

Agenda and Papers

for the

Board of Directors meeting in public

to be held at 9am

on Friday 20 January 2023

Via MS Teams

**The meeting will be broadcast
to the public**

TRUST BOARD MEETING IN PUBLIC

Friday 20 January 2023, 9.00 – 11.00
Via MS Teams

The recording of the meeting will be published on the website

AGENDA

STANDING ITEMS

- | | | | | |
|----|---|-------------------|----------|------|
| 1. | Welcome, introduction and apologies | Trust Chair | Verbal | 9.00 |
| | <i>The patient/staff presentation was moved later on the agenda to better link with the Council of Governors meeting that follows</i> | | | |
| 2. | Declaration of interests | Trust Chair / all | Attached | |
| | <i>To note the Board of Directors register of interests and declare any conflicts on items on the agenda</i> | | | |
| 3. | Minutes of the Board meeting in public held on 7 December 2022 | Trust Chair | Attached | |
| 4. | Action log and matters arising from the meeting held on 7 December 2022 | Trust Chair | Attached | |
| 5. | Chair's report | Trust Chair | Verbal | 9.10 |
| 6. | Chief executive's report | Chief executive | Attached | 9.20 |

GOVERNANCE, ASSURANCE & PERFORMANCE

- | | | | | |
|-----|--|---|----------|-------|
| 7. | Board assurance framework | Interim Trust Secretary | Attached | 9.30 |
| 8. | Integrated performance report – November 2022 | Chief Finance Officer
Executive Directors | Attached | 9.40 |
| 9. | Strategic workforce committee chair's assurance report – meeting of 9 January 2023 | Chair of Strategic Workforce Committee | Attached | 10.00 |
| 10. | Charitable Funds Annual Report and Accounts 2021/22 | Chief Nursing Officer and Chief Finance Officer | Attached | 10.05 |

SERVICE PRESENTATION

- | | | | | |
|-----|---------------|---|--------|-------|
| 11. | Pharmacy team | Chief Pharmacist
Pharmacist
Specialist pharmacy technicians (Children and Young People) | Verbal | 10.20 |
|-----|---------------|---|--------|-------|

ANY OTHER BUSINESS

- | | | | | |
|-----|--|-------------|--------|-------|
| 12. | Any other items of business previously notified to the Chair | Trust Chair | Verbal | 10.45 |
|-----|--|-------------|--------|-------|

QUESTIONS FROM GOVERNORS AND PUBLIC

- | | | | |
|-----|--|-------------|--------|
| 13. | Questions relating to the agenda items | Trust Chair | Verbal |
|-----|--|-------------|--------|

CONFIRMED COMMITTEE MINUTES SINCE LAST MEETING – FOR INFORMATION

- | | | |
|-----|---|----------|
| 14. | <ul style="list-style-type: none"> • Finance, business and investment committee meeting of 12 October 2022 • Strategic workforce committee meeting of 3 November 2022 | Attached |
|-----|---|----------|

DATE OF NEXT MEETING

- | | | | | |
|-----|--|-------------|--------|-------|
| 15. | Wednesday 19 April 2023; venue to be confirmed | Trust Chair | Verbal | 11.00 |
|-----|--|-------------|--------|-------|

Board of Directors' Register of Interests

Board member	Declared interests
Mr John Goulston Trust Chair	<ul style="list-style-type: none"> Chair of Steering Board, NHS London Procurement Partnership (LPP) Co-chair, Kent and Medway Provider Collaborative Board for Adult Mental Health, Learning Disabilities and Autism
Ms Pippa Barber Non-executive Director	<ul style="list-style-type: none"> Director, THF Health Ltd Trustee, Demelza House Children's Hospice
Mr Paul Butler Non-executive Director	<ul style="list-style-type: none"> None
Ms Pauline Butterworth Deputy Chief Executive and Chief Operating Officer	<ul style="list-style-type: none"> None
Ms Ali Carruth Executive Director of Health Inequalities and Prevention (non-voting)	<ul style="list-style-type: none"> Governor, Downsbrook Primary School, Worthing
Mr Peter Conway Non-executive Director	<ul style="list-style-type: none"> Non-executive director, Kent and Medway NHS and Social Care Partnership Trust
Mr Gordon Flack Chief Finance Officer	<ul style="list-style-type: none"> None
Mrs Kim Lowe Non-executive Director	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> None
Dr Sarah Phillips Chief Medical Officer	<ul style="list-style-type: none"> Newton Place Pharmacy LLP (shareholding)
Ms Victoria Robinson-Collins Chief People Officer	<ul style="list-style-type: none"> Independent ambassador, Tropic Skincare
Dr Mercia Spare Chief Nursing Officer	<ul style="list-style-type: none"> None
Dr Razia Shariff Associate Non-executive Director (non-voting)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Director of Research and Insights, Centre for Health Solutions, Deloitte LLP
Mr Nigel Turner Non-executive Director	<ul style="list-style-type: none"> Owner, Turner Business Solutions

UNCONFIRMED Minutes of the Board of Directors' meeting in public, held on Wednesday 7 December 2022, rooms 6 and 7, Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford, Kent TN25 4AZ

Present:	John Goulston	Trust Chair (Chair)
	Pippa Barber	Non-Executive Director
	Paul Butler	Non-Executive Director
	Pauline Butterworth	Deputy Chief Executive and Chief Operating Officer
	Peter Conway	Non-Executive Director
	Ali Carruth	Executive Director of Health Inequalities and Prevention (non-voting)
	Gordon Flack	Chief Finance Officer
	Kim Lowe	Non-Executive Director
	Mairead McCormick	Chief Executive
	Dr Sarah Phillips	Chief Medical Officer
	Victoria Robinson-Collins	Chief People Officer
	Dr Razia Shariff	Associate Non-Executive Director (non-voting)
	Dr Mercia Spare	Chief Nursing Officer
	Karen Taylor	Non-Executive Director
	Nigel Turner	Non-Executive Director
In attendance:	Gina Baines	Assistant Trust Secretary and Committee Secretary (minutes)
	Georgia Denegri	Interim Trust Secretary
	Jaishree Narayanan	Chair of the Disability and Carers' Network (agenda item 2)
	Clive Tracey	Community Services Director Specialist and Public Health Services (item 12)
Apologies:	none	

07/12/01 Welcome, introduction and apologies

Mr Goulston welcomed everyone to the Board of Directors' meeting of the Kent Community Health NHS Foundation Trust (the Trust) held in public.

There were no apologies. The meeting was quorate.

07/12/02 Staff network: Disability and Carers' network

Ms Narayanan, Disability and Carers' network chair, joined the meeting to present to the Board the work of the network.

Ms Narayan had been chair of the network since 2019 and she felt honoured to have had the opportunity to lead the network. Although the network had achieved a lot in the past three years, there was still much more to do, particularly around the Trust becoming a Disability Confident Leader at level three of the Disability Confident scheme. She highlighted the challenge the Trust faced in changing the disconnect between the ambition of the organisation to fully support its disabled members of staff and the experience that some of them experienced in their working lives. In the latest NHS Staff Survey, 17% of the Trust's disabled staff felt discriminated against. Ms Narayanan challenged the Board as to why that should be. The network had spoken to Dr Spare, Ms Robinson-Collins and Ms Carruth about the findings and about how the issues the results raised could be addressed. She suggested that this feeling of discrimination could partly be explained by those staff with a disability being scared of the disability itself and how it would be received by their manager and co-workers. Different managers interpreted the various relevant policies in different ways, with some more accommodating of the needs of their disabled staff than others. A strong lead from the Board was needed to drive home the message that the needs of disabled staff should be fully considered. She welcomed the implementation of the Trust's equality, diversity and inclusion strategy but emphasised that it would only be successful in being truly inclusive if staff embraced it willingly rather than as a tick box exercise. Managers needed to understand the health issues of their staff and the impact that these issues had on their health and their daily lives.

In response to a question from Dr Spare about what were the main issues the Board should think about, Ms Narayanan suggested that the most pressing issue was the need for a safe space - physical, virtual, emotional or learning - for staff to declare that they were disabled without the fear of judgement or discrimination. Ms Carruth added that from her observations of the network, it was clear that some people were reluctant to speak up about their disability. Many disabilities were hidden and staff were anxious about making a declaration for fear of how it would be received.

Mrs Lowe reported that Ms Narayanan had presented on the network to the Strategic Workforce Committee recently and her reflections had reinforced the importance of the Nobody Left Behind strategy and the need to operationalise it effectively. This would include supporting managers, ensuring that disabled staff had reasonable adjustments put in place, and investing in people. In order to build trust, managers would need to change their attitudes and adjust the way they worked.

Ms Robinson-Collins commented that there were broader issues to consider as well around confidentiality, language and an understanding that in some instances declaring a disability also involved a personal acceptance by the member of staff of their disability.

Ms McCormick reflected that Ms Narayanan's presentation had made for uncomfortable listening. However, there were a number of opportunities to

do things differently, to hear the voice of those with disabilities and enable managers to help those staff with disabilities.

In response to a question from Ms Barber as to what the Board should do next, Mr Goulston responded that the Board had received the Workforce Disability Equality Standard (WDES) report at its meeting in September which had shown the same concerns as raised by Ms Narayanan. He suggested that the work that had been set out in the report should continue and the Board updated on progress at its meeting in April. Ms McCormick added that she and the executive team would reflect on what they had heard and seek to identify what would bring about meaningful change by listening further to the network.

Mr Butler suggested that there were three areas to reflect on. Firstly, that staff were not willing to register their disability; secondly, where they had, were managers aware of the disability? and finally, where managers were aware of the disability, how well were they engaged with it and what it meant for the member of staff in their daily lives?

Ms Robinson-Collins concluded that she had commissioned a refresh of the action plan of the Nobody Left Behind strategy. The ethos of the work was that it should be co-designed across the organisation, involving Board members, leaders, the networks and all colleagues and patients. She recommended that the Board wait for the work to be completed. She would bring an update at the April Board meeting on progress.

Action – Ms Robinson-Collins

Ms Narayanan thanked the Board for inviting her to the meeting and actively listening to her presentation.

07/12/03 Declarations of Interest

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

07/12/04 Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 7 September 2022

The minutes were read for accuracy.

The Board **AGREED** the minutes of its meeting held on 7 September 2022 as an accurate record.

07/12/05 Action log and matters arising from the Kent Community Health NHS Foundation Trust Board meeting held on 7 September 2022

07/09/06 Patient/service impact story - Dr Spare clarified that an update on the patient story presented at the September board meeting would come to the April Board meeting, rather than the March meeting. Action open.

07/09/09 Board assurance framework – Action open.

07/09/13 Finance, Business and Investment Committee chair's assurance report – This paper would come to the Board meeting on 31 March and considered alongside the annual budget 2023/24. Action open.

07/09/25 Questions from members of the public relating to the agenda – Dr Spare confirmed that the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) would be shared with the Council of Governors as part of the end of life care session to them. This was expected to be delivered in the new year as part of a Governor development session. Action open.

All other actions were closed.

The Board **RECEIVED** the action log and matters arising.

07/12/06 Chair's report

Mr Goulston presented the report to the Board.

Mr Goulston and Ms McCormick would be attending a workshop on provider collaboration for Kent & Medway provider chairs and chief executives and the Integrated Care Board chair and chief executive later that week.

Mr Goulston had attended a number of Trust activities and events recently including a Covid booster session, the allied health professionals conference and the long service awards.

At the Quality Committee meeting on 17 November, two staff members due to present papers had attended the meeting virtually from the Manston immigration processing centre where they were supporting the vaccination programme. Examples such as these were a real credit to the Trust and reflected the responsiveness and adaptability of Trust staff.

Mr Goulston also highlighted the paper to the Board on the changes to the Board's membership and non-executive director and executive director responsibilities, recognising the recent changes to the executive directors' portfolios. There was one correction to table two which should state that Mr Conway, rather than Mrs Lowe, was deputy chair of the Finance, Business and Investment Committee.

