What is the purpose of the paper and the ask of the committee or board?
(include reference to any prior board or committee review) Has the paper been to any other committee?
To inform the Board of the findings and key action areas identified in 'Reading the signals: Maternity and neonatal services in East Kent – the Report of the Independent Investigation'.

Following the publication of the report, NHS England have written to all NHS provider organisations to draw the report to the attention of Boards. It has expressed a clear expectation that, at the next public Board meeting that the organisation holds, the Board will:

- Review the findings of the report;
- Examine the organisation's culture, and how the Board listens and responds to staff;
- Take steps to assure itself as a Board, and the communities that the organisation serves, that leadership and culture across the organisation positively supports both care and patient experience that the Trust provides;
- Evaluate the effectiveness of the mechanisms which provide the Board with effective intelligence to act on ("reading the signals");

The paper outlines the key enablers/mechanisms in place at KCHFT within each of the four action areas to support discussion. The Board is asked to support more detailed discussions by the relevant committees (Quality committee and Strategic Workforce committee) and the Board and a further more substantial paper will be provided to the Board, in the public Board meeting in April 2023.

Kent Community Health
NHS Foundation Trust

Summary of key points

On 13 February 2020 the Minister of State, Department of Health and Social Care, confirmed in Parliament that, following concerns raised about the quality and outcomes of maternity and neonatal care, NHS England and NHS Improvement (NHSE/I) had commissioned Dr Bill Kirkup, CBE to undertake an independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust. The independent report was published on 19 October 2022.

The report identified four key areas where the NHS could be much better at:

- identifying poorly performing units
- giving care with compassion and kindness
- teamworking with a common purpose
- responding to challenge with honesty

While the independent inquiry was in to maternity and neonatal services, the four broad action areas are drawn from the themes of repeated catastrophic failures in maternity and neonatal services across the country. The fundamental problems seen in all of these situations, can be applied to all health and social care provider Boards.

- Key Action Area 1: Monitoring Safe Performance – find the signals amongst the noise
- Key Action Area 2: Standards of Clinical Behaviour – technical care is not enough
- Key Action Area 3: Flawed Teamworking – pulling in different directions
- Key action Area 4: Organisational behaviour – looking good while doing badly

Within KCHFT the essential building blocks/mechanisms are in place to enable to Board to drive curious conversations through data and to triangulate that via service visits and committee structures.

How the Board identifies and agrees the right outcome measures is paramount to early intervention and course correction where safety issues exist.

Proposal and/or recommendation to the committee or board

The board is asked to note the findings from the Kirkup public inquiry and the key enablers that are in place at KCHFT to create an open, transparent, compassionate and safe culture.

Kent Community Health
NHS Foundation Trust

The board is asked to support more detailed discussions by the relevant committees (quality committee and strategic workforce committee) and a more substantial paper provided to the Board, in the public Board meeting in April 2023.

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	
This paper details the findings a public inquiry in regard to the maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust and the avoidable catastrophic consequences for women, infants and children.	

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

Kent Community Health
NHS Foundation Trust

Reading the signals: Maternity and neonatal services in East Kent – the Report of the Independent Investigation

1. Introduction

1.1 On 13 February 2020 the Minister of State, Department of Health and Social Care, confirmed in Parliament that, following concerns raised about the quality and outcomes of maternity and neonatal care, NHS England and NHS Improvement (NHSE/I) had commissioned Dr Bill Kirkup, CBE to undertake an independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust. The independent report was published on 19 October 2022.

1.2 The primary reason for the report is to set out the truth of what happened, so that maternity services in East Kent can begin to meet the standards expected nationally. The report identifies 4 areas for action. The NHS could be much better at:

- identifying poorly performing units
- giving care with compassion and kindness
- teamworking with a common purpose
- responding to challenge with honesty

1.3 Following the publication of the report, NHS England have written to all NHS provider organisations to draw the report to the attention of Boards. It has expressed a clear expectation that, at the next public Board meeting that the organisation holds, the Board will:

- Review the findings of the report;
- Examine the organisation's culture, and how the Board listens and responds to staff;
- Take steps to assure itself as a Board, and the communities that the organisation serves, that leadership and culture across the organisation positively supports both care and patient experience that the Trust provides;
- Evaluate the effectiveness of the mechanisms which provide the Board with effective intelligence to act on ("reading the signals");
- Be clear about the actions that the Board will take as a result of the above.

1.4 In light of the timescales available to support the Board in undertaking this discussion, this paper summarises the findings and key recommendations of the 'Reading the Signals' independent report and the key enablers we have in place at KCHFT, to support initial discussions on these areas. More detailed discussions will be held by the relevant committees (Quality

committee and Strategic Workforce committee) and the Board and a more substantial paper will be provided to the Board, in the public Board meeting in April 2023.

2. Background

2.1 The panel examined the maternity services in two hospitals, the Queen Elizabeth The Queen Mother Hospital (QEQM) at Margate and the William Harvey Hospital (WHH) in Ashford, between 2009 and 2020. Responsibility for these services lay with East Kent Hospitals University NHS Foundation Trust.

2.2 The review identified a clear pattern. Those responsible for the services too often provided clinical care that was suboptimal and led to significant harm, failed to listen to the families involved, and acted in ways which made the experience of families unacceptably and distressingly poor.

2.3 The individual and collective behaviours of those providing the services were visible to senior managers and the Trust Board in a series of reports right through the period from 2009 to 2020 and lay at the root of the pattern of recurring harm. At any time during this period, these problems could have been acknowledged and tackled effectively. Eight separate opportunities were identified when that could and should have happened.

2.4 Harm was not restricted to physical damage. The report identifies the disturbing effects of the repeated lack of kindness and compassion on the wider experience of families, both as care was given and later in the aftermath of injuries and deaths. It is apparent that the Trust failed to read the signals and missed opportunities to put things right. The authors are clear that this needs to be stated and acknowledged, or there is a real danger that the Investigation will become yet another missed opportunity, not only in East Kent but elsewhere.

3. Key Findings and Recommendations

3.1 The inquiry panel have put forward recommendations which are different from the norm and have not sought to identify multiple detailed recommendations. They acknowledge that NHS trusts already have many recommendations and action plans resulting from previous initiatives and investigations, and have not added further detailed recommendations that would inevitably repeat those made previously, or conflict with them, or both. Instead, they have identified four broad areas for action based firmly on the findings but with much wider applicability. None are susceptible to easy analysis or a “quick fix”, as the traditional approach has not worked.

3.2 While the independent inquiry was in to maternity and neonatal services, the four broad action areas are drawn from the themes of repeated catastrophic failures in maternity and neonatal services across the country.

The fundamental problems seen in all of these situations, can be applied to all health and social care provider Boards.

- Key Action Area 1: Monitoring Safe Performance – find the signals amongst the noise
- Key Action Area 2: Standards of Clinical Behaviour – technical care is not enough
- Key Action Area 3: Flawed Teamworking – pulling in different directions
- Key action Area 4: Organisational behaviour – looking good while doing badly

4. How does this apply to KCHFT Board of Directors and Governors?

4.1 **Key Action Area 1**: *Monitoring Safe Performance – find the signals amongst the noise.*

- Ensure meaningful 'outcomes' are measured and monitored
- Analysis of data enables triangulation of information that clearly signals special cause variation on outcomes and not just process

KCHFT key enablers in place

- Statistical process charts are used in the integrated performance report and Quality report to distinguish common cause from special variation
- Implementation of PowerBi to drive information for action at a local team/service level
- Focus on a quality improvement and patient first approach
- Triangulation of data through Executive, Non-executive and Governor service visits, deep-dives and We Care review programme

4.2 **Key Action Area 2**: *Standards of Clinical Behaviour – technical care is not enough.*

- Kindness, compassion and respect are proactively role modelled and expected at all levels of the organisation from/for both staff and patients
- Culture and behaviours must be integral to all areas of Trust business
- Strong focus on empowering staff and patients to 'Speak Up' confident in the knowledge the Board takes inappropriate behaviour seriously

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- Listening to patient, client and service user feedback without prejudice is imperative to safe care

KCHFT key enablers in place

- Taking part in the Big NHS Kindness Experiment programme
- Equity, Diversity and Inclusion programme has been implemented
- Freedom to Speak up Ambassadors in place and reported to Board
- Staff Survey data is analyses, distributed and monitored in all services and directorates
- Strong Patient Carer Council in place
- Values based recruitment
- Focus on Resolution and Accountability Framework

4.3 **Key Action Area 3**: *Flawed Teamworking – pulling in different directions*

- Clear focus on multidisciplinary and integrated working between professions and agencies
- Creation of a psychologically safe working culture
- Clarity of roles and responsibilities across pathways
- Clear understanding of multidisciplinary governance within teams
- Promote and empower a just culture

KCHFT key enablers in place

- Competency based training in place
- Focus on the development of integrated neighbourhood teams with shared priorities and governance across health and social care
- Board and Executive Development programmes in place to promote open and honest working environment
- Triangulation of data through Executive, Non-executive and Governor service visits, deep-dives and We Care review programme

4.4 **Key action Area 4**: *Organisational behaviour – looking good while doing badly*

- Culture based on openness and honesty
- Guard against and call out behaviours of denial, deflection and concealment
- Ensure conscious curiosity is present in Board discussions
- Guard against recycling issues from one team/provider to another

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KCHFT key enablers in place

- Focus on a quality improvement and patient first approach
- Focus on meaningful outcome measures that add value to patients
- Executive Performance Review in place for all directorates that is underpinned by data but focuses on
- Triangulation of data through Executive, Non-executive and Governor service visits, deep-dives and We Care review programme
- Development of a Just Culture across the organisation

5. Conclusion

5.1 Positive culture in any organisation is a conscious decision made and delivered by all employees from Board to Ward. It can only exist where there is psychological safety to make errors and learn from them, without the fear of retribution. Without this, closed cultures can form and impact on both staff and patient safety.

5.2 Within KCHFT the essential building blocks are in place to enable to Board to drive curious conversations through data and to triangulate that via service visits and committee structures.

5.3 How the Board identifies and agrees the right outcome measures is paramount to early intervention and course correction where safety issues exist.

6. Recommendation

6.1 The Board is asked to note the findings from the Kirkup public inquiry and the key enablers that are in place at KCHFT to create an open, transparent, compassionate and safe culture.

6.2 The Board is asked to support more detailed discussions by the relevant committees (Quality committee and Strategic Workforce committee) and a more substantial paper provided to the Board, in the public Board meeting in April 2023.

Dr Mercia Spare
Chief Nursing Officer
07 December 2022

Page numbering not necessary as automatic numbering is provided by the package we use to collate the papers

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	14
Agenda Item Title:	Audit and risk committee chair's assurance report
Presenting Officer:	Peter Conway, chair of audit and risk committee
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

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

The report summarises the audit and risk committee meeting held on 21 November 2022 and provides assurance to the board.

Summary of key points

Proposal and/or recommendation to the committee or board

The board is asked to receive the audit and risk committee chair's assurance report.

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	

Kent Community Health NHS Foundation Trust

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

Note to: KCHFT Board
From: Peter Conway
Date: 21 November 2022
Subject: Audit and Risk Committee (ARAC) meeting on 21 November 2022

Area	Assurance	Items for Board's Consideration and/or Next Steps
Financial Reporting	*Reasonable Assurance*	Outline timetable agreed for March 2023 year end. No significant changes to Reporting/Auditing environment at this stage albeit the Trust's financial sustainability tests will include the ICS position (which is under considerable pressure)
Financial Controls	*Reasonable Assurance*	Ongoing positive assurance received regarding Losses and Special Payments, Single Tender Waivers and Retrospective Requisitions
(1) Internal Controls - Auditors	*Reasonable Assurance*	1)TIAA - reasonable assurance reports received for End of Life Care and Mortality Review Processes, Estates Compliance and Estates Moves and Changes Follow-Up 2) Audit Plan - changes agreed: Redeployment and Self-Managed Teams cancelled and replaced by KMCR (focus on connectivity from KCHFT's perspective). Infection Prevention and Control Framework audit likely to be replaced by a Serious Incidents Audit 3)Anti-Crime: will be looking at working from home controls especially second jobs as part of the increasing cost of living risks
(2) Internal Controls - Trust	*Reasonable Assurance*	1)Corporate Assurance and Risk Management Group Report - team challenges being addressed. Areas for watch include reportable data breaches and IGAG governance, community hospital fire safety training, open risks numbers and trends 2)Data Integrity - positive assurance and continued excellent progress including inequality monitoring data (c68% complete in RiO which will be significantly enhanced through importing NHS Summary Care Records)
Risk Management and BAF	*Limited Assurance*	1)BAF, risk management strategy, policies, appetite, structures, processes and compliance all being refreshed with completion anticipated before financial year end. 2)QC escalated risk related concerns - checking of corporate risks, RiO implementation and governance structures. All being addressed 3)Extant extreme risks (domiciliary/social care, operational pressures and staff shortages) endorsed. Risk descriptions to be reviewed for KCC Funded

		Social Care (wider than KCC funding), Strike Action (now an issue and also a risk) and Equality and Inclusion (staff and patients perspectives)
Risk Deep Dive	*Reasonable Assurance*	IT Enablement - comprehensive and detailed report received giving rise to positive assurance of this key enabler. Risks and challenges include ICS complexity (EPRs and connectivity), breadth of activity, pace, funding and fragmentation. The RiO Development Plan which will be delivered over the next 18 months will be crucial in improving staff satisfaction and productivity.
Governance	*Reasonable Assurance*	Mike Weaver from GGI observing. Various Well-led Review recommendations to be taken forward as part of risk management refresh mentioned above

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	15
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 paper summarises the Finance, Business and Investment Committee meeting held on 12 October 2022 and provides assurance to the board.

A verbal report of the meeting on 1 December will also be presented.

Summary of key points

Proposal and/or recommendation to the committee or board
The board is asked to receive the finance, business and investment committee chair's assurance reports.

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 characteristic*

and maternity, race, religion or belief, sex and sexual orientation.	*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 REVIEW AND ASSURANCE REPORT

This report is based on the Finance, Business and Investment Committee meeting held on Wednesday 12 October 2022.

Issue	Committee review and assurance	Matters for board awareness and/or action
Board assurance framework (BAF) report Focus items HFMA financial sustainability self-assessment checklist	The latest report was presented and noted. There was a discussion on the system's current deficit and on how staff were reacting to the pay award. A draft checklist was presented and noted by the committee. An internal audit signoff to follow.	
Business Development and service improvement item	The latest reported was presented and noted.	
Digital strategy update	There was a presentation by assistant director ICT of the current status of the IT programme. There were some	

	questions on detail and an ask for additional clarity in future reports regarding risk, user satisfaction and benefits realised.	
Finance report including service line and cost improvement programme (5/12) 2023/24 Business planning approach (Cost improvement programme (CIP)) Budget setting framework 2023/24 Investment and cash review	The latest report was presented and noted. An outline paper on the approach to the 2023/24 CIP programme was presented. An update will follow at the committee meeting in February. A paper on the budget setting framework for 2023/24 was presented and **APPROVED** by the committee. The latest investment and cash review was presented and noted.	
Service line and reference costs – musculoskeletal physiotherapy service	A presentation was given by the director of dental and planned care services and head of service, adult community musculoskeletal physiotherapy services.	This is an important issue that the board should be aware of and as appropriate should see a presentation of an agreed way forward indue course.

	A good presentation and discussion on the current financial and service status of the musculoskeletal physiotherapy services. Key points raised: -there are some key issues re estates configuration -there needs to be a full discussion of options at the executive -discussion with commissioners was necessary -the committee felt that decisions on the future way forward for the service needed to be made. An update on those discussions would be presented to the committee at its meeting in February.	
Committee effectiveness	Current year Committee effectiveness review has been deferred until last quarter of financial year, in line with other Committees	

Paul Butler, chair of the finance, business and investment committe
Non-executive director
13 October 2022

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	16
Agenda Item Title:	Strategic workforce committee chair's assurance report
Presenting Officer:	Kim Lowe, 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 meeting held on 3 November 2022.

Summary of key points

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* **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 characteristic*

Kent Community Health NHS Foundation Trust

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

Name:	Kim Lowe	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 01 September 2022

Agenda items	Notes	Assurance status. Actions and follow up
• **Pay review and impact** • **Strike Action** • **Health and Wellbeing report** • **Workforce report exceptions** • **Freedom to speak up – National policy changes** • **Retention – cost of living** • **Clinical academy update** • **Workforce performance report**		
Staff network – staff story (Disability and staff carers)	Not all our leadership teams are equipped to hold conversations re reasonable adjustments. There is a gap in their understanding of disability and how to support those in their teams (especially those with hidden impairments). This in turn leads to people not declaring and reinforces a lack of trust in the organisation because of possible repercussions in doing so.	Limited Assurance: Are we delivering all we could/ should in terms of disability support and making reasonable adjustments? ACTION An update through the new EDI lead is required. Limited Assurance

	There is a reluctance to have real conversations from a number of our middle leaders. The Committee heard of cases where the Network Lead had to mediate and step in. There is no obvious channel of escalation or route through.	ACTION- Update the committee in terms of escalation routes available to the network leads. ACTION-Training/induction pack for Network Leads is required
Pay review and impact on pensions	There are unintended consequences to the way this year's pay review will affect certain pay bands because of pension contribution impact. Whilst this has been communicated. The committee felt it required further air time, so everyone understood the impact and mitigations that have been put in place.	Limited assurance – mitigated impact as much as possible for affected staff. Victoria is leading a system response with HRD/CPO's to ensure parity across the county.
Strike action	Likelihood of strike action is increasing. Strike protocol has been reviewed and updated, approved by SPF Newly created Risk 124 added to the BAF.	Reasonable Assurance - HRD has shared protocol across the system – regional conversations also taken place with regional officers and agreed to work in partnership and work together compassionately.
Health and Wellbeing report	KCHFT has been awarded Platinum status for its Health and Wellbeing offer, against the K&M healthy workplaces programme. The only Trust in this region to gain this level of accreditation. We have appointed a new H&WB lead with the aim to consolidate and further enhance our offer and seek to	Significant assurance - of the wide offer and the approach to work as a system.

	produce a system wide response for all NHS & social care workers in K&M.	
Workforce Report exceptions	A third month of a small decline in voluntary turnover numbers, now at 14.45% and within tolerance for the first time in 10 months. Vacancy gap is still above target, as we continue to add in new posts. June saw a significant number of new starters. The continued success of our international nurse's recruitment campaign is having a positive impact on vacancy numbers.	BAF 115 – Committee recognised significant efforts to reduce turnover, but the existing vacancy gap still delivers limited assurance as noted in BAF 115.
Freedom to speak up – National policy changes	It was highlighted that Board members have not all completed FTSU training.	ACTION - VRC to share report with Chair, so that individuals can be contacted to complete training.
Cost of living support offers	The committee received an overview of the wide and substantial offer KCHFT has in place to support the staff with the rising cost of living. Rising concern over appropriate resource to maintain this level of offer. The range is impressive but concerns were raised as to how/who is going to manage and monitor this list as more and more people will want to access the benefits it delivers.	Substantial assurance of the range of support packages available for all staff. Limited assurance how far these will go to mitigate people's needs. Limited Assurance until appropriate resource is found to maintain and enhance this vital offer.
Clinical Academy update	The Committee received the first deep dive into the Academy against its original business case. On the	Reasonable assurance that the Academy will deliver its business case.

	whole it has been a success, but different challenges have emerged which now require an organisational rethink. This pipeline is a great way to grow our own workforce but requires investment in backfill and teaching time, in order for it to be a real game changer.	Lessons learned for the deep dive in relation to the organisations strategic approach to growing our talent and workforce through the Academy requires further analysis and Exec Team support.

Kim Lowe – Chair SWC, 01 September 2022

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 03 November 2022

Agenda items	**Notes**	**Assurance status. Actions and follow up**
• Industrial Action • Apprentices (Nursing Academy) • Internationally Educated Nurse Programme • Workforce Report Exceptions • Succession Planning Update • EDI Update • Recruitment Deep Dive • Workforce Implications of Winter Plan • Workforce Performance Report • Medical Revalidation Report		
Staff network – staff story (Menopause Network)	The success of the network means it requires more support due to capacity.	

Industrial Action	Unions are now rapidly starting to mobilise and balloting for strike action. Anecdotal feedback is feeding into staff action to strike. KCHFT will be participating in a national emergency preparedness, resilience and response (EPRR) exercise. The board assurance framework (BAF) risk to remain as it is.	
Apprentices (Nursing Academy)	Apprentices, IEN, etc needs strategic thinking in how we operate new ways of working / thinking in order to increase our capacity whilst supporting our front-line colleagues. Suggestion of front-line coaches / PDN's to support.	Reasonable assurance
Internationally Educated Nurse (IEN) Programme		Substantial assurance
Workforce Report Exceptions		
Succession Planning Update	Is a big programme / entwined? The committee needs to know the strategic plan of the organisation. How we integrate our systems of model and care how we support our patients in the long term.	Moderate assurance

Equality, diversity and inclusion (EDI) Update	The gender pay gap report – there were no issues, although a slightly deteriorating level than last year. Changes within the demographic of the organisation, but confident will recover next year. Workforce race equality standard (WRES) / Workforce disability equality standard (WDES) – EDI action plan refresh – preferred supplier in place. Good stakeholder engagement.	GPG – Reasonable assurance
Recruitment Deep Dive	There has been a massive step change, to recognise that it has taken slightly longer to settle, but now team is fully trained and hoping to settle very soon. To understand that it is not always the team that is to blame – better training for managers to ensure reduction of errors.	
Workforce Implications of Winter Plan	Clearly is moving at pace, levels of assurance are high in some areas, lower in others – changeable. Funding decisions are paramount in what is achievable to be delivered. Incentives to support workforce during the winter is also limited.	Reasonable assurance

	Plan feels robust, but recognising changing landscape so hard to give the same level of assurance against all elements. A verbal update received on Safer Staffing. Paper to be presented to Exec and shared with committee in December. Early indications show that additional funding will be required, due to gap in establishment review.	
Workforce Performance Report		
Medical Revalidation Report		
Any other Business • Payroll and occupational health contracts	Update provided on contractual issues. Payroll HR admin – bought back in house with the hope to reduce errors. Tender process to be procured for new provider. OH – Served improvement notice.	

Kim Lowe, Chair of strategic workforce committee
Non-executive director
3 November 2022

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	17
Agenda Item Title:	Charitable Funds Committee chair's assurance report and minutes
Presenting Officer:	Nigel Turner, chair of charitable funds committee
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

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

The paper summarise the charitable funds committee meeting held on 24 November 2022.

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

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

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

Name:	Nigel Turner	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 24 November 2022.

Agenda item	Assurance and key points to note	Further actions and follow up
Matters arising Extraordinary meeting 15 September 2022	The chairperson thanked Dr Razia Sharif for chairing an extraordinary meeting of the charitable funds committee on 15 September where the detail of the committee's role in the trust's response to the cost of living crisis was discussed. An approach and actions for the deployment of an effective hardship fund was signed off.	Ms Robinson-Collins, Chief People Officer to update the committee at its November 24 meeting.
Marketing report	A busy report was shared emphasising the purpose, practices and benefits of the committee and the objective to disseminate funds.	The specific content from the Heron Ward launch would be shared with the committee and a proposal to share post-launch insights from ward staff themselves was agreed for the next meeting.
Charity report and accounts	The draft 2021/22 report was shared at the committee	The report to be signed off in January by the board – alignment actions that is charitable funds committee dates. etc to be adjusted if necessary.

Agenda item	Assurance and key points to note	Further actions and follow up
2022/23 quarterly finance update	The half year summary of total income/total spend/balance was reported, incorporating the Heron Ward sums and showing a healthy and active fund dynamic	None.
Hardship fund	The deployment of the hardship fund is awaiting agreement on a mini tender for the selection of an external 'broker' to help process applications and the dispersal of funds.	The critical path suggests an end of winter latest delivery.
Fund manager update	Ms Victoria Cover, fund manager for the Tonbridge and Sevenoaks community hospitals presented a busy fund manager report which also included an update on the refurbishment of Heron Ward, Queen Victoria Memorial Hospital, Herne Bay.	The committee thanked Ms Cover for her sterling work over the years as fund manager for a number of restricted funds and wished her well for her retirement. The Heron Ward opening was a fitting finale to her great contribution to the committee over the years.
Forward Plan	A proposal for a fund manager discussion on 11 January 2023 was discussed with the objective to refresh the role and share ideas for improvement in 2023/24.	11 January workshop.

Nigel Turner, Chair of Charitable Funds Committee
Non-Executive Director
24 November 2022

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	18
Agenda Item Title:	Integrated performance report (October 2022)
Presenting Officer:	Gordon Flack, chief finance officer
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

What is the purpose of the paper and the ask of the committee or board?
(include reference to any prior board or committee review) Has the paper been to any other committee?
The integrated performance report is produced to give an overview of performance against a number of national, contractual and internal key performance indicators. This report is presented with the use of statistical process control (SPC) charts. It should be noted that the full finance, workforce and quality reports are presented at their respective committees. The report has been produced in collaboration with the executive team and their support teams.

Summary of key points

There are currently 8 KPIs (22.2%) showing either a high or low positive trend (7 or more points above/below the mean or in a positive direction, or outside of the control limits), 11 (30.6%) showing a high or low negative trend whilst 17 (47.2%) are in normal variation

Of the 11 showing a negative trend, all 11 are also currently failing to achieve target. KPIs 4.6 (remotely delivered activity) is experiencing a negative trend and has just dipped below target. KPIs 1.1, 2.14 and 2.16 have moved into negative variation since the last report.

Of the 8 showing a positive trend, 1 KPI - 2.8 DNA Rate is currently off target but the trend is showing a move towards target level. 7 of the KPIs were in positive variation last month, while KPI 4.4 has moved into positive variation this month.

There are 4 KPIs where the target is negatively outside of control limits . This suggests achievement is highly unlikely without a process or target change.

These are:

- KPI 2.8 DNA Rate – this has been consistently higher since the start of the pandemic and is impacted by increased virtual appointments (which have show to carry higher DNA rates)
- KPI 2.9 LTC/ICT Response Times Met – underperforming since the introduction of RiO and changes in reporting of this metric, although showing signs of improvement.
- KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times – impacted by the shift to a 12-week target and while stable and seeing some improvements (especially with the longest waits), staffing and demand challenges have resulted in sustained underperformance.
- KPI 5.6 Stability – 13 months consecutively below the mean and below the lower control limit.

Of the 7 indicators not measured by SPC charts, 86.7% (6) are achieving target

Quality

- Four pressure ulcer lapses in care occurred with patients on our caseload that were identified during August and September 2022. Five were low harm and four were moderate harm incidents.
- During August and September 2022, 199 falls were reported across the trust with an increase of 1.0% (2) compared to the last period June and July 2022. Of the 199 falls, there were nine avoidable incidents, seven resulted in no harm to the patient and two resulted in low harm to the patient.
- 84 reported medication incidents were considered avoidable to KCHFT during August and September 2022 compared to 91 incidents in June and July 2022, this represents a 7.7% decrease.

Workforce

- At 12.74% the organisation's turnover rate (voluntary turnover is 11.31%) is reporting below the target of 14.47% and the lowest point over the reference period. The turnover rate continues on a downward trajectory. A review of reporting of this metric is underway.
- At 4.09% the in-month sickness absence rate for October 2022 is reporting below the Mean and below the Target by 0.11%, following a downward trend in reporting since July 2022 the sickness absence rate has increased by 0.18%.
- The Vacancy rate is reporting significantly above the revised target of 3% agreed in April 2022, in October 2022 the vacancy rate is reporting at 7.15%, continuing a decline from the previous 2 months. This is due to an increase in budgeted establishment across the organisation of 82.67 WTE; peaks are regularly reported in April due to the new financial year

Finance

- The Trust is in a breakeven position to the end of October after excluding the £9k gain on disposal of assets and £219k charitable donations for the purchase of capital equipment. The cumulative financial performance including these items is comprised underspends on pay and of depreciation/interest of £3,491k and £10k respectively offset by an overspend on non-pay of £2,106k and an under-recovery on income of £1,168k.
- The Trust achieved CIPs of £3,198k to the end of October against a plan of £3,907k which is £709k (18%) behind target.
- Capital: Spend to October was £2,211k, against a YTD plan of £4,575k (48% achieved). The reported year to date underspend is primarily due to the delayed commencement of IT schemes. At M7, the full year forecast is £6,891k, and the Trust expects to utilise the forecast in full.
- Temporary staff costs for October were £1,566k, representing 9.1% of the pay bill. Of the temporary staffing usage in October, £356k related to external agency and locums, representing 2.1% of the pay bill. The agency target has been tightened and is now based on a 30% reduction from 2021-22 outturn. Our amber RAG rating reflects this with a 19% variance, however our forecast is a reduction in spend in the second half of the year as new recruits replace agencies and forecast to meet the target.
- Contracted WTE increased by 61 to 4,386 in post in October which includes 14 posts funded by capital projects. Vacancies increased to 362 in October (from 359 in September) which was 7.6% of the budgeted establishment. Budgeted establishment increased by 63 WTE from September due to the quarterly reduction in the staff turnover budget (33 WTE) and an increase in Adult services as CIP was removed last month non-recurrently.

Operations

- Health Checks annual target for the service for 2022/23 is 21,677 which covers both KCHFT core team and 3rd party providers, with both areas exceeding target to month 7.
- Stop Smoking Quits at M6 is 86.6% of target – target to have quit at M6 is 1418, and the actual quits at M6 is 1228. The main challenge continues to be the lack of third-party provision.
- The Health Visiting new birth visit performance has continued to perform strongly above the mean and target level, with no current areas of concern. Performance for M7 of 2022/23 (94.6%) was slightly down on the previous month but performing with normal variation.
- During Month 7 (October 2022) KCHFT carried out 178,562 clinical contacts. For the financial year to October 2022, KCHFT is 1% above plan for all services (some services have contractual targets, some are against an internal plan). The main negative variance remains within Dental and Planned Care Services (-20.5%), although this area had the highest planned growth for 22/23.

- 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 7 position being at 99.87%, with 6 patients out of 4,548 currently waiting longer than 18 weeks.
- Diagnostics waits compliance for Month 7 has decreased as predicted, and is reported at 92.02%. This drop in performance is due to the high number of referrals from School public health which has increased by 62% from last year and ongoing work has been undertaken to identify the root cause of the issue.
- The TB Service is currently achieving 100% offer to the eligible cohort for BCG vaccinations with a rolling uptake rate of 70%. The trajectory for BCG vaccinations delivered within timeframe is an improving position reported for October with 46% of babies vaccinated within 28 days.
- In month 6, the Looked after Children's service completed 66.7% of Initial Health Assessments within the statutory time frame. KCC compliance with processing and sending across the referrals within 5 working days was 62%. The number of referrals significantly reduced this month, therefore the high number of breaches that were not attributable to KCHFT has caused a drop-in compliance with the statutory timeframe as a proportion.
- There has been a slight reduction of children waiting on the ASD pathway and as of the end of November there are 2502 children waiting on the Autistic Spectrum Diagnostic pathway (ASD); the average rate for diagnosis is 3.3 years.
- 2-hour urgent responses - Performance has continued to show monthly improvements, against the target to achieve 70% by Q3, with the month 7 position above the trajectory at 80.3% and now showing normal variation. There is still some geographical variation with west Kent performing at 84.1% currently and east Kent at 76.3%.
- Health services are required to provide advice / complete assessment within 6 weeks from date of notification by local authority to proceed with an education, health and care (EHC) assessment to comply with statutory regulation. Compliance against the 6-week statutory response at M7 has improved to 71%.
- No longer fit to reside (Community Hospital patients) - Performance continues to be adverse to the target and with a negative trend of 7 months above the mean. Current performance is above the mean at 25% against the target for 22/23 of 15%
- Bed Occupancy continues to show a varying trend, with current performance stable around the mean and within the target threshold of 87-92% (90.4% at month 7).

Kent Community Health NHS Foundation Trust

Proposal and/or recommendation to the committee or board
The board is asked to receive this report.

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

Name:	Nick Plummer	Job title:	Assistant Director of Performance and Business Intelligence
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Integrated Performance Report 2022/23

December 2022 report

Kent Community Health NHS Foundation Trust

Overall CQC Rating – Outstanding (July 2019)

Safe	Good
Effective	Outstanding
Caring	Outstanding
Responsive	Good
Well-led	Good

Community health services for adults	2 September 2014	Good
Community health services for children, young people and families	2 September 2014	Good
Community dental services	24 July 2019	Good
Community health inpatient services	2 September 2014	Good
Community end of life care	24 July 2019	Good
Community urgent care services	24 July 2019	Outstanding
Community health sexual health services	24 July 2019	Outstanding

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Kent Community Health NHS Foundation Trust

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Glossary of Terms

SPC – Statistical Process Control

LTC – Long Term Conditions Nursing Service

ICT – Intermediate Care Service

Quality Scorecard – Weighted monthly risk rated quality scorecards

CDI – Clostridium Difficile Infection

MRSA – Meticillin Resistant Staphylococcus Aureus Bloodstream Disorder

UTC – Urgent Treatment Centre

RTT – Referral to Treatment

GUM – Genitourinary Medicine

CQUIN – Commissioning for Quality and Innovation

MTW – Maidstone and Tonbridge Wells NHS Trust

WTE – Whole Time Equivalent

UTI - Urinary tract infection

CAUTI - Catheter-associated urinary tract infection

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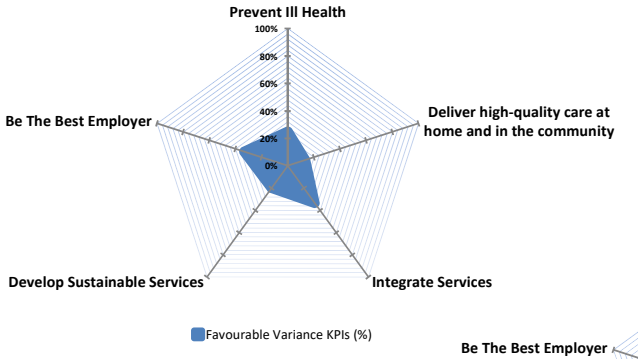
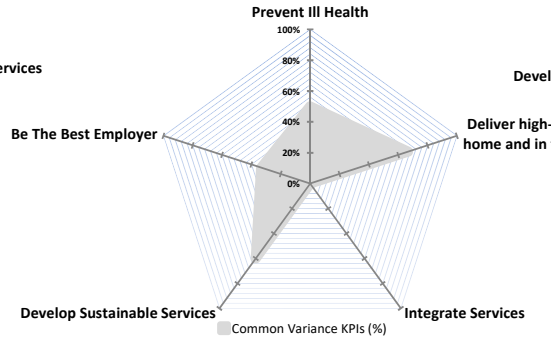
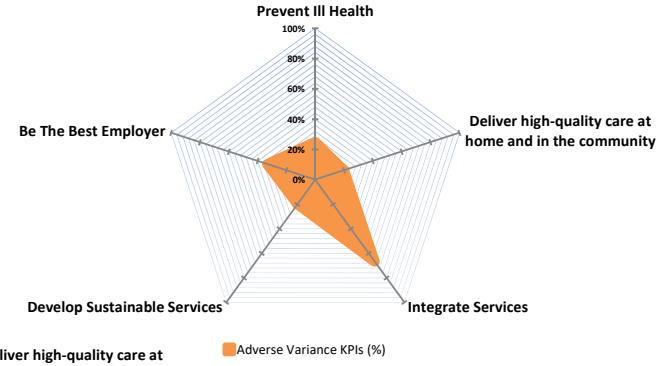
1.0 Assurance on Strategic Goals



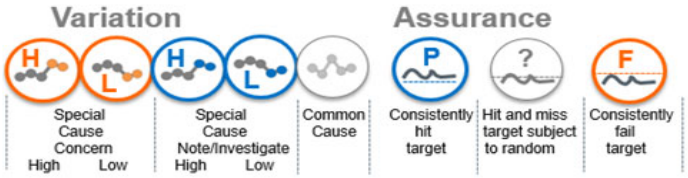


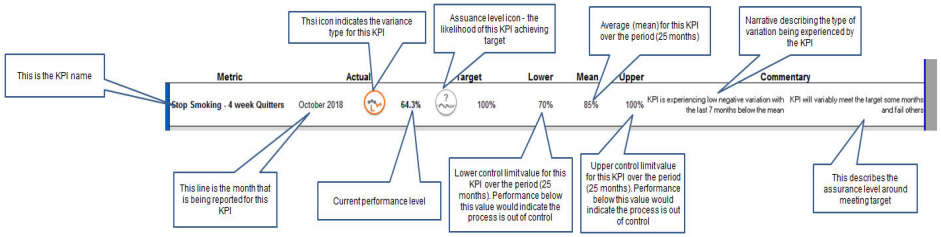


Overall, of the 36 indicators that we are measuring on a statistical process control (SPC) chart, **22.2% are experiencing either a high or low positive trend (8, KPIs 1.5, 2.5, 2.8, 3.2, 3.4, 4.4, 5.2 and 5.3), 30.6% are showing a high or low negative trend (11, KPIs 1.1, 2.9, 2.14, 2.16, 3.1, 3.3, 3.5, 3.6, 4.5, 5.5 and 5.6)** and the remaining **47.2% (17) are showing normal variation.**

36.1% of the KPIs are expected to consistently achieve target as the target is positively outside the control limits **(13 KPIs 1.3, 1.5, 2.5, 2.11, 2.12, 2.13, 2.15, 2.17, 2.18, 3.2, 3.4, 4.5 and 5.4),**
11.1% (4, KPIs 2.8, 2.9, 2.14, and 5.6) are unlikely to be achieved in the near future without a process or target change (as the target is outside control limits negatively),
with the remaining **52.8% are variably achieving target** with no trend of consistent achievement/failure.

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





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.

	Metric	Actual		Target	Lower	Mean	Upper	Commentary
1. Prevent Ill Health	KPI 1.1 Stop Smoking - 4 week Quitters	September 2022	86.6%	100%	77%	94%	111%	Month 6 performance is below trajectory but should pick up slightly once further quits have had their outcome. Contnued impact by third party delivery
	KPI 1.2 Health Checks Carried Out	October 2022	103.5%	100%	65%	120%	174%	Strong performance with overachievement against target. Both KCHFT core checks and third party checks are exceeding trajectory
	KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days	October 2022	94.6%	90%	90%	94%	98%	The new birth visit performance is 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	October 2022	87.4%	90% (year end)				The 21/22 programme began in Feb-22 and finished on 87.4%
	KPI 1.5 Admissions Avoidance (2 Hour Crisis Responses)	October 2022	701	326	348	495	643	Metric shows demand for 2 hour crisis responses is increasing and therefore positive variation, following sustained performance above the mean. 4% growth predicted for 22/23
	KPI 1.6 (N) Percentage of child BCG vaccinations given within 28 days	September 2022	46.8%	95.0%				New metric added for 2022/23 with data currently available from January 2022. Current low performance, however capacity is being increased and an improvement trajectory is being implemented.

	Metric	Actual		Target	22/23 YTD Actual	22/23 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	October 2022	0	1	0	7	Target achieved for the month
	KPI 2.2 (N) Never Events	September 2022	0	0	0	0	Target achieved for the month. 0 Never Events recorded this year
	KPI 2.3 (N) Infection Control: CDI	September 2022	0	0	0	0	No cases of Clostridioides difficile infection (CDI) where level 3 lapses in care are identified by KCHFT staff (i.e. the infection deemed avoidable and caused by a failures in care or failure to follow policy/protocol).
	KPI 2.4 (N) Infection Control: MRSA cases where KCHFT provided care	September 2022	0	0	0	0	Target achieved for the month. 0 cases recorded this year

Kent Community Health NHS Foundation Trust - Corporate Scorecard

*NOTE: National Targets are denoted by (N) in the KPI name.