The Board **NOTED** the Chair's report.

07/12/07 Chief executive's report

Ms McCormick presented the report.

In response to a question from Mr Butler regarding Exercise Arctic Willow, the three-day national emergency exercise that the Trust had taken part in,

Ms McCormick confirmed that the Trust had been found to be well-prepared. No gaps had been identified but there had been some areas where improvements could be made. Ms Carruth added that the feedback from the national team had been very positive and they had been impressed with how well the Trust had been engaged in the exercise.

Ms Barber highlighted that the Pharmacy Team had been awarded a Health Service Journal Patient Safety Award for the work it had done with vulnerable groups. Board members expressed that they would like to hear more about this work and Ms McCormick agreed to ask the team to present at a future Board meeting.

Action – Ms McCormick

The Board **NOTED** the chief executive's report.

07/12/08 Board Assurance Framework (BAF)

Ms Denegri introduced the report to the Board for assurance.

Mr Conway commented that there had been good progress with the refresh of the document. With regards to risk 115 (operational pressures and staff shortages), he would be supportive if the rating were to be reduced. However, he cautioned that the turnover rate was still very high.

With regards to the 2023/24 financial risk which Mr Flack had flagged, Mr Conway suggested that it be discussed at the next Finance, Business and Investment Committee meeting.

Action – Mr Flack

Ms Robinson-Collins clarified the turnover rate. The figure in the report was the total turnover rate. Within the figure was the voluntary turnover rate i.e. those opting to leave. This was the lowest it had been since June 2021 and was well within the mean threshold. It was that figure that was being used to refresh risk 115.

Mr Turner added that the Strategic Workforce Committee was scrutinising the turnover rates. The Trust was an improving trend but still had some way to go when benchmarked against other trusts.

Mr Goulston suggested that the amber ratings against the action on the significant risks could be more nuanced and the completion dates updated. Ms Denegri agreed to coordinate the revisions.

Action – Ms Denegri

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

07/12/09 Quality Committee chair's assurance report – meetings of 11 September 2022 and 17 November 2022

Ms Barber presented the report to the Board for assurance.

Dr Spare added that with regards to the staff flu and Covid vaccination programme, the programme would finish on 15 December. This would be followed by the peer vaccination programme which would continue until 31 December 2022. A further 300 staff were required to be vaccinated if the Trust was to meet the compliance level it achieved the previous year. Actions were in place to meet that target.

The Board **RECEIVED** the Quality Committee chair's assurance report.

07/12/10 Infection Prevention and Control Board Assurance Framework

Dr Spare presented the report to the Board for assurance.

In response to a question from Dr Shariff regarding progress with the staff flu and Covid vaccination programme, Dr Spare confirmed the Trust would continue with the actions it had set out. These would be supported by a continued focus on delivering a visible leadership message alongside listening and responding to people's concerns. There would be more communications during the peer vaccination programme.

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

07/12/11 Learning from Deaths Report

Dr Phillips presented the report to the Board for assurance.

Mr Goulston reflected on the recent changes to the medical examiner's role and questioned how trusts could ensure that these would not result in a delay in releasing the body promptly to those families whose religious laws required this. Dr Phillips responded that nationally there had been some increase in complaints around delays. Good planning and preparation were key to minimising delays and the Trust had good links with the medical examiner's team.

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

07/12/12 Kent and Medway Special Educational Needs and Disability services (SEND) inspection

Mr Tracey joined the meeting and presented the report to the Board for assurance.

Dr Phillips highlighted that there was a large gap between the demand for the service and the commissioned capacity. She added that the morale of the team needed to be supported as they were working hard to deliver for their patients but were not making the impact that they would like. Although complaints had increased, she wished to acknowledge the work of the team in challenging circumstances. The issues that the report had highlighted

would not be solved only through an internal improvement response. A system approach would be required.

In response to a question from Mr Conway as to whether the system would provide the additional funding that was required, Mr Tracey responded that the system had an appetite to make a difference. Kent County Council's new director of special educational needs and disabilities would be leading on driving change. However, investing in that change would be a challenge, despite the system hearing the voices of the parents. With regards to the governance, Mr Tracey suggested that the Trust's Quality committee would have oversight of progress with any actions, to which Ms Barber agreed.

Ms Barber commented that the Trust's SEND team had good systems in place to deliver the required assessment plans. However, this was a system-wide issue and she questioned who would lead at a system level to deliver the improvements that were needed.

In response to a question from Mrs Lowe as to how the Board would have known what was happening if the reinspection had not occurred, Ms Butterworth explained that the Board, through the executive team meeting and the committees, received performance reports on the component parts that the Trust was involved in, such as care plans and access to child therapies. It was less likely that the Board would have had sight of the system's performance. For that, there was service collaboration at system level through a system wide group which was chaired by Kent County Council.

In response to a question from Dr Shariff about the impact on looked after children and those children whose parents were unable to articulate for them, Mr Tracey explained that the Looked After Children service was run by the Trust which meant that it had good sight on the delivery of care to that cohort of children. The SEND service prioritised those children who were transitioning through the school system as well as looked after children.

Ms Barber commented that the Trust's integrated performance report included the information but it was amalgamated rather than separated out. The report also did not indicate the quality of what was delivered. She would like to see a good quality assurance improvement that conveyed how it felt for the people using the service and which tested how the system was working together.

Mr Butler cautioned that as the Trust was involved in the collaboration but not in control of delivery, it had a responsibility to challenge if it was not happy with progress.

In response to a question from Mr Goulston as to whether there was a consolidated action plan, Mr Tracey confirmed that there was. Mr Goulston added that the Board would like to know who was holding the plan and how the Trust would be accountable on delivering it and working with parents. There would be opportunities to gain assurance through service visits, We

Care visits and the Quality Committee and this would need to be co-ordinated. Dr Spare agreed to update the Board on this, specifically on how the Trust was delivering its element of the system's action plan and how the service was working with parents to implement improvements.

Action – Dr Spare

The Board **RECEIVED** the Kent and Medway Special Educational Needs and Disability services (SEND) inspection report.

Mr Tracey left the meeting.

07/12/13 Reading the signals: Maternity and neonatal services in East Kent – the Report of the Independent Investigation

Dr Spare presented the report to the Board for assurance.

Ms Barber suggested that, although the Quality committee and the Strategic Workforce committee would examine the detail of the work that the Trust would undertake, the main discussion around changing behaviours across the organisation should sit at Board level.

Dr Phillips reflected that the report had not identified a list of quick fixes as it was clear from previous similar reports that they did not work. Instead, a more sophisticated approach would be needed with the emphasis on the executive team going out to be with teams and building good relationships with those teams' clinical leads in the first instance. This might lead to executive directors hearing difficult messages but it would identify where the problems were and which teams were struggling.

Mrs Lowe added that this report represented an opportunity for the members of the Board to understand the power of listening and the voice. The Trust's strategy work provided an opportunity for the Board to invest in playing its part in changing the culture.

With regards to the recommendation that the Quality committee support more detailed discussions, Dr Spare explained that she was not intending for the Quality committee to carry out the work of the Board but rather to use the committee as a place where intelligence could be shared from across the organisation and collaboration encouraged.

In response to a question from Ms Taylor as to whether staff in the relevant Trust services, such as health visiting, were in a position to pick up information about the quality of local maternity services, Dr Spare referred her back to the Ockenden review: summary of findings, conclusions and essential actions (published March 2022). There it set out the interactions between health visiting services, primary care and the local maternity system and how they could be strengthened.

Mr Goulston summarised that the actions for the Board needed to be thought through, particularly around receiving assurance and identifying the

correct performance metrics. There were questions to be answered about ensuring all teams were functional and effective and where this was not happening, how it could be enabled. To help the Board, the conclusions of the report would be linked to the Board's own well-led review which was being undertaken by the Good Governance Institute.

In conclusion, it was agreed that Dr Spare would bring a more substantial paper to the April Board meeting in public.

Action – Dr Spare

The Board **NOTED** the findings from the Kirkup public inquiry and the key enablers that were in place at the Trust to create an open, transparent, compassionate and safe culture.

The Board **RECEIVED** the report – Reading the signals: Maternity and neonatal services in East Kent – the Report of the Independent Investigation.

07/12/14 Audit and Risk Committee chair's assurance report

Mr Conway presented the report to the Board for assurance.

The Board **RECEIVED** the Audit and Risk Committee chair's assurance report.

07/12/15 Finance, Business and Investment Committee chair's assurance report

Mr Butler presented the report to the Board for assurance.

The Board **RECEIVED** the Finance, Business and Investment Committee chair's assurance report.

07/12/16 Strategic Workforce Committee chair's assurance report

Mrs Lowe presented the report to the Board for assurance.

Dr Shariff commented that the Charitable Funds committee had asked Ms Robinson-Collins to present a report at its next meeting on what the Trust was already offering colleagues to support them with coping with the cost of living crisis. The committee might be able to support with a drive to increase funds if a shortfall was identified.

In response to a question from Ms Barber as to whether the Resourcing team could reduce the length of time it took to recruit individuals into post, Ms Robinson-Collins explained that the team was looking to improve the turnaround time further. The Resourcing team, the candidate and the recruiting manager each have a responsibility to maintain the momentum of the recruitment process. Significant progress had been made but reducing the timeline further would be achieved most effectively through educating recruiting managers and supporting recruits through the process.

The Board **RECEIVED** the Strategic Workforce Committee chair's assurance report.

07/12/17 Charitable Funds Committee chair's assurance report

Mr Turner presented the report to the Board for assurance.

The Board **RECEIVED** the Charitable Funds Committee chair's assurance report.

07/12/18 Integrated performance report (IPR)

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

Ms Barber commented that the time on the waiting lists for the clinical nutrition and dietetics service was not showing any significant improvement and it was agreed that Ms Butterworth would bring a report to the next Quality committee meeting.

Action – Ms Butterworth

The Board **RECEIVED** the integrated performance report.

07/12/19 Winter plan

Ms Butterworth presented the report to the Board for information and assurance.

In response to a question from Ms Barber as to whether the actions that supported the winter plan would have a positive impact on the number of patients in hospitals who were deemed to be no longer fit to reside but were unable to go home due to a lack of care packages, Ms Butterworth indicated that it was hard to predict if and when the numbers would start to decrease. It was encouraging that the actions were system orientated as they were more likely to have an impact. Within the Trust, Ms Liz Sargeant, Director of Integration was working on how services could work more closely with social care with the aim of avoiding hospital admissions in the first instance. Dr Phillips added that managing patient numbers also depended on capacity in the community, primary care and social care.

The Board **RECEIVED** and **NOTED** the winter plan.

07/12/20 Emergency preparedness, resilience and response (EPRR) annual assurance statement

Ms Carruth presented the report to the Board for approval.

The Board **APPROVED** the emergency preparedness, resilience and response (EPRR) annual assurance statement.

07/12/21 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) update

Ms Robinson-Collins presented the report to the Board for information and assurance.

It was agreed that Ms Robinson-Collins would update the board on progress at its April Board meeting in public.

Action – Ms Robinson Collins

The Board **RECEIVED** and **NOTED** the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) update.

07/12/22 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

Ms Denegri presented the report to the Board for information and assurance

The Board **NOTED** the report.

07/12/23 Any Other Business

There was no other business to report.

07/12/24 Questions from members of the public relating to the agenda

There were no questions from the public.

07/12/25 Confirmed minutes of committees – for noting

Dr Shariff highlighted that she had not attended the Strategic Workforce committee meeting on 1 September. The minutes would be amended.

The Board **NOTED** the confirmed minutes of the committees, subject to the amendment.

Date and venue of the next meeting

Wednesday 18 January 2023; The Invicta Suite, Orida Hotel Maidstone, Bearsted Road, Maidstone ME14 5AA

This meeting will be broadcast live to the public.

The meeting ended at 11.30am.

BOARD ACTION TRACKER AND MATTERS ARISING FROM THE BOARD MEETING OF 7 DECEMBER 2022 (PART ONE)

Minute number	Agenda Item	Action	Action Owner	Update	Action status
07/09/06	Patient/Service Impact Story	To provide an update to the Quality Committee in the next quarter. To provide follow up report to the Board on issues raised in six months' time.	Dr Spare	Scheduled on January Quality committee agenda and April Board meeting in public.	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
07/09/13	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	Paper discussed at the finance, business and investment committee meeting on 1 December 2022 and will be brought to the Board at its 31 March 2023 meeting alongside the 2023/24 budget.	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 invite a Governor or patient representative to become a member of the End of Life Care Steering Group	Dr Spare	In progress.	Open
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	Scheduled at April Council of Governors meeting as part of the end of life care presentation.	Open
07/12/02	Staff network: disability and carers network	To update the Board at its April Board meeting on progress with the refresh and implementation of the action plan associated with the Nobody Left Behind strategy.	Ms Robinson-Collins	Scheduled in April	Open
07/12/07	Chief Executive's report	To arrange a board presentation on the Pharmacy teams' Health Service Journal Patient Safety Award.	Ms McCormick	On the agenda.	Closed
07/12/08	Board assurance framework	To discuss the Trust's 2023/24 financial risk at the next Finance, Business and Investment Committee meeting.	Mr Flack	Scheduled on FBIC February agenda.	Open
07/12/08	Board assurance framework	To co-ordinate the revision of the amber rating scores and completion dates.	Ms Denegri	In progress.	Open

Minute number	Agenda Item	Action	Action Owner	Update	Action status
07/12/12	Kent and Medway Special Educational Needs and Disability services (SEND) inspection	To update the Board on how it will triangulate evidence that the Trust is delivering its element of the system's action plan and how the service is working with parents to implement improvements.	Dr Spare	To be scheduled once K&M ICB has developed plan.	Open
07/12/13	Reading the signals: Maternity and neonatal services in East Kent – the Report of the Independent Investigation	To bring the Trust's response to the April board meeting.	Dr Spare	Scheduled on April Board agenda.	Open
07/12/18	Integrated performance report	To bring a report to the Quality committee on the clinical nutrition and dietetics performance	Ms Butterworth	Scheduled on January Quality committee agenda.	Open
07/12/21	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans 2022/23	Schedule progress update on WRES and WDES at April Board meeting.	Ms Robinson-Collins	Scheduled on April Board agenda.	Open

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	20 January 2023
Agenda Number:	6
Agenda Item Title:	Chief Executive's Report
Presenting Officer:	Mairead McCormick, Chief Executive Officer
Action – this paper is for:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance

Report Summary

This report highlights key people, business and service developments in Kent Community Health NHS Foundation Trust since the last public Board report in December.

Proposal and/or recommendation

Not applicable.

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

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

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

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

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

☐ Yes (please attach)

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

Highlights relating to protected characteristics in paper

Name:	Mairead McCormick	Job title:	Chief Executive
Telephone number:	01622 211902	Email	Mairead.mccormick1@nhs.net

CHIEF EXECUTIVE'S REPORT January 2023

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

Current situation and pressures

The festive period saw a perfect storm of huge demand for services, rising rates of Covid, flu and other infections and lack of capacity, which means despite the enormous efforts of everyone working in the NHS in Kent and Medway and across the country, it's been an incredibly challenging couple of weeks.

Our acute hospitals and urgent treatment centres are overcrowded and our urgent response services, like our acute, rapid and community response teams are also facing significant demand. The past couple of weeks have seen South East Coast Ambulance Service and Medway Foundation NHS Trust declaring critical incidents.

At times like this, it's important for us to recognise the difficult decisions colleagues are taking on a daily basis, as we come together as a health and care community to grapple with rising demands.

The pressure has been greater in many ways than wave one of the Covid-19 pandemic, but I am incredibly proud of our KCHFT colleagues for the way they have stepped up to support our colleagues in primary care, the acute hospitals and our ambulance service.

We are all working collectively to use the resources we have in a way which will have the greatest impact on keeping people who need us most safe and cared for.

We know this way of working is not sustainable for the future and not what I want for our patients or our staff. It will take time to redesign our models of care, but this is what is required to prevent working like this in the future and we are fully committed to doing this in the months and years ahead.

Winter escalation and extreme conditions

As part of our winter plan, we temporarily opened beds at Westbrook in Margate and Westview in Tenterden and created additional capacity in our community hospital wards.

Our aim, as always, is to provide people with the best possible care. This means making sure our patients in community hospitals are supported to get up and moving so their condition does not deteriorate and they can return home, where we know they want to be.

The period between Christmas and New year was particularly difficult and we heightened the visibility of the Executive Team over bank holidays and weekend to ensure staff felt supported and that we could deal with any particular challenges quickly and effectively. We have continued to visit services to understand the pressures on the ground and continue to be impressed by everyone's efforts but it's really important that we keep checking that people are having some down time to recover.

Stroke ward

Our plans are continuing to open the stroke ward at Westbrook, in Margate and in December we held a successful recruitment open day. We offered eight positions with a second open day due to take place this month (14 January).

Operational planning guidance

NHS England (NHSE) published national planning guidance for the Operational Plan for 23/24 and the Joint Forward Plan.

NHSE set out three tasks over the coming year:

- recover our core services and productivity;
- as we recover, make progress in delivering the key ambitions in the NHS Long Term Plan, and;
- continue transforming the NHS for the future.

Recovering core services is focused on improving: Ambulance response times, A&E waiting times, elective waits, cancer backlogs, diagnostic standard, access to primary care, particularly general practice.

KCHFT has already developed plans that satisfy the requirements of the operational planning guidance regarding: Two-hour urgent community response, virtual wards, but others will require focus, such as self-referral for some services. A single operational plan will be submitted by the ICB on behalf of all trusts. This submission is due at the end of March.

Approach to developing our strategy

The current KCHFT trust strategy is due to be refreshed for 2023. There is appetite for a continuous quality improvement approach to the strategy for the next five years. We are developing a plan for a true north-style of strategy over the next quarter, ready to launch for 2023/24 and will be engaging with colleagues, patients and partners as this is developed.

Strike action

At the time of writing, we were preparing for two days of industrial action, after RCN members at KCHFT voted to strike.

While KCHFT was not on the list for strike action in December, KCHFT is listed for strike action on 18 and 19 January and we have planned for this, from agreeing derogations with the RCN to ensure we can deliver safe services, contacting patients who may be affected and holding webinars with colleagues so they can ask any questions they have.



I will provide an update at our Board meeting, but I would, once again, like to put on record that for our colleagues who voted or intended to strike, we recognise it will not be a decision they have taken lightly and we respect their right to strike. I know how conflicted many of them have been and how much they care about their patients.

Our website is being kept up-to-date with vital information for the public during any strike action, www.kentcht.nhs.uk/strike.

Covid-19 and flu vaccinations

We continue to monitor rates of Covid and flu. As of 12 January, our staff vaccination rates are 56.9 per cent for Covid and 58.6 per cent for flu. This is above the national average. We're still providing flu jabs for colleagues until 28 February and we are working with the ICB team which is providing mobile catch up clinics at venues accessible to our teams. All colleagues with a work phone have also had text reminders, which was effective in increasing uptake.

People

Staff health and wellbeing and cost of living

Colleagues came together in December at a special health and wellbeing event to set in motion our new network of Health and Wellbeing Champions (HWBC), as well as discussing the key issues impacting staff wellbeing.

To build on the progress made on the day, HWBCs are now meeting to develop the role of champions across KCHFT and how champions can support our colleagues. Our December monthly staff health and wellbeing newsletter contained details of mental health support along with more tips on saving money during the cost of living crisis. Our next People Pulse survey is now live and focuses on asking people about flexible working and what more we can do to support people.

Community public health assistants recruitment

As part of the new health visiting strategy, we have advertised for the new role of public health assistant in all areas of Kent to support the universal child health and wellbeing reviews for parents with children aged up to two-and-a-half. The process was a huge success with more than 80 applicants, 29 people interviewed and 14 offered roles as CPHAs.



Patients and service users

Urgent care services

Working with NHS Kent and Medway, we are planning to upgrade Sheppey Minor Injury Unit, in line with the national Urgent Care Strategy, to a GP-led urgent treatment centre.

We are currently in consultation with staff about changing shift patterns with new opening hours of 8am to 8pm in line with our UTCs across the country.

In December, we took the difficult decision to temporarily close Edenbridge Minor Injury Unit due to staffing challenges so we could keep the urgent treatment centre, in Sevenoaks open, which can treat a wider range of conditions and is opening longer.

Teams are working hard to re-open the MIU on 20 January.

Armed Forces Covenant

Our Executive Team was joined on December 6 by representatives of the Royal British Legion and a veteran patient and his wife to witness the signing of the Armed Forces Covenant. The pledges underlying the covenant will help us put in place support measures to help our military families as well improve access to our services for veterans. 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.



Community Health magazine

Our winter Community Health magazine for patients is in community venues and supermarkets now. It includes how our Specialist Community Respiratory Service has helped Stephen enjoy life again and how virtual wards are helping people like 89-year-old Alan Reed receive hospital care at home so he can stay at home with his beloved wife Yvonne. It also includes tips and advice for people to stay well and warm this winter.



Partnerships

Vaccination for diphtheria

KCHFT's vaccination teams worked closely with the UK Health Security Agency throughout November and December to vaccinate migrants against diphtheria after a spike in infections at the Manston processing centre. Thanks to teams for reacting quickly.

Virtual wards

We are continuing to develop vital **Hospital at Home virtual wards** as part of the East Kent Health and Care Partnership, for people with acute respiratory infections and those living with frailty, as part of a national vision to provide 40 to 50 virtual beds, per 100,000 of the population by December 2023. Working with acute partners, local care homes, GPs and hospices, the aim is to provide hospital-level care to patients in their own homes. Next month, we will be holding an event for patients, colleagues and staff involved in delivering these to develop our plan for the future. Virtual wards are also being developed and expanded in west Kent too.

It may have been an incredibly challenging start to the year, but it's also important to look back on what we achieved in 2022, you can read a [snapshot here](#).

We may still have some challenging months ahead, but I'm looking forward to co-designing some exciting new models of care with our patients, staff and our partners.

I conclude my report with a huge thanks to our staff for everything they are doing and acknowledging it is also an incredibly difficult time for our communities too.

Mairead McCormick
Chief Executive January 2023

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	20 January 2023
Agenda Number:	7
Agenda Item Title:	Board assurance framework
Presenting Officer:	Georgia Denegri, interim trust secretary
Action – this paper is for:	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

What is the purpose of the paper and the ask of the 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 two BAF risks are as follows:

- BAF ID 123 – KCC Funded Social Care – risk rating 20
- BAF ID 124 – Strike Action – risk rating 20

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

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

In addition to the BAF the trust wide risk register is also attached detailing all risks scored 15 and above.