	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	September 2022	L	0.00	P	0.19	-0.08	0.02	0.11	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	September 2022		5	?	1	-3.1	3.2	9.6	The data is showing normal variation albeit with a slight increase this month to above the mean.
	KPI 2.7 Community Activity: YTD as % of YTD Plan	October 2022		101.0%	?	100.0%	97.0%	103.2%	109.4%	Normal variation with performance marignally above target. Some variation at service and division level but no significant areas of concern. Plans are in place for 22/23 with a small amount of growth expected
	KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity	October 2022	L	4.2%	F	4.0%	4.1%	4.7%	5.3%	DNA levels are now showing an improved picture, with performance below the mean for a sustained period and therefore positive variation
	KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)	October 2022	L	79.7%	F	95.0%	77.9%	83.1%	88.3%	Metric showing negative variation as performance has dropped below the mean. Exepected to now be showing a true reflection of the actual performance following staff education and improved data accuracy.
	KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance	October 2022		80.3%	?	70.0%	52.8%	70.8%	88.8%	Metric currently showing normal variation following continued improvement. Exepected to now be showing a true reflection of the actual performance following staff education and improved data accuracy. 5 consecutive months achieving the 70% national target
	KPI 2.11 (N) Total Time in MIUs: Less than 4 hours	October 2022		100.0%	P	95.0%	99.1%	99.6%	100.0%	Metric currently performing with normal variation marginally below the mean. No current realistic risk to failing target
	KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways	October 2022		99.9%	P	92.0%	98.5%	99.6%	100.8%	Positive variation with trend above the mean. 6 current 18+ weeks waits.
	KPI 2.13 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks)	October 2022		6	P	532	-35	16	67	Positive variation with trend above the mean. 6 current 18+ weeks waits.
	KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)	October 2022	L	57.6%	F	92.0%	64.9%	73.8%	82.7%	Continued negative trend performance this month (sustained period below the mean), and showing declining performance. Metric shows access waiting times (month end waiting list within 12 weeks)
	KPI 2.15 (N) Access to GUM: within 48 hours	October 2022		100.0%	P	100.0%	100.0%	100.0%	100.0%	Metric currently showing normal variation and consistently achieving the target
	KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)	October 2022	H	34.9	?	21.0	16.4	23.3	30.2	In negative variation with performance above the target and upper control limit as a result of increased delayed discharges with patients no longer fit to reside, due to social care delays.

Kent Community Health NHS Foundation Trust - Corporate Scorecard

*NOTE: National Targets are denoted by (N) in the KPI name.

	Metric	Actual			Target		Lower	Mean	Upper	Commentary
2. Deliver high-quality care at home and in the community	KPI 2.17 (N) Friends and Family - Percentage of Patients who would Recommend KCHFT	September 2022		98.5%	P	95.0%	97.2%	98.3%	99.5%	Currently in normal variation and above the mean and consistently meeting target
	KPI 2.18 (N) NICE Technical Appraisals reviewed by required time scales following review	September 2022		100.0%	P	100.0%	100.0%	100.0%	100.0%	Metric currently showing normal variation and consistently achieving the target
	KPI 2.19 (N) 6 Week Diagnostics	October 2022		92.2%	?	99.0%	91.5%	97.3%	103.2%	Metric showing normal variation, although with performance below the mean and below target. Performance continues to fluctuate and miss target some months due to small numbers impacting the ability to meet the tough 99% target.

	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	October 2022	H	25.6%	?	15.0%	10.5%	20.2%	29.8%	Negative variation as continues to be above target in-month, and the mean, predominantly as a result of social care availability.
	KPI 3.2 Home First impact - reduction in average excess bed days (West Kent)	October 2022	H	0.00	P	0.20	0.00	0.00	0.00	Positive special cause variation currently being seen with sustained performance below the mean
	KPI 3.3 Average Acute Daily No Longer Fit to Reside (NLFTR) - West Kent (Complex and Non complex)	October 2022	H	134	?	75	68	104	140	Metric in negative variation with levels showing an increasing trend above the mean.
	KPI 3.4 Rapid Transfer impact - reduction in average excess bed days (East Kent)	October 2022	H	0.00	P	0.20	0.00	0.00	0.00	Positive special cause variation currently being seen with sustained performance below the mean
	KPI 3.5 Average Acute Daily No Longer Fit to Reside (NLFTR) - East Kent (Complex Only)	October 2022	H	179	?	100	79	104	129	Metric in negative variation with levels showing an increasing trend above the mean.
	KPI 3.6 East Kent Rapid Transfer Service - Average Commissioned Discharges per day	October 2022	L	26.7	?	30	24.3	27.3	30.2	Below the target and the mean for Month 7 and in negative variation with a sustained period below the mean

Kent Community Health NHS Foundation Trust - Corporate Scorecard

*NOTE: National Targets are denoted by (N) in the KPI name.

	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	October 2022		90.4%		92.0%	79.3%	86.9%	94.4%	Position is in normal variation with performance above the mean level currently sitting just above the target range of 87-92%.
	KPI 4.2 Income & Expenditure - Surplus (%)	October 2022		0.0%		0.0%	-0.35%	0.0%	0.4%	The Trust is in a breakeven position to the end of October. The cumulative financial performance including these items is comprised underspends on pay and of depreciation/interest of £3,491k and £10k respectively offset by an overspend on non-pay of £2,106k and an under-recovery on income of £1,168k.
	KPI 4.3 Cost Improvement Plans (CIP) Achieved against Plan (%)	October 2022		81.9%		100.0%	45.2%	73.8%	102.4%	The Trust achieved CIPs of £3,198k to the end of October against a plan of £3,907k which is £709k (18%) behind target.
	KPI 4.4 External Agency spend against Trajectory (£000s)	October 2022	L	£356,365		£255,797	£153,594	£391,745	£629,895	Currently showing positive variation with performance positively below the mean, although above the revised target for M7. Agency costs were £356k for October against a target of £256k
	KPI 4.5 Percentage of Activity Delivered Remotely (Telephone or Online)	October 2022	L	24.9%	P	25.0%	25.8%	28.2%	30.6%	Currently performing below target and 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 4.6 Estates Statutory Compliance (All properties)	October 2022		97.0%		95%				Metric with data available from May 2021 so SPC not yet possible to calculate. Currently achieving target.

	Metric	Actual			Target		Lower	Mean	Upper	Commentary
5. Be The Best Employer	KPI 5.1 Sickness Rate	October 2022		4.09%		4.20%	3.43%	4.12%	4.81%	Below the target and below the mean for the month, in normal variation as performance continues to fluctuate around the mean.
	KPI 5.2 Sickness Rate (Stress and Anxiety)	October 2022	L	0.71%		1.15%	0.90%	1.28%	1.66%	Sustained performance below the mean. Target around the mean level so likely to continue to achieve target some months and fail others.
	KPI 5.3 Turnover (planned and unplanned)	October 2022	L	12.74%		14.47%	14.07%	15.20%	16.34%	Showing positive variation with performance below the lower control limit following a positive trend downwards.
	KPI 5.4 Mandatory Training: Combined Compliance Rate	October 2022		95.4%	P	85.0%	95.1%	95.8%	96.4%	Performing within the control limits and above the mean currently. Failure to achieve 85% remains highly unlikely.
	KPI 5.5 Gross Vacancy Factor (% of the budgeted WTE unfilled by permanent workforce)	October 2022	H	7.2%		6.0%	4.4%	5.5%	6.6%	In negative variation following an increase this financial year to above the upper control limit and above target
	KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more)	October 2022	L	84.1%	F	87.0%	85.1%	86.0%	86.9%	Showing negative variation with performance dropping below the lower control limit

2.0 Quality Report

2.1 Assurance on Safer Staffing

1.1 RN and HCA staffing Community Hospital August 2022	Day Fill Rate %		Night Fill Rate %		1 RN Shifts%
	RN's	HCA's	RN's	HCA's	
Faversham	97.14	88.08	100.00	93.62	4
Deal	97.13	91.63	98.39	97.33	3
QVMH					
Whit &Tank	95.48	88.68	95.45	96.89	9
West View	92.50	65.50	98.39	95.31	5
Westbrook House	88.29	85.41	98.39	96.77	15
Edenbridge	85.54	87.69	90.48	99.87	22
Hawkhurst	100.00	91.00	100.00	100.00	4
Sevenoaks	85.27	84.40	91.60	95.46	1
Tonbridge	96.29	88.98	88.70	97.38	2
Total	**93.07**	**85.71**	**95.71**	**96.96**	**6**

1.1 RN and HCA staffing Community Hospital September 2022	Day Fill Rate %		Night Fill Rate %		1 RN Shifts %
	RN's	HCA's	RN's	HCA's	
Faversham	95.09	87.83	83.33	98.58	9
Deal	95.81	85.61	100.00	100.00	5
QVMH					
Whit &Tank	98.50	93.91	95.45	100.00	4
West View	94.02	55.99	100.00	98.11	0
Westbrook House	75.50	90.50	95.00	98.33	0
Edenbridge	61.78	86.98	81.01	100.00	31
Hawkhurst	97.75	93.77	97.78	96.18	3
Sevenoaks	90.43	74.11	89.06	98.30	0
Tonbridge	93.83	86.36	78.57	97.29	0
Total	**89.19**	**83.89**	**91.13**	**97.82**	**9**

In August and September, 72% of hospitals had an RN day and night fill rate over 90%, compared to 78% in the previous reporting period.

HCA day fill rates continue to be a challenge; the average HCA day fill rate in August and September is 84.8% compared to 86.53% in the previous reporting period.

The number of 1RN shifts for September is above average for the last 36 months. Edenbridge and Westbrook House have the greatest number of 1 RN shifts, however of the four incidents that took place during 1RN shifts, only one occurred at Westbrook House, two took place at Whitstable and Tankerton and one, at Hawkhurst

To strengthen current mitigations of vacancy and sickness gaps:

The Deputy Chief Nurse has oversight of hotspot rosters and senior registered staff provide additional support by working clinically where required. Further discussions are had at Strategic Workforce Committee.

We have been successful in a large recruitment drive for HCA's and entering into the workforce pilot for training to ensure our new recruits are well supported during induction and stay in post.

International recruitment continues to strengthen community hospital workforce.

Supervisor shifts have increased to manage increasing COVID-19 infections and support infection prevention and control nursing requirements

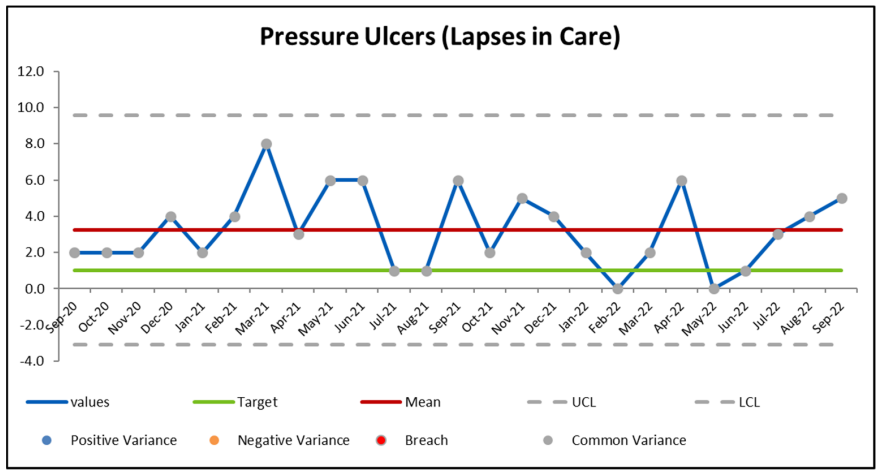
2.2 Assurance on Pressure Ulcers

The data is within common cause variation.

Nine lapses in care occurred with patients on our caseload that were identified during August and September 2022. Five were low harm and four were moderate harm incidents.

One moderate harm incident was declared as a serious incident and is being investigated as such. Of the remaining three one is under investigation to determine whether it meets the SI criteria.

Themes: early risk assessment and prevention interventions and shared care with care homes remains a challenge to ensure care plans and recommendations are followed and continuity of care maintained.



We continue to review all moderate harm incidents and there has been a decrease in category 3 and 4 pressure ulcers whilst the category 2 remain unchanged this demonstrates early risk assessment and identification of pressure damage and that's because prevention and reduction strategies are having an impact on patient outcomes. This is also evident from the incidence reduction in the number and acuity of pressure ulcers on the previous year.

The numbers of risk assessments completed and relevant prevention implemented remains static. However, checking and recoding of pressure areas and prevention strategies has been documented in the progress notes which is then not captured within the audits but can be seen in deep dive reviews to support this.

2.3 Assurance on Falls

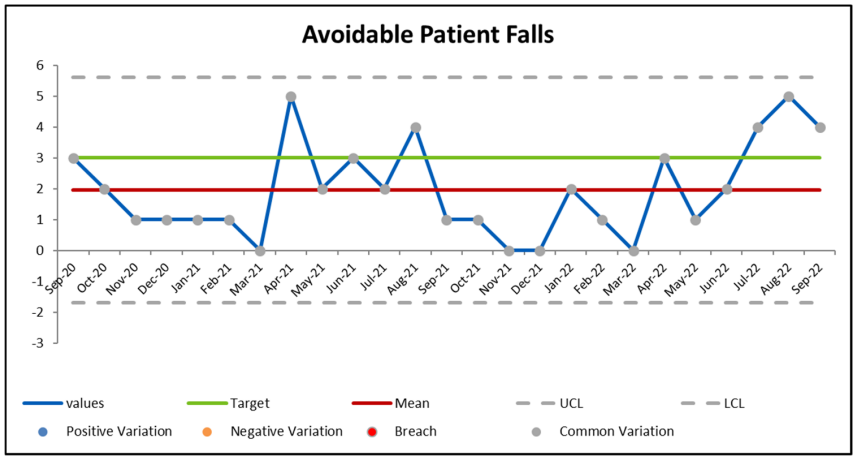
During August and September 2022, 199 falls were reported across the trust with an increase of 1.0% (2) compared to the last period June and July 2022. Of the 199 falls, there were nine avoidable incidents, seven resulted in no harm to the patient and two resulted in low harm to the patient.

The low harm incidents related to: a patient sustained a skin tear after they were found on the floor next to their chair and a child pulled herself over in her chair as it was too small and in bad repair as it had last been assessed over a year previously.

Multiple events took place during the recent Falls awareness week which was celebrated in September 2022. There was attendance at National Webinars and local events hosted by the Trust Falls Leads and Falls Champions.

Falls Prevention and Awareness training task and finish group continues, work is in progress to update the falls training package available for staff to ensure full awareness of patient's falls risks and preventative measures.

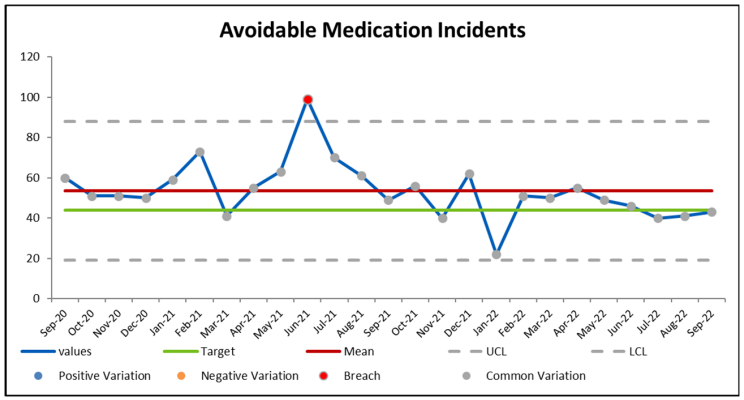
Falls Community Hospital Network meeting on 12 September 2022, was chaired by the Chief Nurse and a plan will be in place to support priority areas of improvement based on the Royal College of Physicians inpatient recommendation audit.

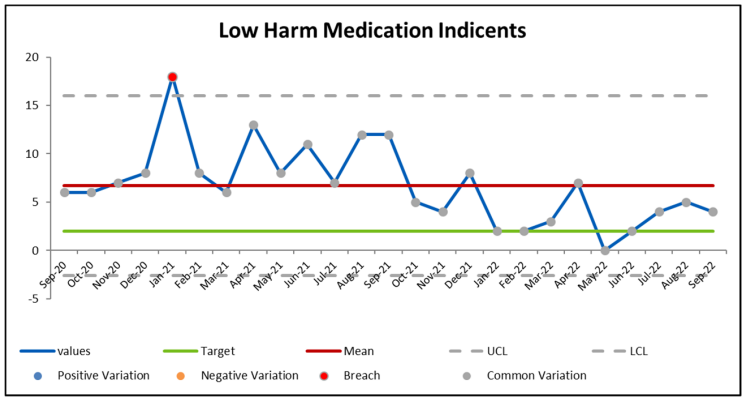


2.4 Assurance on Medication incidents

84 reported medication incidents were considered avoidable to KCHFT during August and September 2022 compared to 91 incidents in June and July 2022, this represents a 7.7% decrease.

8.0% (11) of the reported medication incidents were classed as low harm during August and September 2022 compared to 6.25% (9) in the previous two months.





Further analysis showed that;

The data is within common cause variation.

Community Hospitals and Outpatients Services – 40.4% (34) incidents, an increase compared to 33.7% (29) incidents from the previous period.

Long Term and Specialist Conditions – 39.5% (32) incidents, static compared to 39.5% (34) incidents from the previous period.

Omitted medicines - 35.7% (30), a decrease compared to 41.9% (36) from the previous period.

2.5 Assurance on Patient Experience

2.5.1 Meridian Patient Experience survey results

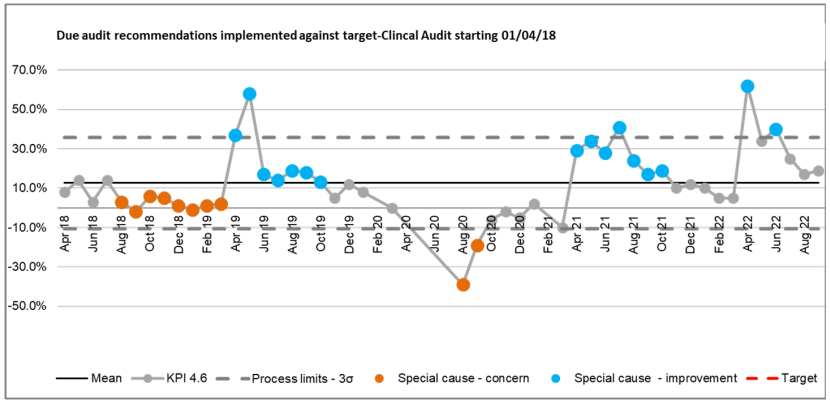
7,923 surveys were completed during August/September 2022, a reduction when compared with the previous two months data, though inline with the usual trend seen during the summer holiday period.

2.5.2 The NHS Friends and Family Test (FFT)

The FFT score remains high, with 98.7% of people rating their overall experience of the service they received as good or very good.

2.6 Assurance on Clinical Audit and Research

2.6.1 Clinical Audit Reporting



At 19% above target for September, completion of audit actions is within the process limits.

Virtual training and support: The Clinical Audit Guru drop in advice session was run on 13 September to support staff who have any questions on clinical audit or need extra support. Audit Actions for Positive Change on 19 September was cancelled due to the bank holiday. Replacement sessions were run on 26 September and 31 October.

Reducing audit workload –improved RIO reporting is being used to supply some data for the CQuIN audits. We are continuing to work with Performance and the RIO operational lead to try and reduce manual data collection from the patient record where possible, although interpretation of the clinical data by a clinician is still required. It is hoped that the new version of wound matrix will be able to supply more data for the leg wound audit (CCG14) in quarter 4. Audit team members are part of the task and finish group looking at reducing forms on

RIO to assess the impact on audit. The safeguarding page is included in the review. It may be possible to collect data for the assurance on safeguarding required by the safeguarding audit directly but data on MCA and consent may still need manual input.

Focusing the audit programme – There are 133 original audits on the programme of which 22 are completed or discontinued. 38 are not supported by the audit team e.g. infection control audits or drug management. 32 are in progress and 25 are yet to start. There are 9 continuous audits. 8 audits have been deferred to next year.

2.7 Infection Prevention and Control

MRSA bacteraemia's: none reported in this reporting period. MRSA screening: 100% compliance in August and 76% September

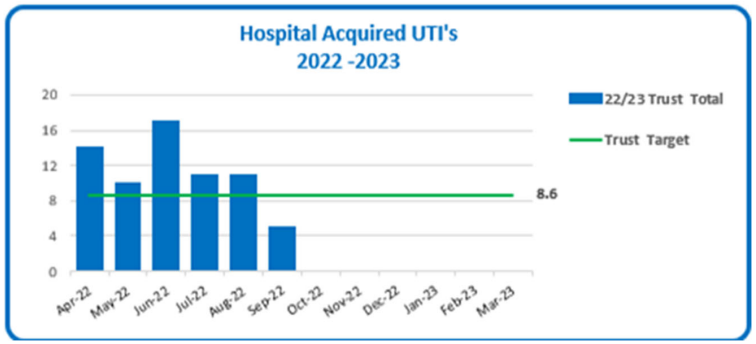
Clostridioides: 1 case, unavoidable and no learning identified

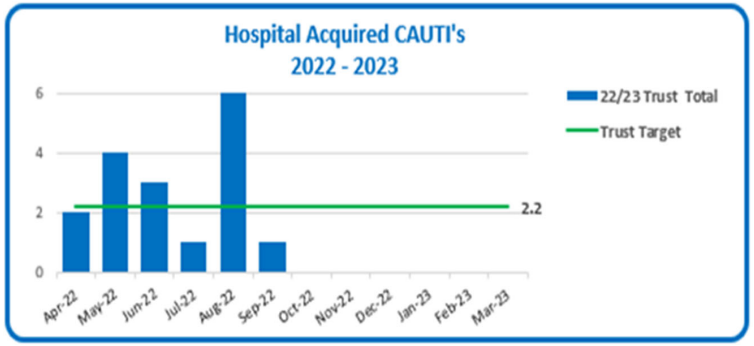
COVID-19: 11 nosocomial cases. 8 in August, 7 Hawkhurst, 1 Westview. 3 in September all at Tonbridge.

UTI's: 11 in August and 5 in September. This is 1.2 under trajectory in this reporting period, reducing us from 17.6 to 16 cases above trajectory to date. IPC are reviewing the representation at the CAUTI /UTI reduction steering group meetings. Representation to include; nutrition & hydration champions, IPC link workers, MIUs, School nurses Professional Lead nurses. The IPC practitioners will be reviewing urine results with clinical teams weekly to gain a better understanding of symptoms, treatment and rationale for sending samples.

CAUTI data: 6 CA-UTI in August and 1 CA-UTI in September. We are 3.8 above trajectory to date. All CA-UTI are investigated using RCA to capture any learning. These infections will be reviewed weekly with the clinical teams to gain better understanding of symptoms, treatment and rationale for sending samples.

UTI and CAUTI numbers often increase during the summer months nationally and it is likely due to the increase in temperature and people not drinking enough.





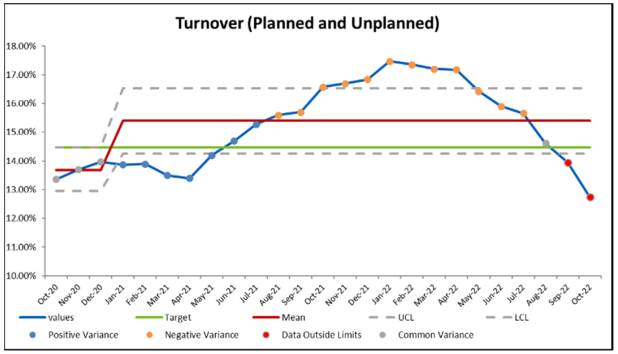
3.0 Workforce Report:

3.1 Assurance on Retention

3.1.1 Turnover

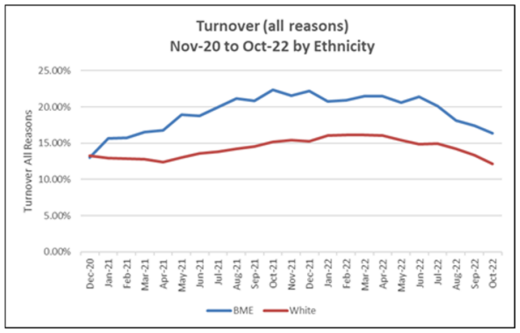
At 12.74% the organisation's turnover rate (voluntary turnover is 11.31%) is reporting below the target of 14.47% and the lowest point over the reference period. The turnover rate continues on a downward trajectory. A review of reporting of this metric is underway.

The Turnover rate for International recruits is 0.00%



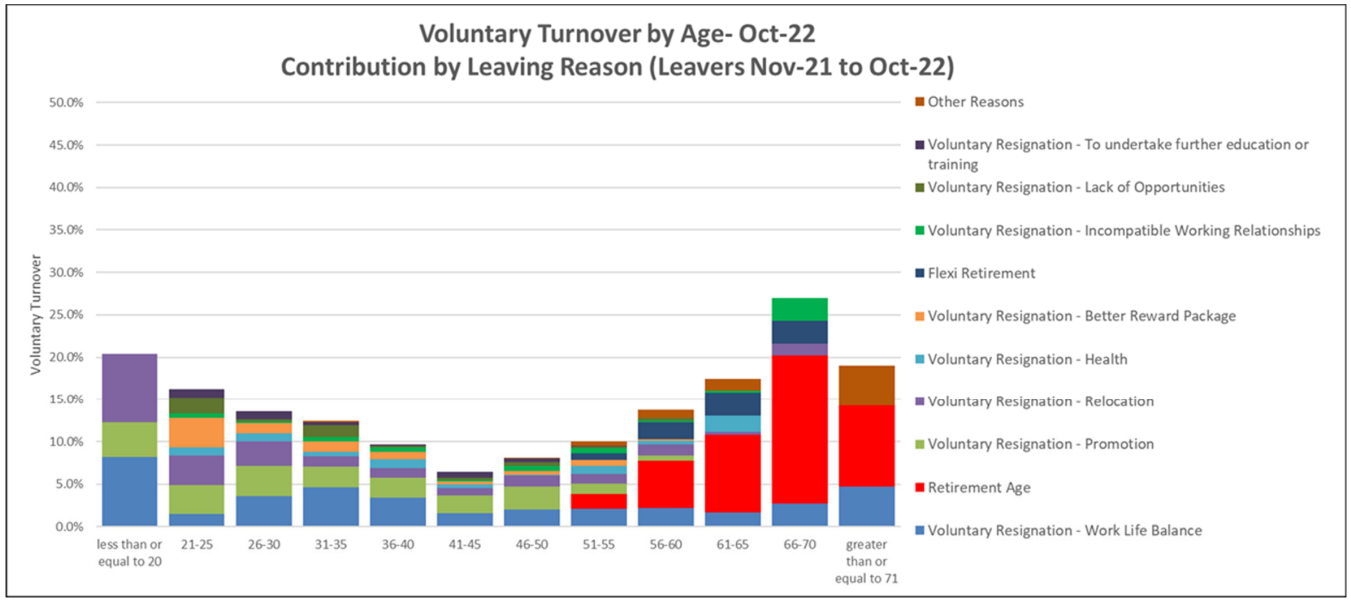
Ethnicity:

Since Dec-20 the Voluntary Turnover for BME staff has exceed that of White Staff. Even though the gap appears to be closing BME Turnover remains substantially higher than Turnover of White Staff. Voluntary Turnover for BME is 14.2% and 10.9% for White employees.



Turnover by Gender and Age:

The graph below reflects the leaving reasons by age group, Voluntary Resignation – Work life Balance continues to be one of the most consistent reasons for leaving across all age bands, however, retirement age takes precedence in the higher age groups as expected. And Promotion is more common in the lower age groups.

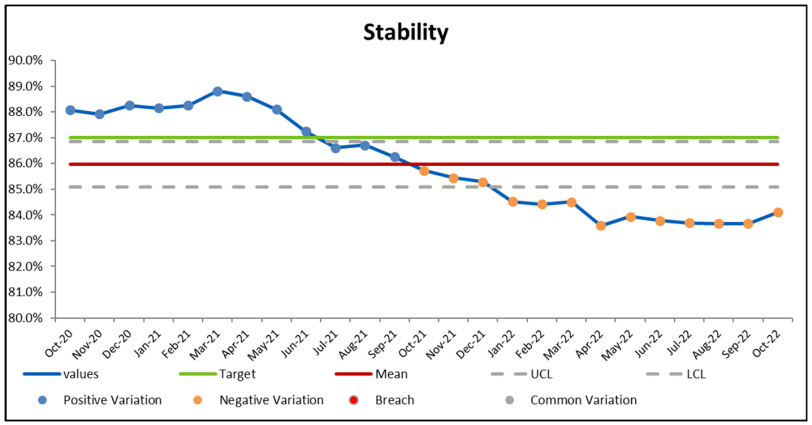


Benchmarking:

When the full turnover rate is benchmarked against other community trusts KCHFT report below the median and have the 8th highest turnover rate overall.

3.1.2 Stability

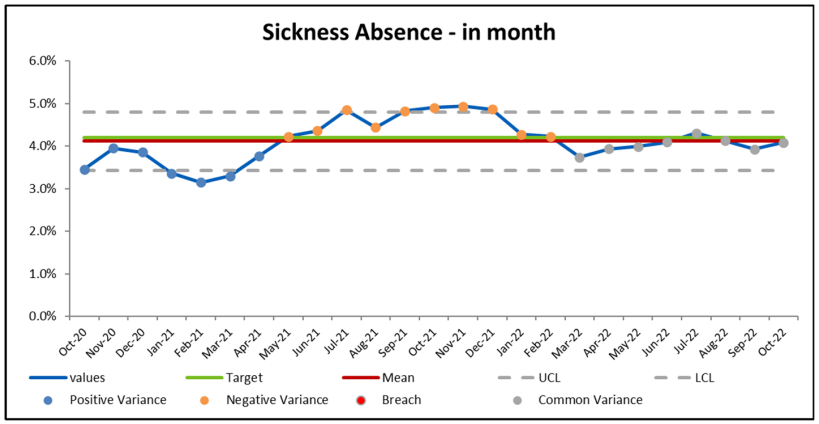
In October 2022 the Stability rate is once again reporting below the target of 87%, however the below is showing that the organisation is reporting an increase in the stability of staff retention to 84.11%.



3.2 Assurance on Sickness

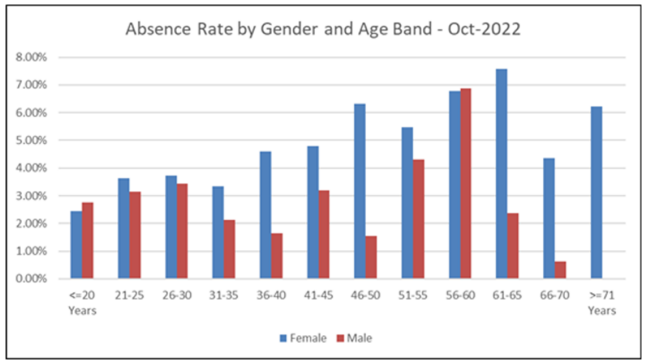
3.2.1 Sickness Absence

At 4.09% the in-month sickness absence rate for October 2022 is reporting below the Mean and below the Target by 0.11%, following a downward trend in reporting since July 2022 the sickness absence rate has increased by 0.18%.



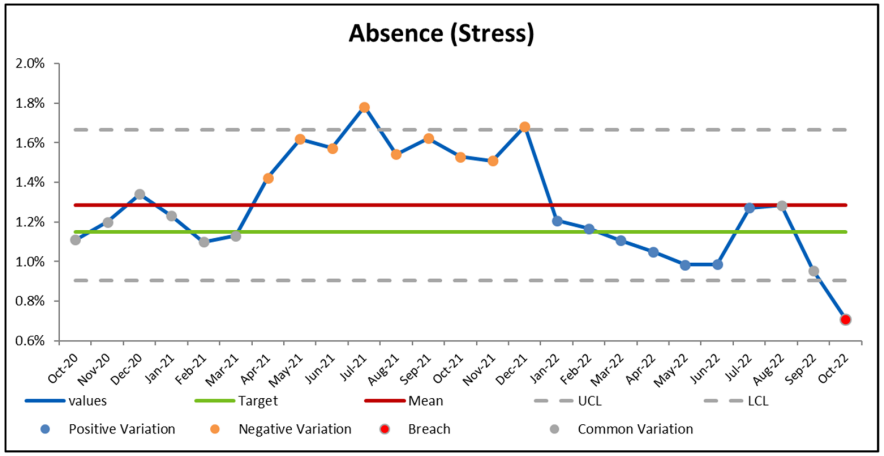
Sickness has been higher in Disabled colleagues, 5.88% for disabled staff compared to 4.74% for non-disabled staff.

Sickness is much higher in Females then Males, Female sickness was 5.23% in October compared to 3.07% in Males. By focusing on the age group of 46-50 Female sickness is 6.33% compared to 1.54% in Males. This could be due to menopause, by using the additional function in HealthRoster to record this secondary reason this could provide further insight into absence rates for this group.



3.2.2 Stress Absence

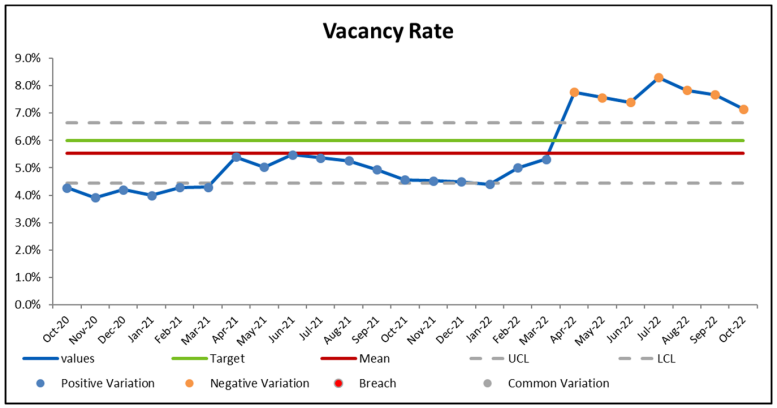
In-month stress absence figures have reported another decline following a rise in July and August 2022. At 0.71% this is the lowest rate of stress related absence reported over the 24 month period.



3.3 Assurance on Filling Vacancies

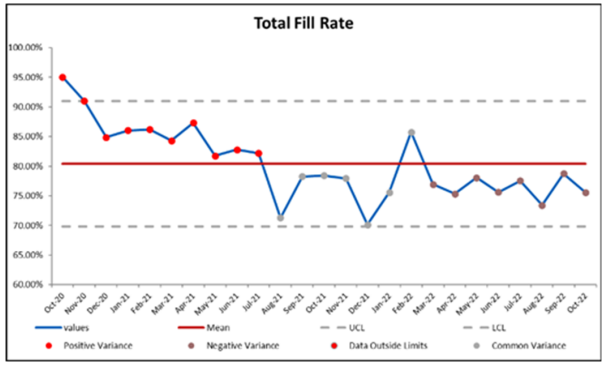
3.3.1 Establishment and Vacancies

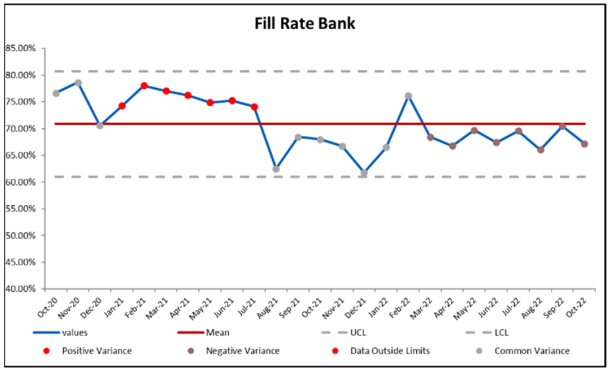
The Vacancy rate is reporting significantly above the revised target of 3% agreed in April 2022, in October 2022 the vacancy rate is reporting at 7.15%, continuing a decline from the previous 2 months. This is due to an increase in budgeted establishment across the organisation of 82.67 WTE; peaks are regularly reported in April due to the new financial year



3.3.2 Temporary Staff Usage

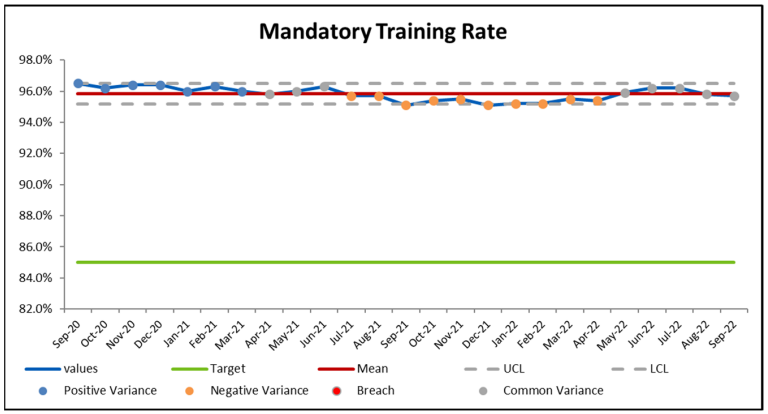
The Total fill rate and Bank fill rate have both seen a decrease in fill rate since from the previous month. The average lead time of bank requests are 16 days in advance, the recommended lead time to cover known gaps such as vacancy would be 40 days.





3.4 Mandatory Training

General compliance remains good and well above target. Hot spots remain those previously reported. Moving and Handling level 4 has seen a 4% improvement in month but remains at 80.8%. Fire in community hospitals remains at just below target. We have identified that this would be resolved with 14 new starters who have not completed their local induction and will be approaching those managers to address this. BLS has dropped slightly below target whilst ILS has stayed on target following the QI work. Podiatry, who have bespoke ILS, have dropped compliance significantly but the target audience is very small and they have a session booked for January which will bring all these in date



4.0 Finance Report:

4.1 Key Messages

Surplus: The Trust is in a breakeven position to the end of October after excluding the £9k gain on disposal of assets and £219k charitable donations for the purchase of capital equipment. The cumulative financial performance including these items is comprised underspends on pay and of depreciation/interest of £3,491k and £10k respectively offset by an overspend on non-pay of £2,106k and an under-recovery on income of £1,168k.

Continuity of Services Risk Rating: The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M7 2022-23. 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 £3,198k to the end of October against a plan of £3,907k which is £709k (18%) behind target.

Cash and Cash Equivalents: The cash and cash equivalents balance was £39,519k, equivalent to 56 days expenditure. The Trust recorded the following YTD public sector payment statistics: 94% for volume and 97% for value.

Capital: Spend to October was £2,211k, against a YTD plan of £4,575k (48% achieved). The reported year to date underspend is primarily due to the delayed commencement of IT schemes. At M7, the full year forecast is £6,891k, and the Trust expects to utilise the forecast in full.