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

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Updated 13th January 2023

Appendix 1

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	Overall Target Date	Overall 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 Assessment	C	L	Target	Target Date
Integrated Care	123	May 2022	Pauline Butterworth	KCC Funded Social Care Risk If the sustained lack of domiciliary care for KCC funded long term packages of care in the system (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) does not improve Then system flow will continue being impacted Resulting in greater delays in hospitals discharges and further increase in NFTR numbers <u>Board Committee Lead on Assurance:</u> <u>Board</u>	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	G					
													Regular MADE events	Pauline Butterworth	December 22	G					
													Redesign of KCHFT bed management processes to maximise flow in KCHFT Community Hospitals	Pauline Butterworth	December 22	G					
													Open 30 pathway 1 enablement beds to support winter surge	Pauline Butterworth	March 23	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 actively ballot members and 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. <u>Board Committee Lead on Assurance:</u> <u>Strategic Workforce Committee</u>	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 Regular review of skill mix to ensure full use of MDT Shared comm/ 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
													Agree derogations with staff side	Victoria Robinson-Collins	December 22	G					
													Regular review of skill mix to ensure full use of MDT	Pauline Butterworth	December 22	G					
													Regular review of skill mix to ensure full use of MDT	Pauline Butterworth	December 22	G					
													Report safer staffing to execs monthly	Mercia Spare	January 23	G					
													Safer staffing reviews for community hospitals and hot spot areas weekly	Mercia Spare	December 22	A					
													Agree areas for pickets with staff side	Victoria Robinson-Collins	January 23	A					
													Work collaboratively with K&M system HRD's and ICB CPO to ensure system workforce plan and solution to staffing gaps is in Local oversight of the delivery of quality matrix and escalation via PSCRG as indicated	Victoria Robinson-Collins	January 23	A					
														Mercia Spare	January 23	A					

Strategic Goals: Integrate Services/Prevent Ill Health/Deliver High Quality Care at Home and in the Community/Develop Sustainable Services

Strategic Goal	D	Owned	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Top Five Assurances	C	L	Rating	Planned Actions and Milestones	Confidence Assessment	Aspects	C	L	Target				
Prevent ill health	118	February 2021	Victoria Robinson - Collins	5	4	20	<p>Operational Pressures & Staff Shortages Risk</p> <p>If 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 continue.</p> <p>Then there may be unacceptable demands on staff and an impact on safer staffing levels, a poorer service to patients and/or the need to limit services with the resultant impact on the system.</p> <p>Resulting in the ongoing pressure described impacting on staff stress levels, fatigue and morale to an extent that the delivery of services to patients is compromised.</p> <p>Board Committee Lead on Assurance: Strategic Workforce Committee</p>	<p>Daily Sit rep</p> <p>IMM report to executive</p> <p>Management of vacancy and turnover rates</p> <p>Oversight of recruitment of workforce metrics by quality committee & board</p> <p>Monthly quality report</p> <p>Twice weekly safer staffing review</p>	5	3	15	<p>Actions to reduce risk</p> <p>Q3 review of skill mix to ensure full use of MDT i.e. therapists, and over establishment of assistant grades to support registered professionals.</p> <p>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</p> <p>Q3 advertising additional staff support and wellbeing mechanisms utilising regional initiatives and funding streams to maximise benefits</p> <p>Q3 review of staff turnover, vacancy rates and stability metrics with interventional/ recovery plans tracked through EPR and IPR processes</p> <p>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</p> <p>Communications campaign Autumn/ Winter 22/22 to support Physical and Mental Health</p> <p>Q4 review of skill mix to ensure full use of MDT i.e. therapists, and over establishment of assistant grades to support registered professionals.</p> <p>Q4 Recruitment of staff during via range of supply streams including international, national and local recruitment. Utilising pipelines including Step into Health, Return to Practice</p> <p>Q4 advertising additional staff support and wellbeing mechanisms utilising regional initiatives and funding streams to maximise benefits</p> <p>Q4 review of staff turnover, vacancy rates and stability metrics with interventions/ recovery plans tracked through EPR and IPR processes</p> <p>Q4 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</p>	<p>Pauline Butterworth</p> <p>Victoria Robinson-Collins</p> <p>Mercia Spare</p> <p>Victoria Robinson-Collins</p> <p>Victoria Robinson-Collins</p> <p>Victoria Robinson-Collins</p> <p>Pauline Butterworth</p> <p>Victoria Robinson-Collins</p> <p>Mercia Spare</p> <p>Victoria Robinson-Collins</p> <p>Victoria Robinson-Collins</p> <p>Pauline Butterworth</p> <p>Victoria Robinson-Collins</p> <p>Mercia Spare</p> <p>Victoria Robinson-Collins</p>	<p>December 22</p> <p>December 22</p> <p>December 22</p> <p>December 22</p> <p>December 22</p> <p>December 22</p> <p>March 23</p> <p>March 23</p> <p>March 23</p> <p>March 23</p> <p>March 23</p> <p>March 23</p> <p>March 23</p> <p>March 23</p> <p>March 23</p>	<p>G</p> <p>G</p> <p>G</p> <p>G</p> <p>G</p> <p>G</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p>	Low	5 - Pro-active	2	3	6	March 2023
	126	October 2022	Pauline Butterworth	5	3	15	<p>Winter Pressures & System Surge Risk</p> <p>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.</p> <p>Then the demand & decreased staffing capacity could result in the system being overwhelmed and patients not receiving the services they require.</p> <p>Resulting in patients at risk of harm if the level of care or pathway of care required cannot be provided.</p> <p>Board Committee Lead on Assurance: Quality Committee</p>	<p>Daily KCHFT sit rep</p> <p>IMM escalation route to exec team</p> <p>Established OCC system sit rep calls to manage system risk and oversee mutual aid</p> <p>Twice weekly safer staffing reviews</p> <p>Use of escalated bank rates to mitigate staff roster gaps</p> <p>Implement staff flu and Covid booster vaccination programme</p> <p>System led, surge and recovery plans monitoring across the system.</p> <p>Weekly COO collaborative meeting in place to ensure providers are working in a joined-up way.</p> <p>Daily Sitrep reporting - Locally and Nationally.</p> <p>Operational risk and controls logs.</p> <p>Membership of LHRP</p>	5	3	15	<p>Actions to reduce risk</p> <p>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.</p> <p>Implementation & delivery of Covid boosters for eligible staff</p> <p>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.</p> <p>Monitor Winter Pressure Plans through Governance structures</p> <p>Implementation & full delivery of flu Vaccination Programme</p> <p>Continuation of IMM and option to increase frequency of IMM to daily if pressures increase</p> <p>Active monitoring of staffing rates, and patient waiting lists which may deteriorate due to winter impact</p>	<p>Pauline Butterworth</p> <p>Mercia Spare</p> <p>Pauline Butterworth</p> <p>Mercia Spare</p> <p>Pauline Butterworth</p> <p>Pauline Butterworth</p>	<p>December 22</p> <p>February 23</p> <p>February 23</p> <p>February 23</p> <p>February 23</p> <p>February 23</p>	<p>G</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p>	Medium	3 - Open	2	3	6	March 2023
	122	May 2022	Victoria Robinson -	5	3	15	<p>Equity & Inclusion Risk</p> <p>If the Trust does not achieve the level of equity and inclusion aspired to in our strategy.</p> <p>Then this may result in disillusioned staff exiting the Trust impacting levels of turnover and recruitment as well as an impact on reputation as an employer.</p> <p>Resulting in undermining our aim to be the best employer.</p> <p>Board Committee Lead on Assurance: Strategic Workforce Committee</p>	<p>Use of data.</p> <p>Increased drive on equality monitoring.</p> <p>Workforce equality steering group.</p> <p>Veteran programme group.</p>	4	3	12H	<p>Actions to reduce risk</p> <p>Establishment of inclusion ambassador programme</p> <p>Commission action refresh of workforce EDI action plan</p> <p>Continued Q3 support for established staff networks.</p> <p>Delivery of Q3 equality objectives.</p> <p>Development of leadership framework and supporting development aligned to EDI charter and pledges.</p> <p>Develop reciprocal mentoring programme.</p> <p>Continued Q3 support for established staff networks.</p>	<p>Victoria Robinson-Collins/Ali Carruth</p> <p>Victoria Robinson-Collins</p> <p>Victoria Robinson-Collins/Ali Carruth</p> <p>Victoria Robinson-Collins/Ali Carruth</p> <p>Victoria Robinson-Collins/Ali Carruth</p> <p>Victoria Robinson-Collins/Ali Carruth</p> <p>Victoria Robinson-Collins/Ali Carruth</p>	<p>December 22</p> <p>December 22</p> <p>December 22</p> <p>December 22</p> <p>January 23</p> <p>January 23</p> <p>March 23</p>	<p>G</p> <p>G</p> <p>G</p> <p>G</p> <p>A</p> <p>A</p> <p>A</p>	Medium	3 - Open	2	3	6	May 2023






Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	20 January 2023
Agenda Number:	8
Agenda Item Title:	Integrated performance report
Presenting Officer:	Gordon Flack, chief finance officer
Action – this paper is for:	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

What is the purpose of the paper and the ask of the 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 7 KPIs (19.4%) 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), 9 (25%) showing a high  or low  negative trend whilst 20 (55.6%) are in normal variation 

Of the 9 showing a negative trend, only 3 are also currently failing to achieve target. KPI 4.5 (remotely delivered activity) is experiencing a negative trend and has just dipped below target although the target is still positively below the lower control limit.

8 of the KPIs were in positive variation last month, while KPI 2.8 has moved into normal 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 shown 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 – 14 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

- No pressure ulcer lapses in care occurred with patients on our caseload that were identified during October and November 2022.
- During October and November 2022, 195 falls were reported across the trust with a decrease of 3.6% (7) compared to the last period August and September 2022. Of the 195 falls, there were eight avoidable incidents, five resulted in no harm to the patient and three resulted in low harm to the patient
- 117 reported medication incidents were considered avoidable to KCHFT during October and November 2022 compared to 139 incidents in August and September 2022, this represents a 15.8% decrease.

Workforce

- At 11.8% the organisation's turnover rate (voluntary turnover is 10.49%) 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 deep dive of reporting of this metric is underway.
- At 4.41% the in-month sickness absence rate for November 2022 is reporting above the Mean and the Target, this is the highest rate since December 2021.
- The Vacancy rate is reporting significantly above the revised target of 3% agreed in April 2022, in November 2022 the vacancy rate is reporting at 7.4%, a slight increase from the previous month. 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 November 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 an underspend on pay of £5,102k offset

by overspends on non-pay and depreciation/interest of £3,416k and £3k respectively and an under-recovery on income of £1,455k.

- The Trust achieved CIPs of £3,623k to the end of November against a plan of £4,465k which is £842k (19%) behind target. The forecast is for the target of £6,698k to be achieved in full for the year.
- Capital: Spend to November was £2,333k, against a YTD plan of £5,127k (45% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes. At M8, the full year forecast is £6,851k, and the Trust expects to utilise the forecast in full.
- Temporary staff costs for November were £1,298k, representing 7.8% of the pay bill. Of the temporary staffing usage in November, £326k related to external agency and locums, representing 2.0% 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 18% variance, however our forecast is a reduction in spend in the second half of the year as new recruits replace agencies.
- Contracted WTE increased by 22 to 4,407 in post in November which includes 15 posts funded by capital projects. Vacancies decreased to 355 in November (from 362 in October) which was 7.5% of the budgeted establishment. Budgeted establishment increased by 15 WTE from October mainly due to pay budgets being moving from agency to substantive posts in Adult Urgent Care Services.

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 8.
- Stop Smoking Quits at M7 is 83.6% of target – target to have quit at M7 is 1439, and the actual quits at M7 is 1721. 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 M8 of 2022/23 (93.8%) was slightly down on the previous month but performing with normal variation.
- During Month 8 (October 2022) KCHFT carried out 187,603 clinical contacts. For the financial year to November 2022, KCHFT is 1.7% 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 (-20.4%), 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 8 position being at 99.8%, with 9 patients out of 4,612 currently waiting longer than 18 weeks.

- Diagnostics waits compliance for Month 8 has slightly increased, and is reported at 93%. There has been a Total of 709 WK School Nurse referrals which is a 56% increase this has impacted Audiology ability to meet the target.
- 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 November with 49.3% of babies vaccinated within 28 days.
- In month 7, the Looked after Children's service completed 60% of Initial Health Assessments within the statutory time frame. KCC compliance with processing and sending across the referrals within 5 working days has reduced to 43%. The number of referrals for IHA averages 25 per month and it significantly reduced in Month 7 to 11 referrals' therefore this has caused a drop-in compliance with the statutory timeframe as a proportion.
- In KCHFT, 2513 children are currently waiting on the ASD pathway with an average of 65 children being added to the case load each month. With the extra capacity implemented, the waiting list has reduced by 39 since September 2022. The longest wait for diagnosis being 3 - 3.5 Years with an average wait of 3.3 years. There are 59 children that are not booked from 2019, it is anticipated that the 2019 cohort of children will all be cleared by March 2023.
- 2-hour urgent responses - Performance has continued to show monthly achievement against the target to reach 70% by Q3, with the month 8 position above the trajectory at 76.7% and now showing normal variation. There is still some geographical variation with west Kent performing at 81.6% currently and east Kent at 70.9%.
- 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 is at 63%.
- No longer fit to reside (Community Hospital patients) - Performance continues to be adverse to the target and with a negative trend of 8 months above the mean. Current performance is above the mean at 29.7% 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% (88.8% at month 8).






Proposal and/or recommendation to the Board			
The Board is asked to receive this report.			
<p>If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?</p> <p><i>National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.</i></p> <p><i>You can find out more about EAs here on flo</i></p> <p>If not, describe any equality and diversity issues that may be relevant.</p> <p><i>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i></p>		<p><input type="checkbox"/> Yes (please attach)</p> <p><input checked="" type="checkbox"/> No (please provide a summary of the protected characteristic highlights in your paper)</p>	
Highlights relating to protected characteristics in paper			
High level position described and no decisions required			
Name:	Nick Plummer	Job title:	Assistant Director of Performance and Business Intelligence
Telephone number:	07823 777 854	Email	nick.plummer@nhs.net

Integrated Performance Report 2022/23

January 2023 report



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 





Kent Community Health
NHS Foundation Trust

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Page 46-51	Appendix 1 – SPC Charts





Kent Community Health
NHS Foundation Trust

Glossary of Terms

SPC – Statistical Process Control

LTC – Long Term Conditions Nursing Service

ICT – Intermediate Care Service

Quality Scorecard – Weighted monthly risk rated quality scorecards

CDI – Clostridium Difficile Infection

MRSA – Meticillin Resistant Staphylococcus Aureus Bloodstream Disorder

UTC – Urgent Treatment Centre

RTT – Referral to Treatment

GUM – Genitourinary Medicine

CQUIN – Commissioning for Quality and Innovation

MTW – Maidstone and Tonbridge Wells NHS Trust

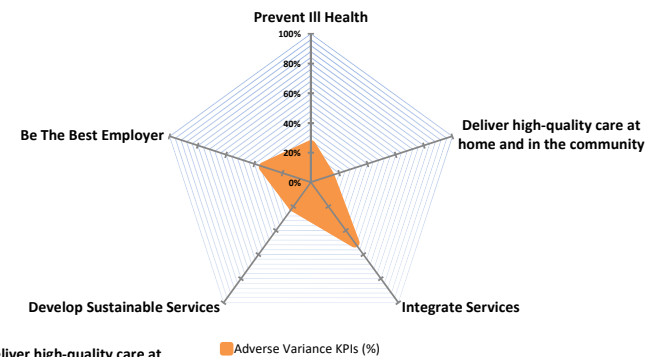
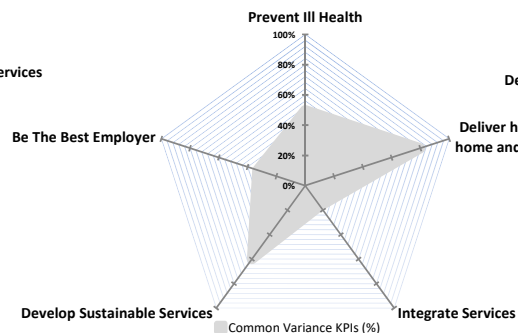
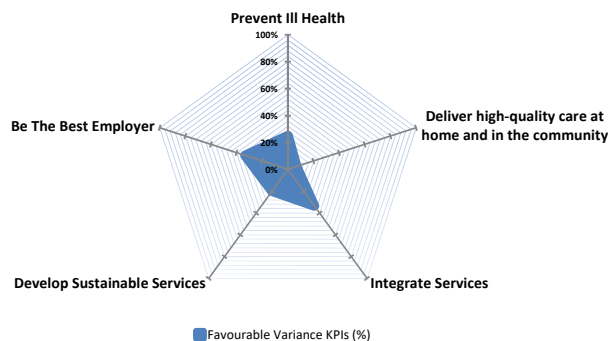
WTE – Whole Time Equivalent

UTI - Urinary tract infection

CAUTI - Catheter-associated urinary tract infection



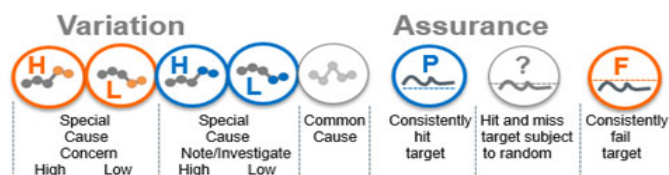
1.0 Assurance on Strategic Goals



Overall, of the 36 indicators that we are measuring on a statistical process control (SPC) chart, **19.4% are experiencing either a high or low positive trend (7, KPIs 1.5, 2.5, 3.2, 3.4, 4.4, 5.2 and 5.3), 25% are showing a high or low negative trend (9, KPIs 1.1, 2.9, 2.14, 3.1, 3.3, 3.5, 4.5, 5.5 and 5.6) and the remaining 55.6% (20) are showing normal variation.**

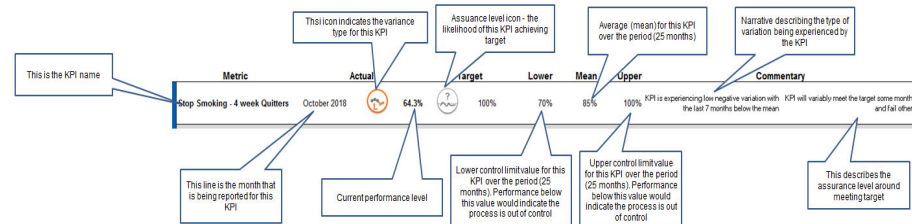
36.1% of the KPIs are expected to consistently achieve target as the target is positively outside the control limits (13 KPIs 1.3, 1.5, 2.5, 2.11, 2.12, 2.13, 2.15, 2.17, 2.18, 3.2, 3.4, 4.5 and 5.4), 11.1% (4, KPIs 2.8, 2.9, 2.14, and 5.6) are unlikely to be achieved in the near future without a process 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	October 2022	 83.6%	 100%	78%	95%	112%	Month 7 performance is below trajectory but should pick up slightly once further quits have had their outcome. Continued impact by third party delivery
	KPI 1.2 Health Checks Carried Out	November 2022	 105.2%	 100%	70%	118%	166%	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	November 2022	 93.8%	 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	November 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)	November 2022	 655	 326	359	511	663	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	October 2022	49.5%	 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	November 2022	0	 1	0	8	Target achieved for the month
	KPI 2.2 (N) Never Events	November 2022	0	 0	0	0	Target achieved for the month. 0 Never Events recorded this year
	KPI 2.3 (N) Infection Control: CDI	November 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	November 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	November 2022	 0.00	 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	November 2022	 0	 1	-3.8	3.1	10.0	The data is showing normal variation with a decrease this month to below the mean.
	KPI 2.7 Community Activity: YTD as % of YTD Plan	November 2022	 101.7%	 100.0%	97.2%	103.1%	109.1%	Normal variation with performance marginally 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	November 2022	 4.3%	 4.0%	4.1%	4.7%	5.2%	DNA levels are showing an improving picture, with performance below the mean for a sustained period but not in normal variation
	KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)	November 2022	 78.8%	 95.0%	77.1%	82.4%	87.7%	Metric showing negative variation as performance has dropped below the mean. Expected 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	November 2022	 76.7%	 70.0%	54.5%	70.9%	87.2%	Metric currently showing normal variation following continued improvement. Expected to now be showing a true reflection of the actual performance following staff education and improved data accuracy. 6 consecutive months achieving the 70% national target
	KPI 2.11 (N) Total Time in MIUs: Less than 4 hours	November 2022	 99.6%	 95.0%	99.0%	99.6%	100.1%	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	November 2022	 99.8%	 92.0%	98.5%	99.6%	100.8%	Positive variation with trend above the mean. 9 current 18+ weeks waits.
	KPI 2.13 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks)	November 2022	 9	 532	-35	16	67	Positive variation with trend above the mean. 9 current 18+ weeks waits.
	KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)	November 2022	 57.4%	 92.0%	64.3%	72.5%	80.7%	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	November 2022	 100.0%	 100.0%	100.0%	100.0%	100.0%	Metric currently showing normal variation and consistently achieving the target
	KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)	November 2022	 27.4	 21.0	15.9	23.6	31.2	In normal variation although with performance above the target and mean 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	November 2022  98.5% 	95.0%	97.4%	98.5%	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	November 2022  100.0% 	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	November 2022  93.8% 	99.0%	91.0%	97.1%	103.1%	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	November 2022  29.7% 	15.0%	10.6%	20.7%	30.7%	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)	November 2022  0.00 	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)	November 2022  142 	75	71	107	144	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)	November 2022  0.00 	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)	November 2022  156 	100	81	108	135	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	November 2022  27.6 	30	24.1	27.2	30.2	Below the target and the mean for Month 8 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	November 2022		88.8%		92.0%	79.8%	87.1%	94.3%	Position is in normal variation with performance above the mean level currently sitting within the target range of 87-92%.
	KPI 4.2 Income & Expenditure - Surplus (%)	November 2022		0.0%		0.0%	-0.34%	0.0%	0.3%	The Trust is in a breakeven position to the end of Nov-22 after excluding the £9k gain on disposal of assets and £219k charitable donations for the purchase of equipment. The cumulative financial performance including these items is comprised an underspend on pay of £5,102k offset by overspends on non-pay and depreciation/interest and an under-recovery on income of £1,455k.
	KPI 4.3 Cost Improvement Plans (CIP) Achieved against Plan (%)	November 2022		81.1%		100.0%	44.4%	73.1%	101.7%	The Trust achieved CIPs of £3,623k to the end of November against a plan of £4,465k which is £842k (19%) behind target. The forecast is for the target of £6,698k to be achieved in full for the year
	KPI 4.4 External Agency spend against Trajectory (£000s)	November 2022		£326,929		£255,797	£150,881	£382,101	£613,320	Currently showing positive variation with performance positively below the mean, although above the revised target for M8. Agency costs were £327k for November against a target of £256k
	KPI 4.5 Percentage of Activity Delivered Remotely (Telephone or Online)	November 2022		25.4%		25.0%	25.6%	27.9%	30.2%	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)	November 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	November 2022		4.41%		4.20%	3.49%	4.16%	4.83%	Above the target and the mean for the month, in normal variation as performance continues to fluctuate around the mean.
	KPI 5.2 Sickness Rate (Stress and Anxiety)	November 2022		1.05%		1.15%	0.94%	1.29%	1.65%	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)	November 2022		11.79%		14.47%	13.93%	15.14%	16.35%	Showing positive variation with performance below the lower control limit following a positive trend downwards.
	KPI 5.4 Mandatory Training: Combined Compliance Rate	November 2022		96.3%		85.0%	95.0%	95.8%	96.5%	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)	November 2022		7.4%		6.0%	4.6%	5.7%	6.8%	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)	November 2022		84.5%		87.0%	84.9%	85.8%	86.7%	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 October 2022	Day Fill Rate %		Night Fill Rate %		% of shifts with 1 RN
	RN's	HCA's	RN's	HCA's	
Faversham	98.30	82.42	91.18	100.00	11%
Deal	95.78	93.73	96.77	96.88	6%
QVMH	90.23	95.66	98.68	97.16	0%
Whit & Tank	94.08	92.17	94.64	98.53	11%
West View	94.00	67.62	100.00	95.31	6%
Edenbridge	71.12	82.04	90.29	97.17	34%
Hawkhurst	100.00	92.26	99.79	99.79	11%
Sevenoaks	94.00	73.98	89.56	96.94	15
Tonbridge	94.03	77.41	90.43	96.11	0%
Total	92.63	83.73	94.10	97.60	10%

1.1 RN and HCA staffing Community Hospital November 2022	Day Fill Rate %		Night Fill Rate %		% of shifts with 1 RN
	RN's	HCA's	RN's	HCA's	
Faversham	98.49	85.37	100.00	95.56	2%
Deal	90.71	88.24	95.31	90.91	11%
QVMH	90.39	85.05	98.33	96.67	0%
Whit & Tank	96.47	95.68	95.32	96.59	5%
West View	99.94	75.86	100.00	98.03	3%
Edenbridge	94.68	64.36	82.02	92.50	9%
Hawkhurst	100.00	90.96	98.19	100.00	3%
Sevenoaks	83.11	79.91	91.15	90.78	1%
Tonbridge	94.91	77.38	86.29	99.96	0%
Total	94.03	82.70	93.41	95.98	4%

In October and November, 86% of RN day and night shifts had a fill rate of over 90%, compared to 72% in the previous reporting period.