Staff: Temporary staff costs for October were £1,566k, representing 9.1% of the pay bill. Of the temporary staffing usage in October, £356k related to external agency and locums, representing 2.1% of the pay bill. The agency target has been tightened and is now based on a 30% reduction from 2021-22 outturn. Our amber RAG rating reflects this with a 19% variance, however our forecast is a reduction in spend in the second half of the year as new recruits replace agencies and forecast to meet the target.

Contracted WTE increased by 61 to 4,386 in post in October which includes 14 posts funded by capital projects. Vacancies increased to 362 in October (from 359 in September) which was 7.6% of the budgeted establishment. Budgeted establishment increased by 63 WTE from September due to the quarterly reduction in the staff turnover budget (33 WTE) and an increase in Adult services as CIP was removed last month non-recurrently.

4.2 Dashboard

Surplus — Rag rating: Green

	Actual	Budget	Variance
Year to Date £k	228	0	228
Year End Forecast £k	278	0	278

The financial position in October and YTD is breakeven (after excluding the £9k gain on disposal of assets and £219k charitable donations to fund equipment purchased through capital).

Pay costs and depreciation/interest have underspent by £3,491k and £10k respectively partly offset by an overspend on non-pay costs of £2,106k and an under-recovery on income of £1,168k.

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 M7 2022-2023. 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	3,198	3,907	-709
Year End Forecast £k	6,698	6,698	0

The Trust achieved CIPs of £3,198k to the end of October against a risk rated plan of £3,907k and so CIP is £709k behind plan to date.

75.2% of the total annual CIP target has been removed from budgets at month seven.

The Trust is forecasting to achieve the full plan of £6,698k by the end of the year although £1,893k of this is forecast to be delivered non recurrently.

Cash and Cash Equivalents — Rag rating: Green

	Actual	Forecast	Variance
Year to Date £k	39,519	38,661	858
Year End Forecast £k		37,226	

Cash and Cash Equivalents as at M7 close stands at £39,519k equivalent to 56 days operating expenditure.
The Trust recorded the following YTD public sector payment statistics 94% for volume and 97% for value.

Capital Expenditure — Rag rating: Amber

	Actual/Forecast	Plan	Variance
YTD Expenditure £k	2,211	4,575	2,364
Year End Forecast £k	6,891	6,891	0

Spend to October was £2,211k, against a YTD plan of £4,575k (48% achieved). The reported year to date underspend is primarily due to the delayed commencement of ITs chemes.

As at M7, the full year forecast is £6,891k, and the Trust expects to utilise this in full.

Agency Targets — Rag rating: Amber

	M7			YTD		
	Actual £k	Target £k	Variance £k	Actual £k	Target £k	Variance £k
External Agency Excluding Covid-19 Expenditure £k	333	256	-77	2,102	1,791	-311
External Agency Including Covid-19 Expenditure £k	356	256	-100	2,133	1,791	-342

External agency and locums excluding Covid-19 expenditure was £333k against £256k target in October. (£2,102k expenditure against £1,791k target YTD).
External agency and locums including Covid-19 expenditure was £356k against £256k target in October. (£2,133k expenditure against £1,791k target YTD).

4.3 Income and Expenditure Position

There was a breakeven position in-month and YTD after excluding the £9k gain on disposal of assets and £219k charitable donations for the purchase of capital equipment. The October performance comprised underspends on pay and depreciation/interest of £32k and £22k respectively and an over recovery on income of £297k partly offset by an overspend on non-pay of £132k. The summary income and expenditure statement is shown in the table below:

	OCT ACTUAL £'000	OCT BUDGET £'000	OCT VARIANCE £'000	% VARIANCE	YTD ACTUAL £'000	YTD BUDGET £'000	YTD VARIANCE £'000	% VARIANCE
Cash donations / grants for the purchase of capital assets	219	0	219	0.0%	219	0	219	0.0%
Charitable and Other Contributions to Expenditure	1	4	-3	-76.7%	13	25	-12	-47.0%
Clinical Commissioning Groups & Integrated Care Boards	15,313	15,265	48	0.3%	106,991	106,872	119	0.1%
Department of Health	0	0	0	0.0%	0	0	0	0.0%
Education and Training	227	256	-29	-11.5%	1,755	1,814	-59	-3.2%
Injury Cost Recovery Scheme	20	32	-12	-38.1%	135	223	-88	-39.3%
Income in respect of employee benefits accounted on a gross basis	139	70	70	99.6%	633	491	142	28.8%
Local Authorities	4,061	4,135	-74	-1.8%	27,247	28,628	-1,382	-4.8%
NHS England	2,061	1,892	169	8.9%	13,581	13,801	-220	-1.6%
NHS England - Covid-19 Vaccinations Income	16	0	16	0.0%	810	0	810	0.0%
NHS Foundation Trusts	269	295	-26	-8.8%	1,886	2,058	-173	-8.4%
NHS Other	0	0	0	-100.0%	5	3	2	100.0%
NHS Trusts	444	484	-39	-8.1%	3,090	3,386	-296	-8.8%
Non NHS: Other	179	213	-34	-16.0%	1,418	1,494	-76	-5.1%
Non NHS: Private Patients	5	10	-5	-51.7%	37	71	-34	-48.2%
Non-Patient Care Services to Other Bodies	251	206	45	21.7%	1,643	1,441	202	14.0%
Other	57	51	6	11.6%	406	360	45	12.6%
Rental revenue from operating leases	77	132	-55	-41.6%	539	923	-384	-41.6%
Research and Development	13	13	0	3.8%	91	88	3	3.3%
CIP Savings - Income	0	-2	2	-100.0%	0	-14	14	-100.0%
INCOME Total	**23,353**	**23,056**	**297**	**1.3%**	**160,498**	**161,666**	**-1,168**	**-0.7%**
Allied Health Professionals	2,431	2,717	286	10.5%	16,980	18,752	1,771	9.4%
Apprenticeship Levy	80	69	-11	-16.5%	452	480	28	5.8%
Chairman & Non-Executive Directors	15	15	0	-0.4%	97	102	5	5.1%
Consultants	445	282	-163	-58.0%	1,880	1,948	68	3.5%
Heath Care Scientist	62	71	9	12.8%	413	488	75	15.4%
Medical Career/Staff Grades	543	645	102	15.8%	3,768	4,529	761	16.8%
Medical Trainee Grades	16	20	3	17.7%	126	135	9	6.7%
NHS Infrastructure Support	4,583	4,502	-81	-1.8%	30,784	31,037	252	0.8%
Non-Executive Directors	0	0	0	0.0%	0	0	0	0.0%
Other Scientific, Therapeutic and Technical Staff	631	684	52	7.7%	4,299	4,646	348	7.5%
Registered Nursing, Midwifery and Health Visiting Staff	5,431	5,533	102	1.8%	36,804	38,440	1,636	4.3%
Support to Allied Health Professionals	522	508	-14	-2.8%	3,420	3,457	38	1.1%
Support to Nursing Staff	2,085	1,883	-203	-10.8%	14,401	13,163	-1,238	-9.4%
Support to Other Clinical Staff	423	403	-20	-5.1%	2,697	2,781	84	3.0%
Redundancy Costs	-18	0	18	100.0%	77	0	-77	-100.0%
Salary Sacrifice	0	-11	-11	-100.0%	0	-78	-78	-100.0%
CIP Holding Account - Pay	0	16	16	100.0%	0	114	114	100.0%
CIP Savings - Pay	0	-47	-47	-100.0%	0	-266	-266	-100.0%
Contract Savings - Pay	0	-6	-6	-100.0%	0	-40	-40	-100.0%
PAY Total	**17,250**	**17,281**	**32**	**0.2%**	**116,197**	**119,688**	**3,491**	**2.9%**
Audit Fees Payable to the External Auditor	3	7	3	50.4%	54	46	-8	-16.9%
Clinical Negligence - Amounts Payable to NHS Resolution	102	102	0	0.0%	717	717	0	0.0%
Consultancy	29	34	5	13.7%	355	261	-94	-36.2%
Drugs Costs	319	335	16	4.7%	2,062	2,070	8	0.4%
Education and Training - Non-Staff	148	152	4	2.5%	686	978	292	29.9%
Establishment	224	634	410	64.7%	8,235	6,365	-1,870	-29.4%
Increase/(Decrease) in Impairment of Receivables	0	0	0	-100.0%	0	0	0	-100.0%
Lease Expenditure	49	40	-9	-100.0%	414	447	33	100.0%
Movement in credit loss allowance on receivables and financial assets	0	0	0	-100.0%	0	0	0	-100.0%
Operating Lease Expenditure	218	104	-113	-108.6%	318	411	93	22.7%
Operating Lease Expenditure (net)	0	0	0	0.0%	0	0	0	0.0%
Other	102	92	-10	-10.5%	685	650	-35	-5.4%
Premises - Business Rates Payable to Local Authorities	92	83	-9	-10.6%	636	634	-2	-0.3%
Premises - Other	758	506	-252	-49.7%	4,743	3,596	-1,148	-31.9%
Research and Development - Non-Staff	0	0	0	0.0%	0	0	0	0.0%
Supplies and Services – Clinical (excluding drugs costs)	2,120	1,988	-132	-6.6%	13,473	14,170	698	4.9%
Supplies and Services - General	110	100	-10	-9.6%	732	705	-27	-3.9%
Transport	423	401	-22	-5.4%	2,432	2,789	357	12.8%
CIP Savings - Non Pay	0	-11	-11	-100.0%	0	-367	-367	-100.0%
CIP Holding Account - Non Pay	0	7	7	0.0%	0	34	34	0.0%
Contract Savings - Non Pay	0	-10	-10	-100.0%	0	-69	-69	-100.0%
NONPAY Total	**4,696**	**4,565**	**-132**	**-2.9%**	**35,541**	**33,435.043**	**-2,106**	**-6.3%**
EBITDA	1,407	1,210	197	16.3%	8,761	8,543	218	2.6%
EBITDA %	6.0%	5.2%	-0.8%		5.5%	5.3%	-18.7%	
Amortisation	116	61	-55	-90.0%	879	410	-469	-114.6%
Depreciation	1,029	1,059	30	2.8%	7,229	7,474	245	3.3%
Finance Income	84	14	70	511.1%	322	96	226	100.0%
Gain/(Loss) on disposal of Property, Plant and Equipment	0	0	0	-100.0%	-9	0	9	100.0%
Interest on Late Payment of Commercial Debt	0	0	0	-100.0%	0	0	0	-100.0%
Interest on Leases	45	33	-12	-36.1%	248	259	11	4.4%
PDC Dividend Charge	83	71	-12	-16.5%	508	496	-12	-2.4%
PPE Net Impairments	0	0	0	0.0%	0	0	0	0.0%
SURPLUS/(DEFICIT)	**219**	**0**	**219**	**0.0%**	**228**	**0**	**228**	**0.0%**
SURPLUS %	-0.9%	0.0%	-0.9%		-0.1%	0.0%	-0.1%	

4.4 Cash and Equivalents

Cash and Cash equivalents totalled £39,519k as at M7 close, equivalent to 56 days expenditure:

Total Cash and Cash Equivalents as at period end:

	£000's
Cash with the Government Banking Service	7,466
Cash at Commercial Banks and in hand	53
Deposits with the National Loan Fund	32,000
Total Cash and Cash Equivalents as at period end	**39,519**

4.5 Capital

The table below shows the Trust's total expenditure on capital projects for the year to date 2022-23 and reflects a £2,364k underspend in terms of the year to date plan. The reported underspend is in the main due to delayed commencement of IT schemes, with a number of schemes' procurement now scheduled to commence over the next quarter. The EPMA scheme is also behind plan as a result of the IT team not being able to recruit and fill the project roles required.

As at M7 the full year forecast is in line with the agreed full year plan value of £6,891k. In addition to the Trust capital expenditure plan of £6,891k, the Trust is also holding £2,295k ring-fenced funding on behalf of the K&M system for agreed system priorities.

The capital programme forecast is currently undertaking a review and a further update was provided to the FBI Committee at the end of November.

2022-23 Capital Plan - October 2022 Update

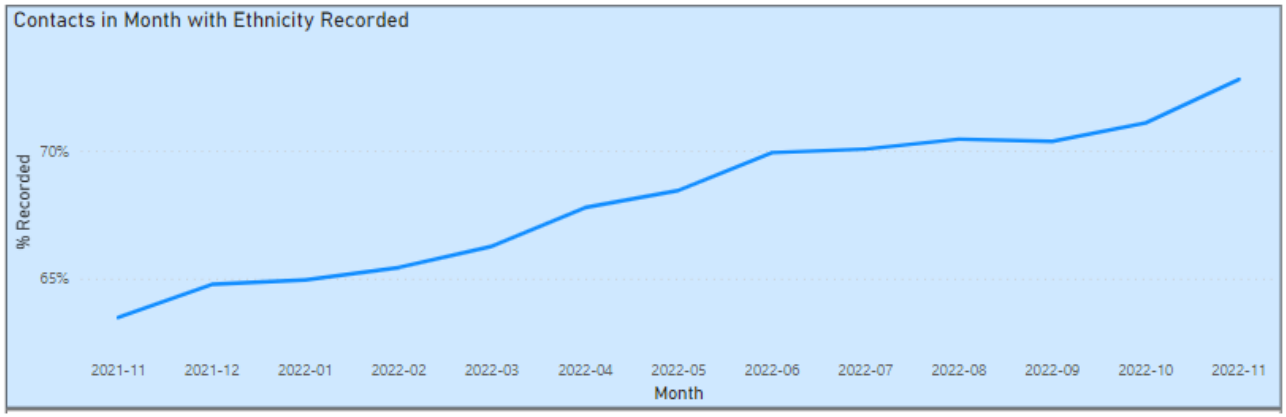
		YTD £000s			Plan & FOT £000s		
Plan Area	Plan Reference	YTD Plan	YTD Actual	YTD Variance	FY Plan	Forecast Outturn	FY Variance
Estates	Backlog Maintenance incl. Health, Safety & Security Compliance Measures	346	9	337	860	650	210
Estates	Capitalisable Responsive Maintenance incl. Leasehold Improvements	81	-2	83	165	186	-21
Estates	Estates Developments	720	826	-106	780	963	-183
Estates	Energy Efficiency	330	-1	331	380	386	-6
	Estates - Total	**1,477**	**831**	**646**	**2,185**	**2,185**	-
IT	K&M Digital Priority Scheme - Kent & Medway Care Record	424	234	189	726	726	-
IT	IT Developments - Innovation and Strategy	467	-10	477	597	827	-230
IT	IT Developments - Clinical Systems	363	15	348	507	406	101
IT	IT Developments - EPMA System	649	126	523	820	560	260
IT	IT Infrastructure and Networks	320	74	246	520	670	-150
IT	IT Rolling Replacement - Hardware	500	737	-237	776	778	-2
IT	Cyber Security	200	154	46	360	339	21
	IT - Total	**2,923**	**1,331**	**1,592**	**4,306**	**4,306**	-
Dental and Planned Care	Dental Services	50	-	50	150	150	-
	Dental - Total	**50**	-	**50**	**150**	**150**	-
Other	Other Minor Schemes & Equipment Purchases (IMM)	125	49	76	250	250	-
Other	K&M Capital - Ring-fenced for K&M System Priorities	-	-	-	2,295	2,295	-
	Other - Total	**125**	**49**	**76**	**2,545**	**2,545**	-
	Total 2022-23	**4,575**	**2,211**	**2,364**	**9,186**	**9,186**	-

5.0 Operational report:

5.01 Inequality Summary

KCHFT measures equity by ethnic group and deprivation against 8 key KPIs (See page 43)

The proportion of activity which does not have an ethnic group assigned and the small numbers of people in some of the groupings makes it challenging to assess whether there are any inequities. The monthly ethnicity reporting rate continues to increased steadily. Over time this will mean the proportion of caseloads with an ethnicity will increase to a point where meaningful equity analysis can be undertaken



Three KPIs have sufficient data for ethnic group:

KPI 1.3 Health Visiting - the data does not suggest there is any significant differences the proportion of people receiving a new birth visit by 14 days. The lower proportion for the Black and Black British -Caribbean category can be explained by the small numbers assigned to this category.

KPI 2.8 DNA Rate - despite the large proportion without an ethnicity assigned, this information does suggest that there could be differences in DNA group by ethnic group, and would benefit from additional investigation when ethnicity reporting improves.

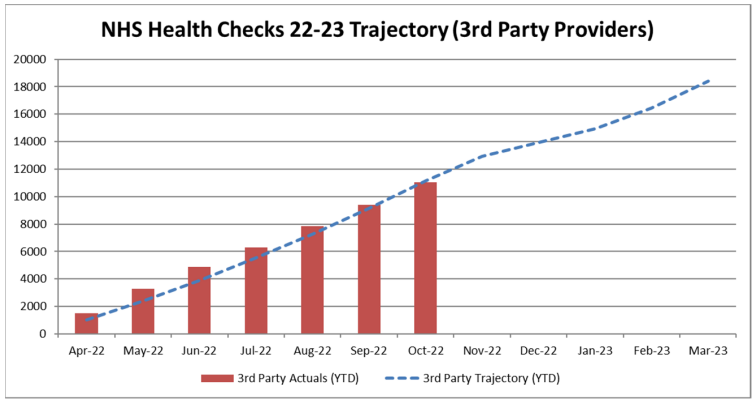
KPI 2.11 UTC 4 Hour Wait - the data does not suggest there is any significant differences the proportion of people time in UTCs less than 4 hours by ethnic group.

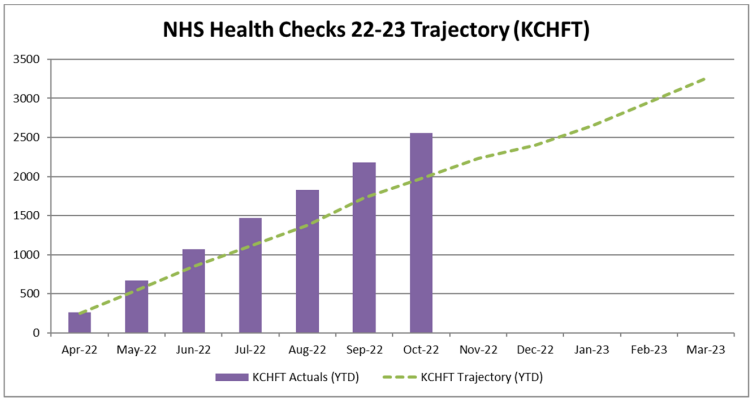
The deprivation analysis suggests that the performance across KPI 1.3, KPI 2.8 and KPI 2.9 is lower for those people from the most deprived areas compared to the most affluent. The numbers of people included for KPI 2.16 make it challenging to identify if it is a significant finding and could be explored with data from over a longer time period

5.1 Assurance on National Performance Standards and Contractual Targets

5.1.1 Health Checks and Stop Smoking Quits

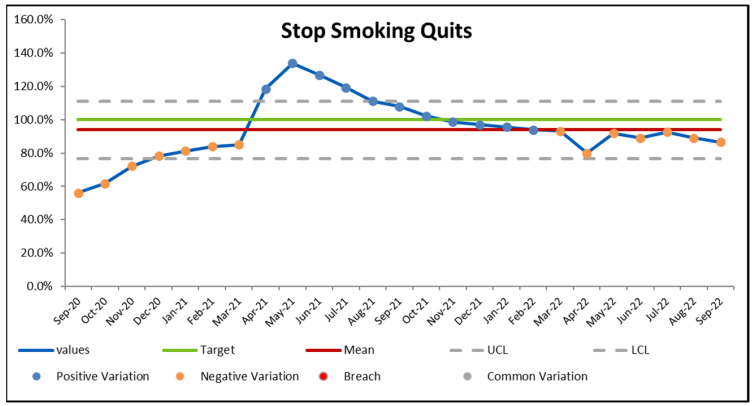
Health Checks





The graphs above show activity in 2022/23 against the agreed trajectory for both KCHFT core checks and 3rd party providers. Continued monitoring of activity and performance within KCHFT and 3rd party providers, with a particular focus on increasing delivery within GP practices.

Stop Smoking Quits



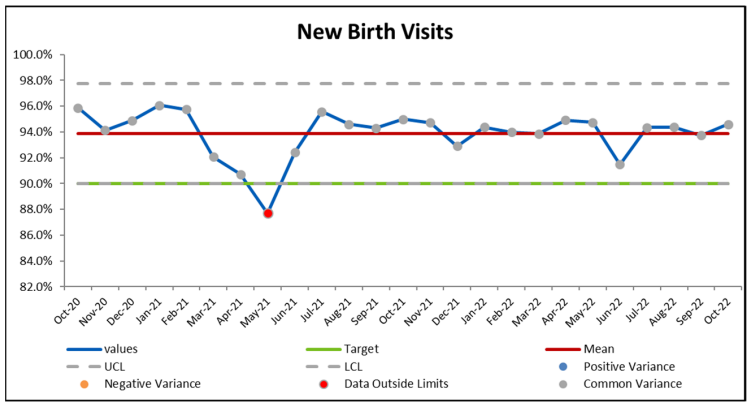
*Reporting period 1 month behind other metrics due to need to wait for 4-week outcomes

The 4-week quit rate YTD at M6 is 86.6% of target – target to have quit at M6 is 1418, and the actual quits at M6 is 1228. The main challenge continues to be the lack of third-party provision.

5.1.2 Health Visiting

New Birth Visits

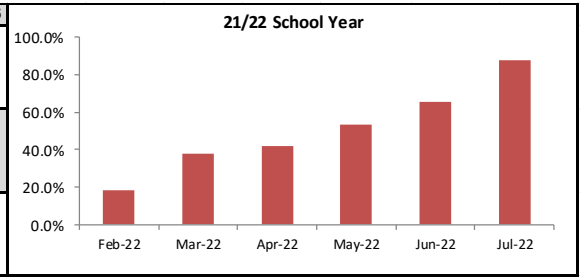
The new birth visit performance has continued to perform strongly above the mean and target level, with no current areas of concern. Performance for month 7 of 2022/23 (94.6%) is in line with recent performance and comfortably above target (90%).



5.1.3 National Child Measurement Programme (NCMP)

The 2021/22 measurement programme for Year R and 6 pupils commenced from February 2022 and finished at 87.4% at the end of July 2022. This was marginally down on the general 90% target but a large jump up on 20/21 performance.

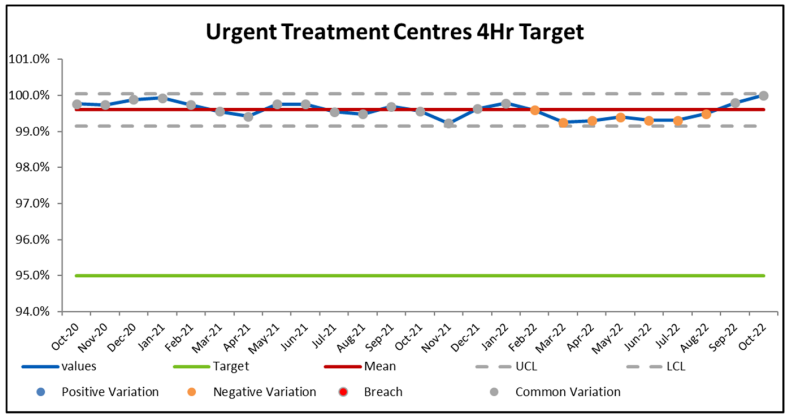
	Year R/6
21/22 School Year to Jul-22	87.4%
20/21 School Year	46.9%
Annual Target	90%



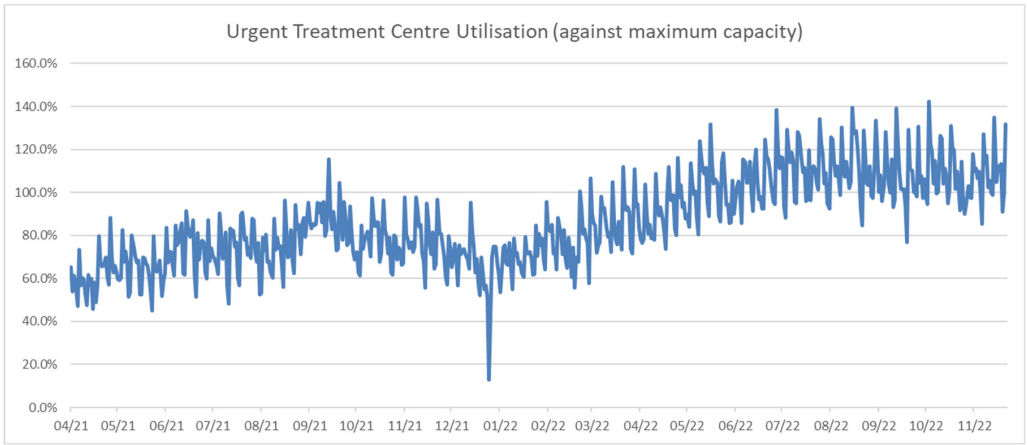
5.1.4 GUM 48hr

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

5.1.5 Urgent Treatment Centres (UTCs) 4 Hour Wait Target



KCHFT's achievement of the 4-hour wait target (95% target) for UTCs and MIUs has consistently been high, with very little variation from the mean. These units continue to form an integral part in managing non-elective demand and activity continues to grow. Utilisation rate for M6 was at 108.2% against baseline capacity when considering the UTC delivery model, showing a positive position as we divert activity away from emergency departments.

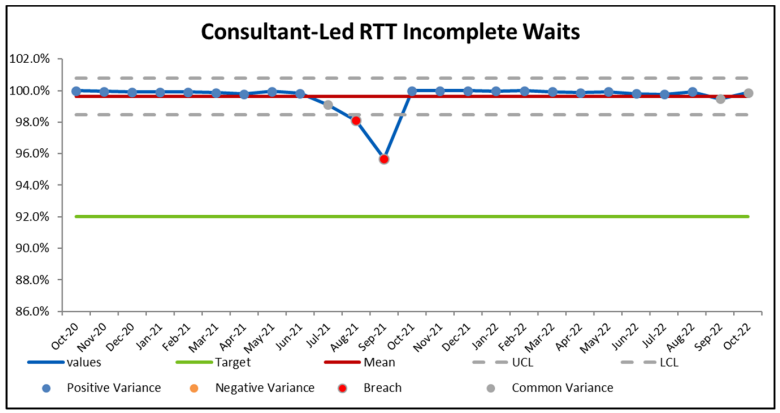


5.1.6 Consultant-Led RTT Incomplete Waits Over 18 weeks

We continue to achieve the consultant-led Referral to Treatment (RTT) pathway target of 92% of patients beginning treatment within 18 weeks, with the Month 7 position being at 99.87%, with 6 patients out of 4,548 currently waiting longer than 18 weeks.

	0-12 Wks	12-18 Wks	18-36 Wks	36-52 Wks	52+ Wks	< 18 Weeks
Chronic Pain	478	16	0	0	0	100.00%
Orthopaedics	3207	841	6	0	0	99.85%
KCHFT Total	3685	857	6	0	0	99.87%

The above table shows the current breakdown of the waiting list for both services on a consultant-led pathway, with both meeting target



5.1.7 6 Week Diagnostics (Audiology)

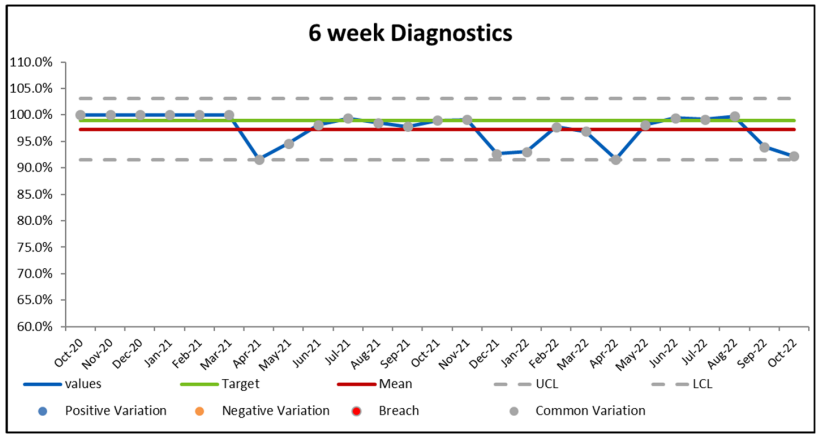
Audiology service has a requirement for 99% of children receive a diagnostic assessment within six weeks of referral into the service. (DMO1 National Submission)

Compliance for Month 7 has slightly decreased as predicted, and is reported at 92.02%. The service has had 563 referrals from Kent School Health which is a 62% increase and ongoing work has been undertaken to identify the root cause of the issue. Out of the 563 children 12 have been found to have a mild to moderate hearing loss mainly due to glue ear. The Rapid pilot undertaken jointly with School health and Audiology switching back to Manuel testing from automated testing had reduced the failure rate however they still had a 38% false positive rate. Therefore, further work is being undertaken to understand the root cause of the issue. This will include;

- Calibration training for the PHAs in their initial training
- Daily checks of the equipment - rather than just a listening check, testing their hearing to see if the equipment has gone askew.
- Possible more frequent calibration of the screening equipment, due to their high use and moving around.
- Ensure equipment is not stored in screeners cars overnight to avoid extreme changes of temperatures on the equipment.

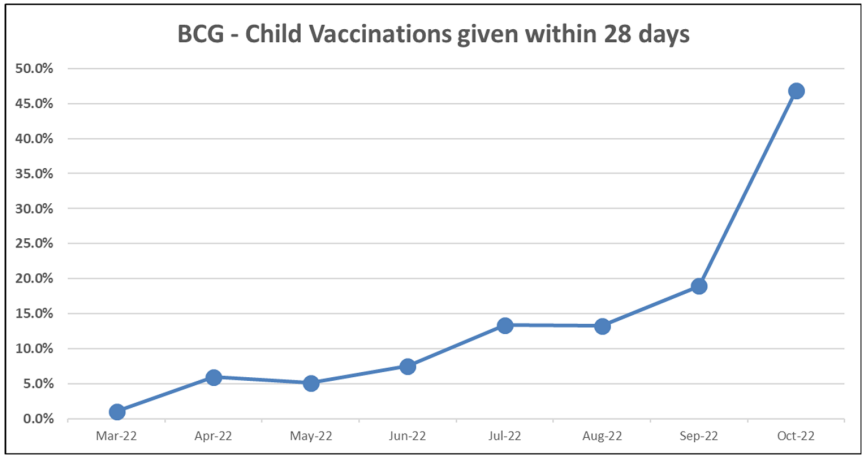
It has been agreed to continue with the rapid pilot after the actions above have been completed to understand the impact. The school hearing programme is due to commence in January 2022 and it has been agreed that there will be a slight delay in this programme commencing while further work is undertaken.

All 563 School Nurse referrals will have had an assessment by the audiology team by the end of December 2022. DM01 is likely to continue to be affected and be below the 99% compliance rate until January 2023, the team continue to try and ensure that compliance remains above 90%. All babies that have failed there New born hearing screening and children considered to be high risk are seen within six weeks.



5.1.8 Child BCG Vaccinations

N.B. This is a new metric included in the report, with data currently available from January 2022



TB Nursing Services are commissioned to deliver the targeted neonatal BCG vaccination as part of the maternity pathway in North and East Kent. The service has a KPI to achieve 80% uptake of the vaccination for the eligible population group by 28 days. The service is currently achieving 100% offer to the eligible cohort with a rolling uptake rate of 70%. The trajectory for BCG vaccinations delivered within timeframe is an improving position reported for October with 46% of babies vaccinated within 28 days. Exceptions for vaccination outside of 28 days:

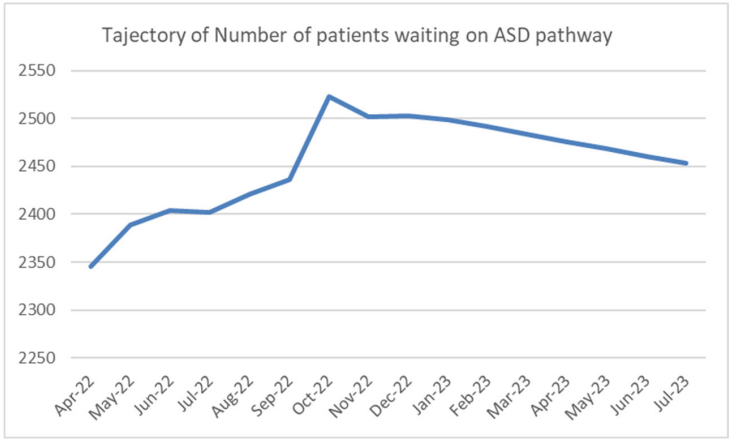
• Severe Combined Immunodeficiency (SCID) screening results as part of the new-born blood spot screening unavailable or need for medical review prior to vaccination

• Cancellations and DNAs/WNB (Was Not Brought) by patients (currently is reported at 13%)

• Late referrals for babies whose referral are delayed to the service e.g. baby an inpatient on neonatal unit or missed referral identified by the health visiting team

The service performance within 28 days is an improving position. Based on current rates of cancellations, DNAs/WNB and uptake the service's performance will likely plateau therefore additional actions are underway to address these points to achieve an improved trajectory of 60% by the end of the financial year. Given overall rolling uptake is 70% further work is being undertaken to improve uptake is required to meet the overall 80% target.

5.1.9 Autistic Spectrum Disorder (ASD) Waiting Times



There has been a slight reduction of children on the ASD pathway and as of the end of November there are 2502 children waiting on the Autistic Spectrum Diagnostic pathway (ASD); the average rate for diagnosis is 3.3 years.

During the last two years the service has experienced periods where referral rates were higher than our pre-pandemic levels due to children being out of education and not receiving the levels of support they would have done at a usual time. Nationally it is recognised that there is an increased prevalence rate for ASD. Key actions have been undertaken to increase ASD capacity and improve standardised working:

- Skill mix within the service to include specialist teachers who work across organisational boundaries to support early diagnosis.
- Working with a private provider for additional capacity to reduce waits within the ASD pathway. This commenced in September 2022 to date the provider has completed 57 assessments with a further 106 scheduled for November December
- SLT only appointments for children where the information is highly suggestive of ASD. The speech and language assessment report are shared with the community paediatrician at the appointment so a diagnosis can be made.

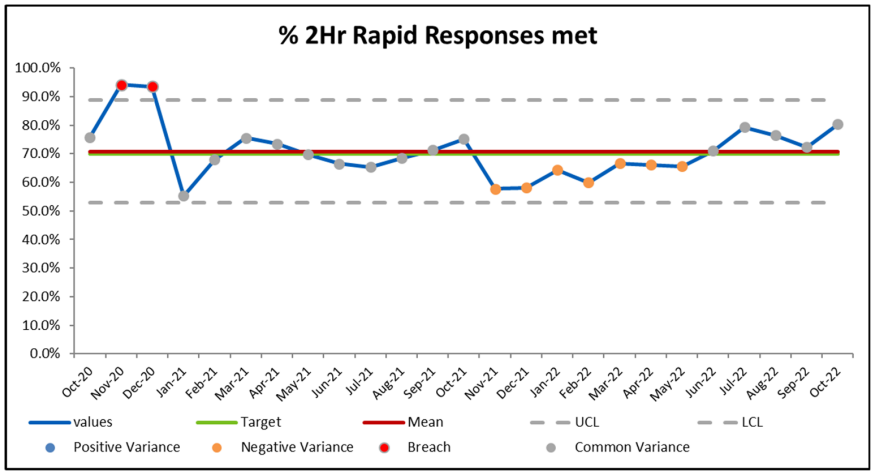
The service has received a high number of PALS enquires, formal complaints and MP KCHFT is implementing a number of schemes funded by the ICB to help support parents whilst waiting that include:

- “This is Me” pilot that uses a tool called the “Portsmouth Tool” that assesses nine developmental strands of a child or young person aged 0-19 to help identify what support they may need. The midpoint evaluation is overwhelmingly positive.
- The West Kent pilot is an MDT approach to ASD diagnosis for under 5-year olds to reduce waiting times for this cohort.

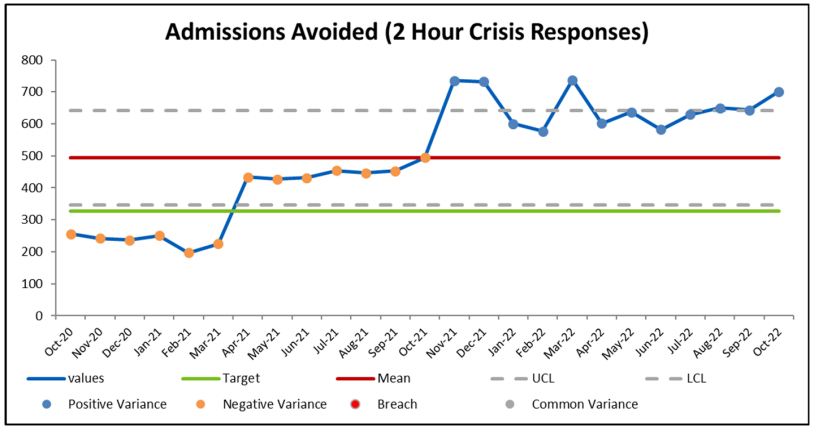
5.1.10 Urgent Crisis Response referrals seen within 2 hours

Performance has continued to show monthly achievement against the target to reach 70% by Q3, with the month 7 position above the trajectory at 80.3% and now showing normal variation. There is still some geographical variation with west Kent performing at 84.1% currently and east Kent at 76.3%.

The 2022-23 Operational Guidance states that an objective to “Improve outcomes through reaching patients in crisis in under 2 hours where clinically appropriate. Providers will be required to achieve, and ideally exceed in the majority of cases, the minimum threshold of reaching 70% of 2-hour crisis response demand within 2 hours from the end of Q3”. We are on track to achieve this.



5.1.11 Urgent Crisis Response Demand (admission avoidance)



The above chart is showing that overall there has been a demand increase since the beginning of Covid-19 and there has also been a noticeable increase as a result of the new SOP being introduced in Nov-21. Demand continues to be above the upper control limit at 600+ per month.

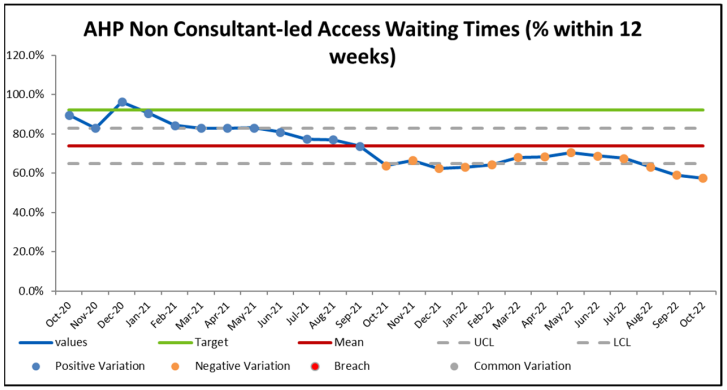
A number of referrals are received which specify that an urgent response is required, but upon triage not appropriate and/or necessary. The SOP enables staff to downgrade the inappropriate requests, thus excluding both from the demand and the response rates. A number of referrals are also received out of hours or just before shift end and we are looking into updating the calculations to take this into account.

111 referrals are likely to increase overall volumes by 12% over three years. We haven't yet fully seen the impact of the 111 increase and we are arranging communications to support that. We estimated a 4% increase in activity this year

5.1.12 Assurance on Local Wait Times

Access wait times across non-consultant-led AHP services are currently in negative variation and below the aspirational level of 92% within 12 weeks (internal benchmark target).

The main contributors to the adverse level of performance is that we are currently experiencing significant wait times in a number of services, such as in MSK Physiotherapy services (68.7%), Dietetics (45.8%), Neuro Rehab (53.1%), Children's Therapies (60.8%) and Paediatrics (21.9%).

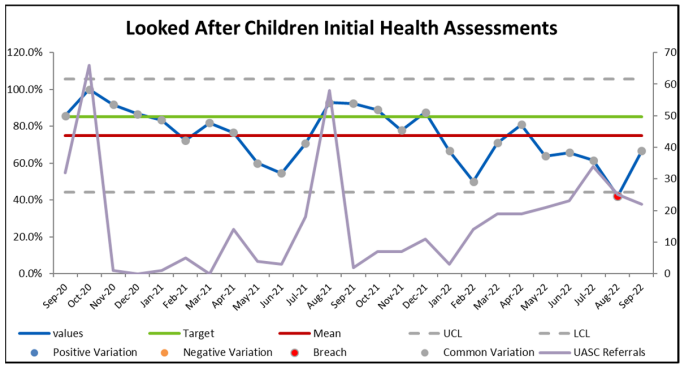


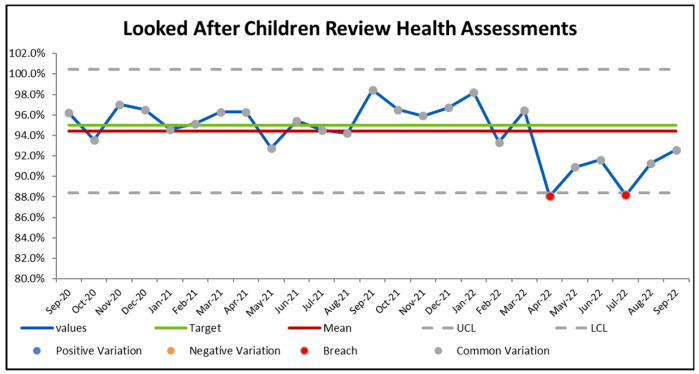
A weekly report is shared with the Chief Operating Officer, Deputy Chief Operating Officer and CSDs showing the current position with waiting list size, 12 week % and longest waits, at service level. This gives oversight and progress on improvements at a granular level on a regular basis. Additionally, an SBAR was presented at the October Executive Performance Review (EPR) with regards Community Paediatrics, which identified that a review has taken place of the capacity and plans are being put in place to increase this by January to enable demand levels to be met. To enable this increase, the team are making changes to clinic slot lengths and skill mix, while also exploring further capacity opportunities to then reduce the backlog.

Service	18 - 36 weeks	36 - 52 weeks	52+ weeks	Current % within 12 weeks
Adult Speech and Language Therapy	27	0	0	77.64%
Adult MSK Physio	405	1	0	68.65%
Clinical Nutrition and Dietetics	1341	518	1	45.83%
Community Neuro Rehabilitation: CNRT	42	0	0	53.13%
Intermediate Care Services	63	2	0	84.63%
Kent Continence Service	18	0	0	73.87%
Podiatry - Kent	156	0	1	75.44%
Podiatry - Medway	160	0	1	63.66%
Podiatric Surgery	34	0	0	58.07%
Kent Children's Therapies	200	2	1	60.81%
East Sussex CITS	15	0	0	76.30%
Community Paediatrics	1059	518	1	21.93%

N.B. All teams have access to PowerBI to see their daily waiting list picture and are able to see at a granular level as well as compare across ethnicities and deprivation

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





*Reporting period 1 month behind other metrics due to need to wait for 28-day outcomes

N.B. Both metrics are now reported as a combined Kent and Medway position following the start of the Medway contract

Health services have a statutory responsibility to complete an Initial Health Assessment (IHA) and circulate the report to the responsible officer within 28 Days from date of the child becoming looked after. To comply with the statutory regulation 85% of children need to be seen with in this time frame. To support KCHFT in meeting its statutory obligations KCC have a KPI to process the referral and send it to KCHFT within 5 days of the child coming into care. In month 6, 66.67% of IHA were completed within the statutory time frame with a YTD position of 63%. KCC compliance with processing and sending across the referrals within 5 working days was 62% The number of referrals significantly reduced this month, therefore the high number of breaches that were not attributable to KCHFT has caused a drop-in compliance with the statutory timeframe as a proportion. There were no attributable delays to KCHFT

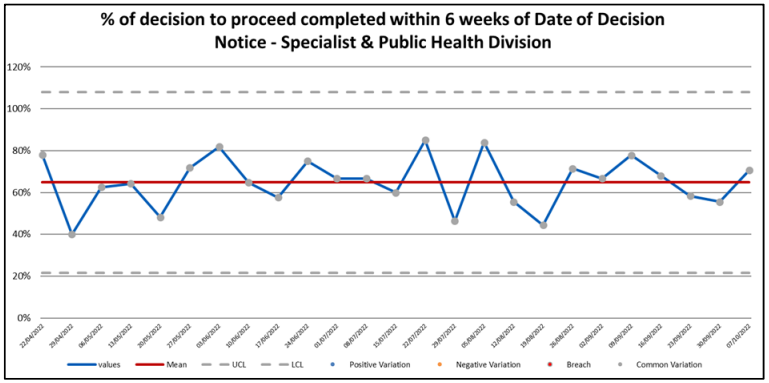
KCHFT has an internal KPI of 85% of the IHA being completed within 23 days of referral in month 6, 67% with a YTD position 83% of IHA were completed within 23 days. Delays were not attributable to KCHFT and were due to DNA patient cancellations and lack of interpreters (KCC responsibility)

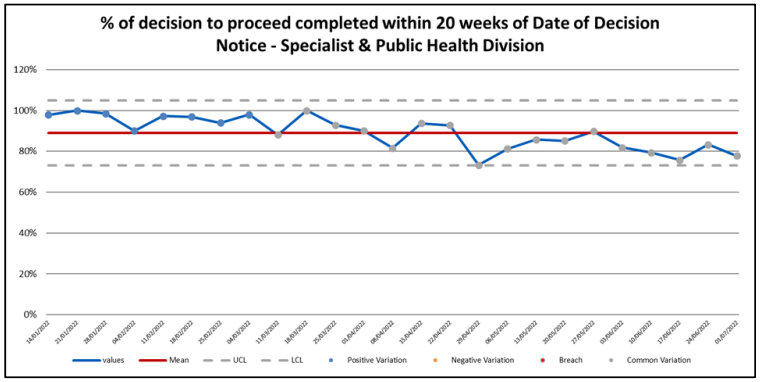
Health services also have a statutory responsibility whilst children are in the care of the local authority to undertake Review Health Assessments (RHA). To comply with the statutory regulation 95% of children need to have an RHA completed. In month 6, 92.59% of RHAs were completed within the statutory time frames. There were nine breeches all non-attributable to KCHFT

<u>Unaccompanied Asylum-seeking Children (UASC)</u>

The UASC numbers significantly impact on LAC capacity Since April 2022 the service have undertaken 150 IHA for USAC. 48% of IHA have been undertaken within the statutory time frame of 28 days and the main reason for breeches are late request. 83% being seen within 23 days from receipt of referral. KCHFT fund a bank Dr to support these assessments but the number of requests outstrips capacity.

5.1.14 Education Health Care Plan (EHCP) Wait Times





Statutory health services are required to provide advice / complete assessment within six-weeks from date of notification by local authority to proceed with an EHCP assessment. KCHFT is not meeting this timeframe. The SEND re-inspection undertaken between the 27 and 29 September 2022 identified that there are increasing requests for EHCPs in Kent at a rate of 18% above the national average.

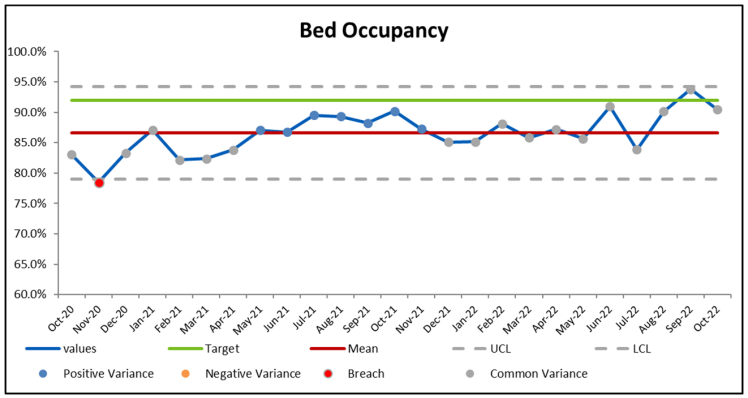
KCHFT services have developed processes in place to contribute to EHCPs and track compliance with the six-week statutory time frame. Following a recommendation from the 2019 inspection all children's services feed into the EHCP if the child is known to the service. Specialist Children's Compliance against the 6-week statutory response at the 7 October is 71%.

The clinicians work with special educational needs (SEN) officers in the local authority to ensure advice is provided to meet overall statutory timeline for completion of EHC plan of 20 weeks. Compliance against the 20-week statutory response time at the 7 October is reported at 78%.

Compliance with the 6-week target is challenged by the increase in demand for statutory assessments and the request that health services contribute information to this process, especially in the Children's Therapy service. Compliance for children's therapies for completion within six weeks as of 7 October is 50% with compliance against the 20-week time frame reported at 63%

5.1.15 Bed Occupancy

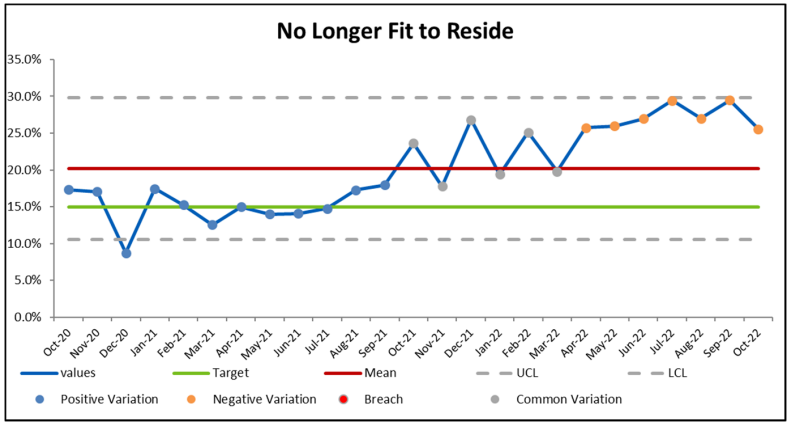
Bed Occupancy continues to show a varying trend, with current performance stable around the mean and within the target threshold of 87-92% (90.4% at month 7).



5.1.16 No Longer Fit to Reside (NLFTR)

Performance continues to be adverse to the target. The target level of 15% continues to be difficult to achieve in the current climate with a current performance above the mean and greater than 25% (25.6% in M7)

The prime driver for high NLFTR numbers continues to be difficulty in accessing sufficient and timely domiciliary care packages to support safe discharge. This is a system-wide challenge. We continue to work closely with the ICB and KCC to review capacity challenges; improve patient flow and support effective discharge, especially as we come into winter.



5.1.17 NHS Number Completeness

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

5.1.18 CQUIN

CQUIN programme has restarted for 22/23 and is being developed, however non-achievement will not impact on financial award.

5.2 Assurance on activity and DNAs

5.2.1 Activity

As part of the Operational Plan, activity plans are monitored at service and locality level and shown below in divisional summaries.

During Month 7 (October 2022) KCHFT carried out 178,562 clinical contacts. For the financial year to October 2022, KCHFT is 1% above plan for all services (some services have contractual targets, some are against an internal plan). The main negative variance remains within Dental and Planned Care Services (-20.5%), although this area had the highest planned growth for 22/23.

Service Type	M7 Actual	YTD Actual	YTD Plan	YTD Variance	Movement	Internal BRAG	Contract BRG
Adults - Long Term Care	69,547	479,262	462,399	3.6%	Positive		
Adults - Urgent Care	29,335	206,885	191,995	7.8%	Positive		
Adults - Community Hospitals	4,731	32,211	33,426	-3.6%	Positive		
Adults - Rehab	15,052	107,311	109,379	-1.9%	Negative		
Dental and Planned Care	13,866	100,777	126,737	-20.5%	Negative		
Specialist and Public Health Services	46,031	316,785	307,508	3.0%	Positive		
Trust Total Activity against plan	**178,562**	**1,243,231**	**1,231,444**	**1.0%**	Static		

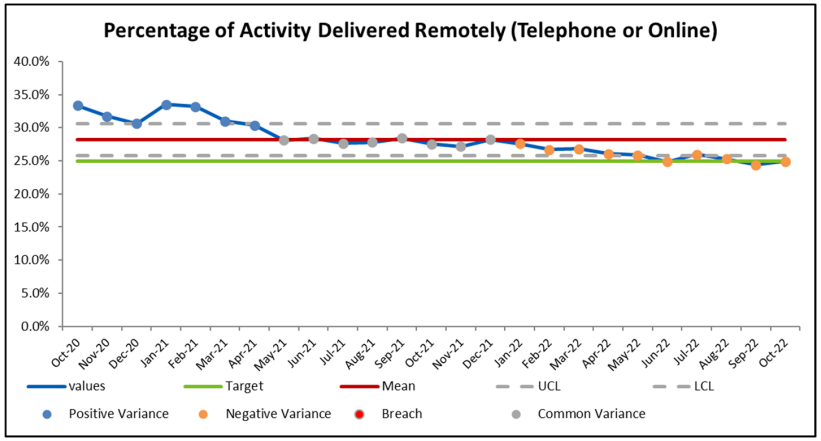
	Internal	Contract
	>+5%	>+10%
	>-5%	>-10%
	+/- 2.5-5%	n/a
	<+/- 2.5%	<+/- 10%
		No Target

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

Dental and Planned Care Services – The largest variances contributing to the overall 20.5% deficit against plan are within MSK Physio (-33.7%) and New Street Dental (-39%). Service modelling and recruitment have predicted much higher activity in 2022/23 in MSK but have not yet reached these levels with recruitment challenges

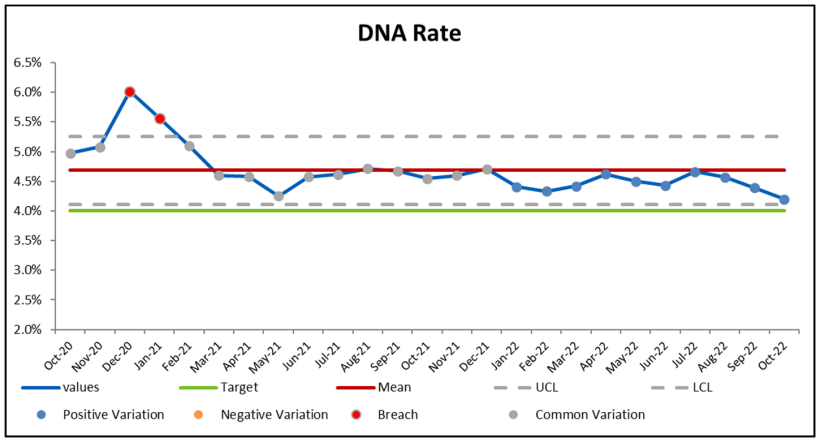
5.2.2 Activity Delivery Method

Levels are relatively stable with consistent performance, albeit with a small downward trend. Performance is currently just below the 25% target (24.9%), although with the last 12 months averaging >26%.



5.2.3 DNA rates

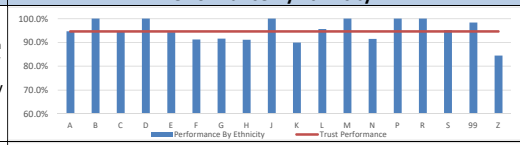
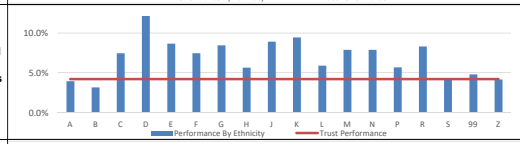
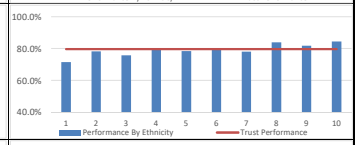
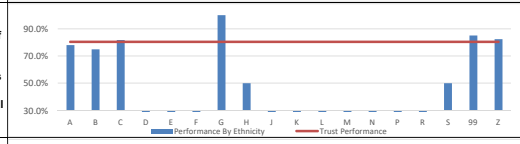
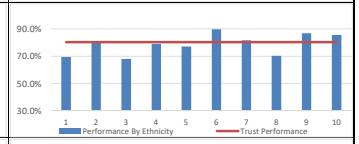
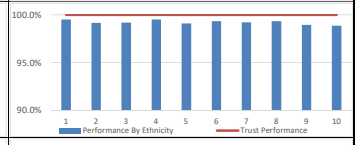
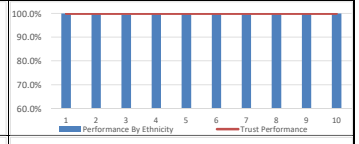
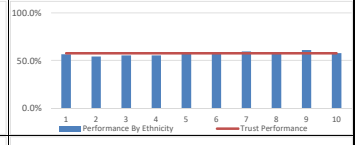
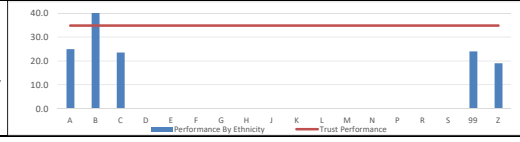
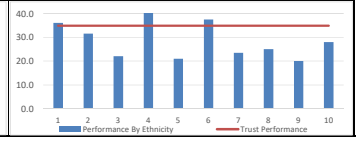
DNA rates are showing a stable position between 4-4.5% as a result of increased focus and national guideline changes driving levels back down from 2020 levels. Increased virtual appointments, which carry a higher DNA rate, have generally increased DNA levels to above the pre-pandemic rate (3-3.5% range).



KCHFT Equality Monitoring - Performance by Ethnicity and Deprivation (Month 7)

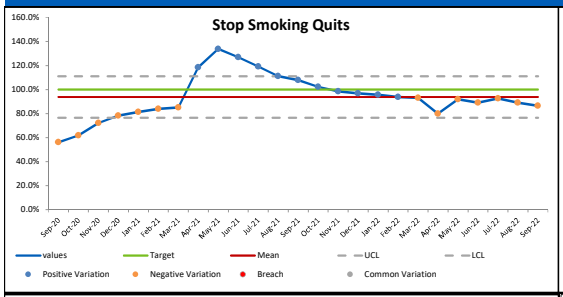
	KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days		KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity		KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)		KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance		KPI 2.11 (N) Total Time in UTCs: Less than 4 hours		KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways		KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)		KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)	
Trust Performance	94.6%		4.2%		79.7%		80.3%		100.0%		99.9%		57.6%		34.9	
Target	90%		4%		95%		70%		95%		92%		92%		21.0	
Performance by Ethnicity																
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Days	No.
A - White - British	94.7%	966	4.0%	96566	79.4%	1468	78.0%	373	99.3%	11896	99.9%	1359	62.1%	8609	25.0	97
B - White - Irish	100.0%	6	3.2%	911	75.0%	16	75.0%	4	100.0%	17	100.0%	6	71.4%	49	49.0	3
C - White - Any other White background	94.6%	129	7.5%	3377	71.9%	32	81.8%	11	98.9%	533	98.3%	60	54.6%	381	23.5	2
D - Mixed - White and Black Caribbean	100.0%	10	13.8%	305	N/A	0	N/A	0	100.0%	16	100.0%	4	61.0%	41	N/A	0
E - Mixed - White and Black African	94.4%	18	8.7%	265	N/A	0	N/A	0	100.0%	13	100.0%	1	57.5%	40	N/A	0
F - Mixed - White and Asian	91.3%	23	7.5%	362	100.0%	2	0.0%	1	100.0%	22	100.0%	6	39.5%	43	N/A	0
G - Mixed - Any other mixed background	91.7%	36	8.5%	945	100.0%	1	100.0%	1	100.0%	83	100.0%	4	58.0%	119	N/A	0
H - Asian or Asian British - Indian	91.2%	34	5.7%	725	66.7%	3	50.0%	2	98.2%	331	100.0%	23	63.8%	152	N/A	0
J - Asian or Asian British - Pakistani	100.0%	2	8.9%	123	N/A	0	N/A	0	100.0%	18	N/A	4	50.0%	18	N/A	0
K - Asian or Asian British - Bangladeshi	90.0%	10	9.5%	148	N/A	0	N/A	0	100.0%	29	100.0%	2	70.6%	34	N/A	0
L - Asian or Asian British - Any other Asian background	95.7%	46	5.9%	917	100.0%	2	N/A	0	100.0%	249	100.0%	11	65.3%	98	N/A	0
M - Black or Black British - Caribbean	100.0%	4	7.9%	139	N/A	0	N/A	0	100.0%	56	100.0%	4	65.4%	26	N/A	0
N - Black or Black British - African	91.5%	47	7.9%	787	50.0%	2	N/A	0	98.2%	226	100.0%	5	54.9%	164	N/A	0
P - Black or Black British - Any other Black background	100.0%	10	5.7%	281	100.0%	1	N/A	0	100.0%	99	100.0%	2	60.5%	38	N/A	0
R - Other Ethnic Groups - Chinese	100.0%	4	8.3%	156	75.0%	4	N/A	0	100.0%	24	100.0%	2	61.5%	26	N/A	0
S - Other Ethnic Groups - Any other ethnic group	95.2%	21	4.1%	1214	81.8%	22	50.0%	10	99.6%	251	100.0%	19	74.0%	123	N/A	0
99 - BLANK	98.4%	63	4.8%	40817	80.0%	869	85.1%	242	100.0%	4	99.9%	2761	54.2%	9844	24.0	31
Z - Not stated/Incomplete	84.6%	26	4.2%	8660	82.2%	174	82.5%	63	100.0%	13	99.7%	326	53.3%	2030	19.0	8
% Completeness	**93.9%**	**1455**	**68.4%**	**156698**	**59.8%**	**2596**	**56.9%**	**707**	**99.9%**	**13880**	**32.9%**	**4599**	**45.6%**	**21835**	**72.3%**	**141**
Performance by Deprivation Decile																
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Days	No.
Decile 1 - Most Deprived	94.7%	114	6.5%	657	71.6%	141	69.6%	23	99.5%	1054	100.0%	179	56.7%	1325	36.0	5
Decile 2	94.9%	157	5.6%	887	78.2%	225	81.1%	53	99.2%	1417	100.0%	349	54.2%	2200	31.5	12
Decile 3	96.0%	100	4.6%	638	75.9%	199	68.0%	50	99.2%	1381	99.5%	394	55.3%	1887	22.0	7
Decile 4	94.2%	188	3.7%	808	80.0%	270	79.0%	57	99.5%	1644	100.0%	429	55.5%	2357	45.0	9
Decile 5	95.2%	187	4.2%	911	78.5%	353	77.2%	79	99.1%	1916	100.0%	522	58.0%	2714	21.0	15
Decile 6	93.6%	203	4.8%	846	80.3%	284	89.7%	78	99.3%	1503	99.8%	562	58.7%	2695	37.5	14
Decile 7	94.9%	178	4.0%	767	78.1%	370	81.6%	98	99.2%	1795	99.6%	514	59.5%	2612	23.5	24
Decile 8	94.0%	117	3.4%	567	84.0%	299	70.4%	81	99.4%	924	99.7%	553	58.5%	2045	25.0	15
Decile 9	90.2%	102	2.8%	388	81.9%	232	86.9%	84	99.0%	855	100.0%	384	61.0%	1781	20.0	13
Decile 10 - Least Deprived	98.9%	94	3.1%	367	84.4%	212	85.6%	104	98.9%	791	100.0%	325	57.8%	1862	28.0	26

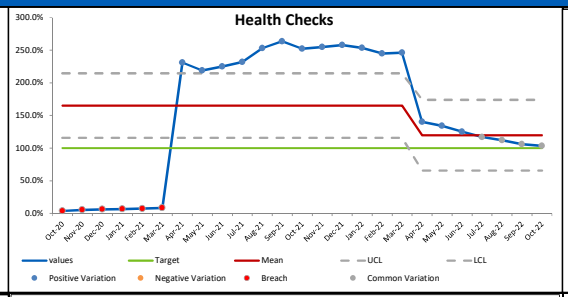
KCHFT Equality Monitoring - Performance by Ethnicity and Deprivation (Month 7)

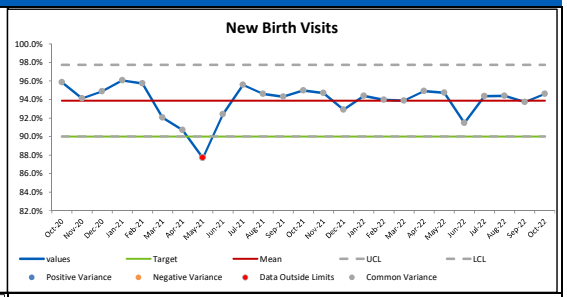
KEY	KPI	Performance By Ethnicity	Performance by Deprivation
Ethnic Categories **A** - White - British **B** - White - Irish **C** - White - Any other White background **D** - Mixed - White and Black Caribbean **E** - Mixed - White and Black African **F** - Mixed - White and Asian **G** - Mixed - Any other mixed background **H** - Asian or Asian British - Indian **J** - Asian or Asian British - Pakistani **K** - Asian or Asian British - Bangladeshi **L** - Asian or Asian British - Any other Asian background **M** - Black or Black British - Caribbean **N** - Black or Black British - African **P** - Black or Black British - Any other Black background **R** - Other Ethnic Groups - Chinese **S** - Other Ethnic Groups - Any other ethnic group **99** - BLANK **Z** - Not stated/Incomplete **Deprivation Deciles** 1 = Most Deprived 10 = Least Deprived	**KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days**		
	KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity		
	KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)		
	KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance		
	KPI 2.11 (N) Total Time in UTCs: Less than 4 hours		
	KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways		
	KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)		
	KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)		

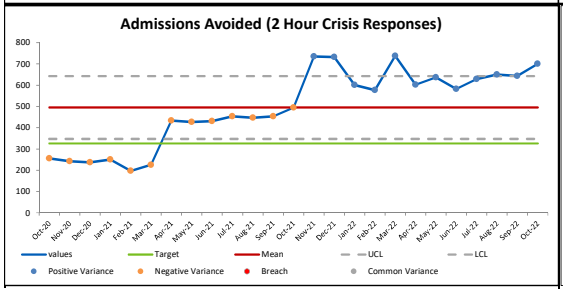
Appendix - Scorecard SPC Charts

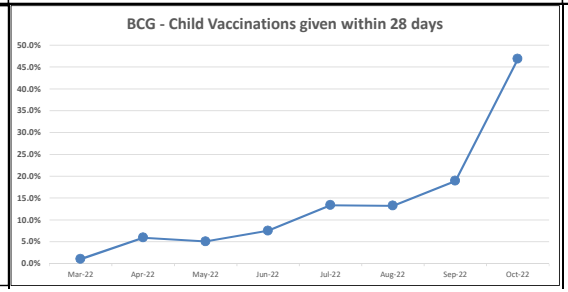
1. Prevent Ill Health





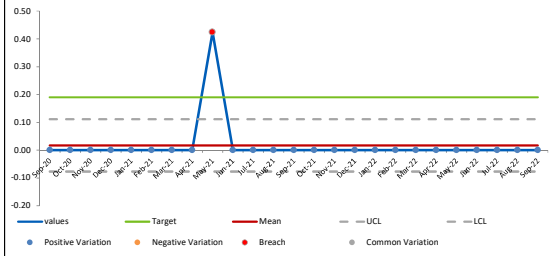




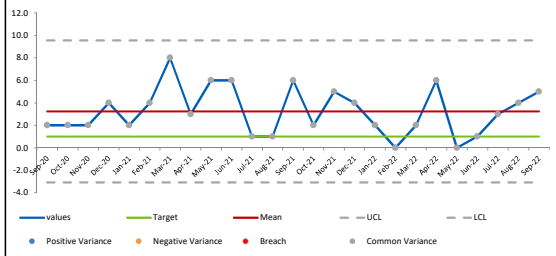


2. Deliver high-quality care at home and in the community

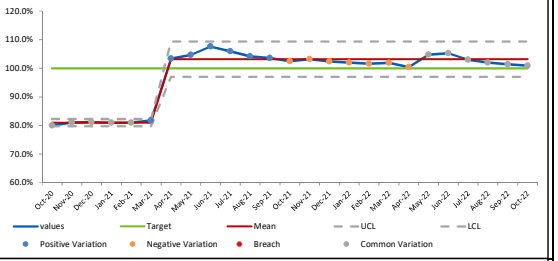
Moderate and Severe falls per 1,000 bed days



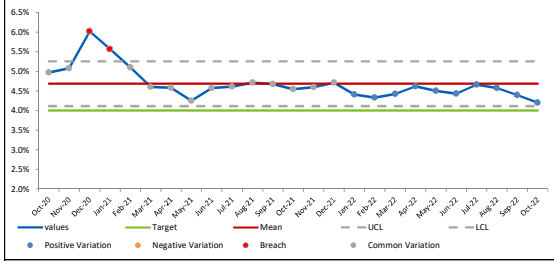
Pressure Ulcers (Lapses in Care)



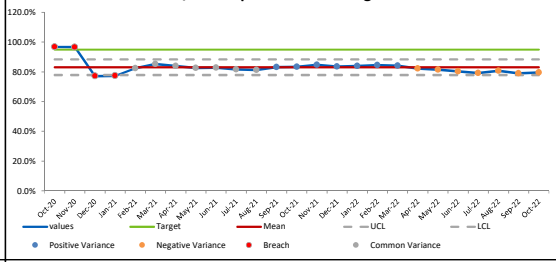
Activity against plan



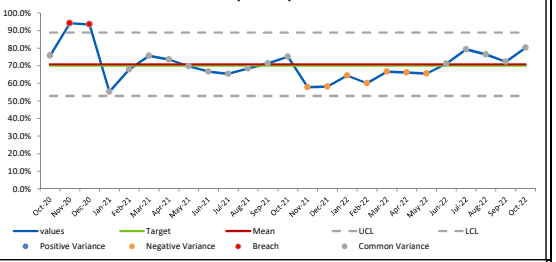
DNA Rate



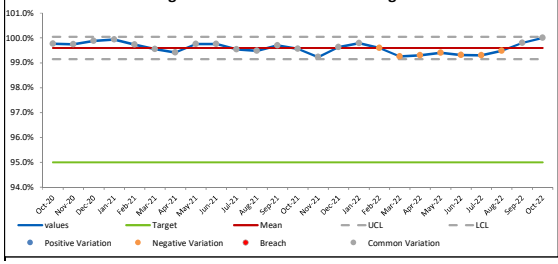
LTC/ICT Response Times Being Met



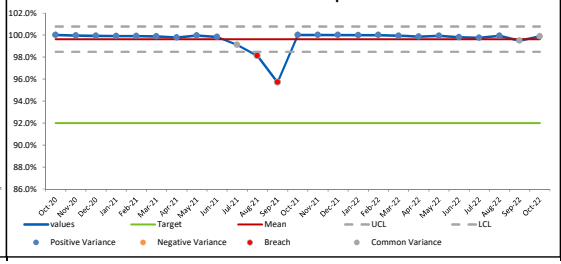
% 2Hr Rapid Responses met



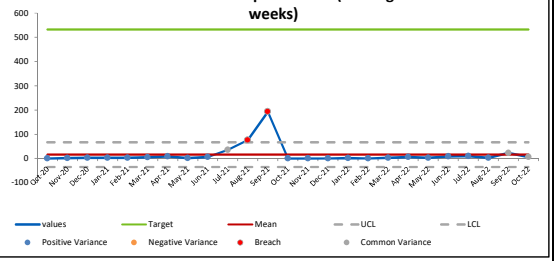
Urgent Treatment Centres 4Hr Target



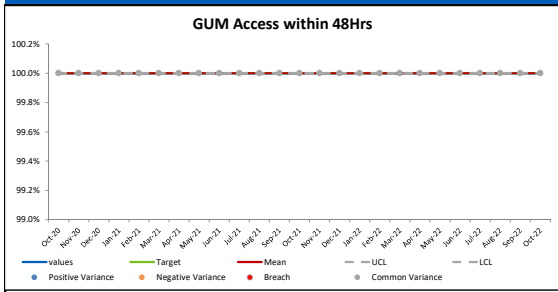
Consultant-Led RTT Incomplete Waits

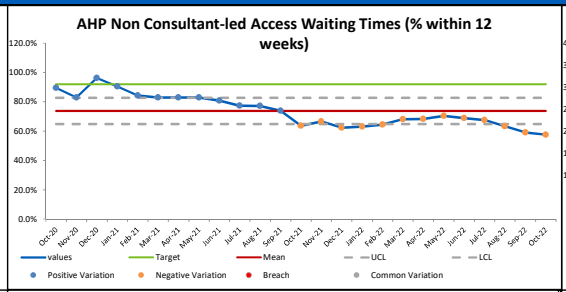


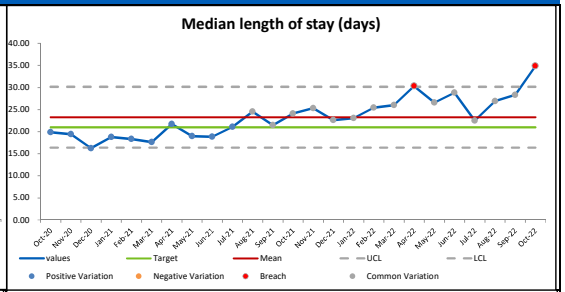
Consultant-Led RTT Incomplete Waits (waiting list size >18 weeks)

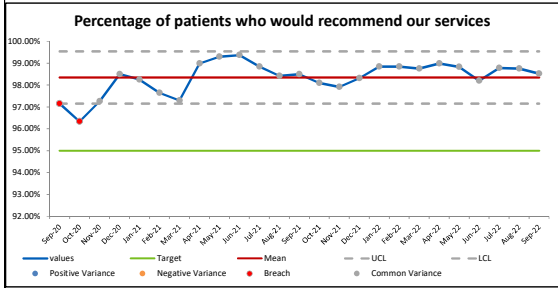


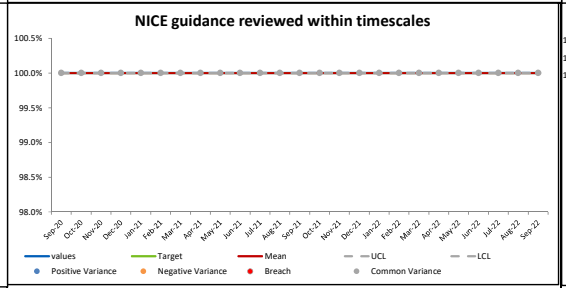
2. Deliver high-quality care at home and in the community

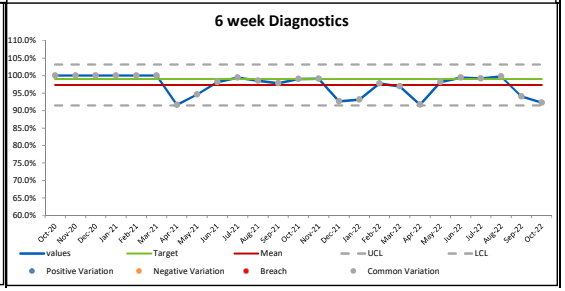




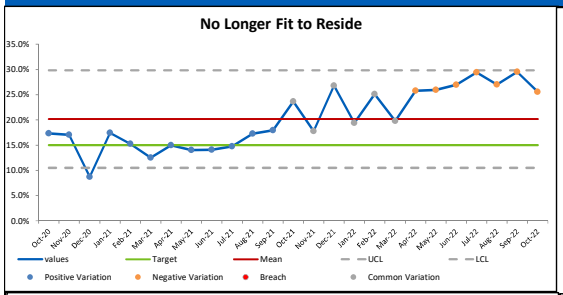


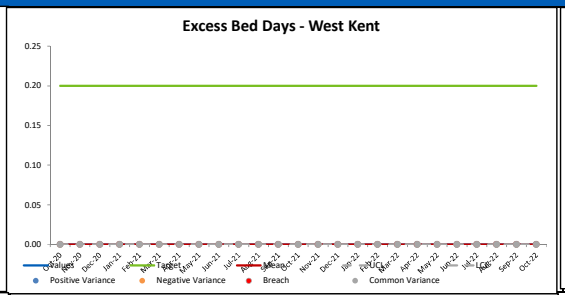


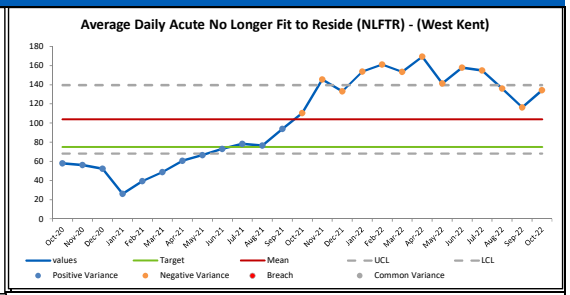


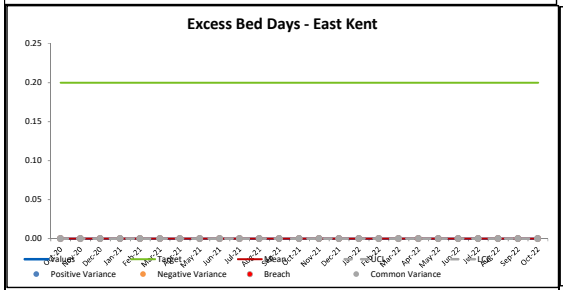


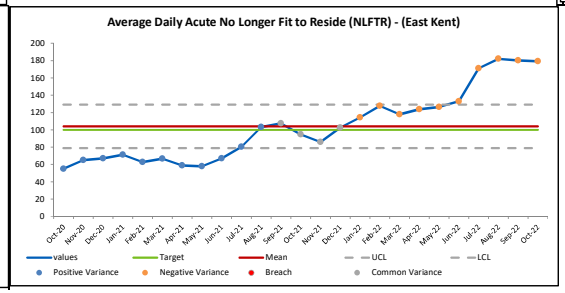
3. Integrate Services



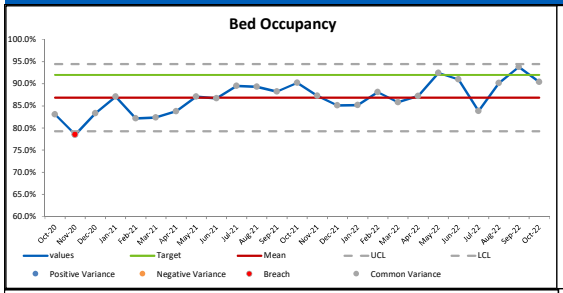


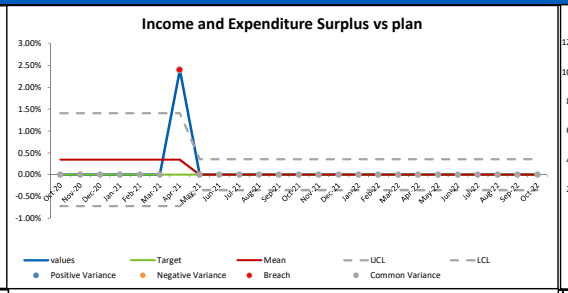


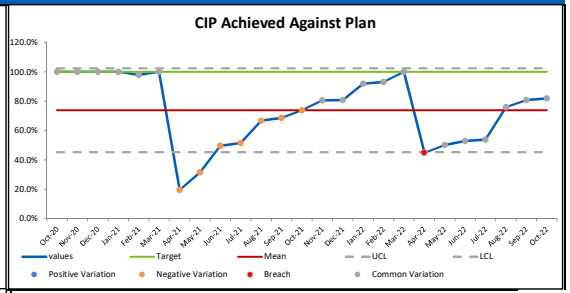


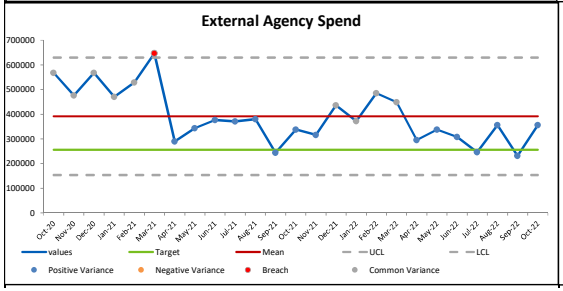


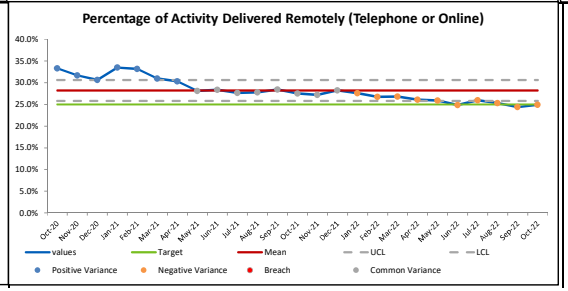
4. Develop sustainable services



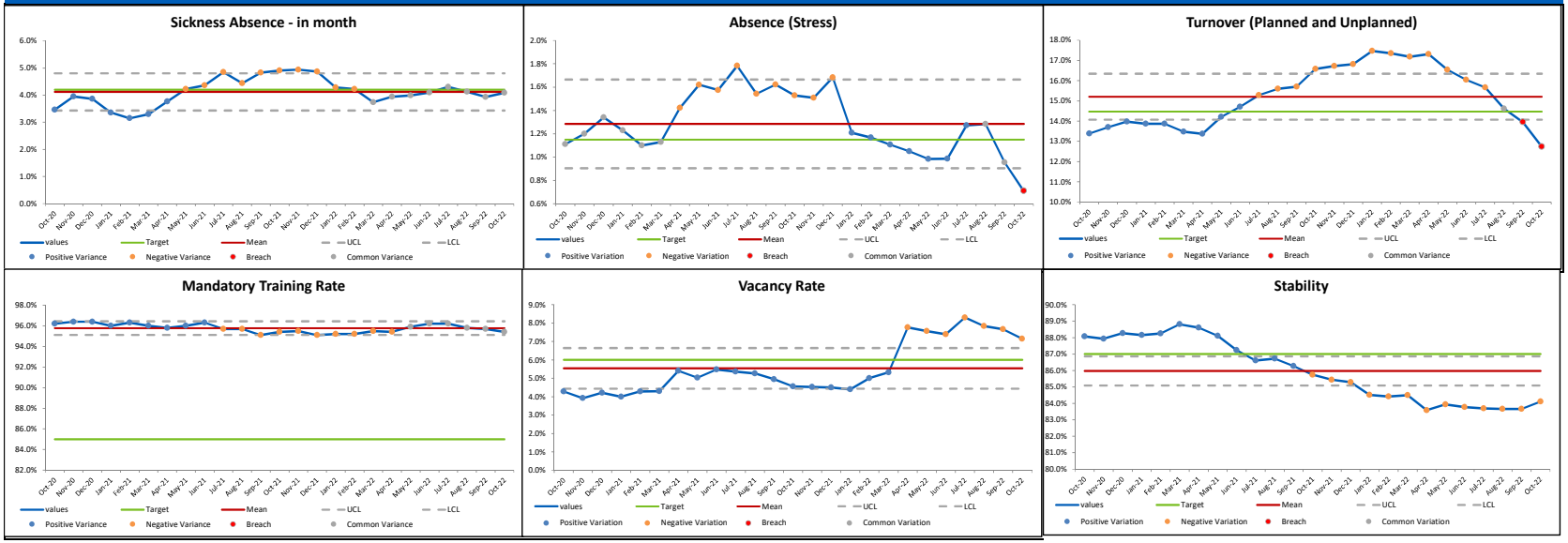








5. Be The Best Employer



Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	19
Agenda Item Title:	Winter plan
Presenting Officer:	Pauline Butterworth, deputy chief executive and chief operating officer
Action – this paper is for:	☐ Decision ☒ Information ☒ Assurance

What is the purpose of the paper and the ask of the committee or board?