HCA day fill rates continue to be the most challenged; in October and November, 83.22% of HCA shifts had a fill rate of over 90%, compared to 84.8% in August and September and 86.53% in June and July.

There are staffing difficulties in Edenbridge due to its geographical location and the knowledge of its closure next year, which has meant a lot of staff leaving for other employment and the inability to recruit new staff. Ward requirements are currently managed by creating extra shifts that can only be filled by bank and agency.

Assurance:

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.

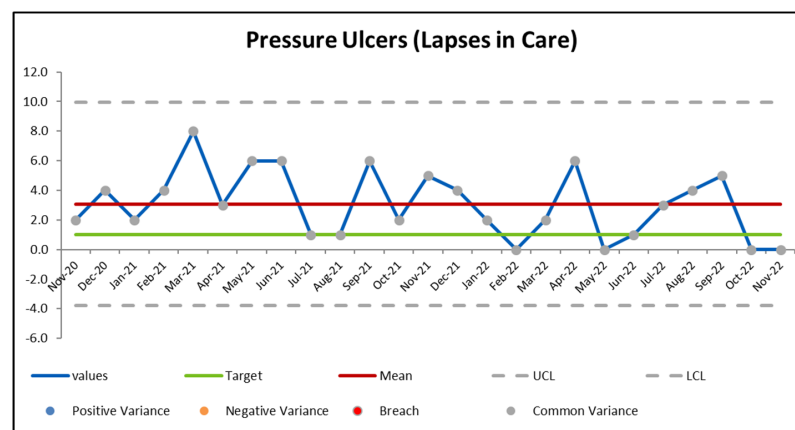
Supervisor shifts have increased to manage increasing COVID-19 infections and support infection prevention and control nursing requirements

2.2 Assurance on Pressure Ulcers

The data is within common cause variation.

No lapses in care occurred with patients on our caseload that were identified during October and November 2022.

This data highlights all the good work being implemented by the clinical services and the evidence that although incident are being reported good risk assessments and prevention strategies are being embeded into practice – well done to all the staff even during the winter pressure period.



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 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.

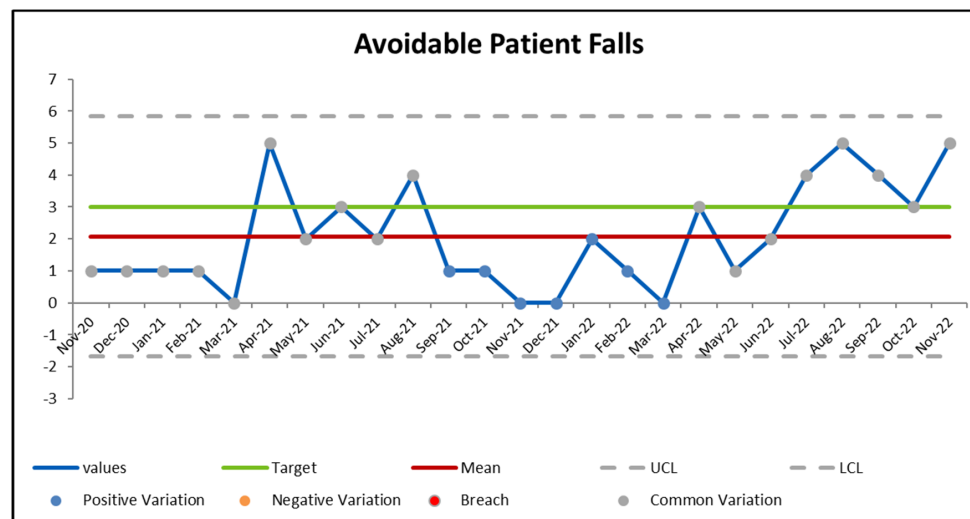
The numbers of risk assessments completed and relevant prevention implemented remains static. However, checking and recoding of pressure areas and prevention strategies has been documented in the progress notes which is then not captured within the audits but can be seen in deep dive reviews to support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

2.3 Assurance on Falls

During October and November 2022, 195 falls were reported across the trust with a decrease of 3.6% (7) compared to the last period August and September 2022. Of the 195 falls, there were eight avoidable incidents, five resulted in no harm to the patient and three 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 in their bathroom; a patient was found next to their bed and complained of headache, sore hands and painful toes, they were transferred to the acute trust for further investigation and a patient was found on the floor by their chair with the frame turned over, the sensor did not activate when the patient got up and later complained of pain to the back..

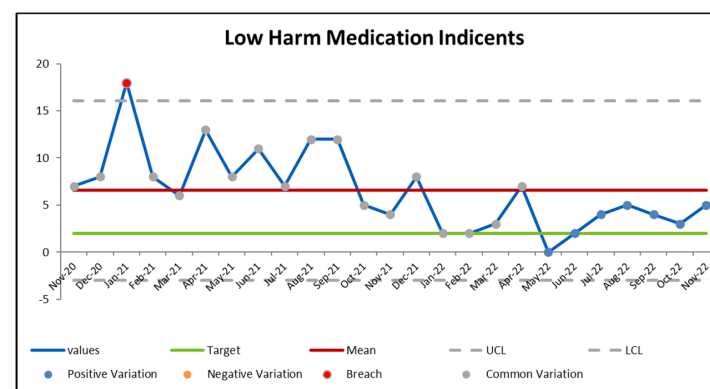
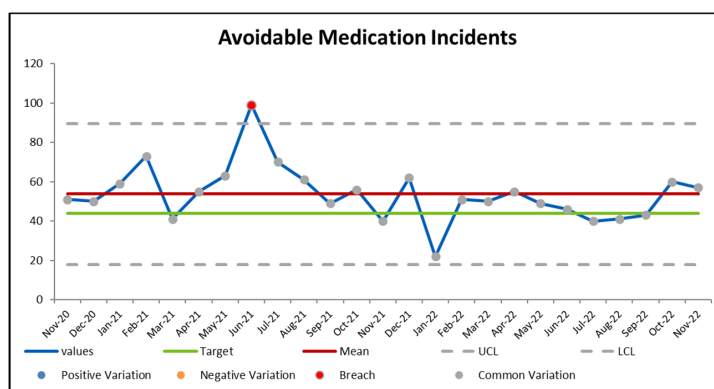
The agenda to support Falls incidents and learning continues. Additional slides on Falls provide further information on the work being done.



2.4 Assurance on Medication incidents

117 reported medication incidents were considered avoidable to KCHFT during October and November 2022 compared to 139 incidents in August and September 2022, this represents a 15.8% decrease.

5.0% (6) of the reported medication incidents were classed as low harm during October and November 2022 compared to 7.9% (11) in the previous two months.



Further analysis showed that;

The data is within common cause variation.

Community Hospitals and Outpatients Services – 35.9% (42) incidents, an increase compared to 40.4% (34) incidents from the previous period.

Long Term and Specialist Conditions – 31.6% (37) incidents, a decrease compared to 39.5% (32) incidents from the previous period.

Omitted medicines - 38.5% (45), an increase compared to 35.7% (30) from the previous period.

2.5 Assurance on Patient Experience

2.5.1 Meridian Patient Experience survey results

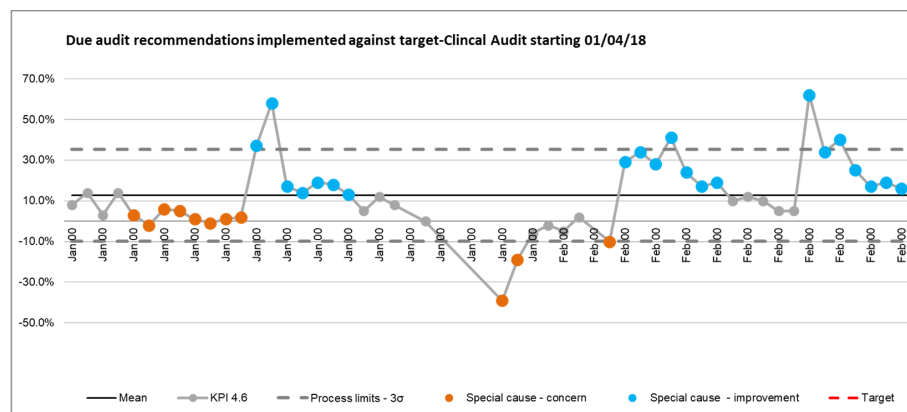
8,681 surveys were completed during October/November 2022, an increase when compared with the previous two months data.

2.5.2 The NHS Friends and Family Test (FFT)

The FFT score remains high, with 98.4% 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



Work is being done with the Heads of Quality and Governance in Adult Clinical Services to clarify and reduce the number and scope of monitoring and audits. This work is being informed by 6 newly developed principles for clinical audit which are intended to reduce the resource impact of clinical audit on clinical team and increase the improvement impact of clinical audit. These Principles are 1) We will collect the minimum amount of data for assurance and improvement. 2) We will challenge teams to reduce the number of audits on their annual programmes. 3) We will increase the use of Rio and KMCR reports in clinical audits 4) We will increase knowledge of strong actions. 5) We will support and challenge audit leads to formulate better actions. 6) We will promote shared learning good practice.

2.7 Infection Prevention and Control

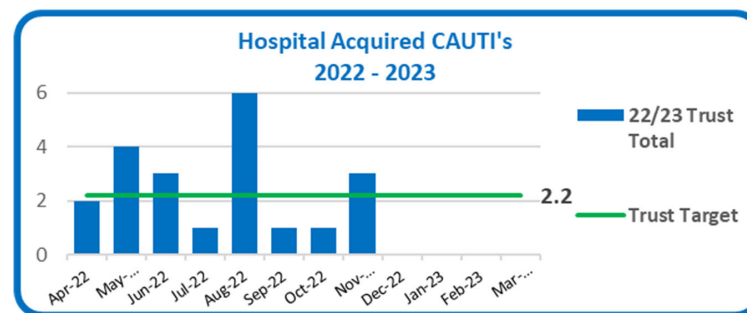
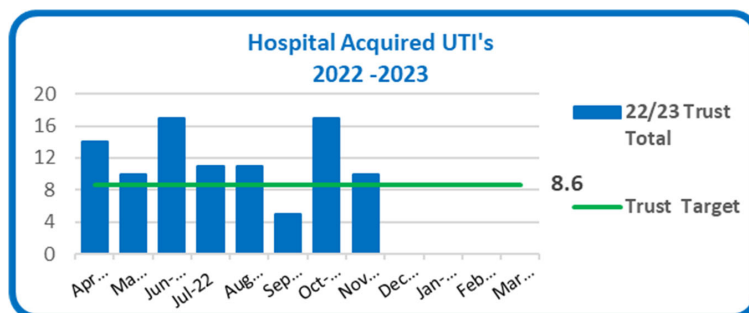
MRSA bacteraemia's: none reported in this reporting period. MRSA screening: 100% for podiatry surgery. Community hospital 86% for October, 85% November

Clostridioides: 1 case in October attributed to the acute however received inappropriate antibiotics whilst in Hawkhurst hospital, resulting in level 3 lapse of care (avoidable). 1 case in November attributable to the acute but awaiting ribotyping to rule out potential cross infection (with KCHFT 5 days).