The 22/23 surge plan for KCHFT has been drafted and has had executive approval as a working document.

The KCHFT Surge plan has been developed in partnership with the Integrated Care Board and providers within the Health and Care Partnerships (HCPs). The main focus of the plan is on the east and west HCPs as the areas where most KCHFT services are delivered, however there are also specific supporting actions identified for north Kent and Medway and these are identified in the relevant sections.

The plan is presented here for information and assurance.

Summary of key points

The KCHFT surge plan has been developed in partnership with the integrated care board and providers within HCPs.

The principles of the plan are that it focuses on:

- Current national identified priorities for building sustainable and responsive out of hospital services such as the urgent community response (UCR) and the Virtual Ward.
- HCP data and modelling that is supported by Lightfoot and identifies specific patient cohorts and pathways where there is an opportunity to improve the patient pathway and flow
- Current national policy or guidance including the Discharge to Assess (D2A) and Our Plan for Patients.

The surge plan is attached and contains planned interventions at system and organisational level. It will remain an active document and some interventions will be further defined.

The plan includes:

- Executive summary
- Demand and capacity modelling
- Adult discharge pathways
- Urgent treatment centres
- Workforce
- Specialist services and public health plan
- Service planning
- Supply chain
- Severe weather
- COVID-19 and flu
- Integrated management meeting
- Appendices

Proposal and/or recommendation to the committee or board
The board is asked to note the surge plan for 2022/23.

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

Name:	Pauline Butterworth	Job title:	Deputy chief executive and chief operating officer

Telephone number:	01622 584895	Email	pauline.butterworth@nhs.net

Kent Community Health
NHS Foundation Trust

SURGE PLAN 2022-2023

Version:	1.5 working document
Ratified by:	KCHFT Executive
Date Ratified:	11th October 2022
Name and Title of Originator / Author:	Pauline Butterworth
Name of Responsible Committee:	Executive
Date Issued:	11th October 2022
Review Date:	11th November 2022
Target Audience:	Kent Community Health NHS Foundation Trust Directors, Heads of Service and Staff
Consultation Process:	September, October and November with service leads, IMM and CSD Team
Mandatory / Statutory Standards or Requirements:	NHSEI Hospital Discharge Policy 2021 Health and Social Care Act (2012) NHS ENGLAND Business Continuity Framework (2013) NHS Standard Contracts and NHS Core Standards (2019 - 2020 and 2020-21) Care Quality Commission Fundamental Standards elements of regulations 12 and 18

Distribution:
Directors
On Call Managers
Team leads

Note: Copy of the plan will be available through the Operational Leads, EPRR Team, On-Call Directors, Managers and Team Leads

Kent Community Health
NHS Foundation Trust

VERSION CONTROL

Version	Date Produced	Description /Comments / Changes since previous versions	Author
0.1	13/9/22	First draft for content gathering from stakeholders	Tim Watts
0.2	28/9/22	Content added to sections 4, 6, 7, 8, 9 and 10	Tim Watts
0.3	30/9/22	Added section 5	Tim Watts
0.4	03/10/22	C. Thomas updates	Clare Thomas
0.5	03/10/22	Updated during Surge meeting, actions included	Tim Watts
0.5a	04/10/22	Added appendix 4 revised content	Tim Watts
0.6	04/10/22	Updated sections 8, 10 and 11	Claire Poole
0.7	05/10/22	Updated Section 6.1 from N. Clark. Added watermark. Updated appendices	Tim Watts
0.8	05/10/22	Significant updates to section 1 – 4 and 6 Added Appendix 3, Pandemic plan	Clare Thomas Tim Watts
0.9	06/01/22	Updated section 5	Emma Skinner
1.1	06/10/22	Formatted ready for submission to Exec	Tim Watts
1.2	07/10/22	Minor updates for Exec submission	Clare Thomas
1.3	11/10/22	Added updated appendix 2	Tim Watts
1.4	13/10/22	Updated page 5 with Exec approval info	Tim Watts
1.5	01/12/22	Updated Bed information and UTC section for Board	Claire Poole

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Surge Plan

2022/23

we care Our values Compassionate Aspirational Responsive Excellent www.kentcht.nhs.uk

Contents

No.	Subject
1	Executive Summary
2	Demand & Capacity Modelling
3	Adult Discharge Pathways
4	Urgent Treatment Centres (Minor Injury Units)
5	Workforce
6	Specialist Services and Public Health Plan
7	Service Planning
8	Supply Chain
9	Severe Weather
10	COVID-19 and Flu
11	Integrated Management Meeting

1. Executive Summary

The KCHFT Surge plan has been developed in partnership with the Integrated Care Board and providers within the Health and Care Partnerships (HCPs). The main focus of the plan is on the east and west HCPs as the areas where most KCHFT services are delivered, however there are also specific supporting actions identified for north Kent and Medway and these are identified in the relevant sections.

The principles of the plan are that it focuses on:

- Current national identified priorities for building sustainable and responsive out of hospital services such as the Urgent Community Response (UCR) and the Virtual Ward.
- HCP data and modelling that is supported by Lightfoot and identifies specific patient cohorts and pathways where there is an opportunity to improve the patient pathway and flow
- Current national policy or guidance including the Discharge to Assess (D2A) and Our Plan for Patients.

This KCHFT plan:

- describes the priorities in each HCP and the wider context for the winter interventions
- Identifies the winter interventions that KCHFT will deliver as part of this plan
- Identifies the key enabling schemes or actions that KCHFT will take to ensure delivery of safe services through the winter period.

The Surge plan is an active document and will be updated as winter planning continues and modelling is further refined.

2. Demand and Capacity Modelling

In preparation for Winter 22/23 KCHFT have been working with partners in the east and west Kent HCP with priority intervention identified based on demand and capacity modelling as follows:

East Kent HCP:

Modelling from Lightfoot (to be appended when new modelling available) demonstrates that there is a likely bed gap in east Kent (EK) acute beds for winter. This is driven by modelled increase in respiratory admissions as well as patterns of increasing length of stay. In order to manage this increased demand, the following opportunities have been identified by the EK HCP partners working with Lightfoot:

- Reduce the modelled up-lift in respiratory admissions by 50%
- Reduce the number of index cases for people with complex frailty/ long term conditions (defined as admitted for their first 14 day plus LOS) by 3-4 per day as well as reducing the returning admissions for this group. (3 per site) as well as reducing the returning admissions for this group.
- Reduce the number of people with a 14 day plus LOS

The EK system plan will focus on four key interventions to achieve this:

- Integrated Same Day Emergency Care (SDEC) including a redirected therapy resource and integration with the UCR services.
- Increase of virtual ward capacity at pace, with a focus on Frailty and Respiratory pathways, including increased Local Referral Unit (LRU) hours.
- Short term interventions for patients who NLFTR in each part of the pathway, including potential enablement wards and an increase use of single-handed care
- Development of a shared system support worker resource that utilises the voluntary sector where appropriate

There are other key pieces of work that will continue alongside the winter planning, these include:

- Development of the Urgent Treatment Centre pathways
- Development of stroke rehabilitation capacity
- Review of out of hospital bed capacity

- Review of domiciliary care capacity

KCHFT Interventions in EK:

KCHFT will deliver the following interventions to support the EK system over winter 22/23:

1. Support the delivery of the integrated SDEC:
    a. Integrate the Rapid Transfer Service and Hot Floor Discharge Team,
    b. Increase in reach from the Local Referral Unit to facilitate access to the UCR.
    c. Review capacity within the therapy and frailty community services to increase the existing in-reach model.
2. Deliver the Virtual Ward in partnership with acute and primary care colleagues. KCHFT will lead on delivery of the Frailty Ward and the Monitoring hub. Where EKHUFT is the lead organisation (e.g. Respiratory and Cardiology) KCHFT community services will support admission avoidance pathways (see table 1).
3. Mobilise NLFTR wards at Westview (15 beds) and Westbrook (15 beds) via a managed service (agreed by KCHFT Executive, but pending HCP funding agreement)
4. Development of a shared support worker resource for the system (principle agreed by KCHFT Executive but pending HCP funding agreement along with (3) above.
5. Mobilisation of a stroke rehabilitation resource at Westbrook House: A 15 bed ward will be opened at Westbrook in January 2023 to deliver stroke rehabilitation. This unit will be a substantive development but is being added during winter to increase capacity. Long term the unit will use funding previously ring fenced for health and social care village beds but during the winter period some double running of these beds will continue (January to March) to effectively increase the pathway 2 resource to the system.

Table 1: Trajectories for EK virtual ward beds

HCP	Virtual Ward	Lead Provider	Current Virtual Beds	Virtual Beds by December	Virtual Beds by March 23
EK	Frailty	KCHFT	40	60	65
EK	Respiratory	EKHUFT	0	15	20
EK	Cardiology	EKHUFT	0	5	18
EK	OPAT	EKHUFT	0	20	26
EK	Cancer	EKHUFT	0	0	6

West Kent HCP:

Modelling from Lightfoot (to be appended when new modelling available) demonstrates that there is a likely bed gap in west kent acute beds for winter. This is driven by modelled increase in respiratory admissions as well as patterns of increasing length of stay. There is also a high number of admissions related to falls and UTIs identified. In order to manage this increased demand, the following opportunities have been identified by the west Kent HCP partners working with Lightfoot:

- Continue to supress respiratory admissions for winter
- Avoid admissions for additional patients with frailty, working on assumption of 3 per day which will be confirmed by new modelling
- Reduce NLFTR
- Target key conditions (UTIs and Falls)

The WK system plan will focus on three key interventions to achieve this:

- Increase of virtual ward capacity at pace
- Increase the opportunity for increased referrals via 111 and SECAMB to non-acute services.
- Review of pathway for patients who are being bridged/ NLFTR in each part of the pathway.
    a. Embed single handed care principles within pathway 1
    b. Consider required additional bed capacity to support pathway 2, 3 or NLFTR cohort.
- Review intervention in place for UTIs and Falls in conjunction with community and primary care.

There are other key pieces of work that will continue alongside the winter planning, these include:

- Review of respiratory admission avoidance capacity
- Review of out of hospital bed capacity
- Review of domiciliary care capacity

KCHFT Interventions in WK:

KCHFT will deliver the following interventions to support the WK system over winter 22/23:

1. Deliver the Virtual Ward in partnership with acute and primary care colleagues. KCHFT will lead on delivery of the frailty ward but the acute trust will deliver the monitoring hub and other pathways. Existing community services will support admission avoidance as part of the respiratory ward (see table 2).
2. Pilot direct access to the Home Treatment Service from the ambulance service and 111.
3. Pilot a partnership with one PCN to support a shared care approach to frailty virtual ward in care homes to increase capacity.
4. Pilot working with a pathway 1 agency to reduce double handed care
5. A placeholder has been included in the WK investment plan to allow for additional community beds or a NLFTR ward within KCHFT but at this stage modelling does not support mobilising extra beds for the WK system if other interventions are successful.

Table 2: Trajectories for WK virtual ward beds

HCP	Virtual Ward	Lead Provider	Current Virtual Beds	Virtual Beds by December	Virtual Beds by March 23
WK	Frailty	KCHFT	30	40	40
WK	Respiratory	MTW	0	20	20
WK	Acute Specialities	MTW	0	0	0

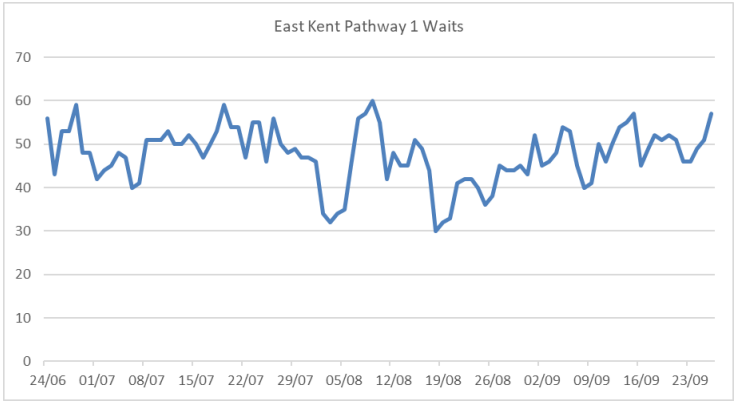
3. Adult Discharge Pathways

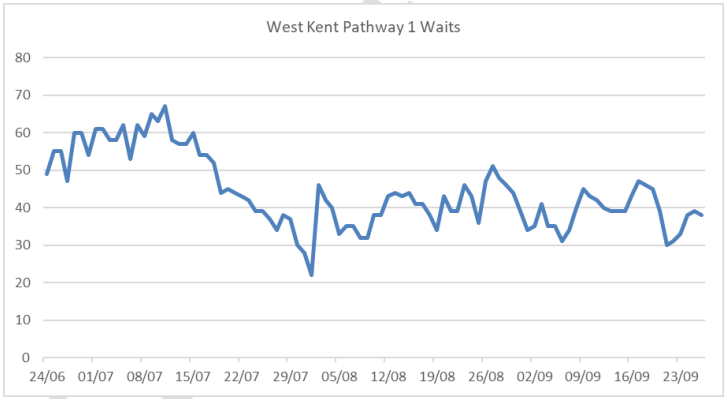
There are a high number of patients who are NLFTR in all discharge pathways in EK and WK. This has been a consistent pattern across both HCPs since June 2021. This is related to the well documented capacity issues within the local authority funded long term packages of domiciliary care and it is not anticipated to change significantly before the winter surge period. This section of the plan therefore focusses on what can be done internally to enable a reduction in delays in each pathway or a reduction in risk of harm to patients.

Pathway 1

The below figures 1 shows the recent patterns in pathway 1 wait. The data shows that pathway 1 waiting lists in both acute trusts have remained at a high level consistently over the last 3 months (with a reduction from the high point in April in WK).

Figure 1: Pathway 1 (Home with Support) Wait Trend (east and west)





Figures 2 and 3 show the level packages of care being bridged in pathway 1 KCHFT services in EK. The reduction in packages for patients on the step down (D2A) pathway is due to a reduction in bank use to fit 22/23 budget limits rather than an improved picture. The bridging consistently represents approximately 60% of the capacity.

Figure 2: Pathway 1 Bridging (East Kent) – Step-Up

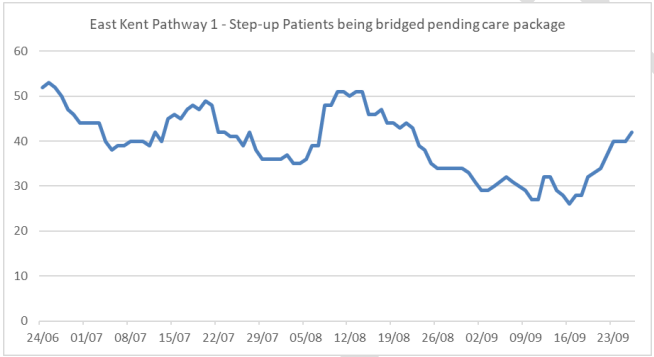
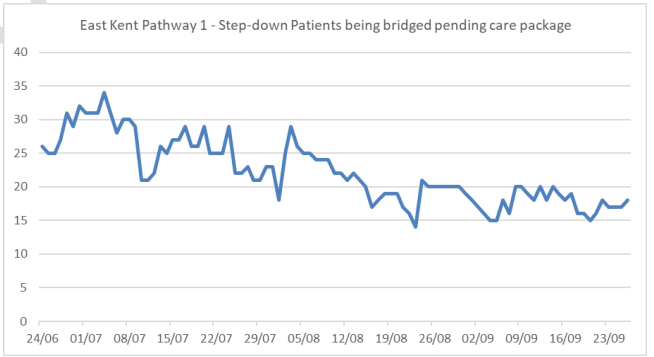


Figure 3: Pathway 1 Bridging (East Kent) – Step-Down



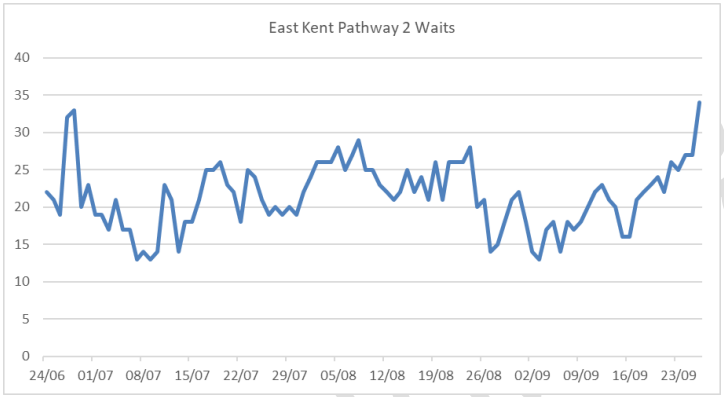
The enabling interventions for pathway 1 with KCHFT are:

- To carry out a single-handed care review with the caseload of patients being bridged in conjunction with the local authority to identify the opportunity to reduce the caseload (pending approval from the local authority)
- To embed a training programme for single handed care techniques within KCHFT therapy services.

Pathway 2:

Figure 4 below shows the acute waits for pathway 2 in the two acute Trusts. This shows that in west kent, the community hospitals have been able to reduce the pathway 2 waiting list in MTW from the peak in July, however the waits remain high in east Kent. As demonstrated in figure 5, the number of NLFTR patients in the east is also higher than the west and therefore the winter interventions will include capacity to move patients to social care beds whilst awaiting packages of care.

Figure 4: Pathway 2 (Community) Wait Trend



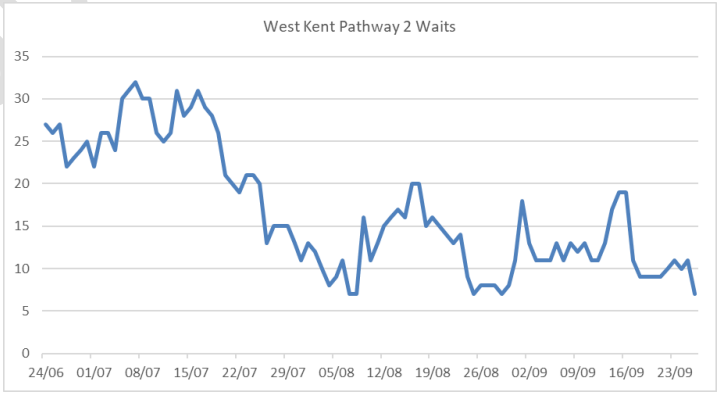
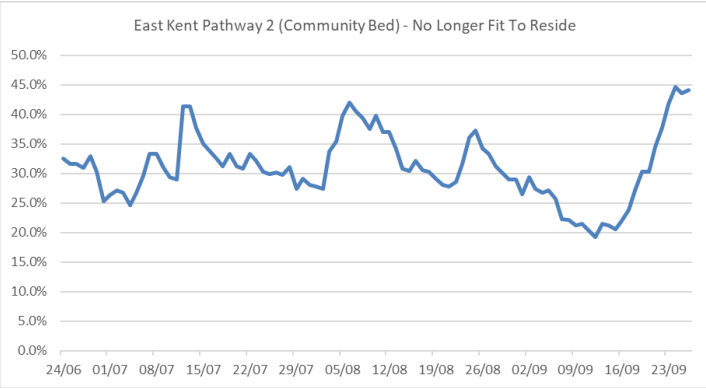
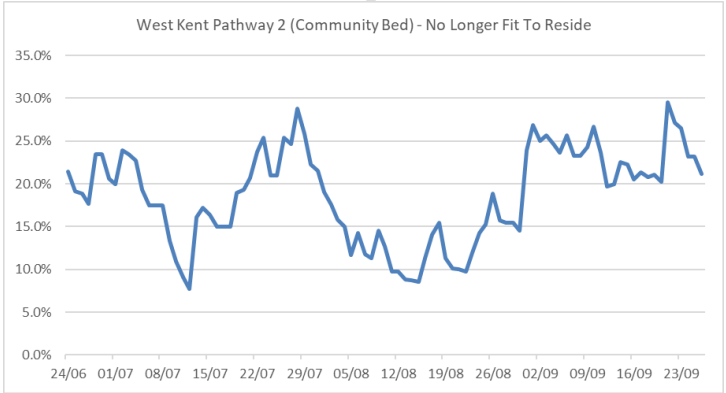


Figure 5: Pathway 2 (Community Bed) No Longer Fit To Reside Trend





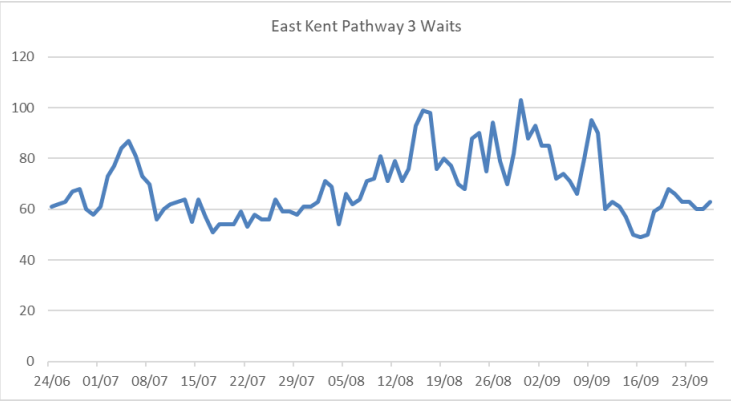
The enabling interventions for pathway 2 within KCHFT are:

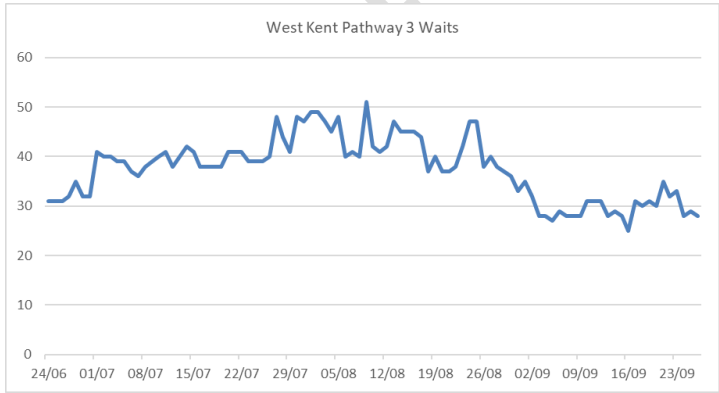
- To introduce the bed management team to ensure that patients are proactively mapped into all beds, including over the weekend.
- To maintain occupancy at 95% with support from the bed management team and tele tracking to reduce idle bed time.

Pathway 3:

Figure 6 shows that the waits for pathway 3 have remained high in east kent but have started to recover in west kent.

Figure 6: Pathway 3 (Pathway 3 Beds) Wait Trend





The enabling interventions for pathway 2 within KCHFT are:

- To maximise pathway 3 discharges over the weekend in collaboration with the local authority
- Review the current arrangements for pathway 3 bed brokerage (pending approval from the local authority).

4. Urgent Treatment Centres

KCHFT operates a total of 7 UTCs and MIUs across the East, West and North Kent systems. KCHFT are committed to supporting the three systems to maximise the use of these units to provide appropriate urgent care services and reduce attendance at emergency departments. Consistent schemes are in place across the units to achieve this including:

- Agreement and implementation of protocols for each unit to enable redirection of patients from emergency departments to UTCs following initial screening.
- Agreement and implementation of consistent directory of services profiles
- Increase of direct bookable slots from 111, including to community pharmacy
- Maximise rotas in conjunction with partner GP organisations
- Maximise use of estate to extend capacity where possible
- Plan business continuity on an HCP basis to ensure flow to the UTCs continues when staffing is challenged.

5. Workforce

Since 2021-22 plan we find the organisation in a better position than last year, we have a decreasing rate of turnover, sickness and stress related absence has decreased and SafeCare has been implemented in our Community Hospitals. However, we have specific highly challenged areas with some having vacancy rates of between 20% and 40%. Targeted work is underway to support these teams to be in a stronger position as part of the planning for 22-23. Roster rebuilds for Tier 1 services are complete and the SAIS team have retained their workforce from the 21-22 children's flu programme.

The Covid Retention programme has provided the opportunity to transfer approximately 350 Covid bank workers to the main BAU Bank for wider deployment. The training programme for retention of COVID-19 bank HCA's and upskilling for community-based HCA roles has continued and further cohorts are being requested.

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

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

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

We will also continue with the unavailability by Tier report for the current and upcoming fortnight which includes information on all Tiers of rosters and reflects unfilled shifts % and temporary staffing fill rate.

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

- Additional recruitment of bank workers in readiness for surge
- Monthly Recruitment and Bank working group set up and reporting to review progress of bank recruitment activity
- Increased engagement and communication to existing bank workers to support shift fill
- Facilitate Staff COVID-19 booster vaccination

- Encouraging all staff to get their flu vaccination
- Unavailability reporting will continue throughout winter to support effective oversight and deployment of staff across the organisation
- On-going promotion of health and well-being initiatives available to staff to support them throughout winter
- Detailed workforce planning will be undertaken for the Christmas fortnight period 4 weeks prior to roster being worked
- Prioritisation of Roster Reviews required for Tier 1 services where required
- Increased communication regarding bank rostering best practice; to develop solutions and drive improvement to support better rostering practices throughout October and November in preparation for December and January rosters
- Weekly safer staffing meetings to identify hotspot areas of staffing to support earlier shift release utilising escalated rates where necessary. This will be for both community hospitals and community nursing teams. Utilisation of safecare for Community Hospital staffing will be critical. Utilisation of red, amber, green patient status, workload volumes and staffing will be looked at in the round for use of escalated rates in community nursing teams.

December Roster approval required 9th October, Service planning to be in place 4 weeks prior to roster being worked, there hot spots identified through forward planning and weekly safer staffing meetings

- Long lines of advance booked bank and agency workers will be utilised in known hotspot teams. Expressions of interest released for areas identified through reporting and safer staffing meetings

Facilities services classified as Tier 1 service and are experiencing difficulties in recruitment, barriers such as 2 years of references, electronic application forms and working patterns have been reviewed and a Task and Finish group in place to focus on substantive recruitment. To support gaps the procurement process to tender for contracted services is underway and being fast tracked to procure support in our key sites that require facilities staff.

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

- More timely identification of shifts requiring temporary worker fill due to accurate rosters

- More lead time to fill with bank workers rather than agency workers
- Improved engagement with bank temporary workers to encourage greater shift fill
- Increased pool of bank workers to fill shifts following recruitment and retention activities
- Sustain a bank fill rate above 80%
- Supporting the health and well-being of staff through a variety of methods, including vaccination, will support sickness absence levels continuing at a sustainable level.

6 Specialist Services and Public Health Plan

6.1 Specialist Services

The majority of Specialist and public health services are provided via referral, planned appointments and on-going support with schools for Children and Young people. The Community Children's Nursing team is more reactive responding to demand from both the acute and primary care.

There are different commissioning arrangements for this service across Kent. In East Kent the service is provided seven days a week and supports acute trust discharge profile for IV administration, end of life care and Respiratory Syncytial Virus (RSV) surge. The service provides on-call arrangements for 24hr care for end of life and 7-day service for nursing support. In the West and North of Kent the service is provided 5 days per week so their ability to support IV is limited as if the IVs are required out of hours the child has to attend acute sites. End of life care is provided in partnership with the local hospices but there is no on call arrangements. The service in these two areas are unable to support discharge from acute sites at the weekend. Darent Valley Hospital has developed an outreach service for paediatrics so reactive support for these children are provided by this team.

It is proposed in the West of Kent to extend the service across 7 days a week to support proactive discharge and prevent admission. This will be achieved by recruiting at risk, two WTE band 5 nurses and one WTE band 6 nurse and consult with the existing staff to work weekends and bank holidays. The service will provide End of Life Care 7 days a week but not provide an on-call service in the first instance. This initially will be funded at risk by the service to test the change and if successful in supporting the wider paediatric system a business case will be developed to support the extended hours of the West Kent Team.

Specialist and Public Health services will operate normally over the winter period. There are no out of hours provision although additional clinics are provided based on demand and increase provision if needed at weekends. Service levels will be maintained during holiday periods to ensure waiting times are managed. All staff are encouraged to take up the Flu and Covid vaccination.

The school aged vaccination programme has been planned and staffing resourced through bank to deliver the majority of Flu vaccinations to both primary and secondary schools before the Christmas break in order to provide protection prior to the winter surge period and reduce demand on Children's services and hospital admissions.

6.2 Dental and Planned Care Services

All clinical dental services are provided via referral and all appointments are planned. Urgent care Out of Hours arrangements are managed via NHSE through a separate Dentaline service in Kent and Medway with similar arrangements in London. A limited “In hours” urgent care service is commissioned from our General practice in Sandwich.

Dental general anaesthetics sessions will operate as a priority during normal working hours.

Our Trust Dental Services work closely with NHSE area teams who will coordinate a dental response to any surge in demand as required.

Planned care services will operate normally over the winter period. Services are provided on by referral. Service levels will be maintained during holiday periods to ensure waiting times are managed. IMSK services are working with the ICB on a MSK referral management workstream to improve elective care referrals in and out of MSK All staff are encouraged to take up the Flu and Covid vaccination.

7. Service Planning

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

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

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

On call arrangements have been strengthened with a refresh of roles and responsibilities for on call managers. Decision-making will be supported through the use of the Trusts Trigger and Escalation plan and associated action cards which detail actions required in response to OPEL status. Director on call rotas for Christmas and New Year period have been split into day and night shifts with senior operational Director level managers covering day shifts.

8. Supply Chain

The anticipated risks and issues arising from border disruption following the UK exit from the EU have not been significant. However, the shortage of HGV drivers, most notably causing disruption in fuel distribution in September 2022, resulted in an early review of business continuity plans for impact on all services due to fuel shortages.

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

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

- Review of prioritisation of services, this has been undertaken as part of a 'lessons learnt' approach following the response to COVID-19 and has allowed divisions to categorise elements of services as appropriate within different tiers. See Appendix 2 This will enable services to be safely reduced, stepped down or delivered using alternative methods. It will also enable targeted support to Tier 1 essential services if system escalation and KCHFT trigger thresholds are met.
- Review of business continuity plans and service action cards to align with KCHFT's trigger and escalation plan. Robust service level action cards and business impact assessments will be in place for each service, with over-arching divisional level. This includes a review of actions required by discharge teams and Community Hospitals in response to HCP Acute trusts declaring Opel 4.
- The procurement and PPE team will continue to monitor supply chain issues and are linked in to wider system work. Any risks or concerns are brought to the Incident Management Meeting for escalation
- The Pharmacy Team will monitor and highlight any concerns regarding supply of medicines. Any issues will be brought to the Integrated Management Meeting for escalation
- Buffer stocks to be stocked and implemented as considered necessary considering regional and national advice.
- IT Team to ensure all apps required for digital interventions are in place and staff are trained in supporting SOPs.

- A high percentage of home working – successfully achieved during COVID-19 emergency response phase can be sustained or resumed to facilitate service continuity in the event of weather / travel disruption

Management of Restricted Equipment and PPE.

The Head of Medical Devices oversees the provision of the Trust's Storage Management Service (PPE, lateral flow stock; vaccine storage and logistics; Restricted Equipment and subcontracted critical EME Services, for Kent Community Health NHS Foundation Trust and PPE and lateral flow stock for Kent and Medway NHS and Social Care Partnership Trust (KMPT).

Monitoring of stock.

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

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

Supply Disruption Alerts, Product recalls.

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

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

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

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

Movement of Equipment

The PPE and restricted equipment teams have tested business continuity plans which support the delivery of PPE and equipment to services and corporate sites in the event of travel disruption. The central store holds an average of 218 days stock and with individual sites holding a minimum of 10 days stock, which can be increased if disruption is anticipated. 3 super buffer stores across the Trust (FDS House in Whitstable; Westbrook House Thanet; Gravesham Community Hospital) locality can be re-established to ensure that deliveries are more 'localised', reducing impact on delivery times. In addition, larger sites could be identified as 'equipment hubs' to reduce the number of equipment drops where necessary.

Pharmacy

The Pharmacy Team will monitor and manage any short supply of medicines. The Pharmacy team will work with other provider trusts and the Regional Medicines Procurement Team to resolve issues. Any difficulties will be brought to the Integrated Management Meeting for escalation.

The Pharmacy team will monitor the progress with planned expansion of services available from Community Pharmacies who will be enabled with more prescribing powers and provision of simple diagnostic tests. Appropriate redirection from KCHFT UTCs to Community Pharmacies will be supported accordingly.

9. Severe Weather

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

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

- The Trust stand up of the arrangements for leasing 4x4 vehicles over the winter period and place these in strategic locations across the Trust to ensure continuity of services
- The voluntary sector can assist with the provision of 4x4s, they can be contacted through the On-Call Emergency Planning Team for KCC 03000414999
- Staff to be contacted via the communications team to request voluntary assistance if they own a 4x4 vehicle.
- Book hotel accommodation for essential or stranded staff
- Support with staff and equipment mobilisation to support delivery of essential Tier 1 services.
- Business Continuity arrangements activated

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

Information on forthcoming weather events can be gained from the Met Office, Environment Agency and the Department of Health. This will be monitored through the IMM and staff will be encouraged to sign up to the severe weather warning service provided by the Environment Agency. Early warnings give an indication several days in advance which allows time for preparedness within the organisation.

The Pharmacy team will liaise with the third party medicines supplier to ensure timely deliveries of medicines to Community Hospitals and bases

10. Covid-19 and Flu

During 2022-23, the COVID-19 pandemic has continued but currently at a reduced scale. National modelling suggests there will be further waves of COVID-19 infection this winter, with a high potential of a severe flu season following information from the Australian flu season. The Trust receives modelling assumptions from a range of sources, national and local, and continues to review KCHFT level data against any new information received.

The COVID-19 and Flu vaccination campaign are becoming joined up nationally and locally.

KCHFT continues to be the Lead employer for COVID-19 workforce for Kent and Medway. The KCHFT Immunisation team will continue to liaise with the ICB, regional and national teams and provide regular reports.

At a K&M level, KCHFT Chief Nurse/SRO for the Flu vaccination programme will liaise regularly with the national team and provide advice and guidance.

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

- Workforce metrics: oversight of staff absences and roster fill rates
- PPE stock oversight: monitoring and forecasting PPE stock levels
- FIT Testing: matching demand with FIT Testing capacity
- Delivery of COVID-19 Boosters / flu Vaccination of staff
- Estate, Safety and Security: working with clinical leads, IPC and Health and Safety teams to ensure all patient and staff areas comply with health and safety standards
- Clear guidance for staff, patients and visitors to our sites to manage IPC risks and reduce risk of infection transmission
- Home working to continues to be supported
- Staff risk assessments will be regularly reviewed and updated in line with national guidance

- IMM used as a single point of contact for external agencies for all winter surge and COVID-19 issues via the COVID-19 email address kentchft.covid19@nhs.net which is monitored 7 days a week.

COVID-19 boosters and Flu vaccination of frontline health and social care staff and over 50s in our care

The Joint Committee on Vaccination and Immunisation (JCVI) and Chief Medical Officer have recommended, alongside existing COVID-19 vaccination offers, to include booster vaccines for those aged over 50 years and for adults and children aged between 5 and 49 years old who are in the clinically risk group and persons aged 5 to 49 years old who are household contacts of people with immunosuppression. JCVI also recommend vaccinating persons aged 16-49 years old who are carers.

The Trust is working to retain the current COVID-19 bank workers to support both the COVID-19 booster and the Flu vaccine to staff. As the system bank employer, KCHFT are supporting the whole system with workforce.

KCHFT will be delivering the staff vaccinations at various KCHFT sites throughout October to co-administer the COVID-19 and Flu vaccine to those who are eligible. The sites have been chosen to reach all areas in Kent, East Sussex and London to ensure staff do not have to travel far to obtain a vaccine.

4500 doses of Flu vaccine have been delivered and the first delivery of the COVID-19 vaccine is expected to arrive during the first week of October. The staff vaccination programme commenced on Thursday 29 September 2022.

- Weekly flu reports will commence in October and continue until the end of the season.
- A national target of 70 to 90% of frontline health and social care workers being vaccinated with the flu vaccine has been set.
- Progress will be monitored through the IMM. Further focused actions can be undertaken as appropriate and in response to uptake.
- The flu co-ordination team will work closely with integrated care partnerships to track progress of vaccination and any intelligence regarding outbreaks
- Robust KCHFT flu and COVID-19 communications plan to commence early October.
- Flu vaccines will be administered by Peer vaccinators and COVID-19 by the National Protocol and COVID-19 bank staff.

NHSE guidance is that trusts should prepare to vaccinate eligible in-patients who will be discharged into care homes, those who are homeless or housebound, or who have had an extended length of stay and may have missed the opportunity to be vaccinated in the

community. The position regarding the vaccination of housebound patients in Kent is still unclear but is being actively escalated to ensure equity for all patients. There will be some vaccination of community hospital patients which will take place under advice of the KCHFT Pharmacy Team.

11. Integrated Management Meeting

KCHFT has a well-established Integrated Management Team (IMM) which developed from the initial Incident Management Team (IMT) established in response to the COVID19 Pandemic in 2020

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

The IMM has continued to meet twice weekly and reports to the Executive Team. The IMM will be chaired by the Deputy Chief Operating Officer and is attended by other executives as needed with shared membership established through the Chief Operating Officer. The IMM will meet in response to and at a frequency determined by the system escalation.

The IMM will:

- Act as a single point of contact for system partners and trust divisions/support services to share information and allow rapid dissemination of information across the organisation
- Review the Trust daily SitRep –utilising real time and trend data to identify current issues and forecast potential issues; allowing rapid decision making and escalation where required
- Escalate to the Executive Team meeting emerging or acute need in accordance with the trigger and escalation plan.
- The IMM will have senior representation from operational divisions such as Community Service Directors and Pharmacy; the Executive Team and also from Infrastructure Services at Assistant Director level including Business Improvement, IT, HR, Infection Prevention and Control, Communications, Estates, Finance, Quality and EPRR.

Action and decision logs are kept and there is a weekly reporting mechanism to the Executive Team.

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	20
Agenda Item Title:	Emergency preparedness, resilience and response (EPRR) annual assurance report 2022
Presenting Officer:	Ali Carruth, executive director of health inequalities and prevention
Action – this paper is for:	☒ Decision ☐ Information ☐ Assurance

What is the purpose of the paper and the ask of the committee or board?
The paper outlines the process and the content of the EPRR core standards self-assessment. The organisation has assessed itself as fully compliant. The same assessment process was submitted prior to the Covid-19 pandemic.

Summary of key points

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

Proposal and/or recommendation to the committee or board

The board is asked to agree and approve the report.

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

Kent Community Health NHS Foundation Trust

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	

Name:	Ali Carruth	Job title:	Director for Patient Experience, Participation and Health Inequalities
Telephone number:	01622 211900	Email	ali.carruth@nhs.net

Kent Community Health
NHS Foundation Trust

EMERGENCY PREPAREDNESS, RESILIENCE, AND RESPONSE (EPRR) ANNUAL ASSURANCE BOARD REPORT 2022

Assurance Process

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

In September 2022 Kent Community Health NHS Foundation Trust (KCHFT) performed a self-assessment and achieved a 'Full'level of compliance against the EPRR Core Standards.

Assurance Process 2022

The Integrated Care Board EPRR team assessed the evidence provided by the Head of Emergency Preparedness, Resilience and Response and the EPRR Manager.

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

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

The investigated areas were;

- EPRR Core Standards
- Deep Dive – Evacuation and Shelter

Audit Results

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

This report is presented to the Board to be agreed and approved.

Jan Allen
Head of Emergency Preparedness, Resilience and Response
9 September2022

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	21
Agenda Item Title:	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard action plans 2022/23
Presenting Officer:	Victoria Robinson-Collins, chief people officer
Action – this paper is for:	☐ Decision ☒ Information ☒ Assurance

What is the purpose of the paper and the ask of the committee or board?

This paper offers a brief update on the refresh of the Equity, Diversity and Inclusion (EDI) action plan process and impact on the development of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Due to the engagement activity required to undertake the refresh of the EDI action plan that is required to ensure full buy in from colleagues with protected characteristics across the organisation and to build Trust, the deadlines for publication of the WRES and WDES action plans for 2022-23 are not aligned to this work.

With the endorsement of key stakeholders from the task and finish group, the proposal that the action plans from 2021-22 for WRES and WDES be refreshed to reflect those actions still ongoing as well as urgent actions to complete in parallel to the engagement exercise facilitated by PEA has been completed, with the proviso that these action

Board members are asked to approve the appended WRES and WDES action plans pending the outcome of the engagement exercise to refresh the overall EDI action plan. The action plans for WRES and WDES will be prioritised as part of this work and therefore an update place holder is requested onto the Board agenda in March 2023 with a view to bringing these back at that stage for approval.

Summary of key points

Background
A refresh of the Equity, Diversity and Inclusion Action Plan was endorsed by the Board following feedback from network chairs that the previous plan had been produced without the necessary engagement.

The Public Engagement Agency (PEA) as the preferred supplier have been appointed following a tender process with full engagement and participation from network member colleagues or Chairs as part of the selection process

Work is already underway with the project plan and Terms of Reference for the steering group agreed as part of the project initiation meeting and first fortnightly task and finish group held 29 November 2022.

A number of engagement activities are planned for the coming months, including access to executive/ Board colleagues, management/ clinical team meetings, trust wide face to face and virtual world café sessions as well as opportunities for colleagues to submit feedback anonymously. Opportunity to engage with patients through the lens of staff experience will also be progressed.

The November Leaders Conference was used as an opportunity for PEA to engage and network with colleagues, and was used as a springboard to launch the engagement via request for managers to collaborate and support colleagues to engage.

Current Situation
Due to the engagement activity required to undertake the refresh of the EDI action plan that is required to ensure full buy in from colleagues with protected characteristics across the organisation and to build Trust, the deadlines for publication of the WRES and WDES action plans for 2022-23 are not aligned to this work.

With the endorsement of key stakeholders from the task and finish group, the proposal that the action plans from 2021-22 for WRES and WDES be refreshed to reflect those actions still ongoing as well as urgent actions to complete in parallel to the engagement exercise facilitated by PEA has been completed, with the proviso that these action plans are published as a holding position until the engagement exercise is complete.

It is essential that the members of the staff networks and colleagues with protected characteristics in the organisation are involved in the co-design and are able to act as critical friends when compiling the action plans of the WRES and WDES. There is a need to rebuild trust and credibility in this process and therefore this step is important to ensure this is achieved.

Proposal and/or recommendation to the committee or board
Board members are asked to approve the appended WRES and WDES action plans pending the outcome of the engagement exercise to refresh the overall EDI action plan. The action plans for WRES and WDES will be prioritised as part of this work and therefore an update place holder is requested onto the Board agenda in March 2023 with a view to bringing this back at that stage for approval.

If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?	☐ Yes *(please attach)*

Kent Community Health NHS Foundation Trust

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

Highlights relating to protected characteristics in paper

The EDI action plan refresh seeks to gain full engagement across the Trust from colleagues who have protected characteristics, their colleagues, managers, staff side colleagues and patients. The aim is to compile an action plan which fully addresses and meets the needs of colleagues in the workplace with protected characteristics to ensure they are fully included and are able to bring their full selves to work at KCHFT.

The WRES and WDES action plans submitted at this point for 2022-23 are therefore subject to change and refresh following the outcome of the EDI action plan refresh project. Focus on engagement on actions relating to the WRES and WDES are prioritised in the project plan for the EDI action plan refresh recognising the need to undertake sensitivity reads of actions across all colleagues with protected characteristics.

Name:	Victoria Robinson-Collins	Job title:	Chief people officer
Telephone number:		Email	victoria.robinson-collins@nhs.net

WRES Action Plan 2022/23 - PENDING REFRESH OF EDI PLAN VIA FULL ENGAGEMENT EXERCISE

OBJECTIVES	DESCRIPTION	TASK (S)	TARGET DATE	PROGRESS (R/A/G)	DESIRABLE OUTCOME(S)	MEASURE	RESPONSIBLE PERSON
Actions to progress race equality relating to: Organisational Culture							
1							
Having a diverse workforce (representing all communities and bring innovation)	Ensure values and behaviours explicitly celebrate difference	Review the values and behaviours. If not present, add short section around celebrating difference (and needing a diverse workforce to meet our service user's diverse needs)	31/03/2023		Colleagues are able to articulate why diversity is important to the Trust	Values and behaviours have been reviewed and incorporate celebrating difference	Sarah Hayden
		Help team members to understand that having a strong team identity is not about creating a homogenous team, it is about having a team where differing viewpoints are legitimate and respected	31/03/2023			Flo poll results demonstrate better understanding of the importance of a diverse workforce	Julia Rogers
2							
Engage staff networks around action planning and implementation	Involve staff networks in action planning	Fully engage to co-create refreshed EDI action plans with all staff networks and agree with them how they can support the implementation of the action plans, including sharing their ideas for improvements within the Trust via world café sessions, staff survey, anonymous options to feed back, access into team meetings, huddles, leadership forums and conferences, staff network meetings	31/03/2023		Staff networks are fully bought in to action plans Staff networks can support the action plan delivery where appropriate Staff networks can work to build/increase colleagues' confidence in the desire for change Increase in numbers of staff feeling valued by seeing that their voices are being heard and issues raised are acted upon Resources have been identified and are in place	Action have been plans delivered Measurable improvements seen in WRES metrics, both workforce and staff survey Additional Resources are in place	Victoria Robinson-Collins
		Following allocation of protected time and non-pay budget in 2022, continue to review resource requirements for staff networks, if required to support action plan delivery	31/03/2023				Sarah Hayden
3							
Improve data monitoring	Ensure robust monitoring is in place	Continually review gap analysis of current data monitoring for employee lifecycle Identify data collection to fill gaps	31/03/2023		Regular analysis takes place for key employee lifecycle data, disaggregated by all ethnicities Resources to conduct required analysis to make informed and impactful decisions are in place Differences in experience between staff of different ethnicities are identified, and appropriate action taken to minimise negative impact and/or disproportional impact	Resource in post Monthly data analysis undertaken and tangible improvements in WRES and staff survey	Sarah Hayden
		Identify additional resource for analysis as needed	31/03/2023				
		Build regular analysis of data, disaggregated by all ethnicities with associated actions when differences in experience are identified	31/03/2023				
4							
Influence ICS as a system	Influence the ICS to focus on race equality	Share our journey, including some findings and responsive actions from the race equality review and further work, including refresh of the action plan via trust wide engagement	31/03/2023		Increased focus from ICS on Race Equality Experiences of BAME staff across ICS move closer to those of white staff	System wide data evidencing progression across the system	Victoria Robinson-Collins
5							

OBJECTIVES	DESCRIPTION	TASK (S)	TARGET DATE	PROGRESS (R/A/G)	DESIRABLE OUTCOME(S)	MEASURE	RESPONSIBLE PERSON
Share best practice	Learn from other best in class organisations	Identify which NHS organisations have been most effective at developing anti-racist practice (also consider best practice from other organisations where helpful) and apply learning in the Trust Arrange appropriate ways to share information with staff groups	31/03/2023		Demonstrate that the Trust is open to learning for continuous improvement Improve Inclusive culture at the Trust and sense of belonging and being valued for BAME and all staff who currently feel marginalised.	Improvements are seen in staff survey, pulse survey and flo poll survey	Sarah Hayden
		Assess what difference the best practice has made in the areas it has been incorporated	31/03/2023		Messaging is done in a way that engages all staff irrespective of their learning style		Julia Rogers
6							
Develop staff toolkit for conversations about race	New staff toolkit	Prepare a staff toolkit around conversations about race, including common micro-aggressions, using the leaders conferences in March and November 2022 as basis for rolling out. Develop and provide training for all staff alongside the toolkit using leaders conferences in March and November 2022 as foundation Use this to empower all staff to challenge observed racism in the Trust and act as Ally	31/03/2023		Colleagues are better able to speak about race with colleagues. These productive conversations promote better understanding of the impact of racism, exclusion and microaggressions. Leads to fewer micro-aggressions and racist incidents towards BAME colleagues	Toolkit in place Training in place Reduction in staff survey respondents experiencing harassment /discrimination as measured by the staff survey and flo poll Flo poll	Sarah Hayden/Margaret Daly
7							
Equip staff with tools to challenge micro-aggression and racism	Staff receive training and practice in appropriate challenge to racism micro-aggressions	All staff receive training around the way to appropriately challenge subtle and overt forms of racism using March 22 leaders conference as foundation •BAME staff: how to report and challenge •White staff: how to report and challenge •Helps to empower all staff to challenge observed racism and micro-aggressions in the Trust	31/03/2023		All staff feel better equipped to challenge racist and inappropriate behaviours by colleagues, which will help to reinforce an inclusive culture Staff feel better able to act as allies for their colleagues, promoting a better sense of team cohesion and being valued BAME staff have fewer experiences of micro-aggression and overt racism Begins to build ally ship for BAME colleagues across the Trust	Flo poll and staff survey show improvements in experience of BAME colleagues	Margaret Daly
Actions to progress race equality relating to: Recruitment and progression							
8							
Attract more BAME staff	Increase the proportion of applicants from BAME background in leadership positions	Review messaging and images Add positive messaging on anti-racism and commitment to race equality	31/03/2023		Increased proportion of BAME colleagues in bands 7 and above	WRES metric in relation to recruitment has improved	Julia Rogers
		Targeted intervention at recruitment to roles 8c and above including diverse panels					
		All leadership roles (including acting up) are advertised as a minimum internally					Sarah Hayden
9							

OBJECTIVES	DESCRIPTION	TASK (S)	TARGET DATE	PROGRESS (R/A/G)	DESIRABLE OUTCOME(S)	MEASURE	RESPONSIBLE PERSON
Recruitment advertising promotes progress around EDI	Advertise the positive messages around EDI to increase applications from people with a range of backgrounds	Commitment within recruitment advertising on: •Staff networks •Why diversity is important •Flexible employment options	31/03/2023		Increased proportion of BAME colleagues at all grades Increased exposure of Trust's commitment to EDI and race equality	WRES metric in relation to recruitment has improved	Sarah Hayden
10							
Scrutinise data on internal promotions	Investigate where there may be work to be done to ensure fairness and equality in internal promotions	Comply or explain approach to acting up and internal promotional opportunities and commitment to halt/ reverse recruitment decisions where it is found policy has been breached. Education for recruiting managers in relation to de-biasing at recruitment and inclusion of diverse representation on interview panels	31/03/2023		Increased transparency around acting up and internal promotions Staff have increased confidence that the Executive team is listening and are seen take appropriate action to bring about change to address issues they have raised. BAME staff's trust in the Executive Team is strengthened	All acting up roles are advertised internally	Sarah Hayden
11							
Review policy for advertising acting up opportunities	Clarify current state in relation to acting up roles	Continue to reinforce policy on acting up with all line managers including consequence for non-compliance	31/03/2023		All line managers know current process Line managers offer fair and equal opportunities around acting up Number of 'informal' or outside of policy acting up arrangements is reduced	Clear Communication on process has been shared Data shows 0 informal acting up arrangement have taken place	Sarah Hayden
		Respond appropriately where there are examples of policy not being followed	31/03/2023				
12							
Staff messaging around race equality	Acknowledge that the Trust has heard staff's lived experiences and will respond	Continued communnication from colleagues and networks to recognise staff felt experience and voice. Attendance and feedback as staff stories from network members at Strategic Workforce Committee and Trust Board with key actions and themes picked up as part of Strategic Workforce Commitee and Trust Board forward plans	31/03/2023		Staff have increased confidence that Executive team are listening and seeking to respond to issues raised around lack of transparency and fairness in relation to recruitment and progression The proportion of BAME colleagues applying for and receiving promotion increases and is in line with white staff	Flo poll shows increase in colleagues reporting a positive experience Analysis of recruitment data shows increase in BAME colleagues having been promoted	Julia Rogers
13							
Equip staff with skills for application and interview	Ensure all staff have access to training and/or coaching around internal application process	Continue to offer and refresh training for staff offering support in relation to applications and interviews And/or All staff can access one to one support on application and interview from someone not involved in the recruitment process	31/03/2023		All staff have equal opportunity to progress Increased proportion of staff from BAME backgrounds feel they have equal opportunity to succeed	WRES metrics and staff survey show a positive improvement	Margaret Daly
14							
Understand ethnic make-up of interview panels	Use data to understand whether there is diverse ethnic representation on interview panels	Continue to record ethnicity of recruitment panels Identify/target roles/grades to increase ethnic diversity with mandate for diversity on recruitment panels for roles 8c and above	31/03/2023		Greater ethnic diversity on interview panels for target roles/grades Increase in appointment of BAME staff at these target roles/grades	Data shows that there is diverse representation on interview Panels WRES metrics and staff survey show a positive improvement	Sarah Hayden

OBJECTIVES	DESCRIPTION	TASK (S)	TARGET DATE	PROGRESS (R/A/G)	DESIRABLE OUTCOME(S)	MEASURE	RESPONSIBLE PERSON
15							
Training for those on interview panels	Ensure all panel members have training on inclusive and fair recruitment	Continue to identify broad church of interview panel members, e.g. some from BAME background (irrespective of grade in the organisation), and provide training and guidance on checking for inclusive behaviour and action in drawing up the specification, in the shortlisting process, and during the interview Gap analysis for where existing panel members have not had inclusive and fair recruitment training and provide that training before they can be on a recruitment panel again	31/03/2023		Increased number of trained panel members, including more BAME colleagues to support inclusive recruitment practices Consistency of inclusive recruitment methods by panel members Culture of Inclusive behaviour becomes embedded in recruitment and progression processes Skills of recruiters is best practice around inclusive and anti-racist behaviours in line with the Trust's ambition. Trust moves closer to its ambition of becoming an anti-racist Trust Likelihood of BAME staff members being appointed moves closer to likelihood of white staff being appointed	Representative panels in place All recruiter trained Improved WRES results with BAME candidates being as likely to be recruited as their white counterparts	Sarah Hayden
		Provide refresher training for all staff recruiters that have not been on a training programme that addresses unconscious bias in recruitment within the last 3 years	31/03/2023				
		Ask chairs of panels to empower members of recruitment panels to hold each other to account (including the chair themselves).	31/03/2023				
Actions to progress race equality relating to: Leadership							
16							
Have ambition for Race Equality	Develop and share the ambition for race equality	Executive Team continue to articulate their ambition for Race Equality, which goes beyond compliance and moves towards Anti-racism and visibly demonstrate commitment to agenda Communicate this ambition to all staff	31/03/2023		All staff have a good understanding of the Trust's Race Equality Ambition This understanding drives behaviour, leading towards an anti-racist organisational culture	Improved understanding of Trust ambition as demonstrated in flo poll survey	Victoria Robinson-Collins
17							
Continue to focus on lived experiences	Make clear that line managers and their teams have responsibility to ensure they create an inclusive team and work environment for all.	Use the following tools to influence leadership behaviours: •'Influencer model' •Action Learning sets – focused on race equity & micro aggression •Define inclusive behaviours from the Executive Team to team level	31/03/2023		Improvements in the lived experience of all BAME colleagues All colleagues can identify and challenge non inclusive behaviours All leaders from the Executive down demonstrate inclusive behaviours	Improved WRES metrics including staff survey results	Margaret Daly
18							

OBJECTIVES	DESCRIPTION	TASK (S)	TARGET DATE	PROGRESS (R/A/G)	DESIRABLE OUTCOME(S)	MEASURE	RESPONSIBLE PERSON
Senior Leaders should be seen to model inclusive behaviours	Senior leaders should be seen to model inclusive behaviours within their own teams and encourage them to act as D&I champions	Senior leaders to demonstrate inclusive behaviours authentically (showing that they believe in the behaviours they've signed up to and drawing from the agreed inclusive behaviours for the Trust) in the way they conduct their day-to-day interactions with the Trust both internally and how they represent the Trust externally Senior leaders to empower their teams to clarify/call out colleagues' behaviour in a constructive and supportive way, if they do not appear to be following the inclusive behaviour guidelines	31/03/2023		Improvements in the lived experience of all BAME colleagues All colleagues can identify and challenge non inclusive behaviours All Senior leaders and their teams demonstrate inclusive behaviours	Improved WRES metrics including staff survey results	Victoria Robinson-Collins
19							
Promoting health and wellbeing of BAME staff	Make clear the responsibility for leaders and line managers to look after the health and wellbeing of staff in their place of work	Raise understanding of the impact of racism and microaggression on individuals Raise awareness about the impact of discrimination both covert and subtle on the wellbeing of BAME staff Share some of the findings with them so they see how it manifests in the lived experience of their BAME colleagues Seek their views on dealing with it and ideas for remedies for current practices that are/or could cause disproportionate negative impact for BAME staff	31/03/2023		Better understanding of the impact of racism, micro–aggression, banter etc, conscious and unconscious covert or subtle and how it manifests in the lived experience of BAME staff. Greater confidence in talking about the impact of racism/institutional racism with BAME colleagues, more ownership for dealing with it in a timely manner and more courage to take remedial action to address negative and disproportionate impact More confidence among BAME staff that their line managers are listening, are responsive and demonstrate behaviours that are aligned with the Trust's values and the executive team's race equality ambitions A zero tolerance to racism	Improvements seen in health and wellbeing in both staff survey and pulse survey Improvements in the WRES relating to Bullying and Harassment	Margaret Daly
20							
Demonstrate the importance of the staff networks and the resource they are to the organisation	Promote the work of the networks and the benefits that active networks bring to the organisation and individuals within it	Continue to communicate the mandate for the BAME (and other staff) networks and the important asset they can be in relation to the Trust's ambition to be a leader in anti-racism	31/03/2023		Colleagues feel confident in attending staff networks	Increased network membership Increased involvement of the networks in action planning and goal setting	Victoria Robinson-Collins

WDES ACTION PLAN
2022 - 2023

1.	Issue	Disability data obtained from ESR does not reflect the declaration rates gathered in the staff survey. Data held in ESR suggests the Trust is not representative of the communities it serves			
	What's already in place?	Self-service which allows staff to update their own equalities data. Equalities monitoring information is collected at recruitment stage.			
	Suggested Actions	**Update**	**By who**	**Action due date**	**Measure**
1.1	Continued promotion of reminder to all colleagues to update their equality monitoring data in ESR and why this is important Continued representation of Chair of Disability & Carers Network on rotation basis as staff story at Strategic Workforce Committee and Trust Board to understand lived experience and staff voice, ensure themes and actions are included in forward plan of respective committee and Trust Board agenda Communications campaign including key messages from members of Trust Board and senior management team who are disabled or have long term health conditions to encourage colleagues to update their equality monitoring data and why this is important		Trust Board, Chief People Officer, Executive Sponsor of Disability & Carers network, Head of Workforce EDI, Director of Communications	**31st March 2023**	A 10% reduction in the gap between the number of staff who have declared a disability in ESR and those that have declared a disability on the staff survey
1.2	Promote new disability and carers leave policy and educate line managers as to importance of allowing leave in these circumstances		Chief People Officer Director of Communications	**31st March 2023**	Improvement in staff survey metric relating to number of disabled colleagues entering sickness management processes

2.	Issue	Disabled respondents in the staff survey reported higher levels of harassment, bullying or abuse compared to non-disabled respondents from patients, managers and colleagues. Disabled staff also indicated they were less likely to report when they had experienced it compared to their non-disabled counterparts.			
	What's already in place?	Resolution and Accountability Framework, Freedom to Speak Up Policy and Freedom to Speak Up Guardian are promoted regularly. Equality, Diversity & Inclusion is incorporated into the corporate induction, as is information about freedom to speak up and our speak up guardian; Equality element included in all HR policies. Violence and Aggression Policy includes process for advising about violent/aggressive patients. Senior Leaders have received bespoke development in relation to identifying microaggressions and how to be an Ally			
	Suggested Actions	**Update**	**By who**	**Action due date**	**Measure**
2.1	Civility and Respect campaign is fully developed.		HR Manager (Employee Relations)/ Head of EDI (Workforce), Head of People Operations, Staff Network chairs/Staff side representatives and Comms	**31 March 2023**	Civility and Respect campaign has been completed and tied into the WRES campaign. A 5 per cent reduction in the number of staff survey respondents experiencing harassment, bullying or abuse by their manager
2.2	Conduct more detailed analysis of the staff survey results to determine by Directorate whether any patterns exist relevant to staff experience of bullying, harassment or abuse from colleagues/managers and target		Head of EDI (Workforce) / P&ODBP's	**31 March 2023**	Analysis has been completed and a report produced to present to the WEG to consider further

	interventions to address this. Provide data to WEG.				actions where required
2.3	Survey/Focus group undertaken with the Disability and Carers staff network to identify what forms of discrimination colleagues have experienced to understand the targeted actions that need to be implemented		Head of EDI (Workforce) / Disability and Carers network chair / Staff side representative	**31 March 2023**	Survey completed, results analysed and action plan created to address survey outcomes.
2.4	Explore procuring Inclusion training to deliver to managers. In determining which session to use consideration should be given to whether one exists that covers more than one protected characteristic which can be commissioned. To help identify what training is required a survey of colleagues who do not have a Disability will be undertaken to identify where individuals' knowledge gaps are so the training can be designed to address these gaps.		Head of EDI (Workforce), Head of People Operations /WEG/BAME network chair/Education and Development Lead	**31 March 2023**	Options have been explored and an assessment made on the most appropriate training and what will provide the best ROI. This assessment has been presented for a decision and the training procured and in place if agreed.

3.	**Issue**	**Disabled respondents in the staff survey reported they were less satisfied with the extent to which the organisation values their work.**			
	What's already in place?	Staff Awards, Weekly bulletin from Comms with message from Chief Executive thanking all staff for their contribution, Flo rewards, Hero-grams, Regular 1-1 meetings with managers, appraisal and opportunities for training, development and involvement in wider projects, local recognition schemes within directorates e.g. Adults Services			
	Suggested Actions	**Update**	**By who**	**Action due date**	**Measure**
3.1	Survey/Focus group undertaken with the Disability and Carers staff network to identify what forms of discrimination colleagues have experienced to understand the targeted actions that need to be implemented to ensure they feel valued Continued representation of Chair of Disability & Carers Network on rotation basis as staff story at Strategic Workforce Committee and Trust Board to understand lived experience and staff voice, ensure themes and actions are included in forward plan of respective committee and Trust Board agenda		Head of EDI (Workforce), Head of People Operations /WEG/BAME network chair/Education and Development Lead	**31 March 2023**	Survey completed, results analysed and action plan created to address survey outcomes A 5 per cent increase in the number of disabled staff who report feeling satisfied with the extent to which their organisation values their work.

4	Issue	Disabled colleagues are more likely to enter into a formal capability process			
	What's already in place?	Just culture approach to employee relations activity. Small numbers in cohort mean 1 individual affected likelihood score significantly.			
	Suggested Actions	**Update**	**By who**	**Action due date**	**Measure**
4.1	Monitor cases involving a colleague with a declared disability to ensure fair and due process is being adhered to Continue to adopt 72 hour pause and reflect into all cases entering formal stages and prior to hearings Promote new disability and carers leave policy and educate line managers as to importance of allowing leave in these circumstances		HR Manager (Employee Relations)	**31 March 2023**	Reduction in likelihood of disabled colleagues entering a formal capability process

5.	Issue	A higher proportion of disabled colleagues felt pressure from their manager to come to work, despite not feeling well enough to perform duties.			
	What's already in place?	Trust culture reinforces the need for rest, recuperation and a step away from presenteeism. Home/Hybrid working arrangements possible for colleagues and flexible working promoted; active project relating to flex for the future called 'Work Life' underway. Regular messages from the Executive about health and well-being and looking after yourself including 'fill your cup campaign'.			
	Suggested Actions	**Update**	**By who**	**Action due date**	**Measure**

5.1	Promote new disability and carers leave policy and educate line managers as to importance of allowing leave in these circumstances		Chief People Officer Director of Communications	**31 March 2023**	Reduction in metric 6 % of people feeling pressured to work despite not feeling well enough to.

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	22
Agenda Item Title:	Briefing on the latest national corporate governance developments: Updated Code of Governance for NHS provider trusts and NHSE consultations on provider license and enforcement action
Presenting Officer:	Georgia Denegri, interim trust secretary
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 provide a briefing to the Board on the latest national corporate governance developments, including an updated Code of Governance for NHS provider trusts and consultations on the provider license and NHS England's enforcement powers.

The report has not been discussed in other meetings. A briefing will be provided to the Council of Governors at its meeting on 18 January 2023.

Summary of key points

Following consultation earlier this year, NHS England (NHSE) published on 27 October 2022 three sets of documents:

- An updated code of governance for NHS provider trusts; updated addendum to your statutory duties; and new guidance on good governance and collaboration.
- A consultation on changes to the NHS provider licence. The proposed changes will bring the licence up to date, reflecting new legislation and supporting providers to work effectively as part of integrated care systems (ICS). (consultation launched on 28 October and closes on 9 December 2022)
- A separate consultation on changes to the NHS enforcement guidance, setting out how NHSE intends to deal with breaches of the provider licence. This consultation seeks views on NHSE's intended approach to using its enforcement powers. This includes setting out use of powers to direct an Integrated Care Board (ICB) and the enforcement mechanisms for providers and also explains regulatory and statutory processes in the event of

enforcement action and subsequent right of appeal. (consultation launched on 28 October and closes on 9 December 2022)

Code of Governance for NHS Provider trusts

The updated code will come into effect from 1 April 2023, replacing the 2014 NHS foundation trust code of governance (published by Monitor).The code has been updated to reflect:

- its application also to NHS trusts, aligning with the proposed extension of the NHS Provider licence to them
- changes to the UK Corporate Governance Code in 2018
- the establishment of integrated care systems under the Health and Care Act 2022
- the evolving NHS System Oversight Framework, under which trusts will be treated similarly regardless of their constitution as an NHS trust or foundation trust.

Guidance on good governance and collaboration (applicable from 27 October 2022)

This new guidance seeks to clarify the expectations around collaboration on all provider trusts and to set out the governance characteristics that NHS trusts should have in place to facilitate effective collaboration. It sets the expectation that providers collaborate with partners to agree shared objectives through integrated care partnerships (ICPs) and deliver five-year joint plans and annual capital plans through collaborative arrangements. It links to the NHS Oversight Framework. The guidance includes a section explaining how NHSE will use this guidance in cases of non-compliance, noting that in the first instance integrated care board (ICB) leaders should seek informal resolution of issues locally, with NHSE intervention following if required, and in discussion with ICB leaders.

Addendum to Your statutory duties – reference guide for NHS foundation trust governors: System working and collaboration: role of foundation trust councils of governors (applicable from 27 October 2022)

The updated addendum introduces the system working context in relation to the Health and Care Act 2022 and the removal of legal barriers to collaboration and integrated care. It notes that the performance of provider trusts will increasingly be judged against their contribution to the objectives of their ICS. It also goes into some detail on what representing the interests of the public means in the new context, emphasising that ‘the public’ should include the population of the local system of which the foundation trust is part. It then focuses on the statutory duties of governors and additional considerations in relation to each: holding the non-executive directors to account for the performance of the board; representing the interests of members and public; and taking decisions on significant transactions.

We will be undertaking a review of our compliance with the new code in the coming months for reporting any implications through the Council of Governors and the Board and to support updating of the Constitution.

Kent Community Health NHS Foundation Trust

A summary of the updated code of governance for NHS provider trusts and associated guidance (addendum to your statutory duties; and guidance on good governance and collaboration) alongside the links to the full documents are presented at Appendix 1. A high-level summary of the consultations on the provider license and enforcement action is presented at Appendix 2.

Proposal and/or recommendation to the committee or board
The Board is asked 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:	Georgia Denegri	Job title:	Interim trust secretary
Telephone number:		Email	Georgia.denegri@nhs.net

Briefing on the latest national corporate governance developments: Updated Code of Governance for NHS provider trusts and NHSE consultations on provider license and enforcement action

Appendix 1

Code of governance and associated guidance documents – summary

a. Code of Governance for NHS provider trusts

The updated code will replace the NHS Foundation trust code of governance, which was last updated in 2014. For the first time, the code will apply to both NHS foundation trusts and NHS trusts. The code sets out principles to help trusts deliver effective corporate governance, and provisions with which trusts must comply, or explain how the principles have been met in other ways. Statutory requirements (where compliance is mandatory) are clearly indicated.

The code will apply from 1 April 2023, giving trusts some time to review and implement any changes to their arrangements.

The code has been updated to reflect:

- its application to NHS trusts, aligning with the proposed extension of the NHS Provider licence to them
- changes to the UK Corporate Governance Code in 2018
- the establishment of integrated care systems under the Health and Care Act 2022
- the evolving NHS System Oversight Framework, under which trusts will be treated similarly regardless of their constitution as an NHS trust or foundation trust.

The code is structured in five main sections containing the principles and provisions:

A - Board leadership and purpose;
B - Division of responsibilities;
C - Composition, succession and evaluation [of the board];
D - Audit, risk and internal control; and
E - Remuneration.

Some of the principles are very brief (e.g. “The board is collectively responsible for the performance of the trust”), while others are more descriptive (e.g. “The board of directors should ensure that the necessary resources are in place for the trust to meet its objectives, including the trust’s contribution to the objectives set out in the five-year joint plan and annual capital plan agreed by the ICB and its partners, and measure performance against them. The board of directors should also establish a framework of prudent and effective controls that enable risk to be assessed and managed. For their part, all board members – and in particular non-executives whose time may be constrained – should ensure they collectively have sufficient time and resource to carry out their functions”).

The provisions are drawn together in a “disclosures” section/table at the end of the code, i.e. a checklist against which compliance can be self-assessed and which must be reported against in trusts’ annual reports.

Finally, there are three appendices which cover the role of the trust secretary, provisions relating to councils of governors (for foundation trusts only), and the regulatory requirements related to the code and provider licence.

The majority of the code will be familiar to foundation trusts, and it makes clear where provisions are different depending on the constitution of the provider organisation (notably around the council of governors and board member recruitment, appointments, performance evaluation and remuneration).

b. Guidance on good governance and collaboration (applicable from 28 October 2022)

This new guidance seeks to clarify the expectations around collaboration on all provider trusts and to set out the governance characteristics that trusts should NHS have in place to facilitate effective collaboration. It sets the expectation that providers collaborate with partners to agree shared objectives through integrated care partnerships (ICPs) and deliver five-year joint plans and annual capital plans through collaborative arrangements. It links to the NHS Oversight Framework. The guidance includes a section explaining how NHSE will use this guidance in cases of non-compliance, noting that in the first instance integrated care board (ICB) leaders should seek informal resolution of issues locally, with NHSE intervention following if required, and in discussion with ICB leaders.

The guidance details expectations on providers to consistently:

1. engage in shared planning and decision-making
2. take collective responsibility with partners for delivery of services across various footprints
3. take responsibility for delivery of improvements and decisions agreed through any relevant forums.

Illustrative minimum behaviours are described in each case.

A table further describes five characteristics of governance arrangements to support effective collaboration, with key lines of enquiry (KLOEs) for each in the form of questions about providers’ participation, engagement, dialogue, information-sharing and decision making, among other things.

The five characteristics the five characteristics of governance arrangements that providers must have in place to support effective collaboration are:

1. developing and sustaining strong working relationships with partners
2. ensuring decisions are taken at the right level
3. setting out clear and system-minded rationale for decisions
4. establishing clear lines of accountability for decisions
5. ensuring delivery of improvements and decisions.

The appendix to the guidance includes illustrative scenarios of ways in which providers can collaborate effectively.

c. Addendum to Your statutory duties – reference guide for NHS foundation trust governors: System working and collaboration: role of foundation trust councils of governors (applicable from 28 October 2022)

This addendum to NHS England's Your statutory duties – A reference guide for NHS foundation trust governors (the guide for governors), originally published by Monitor, explains how the duties of NHS foundation trust councils of governors support system working and collaboration, and provides examples of good practice. It supplements (rather than replaces) the guide for governors, and the two documents should be used in conjunction.

The addendum introduces the system working context in relation to the Health and Care Act 2022 and the removal of legal barriers to collaboration and integrated care. It notes that the performance of provider trusts will increasingly be judged against their contribution to the objectives of their ICS. It also goes into some detail on what representing the interests of the public means in the new context, emphasising that 'the public' should include the population of the local system of which the foundation trust is part.

It then focuses on the statutory duties of governors and additional considerations in relation to each: holding the non-executive directors to account for the performance of the board; representing the interests of members and public; and taking decisions on significant transactions. Illustrative scenarios are provided in each case.

Finally, the addendum suggests approaches to support better working between the board and council, with some practical tips and examples of activities trusts are already undertaking. It emphasises that governors' key relationships remain with the directors and the trust secretary of their own trust, who should facilitate information sharing about, and any engagement with, system partners.

Links to documents

NHS England » Code of governance for NHS provider trusts (73 pages)

NHS England » Guidance on good governance and collaboration (19 pages)

NHS England » Addendum to your statutory duties – reference guide for NHS foundation trust governors

NHS Providers next day briefing on the provider licence and endorsement consultation and on the new code of governance and associated documents: https://nhsproviders.org/resources/briefings/next-day-briefing-nhs-provider-licence-consultation-code-of-governance-and-enforcement-guidance

Appendix 2

Consultations on provider licence and enforcement action – summary

a. Consultation on Provider License

There are four key types of proposed changes to the licence summarised as follows:

1. Supporting effective system working

- new co-operation condition around how providers work together to deliver core system objectives around planning, service improvement and delivery, delivery of system financial objectives and system workforce plans (does not apply to independent providers, however NHSE is exploring aspects of the condition and associate guidance which is transferable and welcomes feedback on this as part of the consultation);
- new co-operation condition that mirrors expectations in the 2022 Act to consider the triple aim and health inequalities in our work (does not apply to independent providers);
- new condition on digital obligations to enable system working and promote digital maturity through a new licence condition and a separate amendment to the governance conditions reflecting expectations already set out in legislation and guidance (does not apply to independent providers);
- Integrated care condition – to reframe this as an obligation encouraging active participation in service integration to improve quality of health care services, provide place-based integrated care and reduce inequalities of access and outcomes. This reflects a shift in national focus. (Independent providers will not be held to account for being unable to participate in any system roles where they may be precluded from doing so by law or legitimate commercial considerations);
- expanding the patient choice condition – the proposal is to expand the existing condition to reflect the importance of personalised care in line with existing guidance and clarifying expectations (applies to all licence holders);
- removing the competition condition to reflect a shift in healthcare priorities from competition to collaboration and removal of competition oversight as a statutory function previously held by Monitor and not held by NHSE (applies to all licence holders)

2. Enhancing the oversight of key services provided by the independent sector

- broadening the range of providers where continuity of services (CoS) conditions will apply. The proposal is to expand NHSE's oversight to include providers which deliver services that are considered hard to replace; and will include quality governance standards. The aim is to enhance risk mitigation and cooperation with NHSE in the event that an independent sector provider is experiencing serious quality issues which threaten service delivery.