COVID-19: 25 nosocomial cases – October, across 7 different sites. 19 nosocomial cases in November across 4 sites..

UTI's: 17 in October and 10 in November. This is 9.6 over trajectory in this reporting period, increasing the overall cases to 26.2 above trajectory to date. 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: 1 CA-UTI in October and 3 in November. We are 0.4 under trajectory for the reporting period but overall 3.4 cases above trajectory to date. All CA-UTI are investigated using RCA to capture any learning. Theses infections will be reviewed weekly with the clinical teams to gain better understanding of symptoms, treatment and rationale for sending samples.



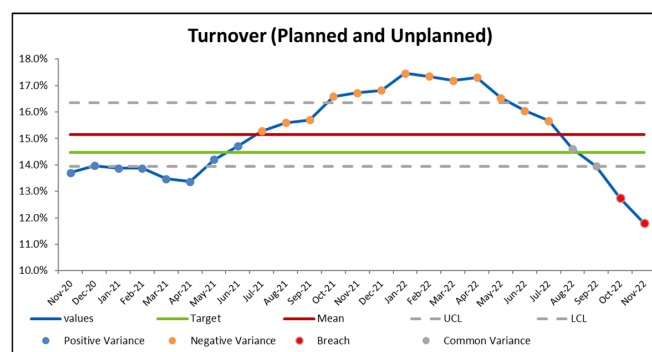
3.0 Workforce Report:

3.1 Assurance on Retention

3.1.1 Turnover

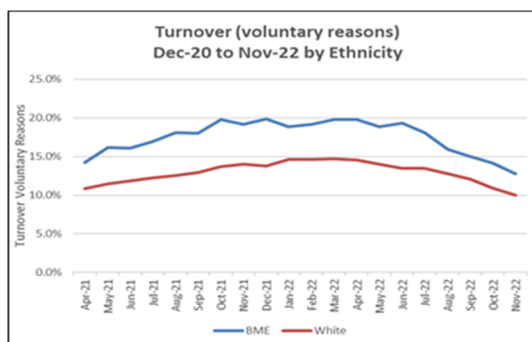
At 11.8% the organisation's turnover rate (voluntary turnover is 10.49%) is reporting below the target of 14.47% and the lowest point over the reference period. The turnover rate continues on a downward trajectory. A deep dive of reporting of this metric is underway.

The Turnover rate for International recruits is 0.00%



Ethnicity:

There continues to be a disparity between the voluntary turnover in BME and White Staff. In November-22, the Voluntary Turnover for BME is 12.8% and 10.0% for white employees.



Voluntary Turnover by leaving reason is detailed in the table below, split by Ethnicity.

Voluntary Leaving Reason	Voluntary Turnover Nov-22				Difference Turnover BME- White
	White	BME	Unknown Ethnicity	All Staff	
Voluntary Resignation - Work Life Balance	2.4%	3.2%	1.8%	2.5%	0.8%
Retirement Age	1.7%	1.8%	4.6%	1.9%	0.1%
Voluntary Resignation - Promotion	1.6%	2.6%	0.7%	1.7%	0.9%
Voluntary Resignation - Relocation	1.1%	2.2%	1.8%	1.3%	1.2%
Voluntary Resignation - Health	0.6%	0.6%	0.7%	0.6%	0.0%
Voluntary Resignation - Better Reward Package	0.5%	0.6%	1.4%	0.6%	0.1%
Flexi Retirement	0.6%	0.2%	0.7%	0.6%	-0.5%
Voluntary Resignation - Incompatible Working Relationships	0.3%	0.6%	0.7%	0.4%	0.3%
Voluntary Resignation - To undertake further education or training	0.3%	0.5%	0.7%	0.4%	0.1%
Voluntary Resignation - Lack of Opportunities	0.4%	0.2%	0.7%	0.4%	-0.2%
Other Reasons	0.4%	0.3%	0.0%	0.3%	0.0%
Total Voluntary Turnover	10.0%	12.8%	13.7%	10.5%	2.8%
Total Leavers Headcount	423	80	39	542	

A greater proportion of BME staff are leaving for Relocation, Promotion and Work life Balance than their White colleagues with the difference between BME and White turnover for these leaving reasons being 1.2%, 0.9% and 0.8% respectively.

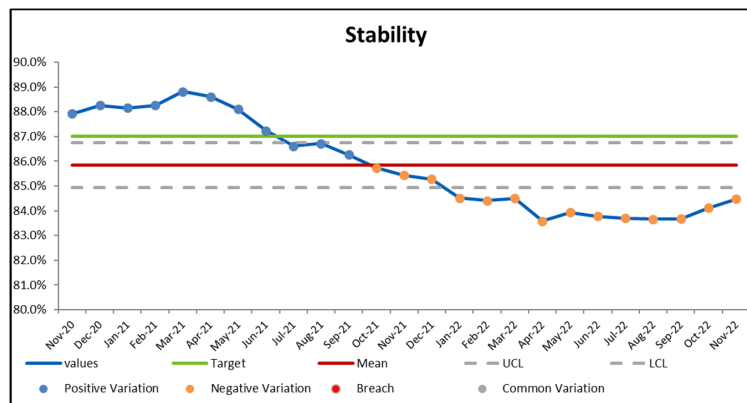
In the Staff Survey 2021, 50% of BME staff believed that the Trust provided equal opportunities for career progression or promotion compared to 69% of White counterparts. This disparity was highlighted as part of the Workforce Race Equality Standard Reports 2022

Benchmarking:

When the full turnover rate is benchmarked against other community trusts KCHFT report below the median and have the 7th lowest turnover rate overall, 0.02% over the average turnover rate for community trusts.

3.1.2 Stability

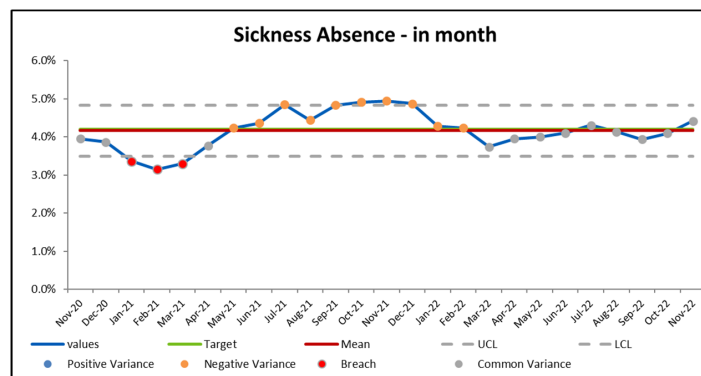
In November 2022 the Stability rate is once again reporting below the target of 87%, however, the last two consecutive months are reporting an increase in stability. November is reporting the highest rate since March 2022.



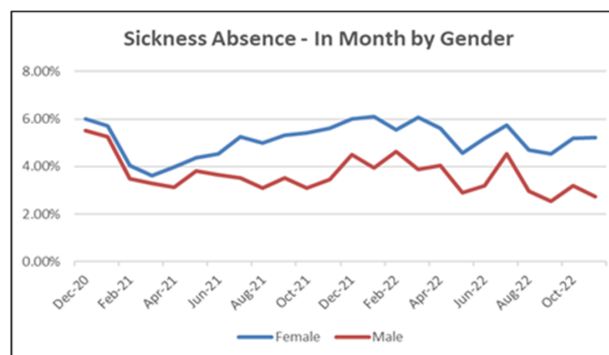
3.2 Assurance on Sickness

3.2.1 Sickness Absence

At 4.41% the in-month sickness absence rate for November 2022 is reporting above the Mean and the Target, this is the highest rate since December 2021.

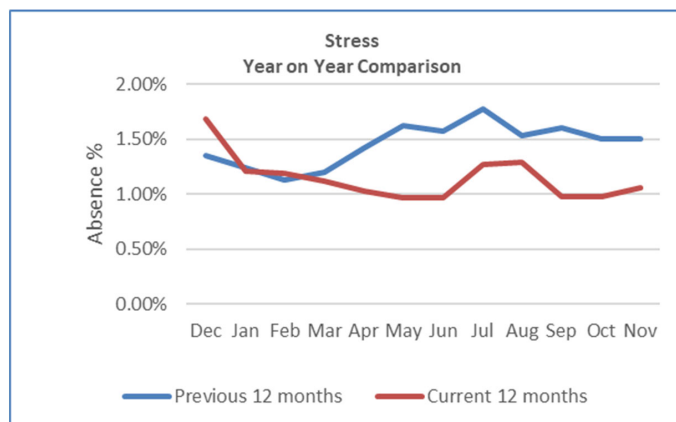
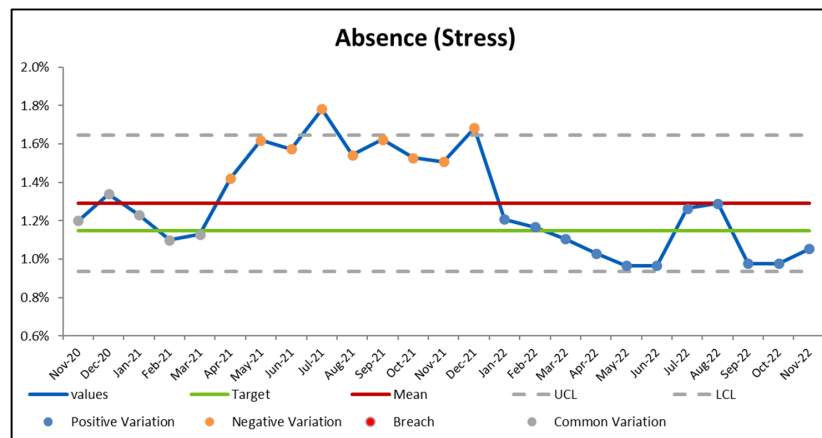


Sickness is much higher in Females than Males, Female sickness was 5.22% in November compared to 2.75% in Males. The difference between Male and Female sickness was narrower between Dec-20 and Apr-21 when there was a large amount of Covid related sickness. In November-22, sickness rates are higher for Female staff at all age ranges. Staff in the age 46-55 years show the largest difference between the genders: sickness rates for females was 5.82% compared to a male sickness rate of 2.38%. Over the last 24 months, the age range 36-46 years has consistently shown higher sickness rates for females compared to males.



3.2.2 Stress Absence

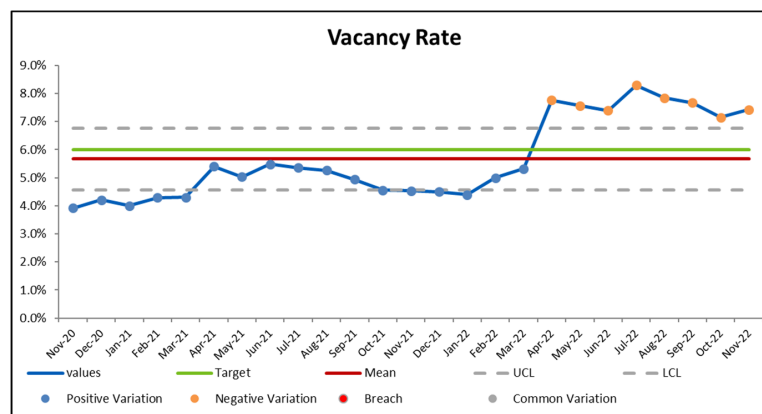
In-month stress absence figures have reported a significant increase from October's data. At 1.05% the organisation has seen a 0.34% increase of stress related absence. This is still reporting below the mean and the target.