  Mechanisms already exist to address quality concerns in NHS trusts and foundation trusts.

3. Addressing climate change

- proposals around this apply to NHS trusts, foundation trusts and NHS controlled providers only. It reflects requirements in the 2022 Health and Care Act relating to contribution from NHS trusts and foundation trusts to tackle climate change and deliver net zero emissions. Boards are required to nominate a board level net zero lead and deliver a green plan.

4. Technical amendments

The proposed technical amendments to all licences are:

- Shifting the focus of the costing conditions
  The proposal is to modify costing conditions and separate these out from other pricing conditions reflecting the wider role costing data plays in supporting integration and improvement, as well as the pricing of NHS services.

- Amending the pricing conditions to reflect changes to national policy
  The proposal is to amend the pricing conditions to reflect changes to national policy and pricing by legislation by referencing the national payment scheme and removing the condition related to local modifications.

- Streamlining reporting requirements
  The proposal is to streamline reporting requirements by removing requirements around self-certification due to duplication with annual reporting requirements and to reduce regulatory burden.

- Applying conditions to NHS trusts and updating language to reflect the current statutory framework
  The proposal relates to updating language including the change of Monitor to NHSE as the regulatory body for the provider licence and inserting references to NHS trusts.

- Removing obsolete conditions
  The proposal relates to the removal of conditions such as a those setting out the payment of fees to NHSE which have never been used by them and where there is no intention to in the future.

- Amending the Fit and Proper Persons condition
  The proposal is to amend the condition in line with the Health and Social Care Act 2018 and the statutory consultation from 2021 in which there was overwhelming support.

b. Consultation on enforcement guidance

This consultation seeks views on NHSE's intended approach to using its enforcement powers. This includes setting out use of powers to direct an ICB and the enforcement mechanisms for providers and explaining regulatory and statutory processes in the event of enforcement action and subsequent right of appeal.

The fundamental processes that would be followed have not changed but revised guidance sets out how NHS England will exercise its enforcement powers in line with the principles set out in the NHS Oversight Framework, working with and through ICBs wherever possible and with an emphasis on systems working together to resolve problems.

Providers may be subject to:

- Discretionary requirements
- Undertakings
- Additional governance licence conditions (foundation trusts only)
- Monetary penalties
- Revocation of licence
- Direction for NHS trusts (s27B NHS Act 2006)

The consultation asks to what extent respondents agree with proposed changes to:

- Introduce a two-tier approach to ICB enforcement that includes and undertaking process;
- Align the enforcement guidance with current policy and operational best practice, including reducing the emphasis on investigations and removing the prioritisation framework; and
- Asks for any comments on how the guidance could be improved

Revisions cover:

- Transfer of functions to NHS England
- Alignment with new legislation and NHS England's new responsibilities under the NHS Act 2006 and the Health and Social Care Act 2012, as amended by the 2022 Act
- Alignment with current policy including the NHS Oversight Framework and operational best practice including reducing the emphasis on investigations in the event of suspected provider licence breach in line with established practice and removing the 'prioritisation framework' that Monitor used to inform its decisions on whether or not to begin or continue ongoing cases

Updates include:

- The process for ICB enforcement
- Removal of references to enforcement action for breach of competition rules (competition functions having been removed from the 2022 Act)
- Revisions to the language to reflect the change from Monitor to NHS England as the regulatory body
- NHS England's enforcement powers in relation to patient choice provisions.

Links to consultations

Consultation for changes to the NHS provider licence - NHS England - Citizen Space

NHS England » Consultation on the revised NHS enforcement guidance

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	07 December 2022
Agenda Number:	25
Agenda Item Title:	Confirmed minutes of committees – for noting
Presenting Officer:	John Goulston, Trust Chair
Action – this paper is for:	☐ Decision ☒ Information ☐ Assurance

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

Summary of key points

- Charitable funds committee meeting of 21 July 2022
- Quality committee meeting of 22 September 2022
- Finance, business and investment committee meeting of 21 July 2022
- Strategic workforce committee meeting of 1 September 2022
- Audit and risk committee meeting of 1 September 2022

Proposal and/or recommendation to the committee or board

The Board is asked note the approved minutes of the committees

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)*

Kent Community Health
NHS Foundation Trust

Highlights relating to protected characteristics in paper	

Name:	Paul Butler	Job title:	Non-Executive Director, Chair of Finance, Business and Investment Committee
Telephone number:		Email	paul.butler9@nhs.net

Kent Community Health
NHS Foundation Trust

CONFIRMED minutes of the Charitable Funds Committee meeting held on Thursday 21 July 2022
The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT

Present: Nigel Turner Non-Executive Director (Chair)
Ruth Davies, Public Governor Tonbridge and Malling
Victoria Robinson-Collins, Director of People and Organisational Development
Dr Razia Shariff, Associate Non-Executive Director
Dr Mercia Spare, Chief Nurse

In Attendance: Gina Baines Committee Secretary (minute-taker)
Jo Bing, Assistant Financial Accountant
Angela Corpe, Communications and Media Officer (representing Jo Treharne)
Victoria Cover, Head of Clinical Services, Urgent Care and Hospitals
Gordon Flack, Director of Finance/Deputy Chief Executive
John Goulston, Trust Chair
Carl Williams, Head of Financial Accounting

020/22 Welcome and apologies for absence

Nigel Turner welcomed everyone present to the meeting of the charitable funds committee.

Apologies were received from Paul Butler, non-executive director and Jo Treharne, head of campaigns and digital.

The meeting was quorate.

021/22 Declarations of interest

There were no declarations of interest given other than those formally recorded.

022/22 Minutes of the previous meeting held on 29 April 2022

The minutes were read for accuracy.

Victoria Cover requested that the cottage hospitals should be referred to as community hospitals in future. The following amendment would be made.

019/22 Any other business, page 10 of 48 - '…as Tonbridge Community Hospital's sensory garden plan…'

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

023/22 Matters Arising of the meeting of 29 April 2022

The matters arising table actions closed was agreed.

The outstanding open actions were discussed and updated as follows:

011/22 Board assurance framework – Action open.

All other actions were closed.

Nigel Turner commented that at a recent board meeting there had been a discussion about the cost of living crisis that staff were facing and the role the charitable funds committee could play to help support them. He suggested that the committee discuss this under agenda item 4.1 any other business. The availability of break out rooms would be discussed as well.

024/22 Board assurance framework (BAF)

The board assurance framework was included in the pack for assurance.

Nigel Turner suggested that there had been some previous discussion about a budget for the committee for the coming year. Gina Baines would check the notes from the previous meeting for clarification.
Action – Gina Baines

The committee **NOTED** the board assurance framework.

025/22 2022/23 quarter one finance update including the £120k legacy

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

The committee was content that the legacy be added to the general fund which was an unrestricted fund. Mercia Spare had suggested that a locality identifier be added to the category to allow for more effective monitoring. The donor's solicitor had been contacted to

find out if there was any family who would like to be kept updated on how the fund was spent.

Victoria Cover suggested that some of the legacy could be spent on providing a gym area for the stroke patients that the Heron Ward, Queen Victoria Memorial Hospital, Herne Bay would be accepting from September 2022. Gordon Flack questioned whether this should be funded from the trust's capital expenditure rather than charitable funds. He suggested that proposal be sent to him in the first instance to review. He would make a decision following a discussion with Pauline Butterworth, chief operating officer.
Actions – Victoria Cover / Gordon Flack

The committee **RECEIVED** the 2022/23 quarter one finance update.

026/22 Charitable funds marketing report

Angela Corpe presented the report to the committee for information and assurance.

Jo Bing added that she had been sent details about extending fund raising through the Amazon website. This related to the use of the Amazon Smile facility which would allow shoppers to choose the trust's gift of play funding stream for a donation with every purchase they made. The committee was content that this should be put in place.

In response to a question from Razia Shariff as to whether there was a procedure in place for receiving Gift Aid, Jo Bing confirmed that there was. The majority of the money donated to the charity was through the Just Giving website which automatically managed it

Angela Corpe went on to explain that a proposal had been drafted to make charitable funds easier to apply for and spend. The paper would be presented to the integrated management meeting (IMM) shortly for approval but she would be happy to share it with the committee. One of the options proposed was to phase out the Team Treats programme and focus instead on raising awareness about where and how charitable funds were being spent. The intention was to encourage more staff to access the funds through a new Wish List programme which was set out in option two in the paper. A new way of applying for the funds was also suggested.

John Goulston commented that the staff networks and Staff Side should also be approached for their views on raising awareness about the charity and about where and how funds were spent. Mercia Spare joined the meeting.

Jo Bing explained that applying for the money would be the same as before. She supported the suggestion of moving away from the Team Treats branding. Some people had struggled with the application process and might be put off from applying in the future. She suggested that the new programme should be advertised as charitable funds.

Carl Williams asked that Jo Bing be involved in any further discussion of the comms team proposal before it went to the IMM as he had raised some issues that needed to be addressed first.

[Post meeting: Mercia Spare requested that the feasibility of the process be discussed by Julia Rogers, assistant director of communications and engagement and Jo Bing before the proposal went to the IMM]

The committee **RECEIVED** the charitable funds marketing report.

027/22 Fund Manager presentation

Victoria Robinson-Collins reported that the previous agenda item had provided her update to the committee.

In addition, she had socialised the idea with Julia Rogers of a monthly free draw for a £50 supermarket food voucher which would be open to all staff. This would go some small way towards meeting an element of the current cost of living pressures that staff were facing. It was agreed that this would be discussed further under agenda item 4.1 any other business.

The committee **NOTED** the fund manager verbal update.

028/22 Reserves Policy

Carl William presented the report to the committee for approval.

In response to a question from Razia Shariff as to why there was no minimum level of reserves (three months) stated in the policy, Carl Williams explained that the approach of the charitable funds was that monies should be spent not retained. He confirmed that good governance was in place. The policy had worked well to date and if there were any issues, these would be highlighted to the committee immediately. The policy was in line with The Charity Commission guidance and the Trust used its scheme of delegation and monitored spending accordingly. However, he would check the guidance to confirm what it stated about a minimum reservice amount.
Action – Carl Williams

The committee **APPROVED** the reserves policy.

029/22 **Charitable funds – support costs and overhead allocation**

Carl William presented the report to the committee for approval.

The committee was content and **APPROVED** the preferred proposed allocation method (Option B).

The committee **RECEIVED** the charitable funds – support costs and overhead allocation report.

030/22 **Forward plan**

Nigel Turner presented the report to the committee for approval.

The committee **APPROVED** the forward plan.

031/22 **Committee effectiveness review**

Nigel Turner presented the report to the committee for approval.

The committee supported the effectiveness review and it was agreed that Gina Baines would circulate it to the committee and collate the responses to share at the next meeting.
Action – Gina Baines

The committee **APPROVED** the committee effectiveness review.

032/22 **Any Other Business**

In response to a question from Ruth Davies as to whether there was a target of how much to spend from each fund annually, Mercia Spare explained that there was not. The ambition was that all monies should be spent as soon as possible. As services identified spending that would be beneficial for patients or their staff, bids did not come through in a regular way.

In response to a question from Ruth Davies as to whether bedside lockers for Tonbridge Community Hospital could be bought through charitable funds, Victoria Cover explained that these would be paid for through the Trust's core budget and would not fit the criteria for charitable funds. She added that she pro-actively managed her fund and her Matrons were contacted each month to discuss any spending plans. With regards to the bedside lockers at Tonbridge Community Hospital they would be bought as they were essential furniture.

With regards to the gift of play, Ruth Davies suggested that this could be re-branded as the gift of activity.

With regards to the principles around how charitable funds could support staff with the cost of living pressures, the committee had a discussion. Victoria Robinson-Collins confirmed that the executive team had put in place a number of packages which included an uplift in the mileage rate and using the RAC tracker tool to track and respond to changing fuel costs in a timely way. Staff had been reminded of the NHS Blue Light discount card and were being encouraged to use it. The trust had offered to pay the annual fee for the card. Tea and coffee were available on site free to all colleagues. Recently, a number of financial support offerings had been procured and were available to staff to apply for. There was free charging for electric cars in some staff car parks. Further ideas were being explored and costed up such as offering sandwiches on site and accessing subsidised restaurants at acute sites. There was a cost to all of these and it was being met from the trust's reserves. The executive team was mindful to balance what it could and could not do as an employer and was setting clear boundaries. Another area that was being considered was period poverty. The cost of meeting this need was being calculated.

With regards to a free monthly draw for a supermarket food voucher, this was being explored and would be open to substantive staff. There would be up to three vouchers awarded each month. With regards to a hardship fund and running a food bank, the costs of these were prohibitive. There was also some nervousness around how they would be perceived. There was a sense that a hardship fund might feel 'Dickensian' to staff. Around food banks, the administrative burden was too complex and the executive team had felt that it would be better for the Trust to work with existing foodbanks through a referral system.

Nigel Turner left the meeting.

Victoria Cover highlighted that some of her staff were accessing food banks and there had been recent reports of staff eating patients' left-over food. She supported help with period poverty. She also suggested that fruit and bags of nuts should be available at sites. Victoria Robinson-Collins confirmed that the provision of fruit was already being costed up. Victoria Cover added that the worry around the cost of living was taking its toll on people's well-being and she would be reaching out to those staff who were hearing those stories. The Team Treat programme had been a great initiative during the pandemic but staff were now facing a different crisis which needed a more nuanced and sensitive approach around was being offered.

John Goulston commented that before charitable funds stepped into this space, the executive team should decide what support should be provided by the Trust and who should fund it. Most of what had been described should come from main stream funding rather than the charity. However, breakout rest rooms could be paid for by charitable funds through some of the restricted funds. Gordon Flack had an important role to play in deciding which funding stream was the most appropriate. Food banks were problematic but charitable funds could support signposting to them. Leading on from that, charitable funds could fund the signposting resource to all support. Kitchens to provide food to staff was another area where charitable funding could be utilised.
Victoria Robinson-Collins responded that she and Gordon Flack were working very closely in this area and were exploring a number of ideas and costing them up. In addition, the Trust had employed a wellbeing role to work with staff and provide signposting to support.

Angela Corpe confirmed that all the information was on flo but not all people were accessing it or able to access it. To help make it more accessible, the comms team were planning to put together a directory of phone numbers and leaflets. The wellbeing offer would be worked on further.

With regards to a set of principles that the committee should work to, Razia Shariff suggested that these should be around ensuring respect and dignity towards staff. She was concerned that the monthly free draw might promote gambling but it was confirmed that staff would not be required to buy a ticket. She added that it would be helpful to have a charitable fund programme around the cost of living crisis which would include clear criteria about what could be applied for, what it could be used for and timeframes for purchasing.

John Goulston stated that Nigel Turner had had his own views on a set of principles and it was agreed that Victoria Robinson-Collins would contact him to update him on the committee's discussion.
Action – Victoria Robinson-Collins

Nigel Turner had suggested that the committee meet again before its next scheduled meeting in November to specifically discuss how it would respond to the cost of living crisis and the comms paper that would have gone to the IMM. Mercia Spare would speak with him to arrange this.
Action – Mercia Spare

[Post-meeting: Mercia Spare suggested the comms paper 'Making charitable funds easier to apply for and spend' be circulated to the committee virtually for approval if required, once it had been discussed by the executive team.

Action – Jo Treharne]

The meeting ended at 1.20pm.

Date and time of next meeting

24 November 2022 at 11.45am in The Boardroom at The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT and via Microsoft Teams.

Kent Community Health
NHS Foundation Trust

CONFIRMED minutes of the extraordinary Charitable Funds Committee meeting held on Thursday 15 September 2022 The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT and via Microsoft Teams

Present: Dr Razia Shariff, Non-Executive Director (Chair on behalf of Nigel Turner)
Ruth Davies, Public Governor, Tonbridge and Malling
John Goulston, Trust Chair
Victoria Robinson-Collins, Director of People and Organisational Development

In Attendance: Jo Bing, Assistant Financial Accountant
Sarah Cook, Executive Assistant (minute-taker)
Carl Williams, Head of Financial Accounting

033/22 Welcome and apologies for absence

Razia Shariff welcomed everyone present to the meeting of the Charitable Funds Committee.

Apologies were received from Gina Baines, Committee Secretary; Nigel Turner, Non-Executive Director; Dr Mercia Spare, Chief Nurse; and Gordon Flack, Director of Finance.

The meeting was quorate.

034/22 Declarations of interest

There were no declarations of interest other than those formally recorded.

035/22 Proposal to establish a hardship fund

Victoria Robinson-Collins presented the report to the committee for approval.

Background information was presented which highlighted the various offers that were already available for colleagues and additional offers that had recently been introduced. It had been agreed that the executive would explore how to establish a hardship fund and bring its findings back to the committee. With

regards to the involvement of an independent organisation triaging cases i.e. the Citizens Advice Bureau (CAB) or a local charity, there would be an additional charge and a need to tender. Discussions had taken place with Gordon Flack as to how to manage the hardship fund and how funds would be allocated. Currently, there was £30k in the wellbeing fund and when that was exhausted the general fund would be accessed. It had also been suggested that additional fund-raising be explored and how further donations could be managed.

In response to a question from Ruth Davies regarding the costs of using the CAB or local charity, Victoria Robinson-Collins responded these had not been confirmed. The preferred supplier would be approached to provide indicative costs which were likely to be dependant on the number of requests made to the hardship fund.

John Goulston asked whether the CAB or charity would carry out any checks or pre-screening questions on applications. He emphasised the need for applicant confidentiality while going through the process. In addition, he would like to see a consistent approach to supporting staff across the Kent and Medway system. Victoria Robinson-Collins indicated that the next step would be to share the trust's intention across the system, as the trust would be the first NHS organisation in Kent and Medway to set up a hardship fund in this way. This would be done through reaching out to all system HR directors. Ruth Davies supported such an approach. However, she was concerned that the offer of a supermarket voucher was not necessarily the best option as staff could be experiencing a different problem, for example car issues. Victoria Robinson-Collins agreed and added that some colleagues might already be accessing food banks and cheaper branded supermarkets might not offer vouchers.

With regards to multiple applications from staff, clarification was sought from the executive team that if a colleague was to request £150, would they still be able to make further applications up to the £1k maximum? Ruth Davies also wished to confirm how long it would take for applications to be approved. The committee suggested that the process be fully auditable.
Actions – Victoria Robinson-Collins

The committee **APPROVED** the creation of a trust hardship fund.

The committee **APPROVED** the recommendation for a maximum application of £500 with a maximum of two awards per colleague per year.

The committee **APPROVED** the maximum that could be requested at any one time was £500 with a maximum of £1k in one year.

John Goulston suggested that a quarterly or half yearly report be brought to the committee so that the it could monitor how well the fund was being accessed and any issues that were arising around its management. It was agreed that the committee would receive an update at its next meeting.
Actions – Victoria Robinson-Collins

036/22 **Any other business**

There was no further business

Kent Community Health NHS Foundation Trust

CONFIRMED minutes of the Quality Committee meeting held on Thursday 22 September 2022 Room 6, Trinity House, 110-120 Upper Pemberton, Ashford TN25 4AZ

Present:	Pippa Barber, Non-Executive Director (Chair) Paul Butler, Non-Executive Director Ali Carruth, Director of Participation, Experience and Patient Engagement Sive Cavanagh, Deputy Chief Nurse (representing Dr Mercia Spare, Chief Nurse) Dr Sarah Phillips, Medical Director Claire Poole, Deputy Chief Operating Officer (representing Pauline Butterworth, Chief Operating Officer) Gerard Sammon, Director of Strategy and Partnerships Dr Razia Shariff, Associate Non-Executive Director Karen Taylor, Non-Executive Director
In attendance:	Gina Baines, Assistant Trust Secretary and Committee Secretary (minute-taker) Georgia Denegri, Interim Trust Secretary Alison Fisher, Public Governor Maidstone Kim Lowe, Non-Executive Director Sue Mitchell, Assistant Director of Participation and Involvement (agenda item 3.2) Janice Smith, Good Governance Institute Louise Thatcher, Assistant Director of Clinical Standards and Patient Safety (agenda item 1.7) Jill Whibley, Frequent User Service Manager (agenda item 1.8)

116/22 Welcome and apologies for absence

Pippa Barber welcomed everyone to the quality committee of the Kent Community Health NHS Foundation Trust board.

Apologies were received from Pauline Butterworth and Dr Mercia Spare.

The meeting was quorate.

117/22 **Declarations of interest**

There were no declarations of interest other than those formally recorded.

118/22 **Minutes of the meeting held on 22 July 2022**

The minutes were read for accuracy.

The Minutes were **AGREED**.

119/22 **Matters arising**

The action log actions closed was **AGREED**.

The following open actions were discussed and updated.

038/22 Monthly quality report - This was work in progress. An update would be brought to the November committee meeting. Action open.
065/22 Operational deep dive - The date of the meeting was requested. Action open. [Post meeting: The date of the meeting is 9 November. Action closed.]
090/22 Relevant feedback / updates from other committees and service visits - The strategic piece on the community hospitals had been added to the forward plan. Action closed.
094/22 Quality report - This action would remain open until the resuscitation slide appeared in the report which should be November. Action open.
094/22 Quality report - Sarah Phillips reported that there were no NICE guidance that were overdue. This meant that this action had now been resolved. Action closed.
095/22 Operational deep dive - Ali Carruth was discussing this with George Denegri. Currently, the health inequalities programme board (of which Razia Sherriff was a member) reported to the patient and carer council. The debate was as to whether this was sufficient or whether a sub-committee should be created. Razia Shariff's views would be sought. Action open.
096/22 End of life care strategy - Gina Baines would follow up to check that the invitations had been sent to the correct email address. Action open.
097/22 Patient safety and clinical risk group - A date would be confirmed. Action open.
098/22 Clinical effectiveness group - With regards to the pharmacy vacancy, Sive Cavanagh confirmed that there was a pharmacist working across two sites, one of which was Clover Street. A band 7 position was being advertised. A band 5 position had been recruited to. The challenge for recruitment was the specialism. Dr Ruth Brown, chief pharmacist had confirmed that the current arrangement could be managed but it was a challenge. Action closed.

098/22 Clinical effectiveness group - With regards to the controlled drug annual audit, this action remained open and the action owner change to Sive Cavanagh. Action open.
100/22 Learning from deaths report - Data was tracked on a dashboard and identified issues categorised as per Royal College of Physicians guidelines. There were eight categories in total. In a small number of cases documentation had not been completed. Pippa Barber suggested that future reports include the data. This would mean that the impact could be better measured. The committee could also monitor that themes were re-occurring less often. Action closed.

All other actions were closed.

Karen Taylor commented that health inequalities appeared across many papers and suggested it might be a useful exercise to map all that the trust was doing in this area. Ali Carruth agreed and confirmed that she and Claire Poole had met to discuss this. More generally, there was a shifting picture of what was happening both internally and externally and it was important that the trust was involved at place level.

120/22 **Relevant feedback / updates from other committees and service visits**

Pippa Barber presented a verbal report to the committee for information and assurance.

Pippa Barber, Mrs Lowe and John Goulston, trust chair, had visited the musculoskeletal physiotherapy service (MSK) at the Churchill Centre, Maidstone where they had learnt more about the waiting lists in the west Kent service. Other issues that they had heard about included the recruitment process and scheduling on Rio. Kim Lowe would take the former through the strategic workforce committee and the latter had been raised with Pauline Butterworth. There appeared to be a risk with Rio and Sive Cavanagh agreed to provide an update to the committee at the next meeting. The service had also talked about estates usage which the Board would discuss as part of the strategic item on estates at its December meeting.
Action – Sive Cavanagh

Paul Butler questioned why staff were raising issues with non-executive directors rather than raising them internally. Pippa Barber responded that the executive team was aware of the issues and addressing them, apart from the risk relating to scheduling on Rio. Claire Poole commented that she would check the relevant risk register to see if the risk had been added and investigated. If it had been escalated on to the register, then she questioned whether the teams were getting sufficient feedback from the Rio task and finish

group. She would investigate.
Action – Claire Poole

Kim Lowe was concerned that staff were feeling that they were not being heard. Where they were raising issues, they were not receiving feedback which made them feel they were being ignored. She suggested that a wider board conversation was needed on the staff voice.

Pippa Barber reported that she had attended the September audit and risk committee meeting. The committee had received a report on health and safety and security management. She questioned whether the health and safety team was involved with quality improvement and working from that perspective. Sarah Phillips agreed to follow that up. The committee had also received the legal report and Sive Cavanagh agreed to provide more information to the quality committee on why the highest number of claims was for fractures.
Action – Sarah Phillips
Action – Sive Cavanagh

Pippa Barber reported that she had attended the mortality surveillance group as an observer. She had been mindful of the learning that had come from the patient story to the Board meeting in September and had gained assurance. Kim Lowe would be visiting the Thanet long term services team in the new year to triangulate assurance further. The group was working well. There were issues around transfer of care and the delay in the roll out of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) tool across the system, but with regards to lack of staff empathy, this was not a consistent theme. Pippa Barber also reported a good example she had seen with the community nursing team where night staff had worked well with a patient's carer to administer analgesia; an issue that had been brought to the attention of the board in a previous patient story.

With regards to the patient story that had been presented at the September public board meeting, Paul Butler highlighted that he felt uncomfortable that the board had not been briefed beforehand. There were differing views from committee members about whether a briefing should be circulated and how much information should be included. Ali Carruth explained that stories were historical and that the board was informed in the presentation of how the trust had responded and what actions had been undertaken. However, she would look at whether a short briefing could be provided to the board as Paul Butler suggested.
Action – Sive Cavanagh

Pippa Barber added that an update on progress with the actions from

the most recent patient story would be provided at the end of life care steering group. This would then be reported to the committee through the clinical effectiveness group chair's report. Pippa Barber would then report on progress to the council of governors.

The committee **RECEIVED** the relevant feedback / updates from other committees and service visits.

121/22 Board assurance framework (BAF)

Sarah Phillips presented the report to the committee for assurance.

Razia Shariff highlighted that the target completion dates required updating. Georgia Denegri agreed to make the changes. Pippa Barber requested that the committee had oversight of risk 110 (system surge and reset) and it was agreed that an update on the risk would be provided at the November meeting.
Action – Georgia Denegri
Action – Mercia Spare

The committee **RECEIVED** the board assurance framework.

122/22 Update on legislation / regulations

Louise Thatcher presented the reports to the committee for information.

<u>Update on the Care Quality Commission (CQC) approach to inspection and ratings</u>

In response to a request from Paul Butler for the committee to receive an update on the self-assessment process, Louise Thatcher confirmed that she would submit a report. In response to a question from Pippa Barber as whether the focus of the we care visits would change, Louise Thatcher commented that there was a possibility, particularly around health inequalities and partnership working. The CQC was also developing an integrated care system (ICS) framework which the trust might need to align to.
Action – Louise Thatcher

In response to a question from Karen Taylor as to what Louise Thatcher envisaged could be expected from the opportunities to provide on-going assurance across services in real time, Louise Thatcher indicated that these might include regular engagement visits to review evidence and fact checking, collecting evidence from focus groups and the validation of the trust's published data.

Razia Shariff suggested that it would be useful to modify the single assessment framework to include an extra column to set out the

learning and the changes that were being made. Louise Thatcher would make the amendment.
Action – Louise Thatcher

National quality board

In response to a question from Paul Butler as to what the impact would be on the trust from what was proposed in the document, Pippa Barber confirmed that she was now attending the Kent and Medway integrated care board (ICB) improving outcomes committee and Dr Spare was a member of the Kent and Medway ICB system quality committee. Pippa Barber suggested that Mercia Spare provide an update to the committee as and when there were relevant developments from the national quality board which impacted on the trust and the Kent and Medway ICB. She also suggested that Mercia Spare discuss with Mairead McCormick, chief executive that a board development session be identified to discuss the future operating model of the trust in the context of the emerging architecture of the system.
Actions – Mercia Spare

The committee **NOTED** the update on legislation / regulations.

123/22 **Frequent service user team presentation**

Jill Whibley joined the meeting to give a presentation on her service for information and assurance.

In response to a question from Paul Butler as to whether there were consistent themes that drove the frequent user behaviour which could be fed back to the commissioners, Jill Whibley confirmed that this was done already.

Gerard Sammon reflected that there was an opportunity to reach out early to those individuals who were identified as potentially becoming frequent users in the future.
Claire Poole confirmed that there was a similar service to the frequent user service in east Kent, although it was commissioned differently through the Red Cross. With regards to the opportunity identified by Gerard Sammon, the anticipatory work in east Kent addressed that.

It was agreed that the slides would be circulated to the committee.
Action – Gina Baines

The committee **NOTED** the frequent service user team presentation.

Jill Whibley left the meeting.

124/22 **Monthly quality report**

Sive Cavanagh presented the report to the committee for assurance.

The committee would be updated on performance around the sub-optimal care of the deteriorating patient once a quarter in the quality report.

In response to a question from Paul Butler as to how many complaints remained unresolved beyond the 25 working days target, Sue Mitchell responded that the numbers were minimal. She would include the number that had breached the target and how long they had been open on future slides in the report. Currently, there were 25 open complaints of which nine were still open after 25 days. Full information could be found in the quarterly report to the committee. She added that as well as the numerical target, the team also aimed to work with families in a satisfactory way which meant being led by the complainant. The date was important, but it was also important that the complaint was closed to the satisfaction of the complainant. **Action** – Sue Mitchell

With regards to the avoidable falls incidents, Ali Carruth commented that she would like to see falls per 1000 bed days as the measure because the trust had a fluctuating bed base which made it difficult to see the falls rate. This had been highlighted to Sive Cavanagh and should be reflected in future reports.

The Committee **RECEIVED** the monthly quality report.

125/22 **Operational deep dive**

Claire Poole presented the report to the committee for assurance.

The committee closed the deep dive on the waiting times in the sexual health services prison clinics.

With regards to progress with managing the long waits to receive a diagnosis for autistic spectrum disorder (ASD), Claire Poole commented that it was realistic considering the challenges that the service had both locally and nationally. Diagnosis was complex and for children over five years of age, it took more time than for those under five years of age. There were some initiatives underway to make the diagnosis for the younger age group more rapid. A one-year timescale was acceptable for the under fives as it allowed for the gathering of long-term information to inform the diagnosis. The waiting times were being monitored at the executive performance reviews. The service would update on how it was performing against its trajectory once the impact of using a private provider was known and recruitment was complete. The risk had been added to the

service's risk register. It was agreed that the committee would be updated at its January meeting.
Action – Pauline Butterworth

The committee **RECEIVED** the operational deep dive report.

126/22 Clinical effectiveness group (CEG) chair's assurance report

Sarah Phillips presented the report to the committee for assurance.

In response to a question from Pippa Barber as to what was being done to help more staff with delivering end of life care and having those difficult conversations with families around their expectations, Sarah Phillips indicated that this would be part of a development and improvement programme.

In response to a question from Pippa Barber as to whether the issues relating to WoundMatrix version five and care plans had been resolved, Sarah Phillips responded that the issues these raised were wider than the individual CQUIN. There was a question as to whether they were the right ones and whether they were meaningful. She highlighted that the trust had little influence. She suggested that there were strategic questions to explore and it was agreed that the clinical effectiveness group would debate them at its next meeting and update the committee on the outcome through the chair's assurance report. Claire Poole indicated that she would like to be part of the discussion.
Action – Sarah Phillips

The committee **RECEIVED** the clinical effectiveness group chair's assurance report.

127/22 Patient and carer council chair's assurance report

Ali Carruth presented the report to the committee for assurance.

In response to a question from Pippa Barber as to why the equality, diversity and inclusion training had been replaced with understanding culture in healthcare training, Ali Carruth explained that it had been identified that staff needed training on cultural competencies which were not covered in the original training. The original package had also not been very interactive or meaningful and the trust was keen to drive up awareness and why it was important to record ethnicity.

In response to a question from Pippa Barber as to whether the carer champions were in place in other patient units apart from Hawkhurst community hospital, Ali Carruth confirmed that they were.

The committee **RECEIVED** the patient and carer council chair's

assurance report.

128/22 **Patient safety and clinical risk group (PSCRG) chair's assurance report**

Sive Cavanagh presented the report to the committee for assurance.

Ali Carruth reported that she had recently visited the Kent children's therapies where they had discussed the reduction in the dysphagia staffing levels and the impact that was having on referral demand.

In response to a comment from Pippa Barber that the risk around the scheduling on Rio was not included in the report, Sive Cavanagh reported that the risk had been raised by staff and they were being given feedback. However, she acknowledged Kim Lowe's comment regarding ensuring that the staff voice was heard.

In response to a question from Karen Taylor as to why reference was made to' no harm / risk to patient' was included against each risk in the report, Sive Cavanagh responded that there had been a request for this to be explicit. As to whether she could be sure that there were no risks to patients, information and data was triangulated on a daily basis.

The committee **RECEIVED** the patient safety and clinical risk group chair's assurance report.

129/22 **Quality impact assessments (QIAs) of 2022/23 cost improvement programme schemes**

Sive Cavanagh presented the report to the committee for assurance.

With regards to scheme CS0105 (specialist public health pay review) which had a score of six against staff experience, Claire Poole reported that the scheme was not now going ahead. The service had not been able to find sufficient savings.

With regards to scheme PH0054 (health visiting non-pay review), Karen Taylor reflected that this represented a large saving in travel costs and questioned whether the trust was withdrawing support for travel in the service. Claire Pool explained that health visiting was a very large service. Some virtual working was taking place and the scheme represented a post-Covid efficiency saving. Teams were confident in delivering a quality service virtually but were providing face to face contact as well. A cost pressure was not being taken.

With regards to scheme AD0003 (management – removal of CSM post), Claire Poole confirmed that the post had been removed from the budget at the beginning of the year as part of a restructure.

There had been some double running of CSM posts as part of a handover prior to a CSM retiring. She was confident that the new CSM would be fully in post next year when the old CSM posts were removed from the budget line.

Karen Taylor highlighted that the equality impact scores for all the schemes were zero. Pippa Barber responded that equality impacts would be checked when the non-executive directors undertook their deep dives. The focus would be on service users' ability to access the service.

With regards to scheme CS0108 (adult learning disabilities ALD clinical skill mix), Karen Taylor was puzzled about the high staff experience score. Sarah Phillips responded that the scoring could be quite subjective. The score of four came under the threshold of what was acceptable with the mitigation. Karen Taylor indicated that she would like to do a deep dive on the scheme. Vicki Stevens would be asked to make the necessary arrangements and invite the other non-executive directors to join the visit.
Action - Vicki Stevens

With regards to scheme ES0385 (East Sussex schools service), Gerard Sammon explained that there had been an approach to making savings between the estates team and the service. Post-Covid, the team had thought about how it would like to reconfigure the service and decided on a hub and spoke model. Gerard Sammon had visited the service and seen the that the hub was in place. One issue was that the service was in an NHS Property Services' facility which presented its own challenges. Access to rooms that were fit for purpose was needed. It was still a work in progress but near completion.

With regards to the equality impact scores, Ali Carruth explained that equality impact assessments had not yet been done on the QIAs as there had been a complete change to the process which had only recently been published. A date had been confirmed when the assessments would be carried out. It was agreed that the committee would be updated on any schemes that attracted high scores.
Action – Ali Carruth

With regards to scheme IT0041 (SMS text messaging to patients), Sarah Phillips indicated that the concern had been around whether the scheme would reduce accessibility. This had been mitigated well. It was agreed that she would discuss the latest position with Mark Gray, assistant director of ICT and give a verbal update to the committee at its November meeting.
Action – Sarah Phillips

The committee **RECEIVED** the quality impact assessments of

2022/23 cost improvement programme schemes.

130/22 Medicines optimisation annual report

Sarah Phillips presented the report to the committee for assurance.

The committee **RECEIVED** the medicines optimisation annual report.

131/22 Patient and carer partnership team quarter one report

Ali Carruth presented the report to the committee for assurance.

The committee **RECEIVED** the patient and carer partnership team quarter one report.

132/22 Forward plan

Pippa Barber presented the report to the committee for information and approval.

The committee **AGREED** the forward plan.

133/22 Any other business

Gina Baines would circulate the committee effectiveness survey to members and bring a summary of responses to the November meeting.
Action – Gina Baines

Louise Thatcher informed the committee that the dental service at HMP Rochester had received a CQC inspection. The initial feedback was that there were no concerns. The infection prevention and control action plan had been noted. The Special Educational Needs and Disability (SEND) service would be receiving a joint inspection by the CQC and Ofsted at the end of the month. The board would be informed of the outcomes of both inspections.
Action – Mercia Spare

The meeting ended at 11.27am.

Date and time of next meeting

Thursday 17 November at 9.30am; Room 6, Trinity House, 110 – 120 Upper Pemberton, Ashford TN25 4AZ.

Kent Community Health NHS Foundation Trust

CONFIRMED Minutes
of Finance, Business and Investment (FBI) Committee meeting
held on Thursday 21 July 2022

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

Present:	Paul Butler, Non-Executive Director (Chair) Pauline Butterworth, Chief Operating Officer Peter Conway, Non-Executive Director Gordon Flack, Director of Finance Gill Jacobs, Deputy Director of Finance Kim Lowe, Non-Executive Director Gerard Sammon, Director of Strategy and Partnerships
In Attendance:	Gina Baines, Committee Secretary (minute-taker) Sam Hall, Finance Business Partner (agenda item 4.2) Mark Johnstone, Director of Dental and Planned Care Services (agenda item 4.3) Natalie Parkinson, Assistant Director of Business Development and Service Improvement (agenda item 3.1) Dr Razia Shariff, Associate Non-Executive Director Clare Thomas, Community Services Director Adult Services (agenda item 4.2) Carl Williams, Head of Financial Accounting (agenda item 5.1)
Observer:	Alison Fisher, Public Governor Maidstone

049/22 Welcome and apologies for absence

Paul Butler welcomed everyone to the Finance, Business and Investment Committee of the Kent Community Health NHS Foundation Trust Board (the Trust).

There were no apologies.

The meeting was quorate.

050/22 Declarations of interest

There were no declarations of interest received other than those formerly recorded.

051/22 Minutes of the meeting of 17 June 2022

The Minutes of the 17 June 2022 meeting were read for accuracy.

The following amendments were suggested.

043/22 Estates strategy page 7 of 86 paragraph 1. Deleted “The Trust did not get a rebate on rent for undertaking investment either.”

043/22 Estates strategy page 8 of 86 paragraph 3. Amend to: The Committee **SUPPORTED** the Estates strategy and recommended it to the Board for approval, subject to the amendments.

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

052/22 Matters Arising from the meetings of 17 June 2022

The Matters Arising Table Actions Closed was agreed.

The outstanding actions were discussed and updated as follows:

021/22 Terms of reference progress report - Actions open.
027/22 Finance report (month 11) – Action open.
035/22 How service transformation drives the cost improvement programme strategy – Paul Butler commented that he would like the date to be confirmed as to when the Board would debate how service transformation would drive the CIP strategy. Gordon Flack and Pauline Butterworth agreed to ensure there was a date on the forward plan to discuss this before the approach started to happen. It was likely to be the September Board or Board part two meeting. Action open.
044/22 Finance report (month 2) – Action open.

All other open actions were closed.

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

053/22 Relevant feedback from other committees

There was nothing to report from the committees.

Mr Flack suggested that committee discussions regarding strategies which they had received could be highlighted in this agenda item so that Board members had the opportunity to review and discuss them before they went to Board for approval. The Committee members supported this suggestion.

054/22 Board Assurance Framework (BAF)

Gordon Flack presented the report to the Committee for assurance.

With regards to risk 116, NHS England had confirmed that the 2022/23 pay award for local authority funded services would be met non-recurrently with commissioners picking it up as a cost pressure in future years. As this took away the risk to the Trust’s Kent County Council (KCC) funded services, the risk would be removed from the BAF. Peter Conway suggested that the element of risk 116 which related to KCC and its ability to meet demand for social care should be captured under risk 123 (discharge).

With regards to risk 123 (discharge), work was being done to quantify how much the Trust was spending on delivering domiciliary care. There were nurses who were giving band two domiciliary care to patients. This needed to be addressed. Hospital to home services were also providing some domiciliary care. The Committee was asked to note that the cost being absorbed in the system by other services to provide this was significant.

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

055/22 Focus Items

Gordon Flack presented the report to the Committee for information.

The report explained the new NHS commercial strategy paper from NHS England Board, specifically the Central Commercial Function (CCF), setting how and what the CCF would deliver and how, along with the benefits of the new strategy. With regards to the procurement element, the focus had been on acute services. Community services had had some small investment. The Committee would be kept informed of developments where relevant to the Trust.

In response to a question about the pay award, Gordon Flack set out the details and explained that the gap in funding would be bridged by the curtailment of some national programmes. For the Trust this could potentially impact that new pharmacy system, EPMA.

With regards to how the Trust would fund the award, Gill Jacobs confirmed that the Trust would need to amend its budget. Two per cent of the amount had been held in Trust reserves and the balance would be funded nationally via the ICS and added to the Trust's budget.

With regards to the timeline of the pay award, Gordon Flack explained that it would be backdated in September but he was waiting to hear further detail. He envisaged that it would cause the Trust some issues around implementation but this aspect would be led by Victoria Robinson-Collins, Director of People and Organisational Development.

There was a discussion about how staff had responded to the pay settlement and what that meant for the Trust. Paul Butler commented that this was an item that went beyond the remit of the FBI Committee. Instead, he suggested that the executive team bring a strategic paper to the Strategic Workforce Committee and then the Board which set out the Trust's position. This would allow the Board to discuss the response by staff and give members an understanding of the mechanics of the pay award's implementation.
Action – Gordon Flack

The Committee **NOTED** the Focus Items

056/22 Dental Services future growth plans

Mark Johnstone joined the meeting to present the report to the Committee for information.

In response to a question from Peter Conway regarding the potential for the dental service to collaborate with Medway Community Healthcare's (MCH) dental service, Mark Johnstone explained that there would be challenges with this. Based on his past experience of the two organisations working together, the geographic boundaries had been vague and the services working together to deliver shared patient care had not worked. He had met with MCH's Director of Primary Care to discuss collaboration but it had become clear that there would be issues around who would lead on the collaboration. He would welcome some direction on getting this resolved. As there was only one contract in Kent, Mark Johnson was also concerned about what would happen if the relationship broke down. There would need to be something in place if MCH was not performing.

In response to a question from Paul Butler as to what the commissioning landscape would look like in the future, Mark Johnstone indicated that it was unlikely that the current number of contracts would change. He sensed that there was a desire to eliminate two providers and offer one lot across the South East region.

In response to a question from Paul Butler as to which service was delivering the best service, Mark Johnstone indicated that it was the Trust's own dental service. The fact that the service was bidding for work outside of Kent and winning it was a good indicator that the Trust was offering a good service.

In response to a question from Razia Sharif as to whether the service would be overreaching if it bid for work outside its current boundaries, Mark Johnstone agreed. He was not proposing that the service bid for work in Surrey or Sussex. The priority had to be in Kent in some form. Bidding for further work did not present further work in itself but the rollout of a new service would be. This needed to be taken into consideration before a decision was made. Providers and commissioners wanted to avoid time consuming and unproductive work.

In response to a question from Gerard Sammon about the differences between collaborating with a community interest group and an NHS trust, Mark Johnstone reflected that their vision was different and they had different priorities. This made it more complicated.

Peter Conway indicated that he would support the Trust being the lead provider in West Kent with a sub-contracting model to support delivery.

In response to a question from Paul Butler as to whether the service would look at bidding for contracts elsewhere in London, Mark Johnstone explained that these were not coming up for tender. He did not see an appetite from the commissioners in London but if there was an opportunity, he would be keen to bid for the contract. Natalie Parkinson added that all opportunities were looked at and due diligence undertaken before a decision was made as to whether to submit a tender. Pauline Butterworth

cautioned that Mark Johnstone's portfolio had expanded with other services. Although bidding for further work in London was always under review, she wanted to be certain that if this was done it would not destabilise the other areas of work that he was addressing.

Natalie Parkinson commented that she was seeing more activity around dental procurement such as in engineering and health promotion. All areas were being assessed.

In response to a question from Gordon Flack regarding the GDS/PDS contract and the dental practice in Sandwich, Mark Johnstone explained that the Trust did not own the building. The contract would end and the dentist operating from the site had indicated that he was interested in taking on the contract. It was challenging but it could be done. Mark Johnson was of the view that the service should exit the contract when the lease was up which would ensure minimal reputational risk. The Trust did not have a public duty of care to offer a general dental service whether it made a profit or loss.

The Committee **NOTED** the Dental Services future growth plans.

057/22 Service Line and Reference Costs – Adults Services (Community Hospitals)

Clare Thomas and Sam Hall joined the meeting to present the report to the Committee for information and assurance

Clare Thomas explained that the outpatient services in the community hospitals were significantly underachieving on income. The Trust had two options. Either to renegotiate now with a financial arrangement that included the minimum costs of services with marginal cost increases for other services that used the sites as part of the arrangement. She cautioned that Maidstone and Tunbridge Wells NHS Trust and Medway Foundation Trust might not find that arrangement acceptable. The second option was that the Trust gave notice on sites, although her preference would be to continue to develop in Sittingbourne to ensure that services remained resilient.

With regards to the presence of the Trust in Swale, the Committee suggested that the Trust keep its options open while there were further strategic discussions with the ICB.

In response to a question from Paul Butler as to whether some services in the community hospitals had been moved physically, Clare Thomas explained that the services were in NHS Property Services buildings. The Trust supported the consultant-led clinics with administrative and nursing support. Some clinics had moved out and some had gone virtually. This meant that there were fewer services on site but the Trust had been unable to reduce the costs. That was the challenge. Pauline Butterworth confirmed that she would be discussing this with Jane Black at Medway FoundationTrust to get more clarity on the situation and their intentions.

In response to a question from Paul Butler as to the financial arrangements of the contracts, Gill Jacobs confirmed that they would be a cost-based contract rather than a block contract.

In response to a question from Sarah Phillips about the reference costs associated with the community hospital beds, Clare Thomas explained that as the number of beds increased, the model became inherently more efficient and the reference costs came down. Pauline Butterworth added that the cost of a community hospital bed was more than an acute bed. This represented a big risk from a cost perspective. There was work to be done in understanding why that was the case.

In response to a question from Paul Butler regarding the estates costs which he noted had increased, Gill Jacobs explained that some costs were specific to individual hospitals while some allocated overheads were in the estates costs.

The Committee recognise that there was a problem which needed to be addressed. Pauline Butler confirmed that the Committee Hospital Strategy was being developed and provided a major opportunity for the Trust to reassess how it delivered these services. There was a risk for the Trust as there was no appetite at an ICB level to do things differently with the community hospitals. The Trust had to make the buildings as efficient as possible and to grow pathway two at Westbrook House and West View Integrated Care Centre.

In response to a comment from Gerard Sammon regarding the risks and opportunities for the community hospitals and what that might mean for their futures, Clare Thomas indicated that it was likely that the Trust would be asked to deliver more beds which would limit the possibility of the community hospitals contracting. Gordon Flack referred to the precedent that had been set at Edenbridge Community Hospital. Although beds had been closed, the unit would be reopening to offer a range of services but without the inpatient beds.

Peter Conway recognised a real opportunity for the community hospitals to be repositioned in the new integrated care system and looked forward to receiving the strategy which Clare Thomas confirmed should be ready in September or October 2022.

Clare Thomas and Sam Hall left the meeting.

With regards to bringing other services to the Committee to discuss the challenges they were having with their reference costs and service line reporting, Gill Jacobs and Debra Ody agreed to identify some other services and arrange for them to be invited.
Action – Gill Jacobs/Debra Ody

The Committee **RECEIVED** the Service Line and Reference Costs – Adults Services (Community Hospitals).

058/22 Business Development and Service Improvement Report including Business Development Strategy update

Natalie Parkinson presented the report to the Committee for assurance.

In response to a question from Paul Butler as to whether service line reporting and reference costs were being included in the strategic thinking by services, Natalie Parkinson confirmed that they were. The Committee would see a lot of remodelling from services to reflect this.

The Committee **RECEIVED** the Business Development and Service Improvement Report including Business Development Strategy update.

059/22 Finance Report including Service Line and the Cost Improvement Programme Reports (Month Three)

Gill Jacobs presented the report to the Committee for assurance.

In response to a question from Paul Butler regarding the cost improvement programme (CIP), Gill Jacobs confirmed that the Trust would not be using its reserves as it expected to meet its CIP. However, some of the savings were non-recurrent. Pauline Butterworth added that in the Adults Service there had been some slippage in the schemes. There had been investment into the Ageing Well pathway and the Virtual Ward. The funding did not become available until the services were about to employ staff. The slippage in the schemes would be non-recurrent and therefore this posed a big risk. The intention was to look more closely at developing schemes that involved the estate in the Adult Services.

The Committee **RECEIVED** the Finance Report including Service Line and the Cost Improvement Programme Reports (Month Three).

060/22 Treasury Management Policy and Compliance Review

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

There had been no changes made to the policy in year.

In response to a question from Razia Shariff regarding whether there should be a reference in the policy to the Kent and Medway Integrated Care Board (ICB) and its risk, Carl Williams responded that that was not relevant to the policy as the policy referred only to the Trust. The Trust's cash position would be factored into the wider position of the system.

In response to a question from Paul Butler as to whether the ICB would look at surplus funds in a different way, Gordon Flack reported that a conversation had started on how the system would use its cash resources. If there was surplus cash then the system would wish to move it around to support services and programmes where needed. That was not relevant to the policy being considered.

The Committee **RECEIVED** and **APPROVED** the continuation of the existing Treasury Management Policy.

061/22 Committee Effectiveness

Paul Butler presented the report to the Committee for a decision.

The committee effectiveness survey would be circulated to committee members and a summary of the responses brought to the October meeting for discussion.
Action – Gina Baines

The Committee **NOTED** the Committee Effectiveness.

062/22 Forward Plan

Paul Butler presented the report to the Committee for a decision.

The forward plan would be updated.
Action – Gina Baines

The Committee **APPROVED** the Forward Plan.

063/22 Any other business

The meeting ended at 11.45am.

Date and venue of next meeting

Wednesday 12 October 2022 at 9.30 am in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT

NHS
Kent Community Health
NHS Foundation Trust

CONFIRMED Minutes of the
Strategic Workforce Committee
held on Thursday 1 September 2022 at 1.30pm
Meeting Room 7, Trinity House, Ashford, Kent

Present:	Kim Lowe, Non-Executive Director (Chair) (KL) Margaret Daly, Deputy Director of Human Resources (Education and Development) (MD) Claire Poole, Deputy Chief Operating Officer (CP) Victoria Robinson-Collins, Director of People and Organisational Development (VRC) (virtual) Dr Mercia Spare, Chief Nurse (MS) (virtual) Karen Taylor, Non-Executive Director (virtual) (KT) Nigel Turner, Non-Executive Director (NT)
In Attendance:	Sarah Cook, Executive Assistant, minute taker (SC) Emma Darvill, People and OD Business Partner (ED) Gill Harris, Governor (GH) Leanne Hately, People and OD Business Partner (LH) Jaishree Narayanan, Disability and Carers Network Chair (JN) Lisa Roberts, Academy Education Lead (LR) Razia Shariff, Associate Non-Executive Director (RS) John Stone, Health and Wellbeing Lead (JS)

068/22 Welcome and apologies

KL welcomed everyone to the Strategic Workforce Committee meeting of the Kent Community Health NHS Foundation Trust Board.

Apologies were received from Pauline Butterworth and Sarah Hayden.

The meeting was quorate.

069/22 Declarations of Interest

No declarations of interest were received other than those formerly recorded.

070/22 Staff Network – Staff Story
Jaishree Narayanan – Disability and Carers Network

JN shared with the committee that the network is inclusive of all staff with visible and non-visible disabilities and carers.

JN informed those in attendance that she was made chair of the network in 2019 and that it is generally a quiet network that meets every six weeks. Elections are due this year at which point JN will step down from the role as chair.

In response to a question from MS as to why the network is quiet, JN felt that there may be a fear of repercussions and also acknowledging that someone is disabled.

VRC asked whether there was anything the network struggled with or any communication that could be helped with to promote the network.

JN is hoping that the newly appointed EDI lead may have some different ways to be more involved and refresh the network.

KT asked what the process would be if anyone had any concerns or how issues were escalated, is there a system in place to support the network. JN responded that again it is hoped the new EDI Lead will be able to help, there is also the Workforce Equality Group (WEG) that any concerns can be taken to. The ER team are also on hand to help and if the member of staff doesn't want to link with directly JN would help, there is also an Exec Lead who can be contacted.

JS advised that there is disability awareness training available and MD advised that Kent Supported Employment (KSE) run a number of disability awareness sessions.

CP emphasised the need to think about escalation routes and how to approach. There should be a focus on reasonable adjustments as the trust needs to be able to support employees to help them at work. It is clear that this is a development piece of work as a trust.

Victoria shared that she has started to attend some of the network meetings and would happily start to help unblock some of the issues.

Actions agreed as a committee were;

- Escalation routes
- Reasonable adjustments
- How to promote election of all networks and network leads

VRC updated that the Flomail circulated that week included information about forthcoming elections and that there is a comms campaign that sits behind it all to ensure it is promoted.

KL commented that it was really helpful having the network leads attend the meetings and it would be good to think who else would be able to attend the committee meetings.

NT suggested supporting and mentoring chairs.

ACTION – Director of HR & OD to report how network chairs could be mentored.

071/22 Minutes from previous meeting held on 22 April 2022

The Minutes of the meeting of 20 June 2022 were read for accuracy and were agreed. The Minutes were **AGREED.**

072/22 Matters Arising

Completed actions updated on the matters arising log, with a few additional comments for noting.

016/22 – Fire training compliance is now at 95% and constantly above target, so it was agreed to close the action.

045/22 – Committee effectiveness – KL asked for any comments to be forwarded to SC, all feedback is welcome.

052/22 – New Trust Secretary commencing on Monday 5 September.

073/22 Relevant feedback / updates from other Committees

NT updated that at the recent ARC meeting the committee was made aware that an audit of the EDI approach and strategy was scheduled for Q3 & Q4 and that was welcomed.

KL informed the committee that she would like to streamline the front pagers for papers presented at meetings, to ensure it is made very clear what the aim of the paper is; for approval / discussion / take note etc. That it would be good to adopt a consistent use of language with regards to the reported level of assurance; substantial / reasonable / limited / none.

The change of emphasis is important because this is first and foremost an assurance committee. The Committee needs to hear issues and these need to be made clear on front sheets.

KL stated that she is always be open to feedback with the aim of driving a continuous improvement culture

074/22 Updates on Legislation / Regulations – Changes and Impact

No updates were provided to the Committee.

SPOTLIGHT

075/22 Pay Review and Impact

VRC shared that the level of assurance is **LIMITED** in relation to how the pay award has landed with colleagues, also to be considered is that unions will be balloting to strike. The BAF risk has been developed to account for this. However, due to lots of moving parts it hasn't been rated highly.

The key points to note are:
There is a national set of terms and conditions (T&C) within Agenda for Change (AFC) and covers the majority of staff groups.
AFC is a tiered award with lower scale of bands receiving a higher award than higher bands

Following the pandemic, a large number of higher grades worked over and above during these times and the award has not been well received

Some of the practicalities of the pay award has resulted in issues with pension thresholds, the bands affected are 3, 5 and 8a. All staff affected have received a letter to advise how this can be handled and what support is available.

An action has been taken to ensure the comms are in place to both message and support staff that have been affected by this.

KL asked if the system had a central response that can be shared? VRC responded that a system discussion has taken place and a suggested idea has been discussed at Exec level and a paper shared across the system.

The strike protocol has been reviewed and also discussed with system colleagues about the impact of any strike action. The committee discussed the need-to be mindful of how staff were feeling and to remain compassionate and supportive of staff during these times.

The Committee **NOTED** the pay review and impact report and received it with **Limited Assurance**

076/22 Health and Wellbeing Report

MD advised that the aim of the report is to focus on the key areas and highlight any system work.

The trust has achieved platinum award status and the background to the work completed is included within the paper.

At present there is no HWB leadership in the system, so it is essential for the trust to connect into national initiatives.

The football team is up and running and has welcomed players from KMPT and EKUHFT.

A system discussion has also taken place about opening up the trusts choir to increase members.

The committee welcomed the appointment of JS as the trust Health and Wellbeing Lead and looks forward to hearing what progress we can drive across the trust

On JS's agenda is to re-launch the Time to Change (TTC) champions and re-name as Health and Wellbeing (HWB) champions.

The HWB offer across the trust is really robust and is regularly promoted.

CP remarked that collaboratively the offer is very good, especially as it is spread over a large geographical area. CP also asked whether other trusts had a similar HWB role, which JS confirmed that a few have.

In response to a question from MS about linking in with the networks, JS clarified that he has contacted all network leads and meetings have been arranged to start discussion.
MS advised that she was the exec sponsor of the LGBTQ+ network and would be happy to be a link as well.

The Committee **NOTED** the Health and Wellbeing report and received it with **Substantial Assurance**.

077/22 Workforce Exceptions Report

VRC updated the committee on the workforce metrics. Positive improvement is starting to be achieved. Voluntary turnover is now at 14.5%, which is the first time in 10 months. This is the product of a large amount of work across a number of portfolios.
In June we saw 67 new starters, 40.3% of the new starters were from a BAME background.

Vacant Hotspots continue to be within qualified nursing cohort.

KL asked about the retention task and finish group and when it would finish with its conclusion. VRC explained that there are a few long-term pieces of work to be undertaken and it's not expected to close down the group until nearer Christmas and will be able to bring an update to the December meeting.

ACTION - Victoria to compile report on conclusions of task and finish group to be presented at December's meeting.

KT asked what the options were to advertise and recruit differently and also how could a recruit and retention premia (RRP) be used to encourage people to join KCHFT.

VRC explained that the RRP for facilities recruitment had been discussed, but decided against as it would cause more issues. We are exploring different ways to recruit and are very open to try new actions.

KT also asked that she noted the success of the overseas recruitment campaign and was aware that it was the first 3 months that can trigger problems, what was the trust doing to monitor this.

VRC explained that there is a tracker for IR and currently the programme is at 0% turnover and it is acknowledged that we have great pastoral support in place, which is really helping all of the IR.

A Budget for regular funding has been agreed for Allied Health Professional's (AHP) International Recruitment. A paper will be presented to the exec this week requesting to support recruitment, an additional 59 AHP colleagues covering different grades and across a number of specialities.

The committee agreed that in light of the continuous recruitment and retention challenges, that BAF 115 will remain at its current level.

The Committee **NOTED** the Workforce Exceptions report.

078/22 **Freedom to Speak Up – National Policy Changes**

VRC presented as an assurance paper around Freedom to Speak Up (FTSU) and was happy to take any questions from the committee.

KL noted the recommendation that all board members complete FTSU training and is aware that not all are compliant and if it would help for KL to speak to directly, please forward names.
VRC agreed to pull a report to share with KL.
KL emphasised the need for board members to set an example.

ACTION – VRC to run report and liaise with KL

The Committee **NOTED** the Freedom to Speak Up report.

PRIORITIES

079/22 **Retention – Cost of Living**

VRC took the paper as read and highlighted that the trust has a huge offering, so would rate as **SUBSTANTIAL** assurance in terms of the offer for staff.

There isn't a specific team looking at what options there are to support our staff, it relies on teams being involved in initiatives and sharing ideas that can be rolled out.

NT suggested to link in with charitable funds and had discussed with John Goulston about when does this become part of normal business.

KL agreed to discuss at SWC and establish where is the resource that sits behind this.

The Committee **NOTED** the – Cost of Living report and took the paper with **SUBSTANTIAL ASSURANCE**

080/22 **Clinical Academy Update**

VRC recently held a session with the Governors and MD was asked to conduct a deep dive into the Clinical Academy.

MD updated that the trust has now had one cohort of Nurse Associates who had successfully completed their course and three Registered Nurses. There are now 20 additional nurses now in the system which is positive.

The recruitment of the next cohort for the academy is taking place.

MD explained that data has tr been analysed as to the reasons why people have withdrawn, but there is nothing significant as a theme.

Sessions have been arranged for the following week to talk through and establish why services are struggling to accommodate Nurse Associates as well as the IR.

However, it is good to note that the academy is on track to deliver its business case originally said it would.

MD advised that it is proposed to link the Academy to the workforce planning project to produce a strategic view. The Academy needs to operate as a strategic vehicle as it requires backfill funding and a wider understanding in the benefits of investing in this important service.

MD explained the need to shape this and describe it and also provide clarity that it would be supported by Ops services.

KL clarified that the committee supports the strategic approach and would be good to discuss further down the line.

MS highlighted that the academy has a lot of scope to develop different roles and also how it could work with social care, which would also be beneficial to the system.

The Committee **NOTED** the Clinical Academy Update.

ASSURANCE

081/22 **Workforce Performance Report**

Included within the Boardpack for information. The paper was taken as read and no further questions were asked by the Committee.

It was suggested that it would be good to get further benchmarking if possible.

The Committee **NOTED** the Workforce Performance Report.

082/22 **Focus Items**

Included within the Boardpack for information.

MS informed the Committee that the trust had received the flu letter and advised that the emphasis this year is to co-administer with the Covid booster. A paper will be presented at the next Exec meeting.

The Committee **NOTED** the Focus Items report.

083/22 **Forward Plan**

Included within the Boardpack for information and updates provided during the meeting.

The Committee **NOTED** the Forward Plan report.

Kent Community Health NHS Foundation Trust

084/22 Any other Business

KL thanked all those present for attending.

085/22 Date and time of next meeting;

Thursday 3 November 2022 at 1pm, in the Boardroom, The Oast.

Kent Community Health NHS Foundation Trust

CONFIRMED Minutes of the Audit and Risk Committee (ARC) Meeting held on Thursday 1 September 2022 in The Boardroom, Hermitage Court, Hermitage Lane, Barming, Maidstone, ME16 9NT

Present:	Peter Conway, Non-Executive Director (Chair) Pippa Barber, Non-Executive Director Nigel Turner, Non-Executive Director
In Attendance:	Gina Baines, Committee Secretary (minute-taker) Sophia Brown, Grant Thornton (agenda item 4.3) Andy Ede, Local Counter Fraud, TIAA (agenda item 4.2) Gordon Flack, Director of Finance / Deputy Chief Executive Dale Harrison, Head of IT Infrastructure and Architecture (agenda item 4.4) Harbens Kaur, Trust Lawyer (agenda item 4.5) David Kenealy, Local Counter Fraud Manager, TIAA (agenda item 4.2) Kim Lowe, Non-Executive Director Lisa Sherratt, Head of Corporate Operations (agenda item 6.2) Dr Razia Shariff, Associate Non-Executive Director Karen Swainson, Senior Audit Manager (agenda item 4.1) Justine Thorpe, Grant Thornton (agenda item 4.3) Shane Webber, Deputy Director of Corporate Services (agenda item 3.3, 5.3, 6.1 and 6.3) Carl Williams, Head of Financial Accounting (agenda item 7.2)
Observer:	Alison Fisher, Public Governor Maidstone

Informal pre-meeting

Members met informally in private with representatives from external audit, internal audit and local counter fraud.

043/22 Apologies for absence and declarations of interest

Peter Conway welcomed everyone to the meeting of the Audit and Risk Committee of the Kent Community Health NHS Foundation Trust Board.

There were no apologies.

The meeting was quorate.

There were no interests declared other than those formerly recorded.

044/22 Minutes and matters arising from the meetings of 16 May and 13 June 2022

The committee **AGREED** the minutes of the meetings as an accurate record.

Matters Arising

The outstanding actions were discussed.

The following actions were updated and closed.

033/22 Risk Management Strategy: Appetite and view (live examples) – There would be a workshop at the integrated management meeting (IMM) the following day which should provide some examples which could be used. An update would be brought to the next committee meeting. Action open.
033/22 Risk Management Strategy: Appetite and view (risk appetite level) - There would be a workshop at the integrated management meeting (IMM) the following day which should provide some examples which could be used. An update would be brought to the next Committee meeting. In terms of the ongoing risk appetite work that was being done, the executive team had done a further review and there was an action plan. This work should be completed by the end of September. A paper would be brought to the November meeting seeking the committee's support. Action open.

All other actions were closed.

The committee **NOTED** the Matters Arising.

045/22 Issues from the Quality Committee / Finance, Business and Investment (FBI) Committee / Strategic Workforce Committee / Charitable Funds Committee / Council of Governors

Pippa Barber reported that she, Kim Lowe and John Goulston had visited the Musculoskeletal Physiotherapy Service at the Churchill Centre, Maidstone where some issues around the estate had been highlighted to them. She would raise this at the next Board meeting through her Quality Committee chair's assurance report.

Gordon Flack confirmed that he intended to bring the Business Development Strategy to the October Board meeting.

046/22 Board Assurance Framework (BAF)

Shane Webber presented the report to the committee for assurance.

With regards to including a broad outline of each risk into the BAF, a single line would be included above each risk. Shane Webber would circulate a revised template of the BAF to committee members for comment.
Action – Shane Webber

In response to a question from Kim Lowe as to whether all the actions that were due to close at the end of September were being reviewed, Shane Webber confirmed that they were. The Board would receive an updated version at its next Board meeting.

Pippa Barber questioned whether the BAF should include a risk around the estate utilisation. There were a number of issues that had come through which would warrant it being included.

With regards to risk 116 (Deliver high quality care at home and in the community), Gordon Flack commented that it linked to the Trust's Business Development Strategy which he would present at the October Board meeting. Peter Conway reflected that the risk was not around the financial gap per se, but rather the lack of social care supply. He suggested that the wording was not yet quite right and that the risk rating of 12H was too low. Shane Webber would update the BAF to reflect the comments of the committee.
Action – Shane Webber

Kim Lowe questioned whether there was a plan to link the Trust's BAF with the integrated care board's (ICB) risk register. Gordon Flack indicated that he was unaware of that intention at the moment. The committee agreed that it should discuss the ICB risk register again in six months' time.
Action – Gordon Flack

In response to a question from Pippa Barber as to which executive director was now responsible for risk, Gordon Flack suggested that it was Mairead McCormick, Chief Executive would hold that risk until the new Trust Secretary came into post or until the Good Governance Institute review was complete. Pippa Barber was concerned that this would represent a conflict. The committee suggested that the executive director who was holding the risk portfolio be invited to attend the November committee meeting.
Action – Gordon Flack

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

047/22 Internal Audit Progress Report

Karen Swainson presented the report to the committee for assurance.

Karen Swainson provided an update on in year changes to the 2022/23 annual plan. The fifteen days for the NHS England mandated review of financial governance would be funded by removing the carried forward Kent and Medway Care Record (KMCR) audit, transferring two days from the annual Financial Assurance review, transferring two days from the annual Data Quality of Key Performance Indicators review and transferring one day from the Self-Managed Teams review. In response to a question from Peter Conway as to how assurance was gained around the processes that were in place to ensure that the KMCR was used properly, Gordon Flack explained that there was a joint governance structure in place which

included all the partners. The programme board meetings were chaired by him. Partners provided independent challenge of the project and there was an internal process in the IT team. There was an element of the project which was still unfinished around the bringing in of patients for the development of patient access to records. He suggested that the KMCR would need a third party review at some point but the independence of the membership brought some assurance. The Committee was content with the current arrangement and agreed to the changes to the annual plan.

In response to a question from Pippa Barber regarding the timescale for the end of life care and mortality review processes audit, Karen Swainson confirmed that an updated report should be ready at the end of the following week for Dr Sarah Phillips, Medical Director to review and finalise.

It was confirmed that the equality, diversity and inclusion audit 'Equality Agenda' was on track and work was underway on the estates compliance audit 'Estates Moves and Changes Follow-Up'.

In response to a question from Peter Conway regarding why there was a review of financial governance, Gordon Flack explained that there was a heightened risk around finances. It was a national due diligence exercise to ensure that money was being spent wisely. Karen Swainson added that TIAA would be undertaking a benchmarking report which would draw on the outcomes of the individual organisation's reports.

The committee **RECEIVED** the Internal Audit Progress Report.

048/22 Local Counter Fraud Progress Report

David Kenealy presented the report to the committee for assurance.

In response to a question from Gordon Flack as to whether case number INV/22/00992 had been closed, David Kenealy confirmed that it had.

In response to a concern from Pippa Barber that the Trust's new international nurses could be vulnerable to the scams that the report highlighted, David Kenealy agreed to contact Victoria Robinson-Collins, Director of People and Organisational Development for the names of the relevant staff so he could speak to them directly about scams and how to avoid them.
Action – David Kenealy

The committee **RECEIVED** the Local Counter Fraud Progress Report.

049/22 2021/22 Auditors Annual Report

Justine Thorpe presented the report to the committee for assurance.

Sarah Ironmonger sent her apologies. It was confirmed that she would sign the audit certificate and that the Trust's annual report and accounts would be laid before Parliament in time for the deadline.

Gordon Flack commented that the external auditors annual report provided a good piece of evidence for the well led review that was underway. It would also be relevant to TIAA's financial governance work. Justine Thorpe confirmed that she would link with Karen Swainson to help her avoid duplication of work.

Sophia Brown concluded that she would be looking to streamline the auditing process in future to lessen the burden on the Trust.

The committee **RECEIVED** the 2021/22 Auditors Annual Report.

050/22 Cyber Security Report

Dale Harrison joined the meeting to present the report to the committee for assurance.

In response to a question from Peter Conway as to what the committee should consider to be the highest risks on the IT risk register, Dale Harrison suggested that the top risk for him was the vacant cyber security role. As yet, no suitable applicants had come forward. It might be prudent to raise a risk until it was filled. Amongst the remaining risks, there were none that would indicate a vulnerability. He expected more risks to be closed in due course.

In response to a question from Pippa Barber regarding how the Trust could influence the ICB about the governance arrangements that should be put in place for the system to manage data information sharing and the associated risk, Dale Harrison explained that the strategic objective was to work collaboratively. This was being done using the cloud but he agreed that robust cyber security was essential. Each organisation would have to have responsibility to update policies and system management. Data was the biggest risk and cyber security was the most important part in building collaborative systems. Gordon Flack added that the role of the ICB was to promote convergence and there was an opportunity to streamline information governance across the system. The aim would be to put in place the right governance without being bureaucratic. He would discuss this and the associated risk with his ICB colleagues.

The committee suggested that these areas could be discussed in the IT enablement risk deep dive agenda item at its November meeting.
Action – Gordon Flack

The committee **RECEIVED** the Cyber Security Report.

Dale Harrison left the meeting.

051/22 Legal Report Update

Harbens Kaur joined the meeting to present the report to the committee for assurance.

In response to a question from Nigel Turner regarding whether a report on staff claims should come to the Audit and Risk Committee as well as the Strategic Workforce Committee (SWC), Harbens Kaur explained that the information was received by the Audit and Risk Committee through the Corporate Assurance and Risk Management Group Report. Peter Conway suggested that the SWC continue to scrutinise the detail and the ARC receive an overview summary in the annual legal report.
Action – Harbens Kaur

In response to a question from Shane Webber regarding what progress there had been with the Kent and Medway Legal, Risk and Governance Productivity Group, Harbens Kaur explained that the group discussed claims and values to identify and understand common themes with the intention to avoid or drive down repeated mistakes. The overall objective of the group was to reduce the number and value of claims and types of inquests.

In response to a question from Peter Conway about what was happening in the Trust in 2017 when there had been a peak in open claims, Harbens Kaur agreed to investigate.
Action – Harbens Kaur

The committee **RECEIVED** the Legal Report Update.

Harbens Kaur left the meeting.

052/22 Standards of Business Conduct Report annual review

Gina Baines presented the report to the committee for assurance.

In response to a question from Razia Shariff as to whether there was any monitoring of charitable funds donors for potential conflicts of interest, Gina Baines responded that this was not monitored. She would investigate and update the committee if any were identified.
Action – Gina Baines

Kim Lowe was concerned that there was too much manual processing and suggested more use of technology to lift the burden off a busy workforce. Peter Conway indicated that this should be the way forward. It was agreed that Shane Webber would discuss with Gina Baines to see how technology could be used effectively to register staff interests and improve compliance.
Action – Shane Webber / Gina Baines

The committee **RECEIVED** the Standards of Business Conduct Report annual review.

053/22 Use of the Trust Seal annual review

Gina Baines presented the report to the committee for assurance.

The committee **RECEIVED** the Use of the Trust Seal annual review.

054/22 Self-certification of NHS Provider Licence annual compliance report

Shane Webber presented the report to the committee for assurance.

The committee **RECEIVED** the Self-certification of NHS Provider Licence annual compliance report.

055/22 Health and Safety and Security Management Summary Report

Lisa Sherratt presented the report to the committee for assurance.

Nigel Turner commented that he would have liked to have seen some trends and benchmarking against acute and community trusts in the report. Lisa Sherratt explained that benchmarking was difficult as there was no joined up information. However, there were some figures available which she could include in future reports. The information that Nigel Turner requested was provided to the Health and Safety Committee rather than the Corporate Assurance and Risk Management Group.
Action – Lisa Sherratt

In response to a question from Pippa Barber about the assurance received by the Health and Safety Committee, Lisa Sherratt explained that there was an escalation path. Key points that came from the Committee were included in the report that went to the Corporate Assurance and Risk Management Group. Shane Webber added that there was a reporting framework in place. The CARM undertook complete scrutiny of key areas such as fire and safety.

With regards to the lone worker app, the number of users set out in the report represented those staff who were ready to go and those who were ready to go but had not yet gone live. It was a rolling programme. The staff group who were most at risk were the community nurses and the vast majority of them had the app on their phones.

In response to a question from Gordon Flack as to whether it would be difficult for staff to access the app on their phones in a difficult situation, Lisa Sherratt explained that the feedback she had had was that staff felt safer as they received an immediate response if they needed assistance. The app was live all the time. Conflict resolution training emphasised that a staff member should not be reliant on an app, but rather stressed the importance of removing oneself from the situation. The app was one tool that could be used.

In response to a suggestion from Razia Shariff about examining whether there was any link between the verbal abuse experienced by colleagues and protected characteristics, Lisa Sherratt agreed she would add an extra field to Datix in order to capture that information when verbal abuse incidents were reported. Shane Webber added that the Health and Safety Committee could undertake a deep dive into verbal abuse as well. Lisa

Sherratt as Chair of that committee agreed to add it to the forward plan. With regards to updating the Audit and Risk Committee, Peter Conway suggested that it receive an update through the Corporate Assurance and Risk Management Group Report.
Actions – Lisa Sherratt

The committee **RECEIVED** the Health and Safety and Security Management Summary Report.

056/22 Corporate Assurance and Risk Management (CARM) Group Report

Shane Webber presented the report to the committee for assurance.

Peter Conway suggested that he would like to see further insights, trends and benchmarking included in future reports.
Action - Georgia Denegri

In response to a question from Peter Conway regarding improving efficiencies and the cost of compliance, Shane Webber responded that corporate services did benchmark against the model hospital although this was a challenge. Services sought to shape their delivery to bring down time spent on activities that were not involved with the rest of the organisation and reduce the burden on frontline services.

The committee **RECEIVED** the Corporate Assurance and Risk Management Group Report.

057/22 Estates Risk Register deep dive

Shane Webber presented the report to the committee for assurance.

Shane Webber would be meeting Peter Prentice, Director of Estates to discuss the strategic risks for the estate. As a result, he expected the risk register to evolve over the next few months. He highlighted that the Trust was seeking to recruit authorised engineers but these were difficult to recruit both locally and nationally. Interim measures were in place to manage the risk.

In response to a comment from Pippa Barber regarding improving the effective utilisation of the Trust's estate, Shane Webber responded that reviews were being undertaken in all districts. Maidstone and Thanet had been completed and the rest would be completed by January 2023. Their recommendations would help shape the strategy and forward plan for space utilisation. With regards to clinical teams finding and booking venues in the community for delivering patient care, Shane Webber volunteered to investigate how this could be supported.
Action – Shane Webber

With regards to the estates strategy, Shane Webber confirmed that it had been approved at the July Board meeting. The operational plan had been designed with the clinical leads. Peter Conway highlighted that there were

a number of areas that needed further discussion such as the strategic risks, downside costs such as energy, benefits realisation of freeholds and sustainability. In response to his question as to whether there were any estates risks that should be on the BAF, Shane Webber indicated that a risk might be considered around which estate to retain and the impact of that decision on future service delivery.

The committee **RECEIVED** the Estates Risk Register deep dive.

058/22 Director of Finance Report

Gordon Flack presented the report to the committee for information and assurance.

The committee **RECEIVED** the Director of Finance Report.

059/22 Losses and Special Payments including Debt Write Off Assurance Report

Carl William presented the report to the committee for information and assurance.

The report had been approved by the executive team.

The committee **RECEIVED** the Losses and Special Payments including Debt Write Off Assurance Report.

060/22 Single Tender Waivers (STWs) and Retrospective Requisitions Report

Gordon Flack presented the report to the committee for assurance.

The committee **RECEIVED** the Single Tender Waivers and Retrospective Requisitions Report.

061/22 Forward Plan

Peter Conway presented the report to the committee for approval.

The risk deep dive at the November committee meeting would focus on IT enablement.

The forward plan would be updated with the items suggested during the meeting.
Action – Gina Baines

The committee **AGREED** the Forward Plan.

062/22 Committee effectiveness

Peter Conway presented the report to the committee for approval.

The committee reviewed the self-assessment questionnaire and agreed the process for completing the review. The survey would be circulated to Committee members and the responses discussed at the November meeting.

The committee **AGREED** the Committee Effectiveness.

062/22 Any other Business

There was no other business.

The committee evaluated the meeting.

Date and time of next meeting

Monday 21 November 2022. Informal meeting at 8.45am followed by the formal meeting at 9am in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent, ME16 9NT.

The meeting ended at 11.15am.