3.3 Assurance on Filling Vacancies

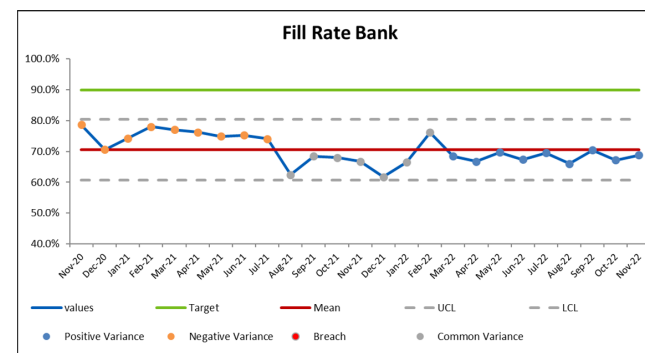
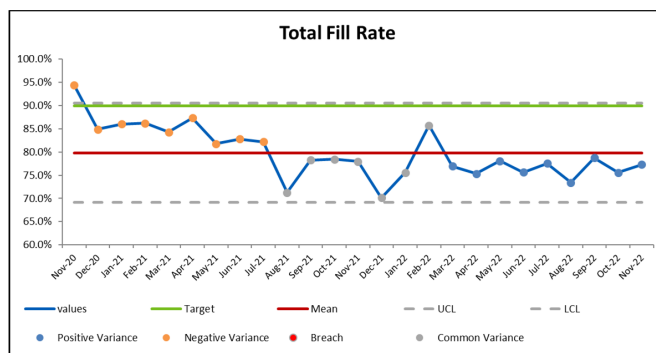
3.3.1 Establishment and Vacancies

The Vacancy rate is reporting significantly above the revised target of 3% agreed in April 2022, in November 2022 the vacancy rate is reporting at 7.4%, a slight increase from the previous month. 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 an increase in fill rate since from the previous month. The bank fill rate is reporting below the target of 70%. The average lead time of bank requests are 15 days in advance, the recommended lead time to cover known gaps such as vacancy would be 40 days.



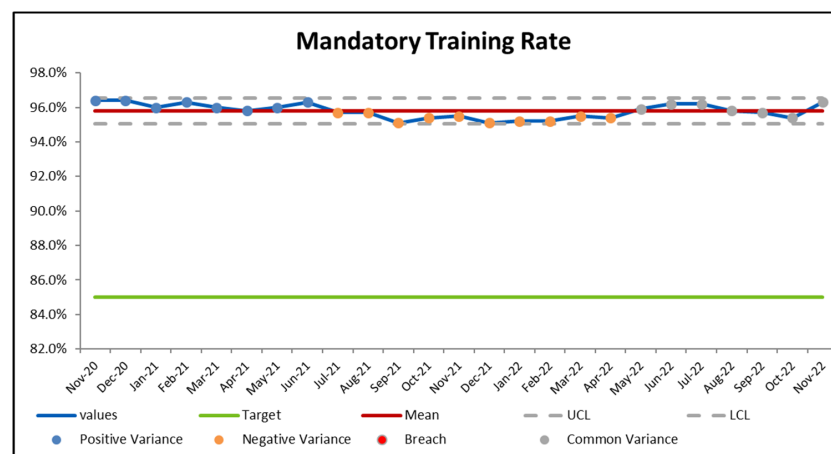
3.4 Mandatory Training

General compliance remains good and well above target. Areas to note are:

Fire safety for ward staff – the target audience for this group is very small and it only takes 3 people to go out of date in one month to shift this by 1%. For November this topic is above target at 87.7%

Moving and Handling level 4 continues below target but has seen increases in compliance for the last 2 months after concerted communications to individuals and line managers for those out of date. As this is an area which is consistently below target we have agreed to review it as part of a formal QI project.

2 new topics have been added to the mandatory portfolio which include Leading on Duty of Candour and Patient Safety.



When comparing KCHFT Mandatory training compliance with other Community trusts the organisation is reporting above the Mean and the 4th highest organisation. (KCHFT highlighted in red)



4.0 Finance Report:

4.1 Key Messages

Surplus: The Trust is in a breakeven position to the end of November 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 an underspend on pay of £5,102k offset by overspends on non-pay and depreciation/interest of £3,416k and £3k respectively and an under-recovery on income of £1,455k.

CIP: The Trust achieved CIPs of £3,623k to the end of November against a plan of £4,465k which is £842k (19%) behind target. The forecast is for the target of £6,698k to be achieved in full for the year.

Cash and Cash Equivalents: The cash and cash equivalents balance was £37,600k, equivalent to 53 days expenditure. The Trust recorded the following YTD public sector payment statistics: 94% for volume and 97% for value.

Capital: Spend to November was £2,333k, against a YTD plan of £5,127k (45% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes. At M8, the full year forecast is £6,851k, and the Trust expects to utilise the forecast in full.

Staff: Temporary staff costs for November were £1,298k, representing 7.8% of the pay bill. Of the temporary staffing usage in November, £326k related to external agency and locums, representing 2.0% 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 18% variance, however our forecast is a reduction in spend in the second half of the year as new recruits replace agencies.

Contracted WTE increased by 22 to 4,407 in post in November which includes 15 posts funded by capital projects. Vacancies decreased to 355 in November (from 362 in October) which was 7.5% of the budgeted establishment. Budgeted establishment increased by 15 WTE from October mainly due to pay budgets being moving from agency to substantive posts in Adult Urgent Care Services

4.2 Dashboard

Surplus			Rag rating: Green	Use of Resource Rating			Rag rating: Green	CIP			Rag rating: Amber		
	Actual	Budget	Variance		Year to Date Rating	Year End Forecast Rating			Actual	Plan	Variance		
Year to Date £k	228	0	228	Capital Service Capacity	1	1		Year to Date £k	3,623	4,465	-842		
Year End Forecast £k	278	0	278	Liquidity	1	1		Year End Forecast £k	6,698	6,698	0		
The financial position in November and YTD is breakeven (after excluding the £9k gain on disposal of assets and £219k charitable donations to fund equipment purchased through capital).				I&E margin (%)	2	2		The Trust achieved CIP's of £3,623k to the end of November against a risk rated plan of £4,465k and so CIP is £842k behind plan to date.					
				Distance from Financial Plan	1	1							
				Agency Spend	1	1							
				Overall Rating	1	1							
				Pay costs have underspent by £5,102k YTD partly offset by overspends for non-pay and depreciation/interest of £3,416k and £3k respectively and an under-recovery on income of £1,455k.			The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M8 2022-2023. The YTD I&E margin % has returned a rating of 2 as a result of the current break-even regime.						76% of the total annual CIP target has been removed from budgets at month eight.
							The Trust is forecasting to achieve the full plan of £6,698k by the end of the year although £1.8m of this is forecast to be delivered non recurrently.						
Cash and Cash Equivalents			Rag rating: Green	Capital Expenditure			Rag rating: Amber	Agency Targets			Rag rating: Amber		
	Actual	Forecast	Variance		Actual/Forecast	Plan	Variance		M8	YTD			
Year to Date £k	37,600	38,205	-605	YTD Expenditure £k	2,333	5,127	2,794		Actual £k	Target £k	Variance £k	Actual £k	Target £k
Year End Forecast £k	37,051			Year End Forecast £k	6,851	6,891	40						
Cash and Cash Equivalents as at M8 close stands at £37,600k equivalent to 53 days operating expenditure. The Trust recorded the following YTD public sector payment statistics 94% for volume and 97% for value.				Spend to November was £2,333k, against a YTD plan of £5,127k (45% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes. As at M8, the full year forecast is £6,851k, and the Trust expects to utilise this in full.			Agency Excluding Covid-19 Expenditure						
							321	256	-65	2,422	2,047	-375	
							Agency Including Covid-19 Expenditure						
							327 256 -71 2,459 2,047 -412						
							External agency and locums excluding Covid-19 expenditure was £321k against £256k target in November (£2,422k expenditure against £2,047k target YTD). External agency and locums including Covid-19 expenditure was £327k against £256k target in November (£2,459k expenditure against £2,047k 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 November performance comprised an underspend on pay of £1,635k offset by overspends on non-pay and depreciation/interest of £1,282k and £13k respectively and an under recovery on income of £339k. The summary income and expenditure statement is shown in the table below:

	NOV ACTUAL £'000	NOV BUDGET £'000	NOV VARIANCE £'000	% VARIANCE	YTD ACTUAL £'000	YTD BUDGET £'000	YTD VARIANCE £'000	% VARIANCE
Cash donations / grants for the purchase of capital assets	0	0	0	0.0%	219	0	219	0.0%
Charitable and Other Contributions to Expenditure	2	4	-2	-50.0%	15	29	-14	-48.3%
Clinical Commissioning Groups & Integrated Care Boards	15,876	15,803	73	0.5%	122,869	122,675	194	0.2%
Department of Health	0	0	0	0.0%	0	0	0	0.0%
Education and Training	333	345	-12	-3.5%	2,088	2,159	-71	-3.3%
Injury Cost Recovery Scheme	24	32	-8	-24.0%	159	254	-95	-37.4%
Income in respect of employee benefits accounted on a gross basis	70	70	0	0.0%	703	561	142	25.3%
Local Authorities	4,316	4,903	-587	-12.0%	31,563	33,531	-1,969	-5.9%
NHS England	2,236	2,104	132	6.3%	15,816	15,905	-88	-0.6%
NHS England - Covid-19 Vaccinations Income	106	0	106	0.0%	916	0	916	0.0%
NHS Foundation Trusts	-245	-171	-74	43.4%	1,641	1,888	-247	-13.1%
NHS Other	0	0	0	-100.0%	5	3	2	100.0%
NHS Trusts	438	430	8	2.0%	3,528	3,816	-288	-7.5%
Non NHS: Other	228	213	14	6.6%	1,646	1,708	-62	-3.6%
Non NHS: Private Patients	4	10	-6	-60.0%	41	81	-40	-50.0%
Non-Patient Care Services to Other Bodies	221	199	23	11.6%	1,864	1,588	276	17.4%
Other	91	49	42	85.8%	497	409	87	21.3%
Rental revenue from operating leases	77	132	-55	-41.6%	616	1,054	-439	-41.6%
Research and Development	14	13	1	7.8%	105	101	4	3.9%
CIP Savings - Income	0	-2	2	-100.0%	0	-16	16	-100.0%
INCOME Total	23,799	24,132	-339	-1.4%	184,290	185,746	-1,455	-0.8%
Allied Health Professionals	2,385	2,727	-342	-12.5%	19,365	21,478	-2,113	-9.8%
Apprenticeship Levy	68	69	-1	-0.9%	520	549	-29	-5.2%
Chairman & Non-Executive Directors	13	14	-1	-6.9%	110	116	-7	-5.6%
Consultants	225	298	-72	-24.3%	2,105	2,246	-141	-6.3%
Health Care Scientist	55	63	-8	-12.3%	468	550	-83	-15.0%
Medical Career/Staff Grades	550	678	-128	-18.8%	4,318	5,207	-889	-17.1%
Medical Trainee Grades	18	20	-1	-5.0%	144	155	-11	-6.8%
NHS Infrastructure Support	4,398	4,724	-326	-6.9%	35,183	35,737	-554	-1.6%
Non-Executive Directors	0	0	0	0.0%	0	0	0	0.0%
Other Scientific, Therapeutic and Technical Staff	672	720	-48	-6.7%	4,971	5,366	-396	-7.4%
Registered Nursing, Midwifery and Health Visiting Staff	5,498	5,895	-397	-6.7%	42,303	44,336	-2,033	-4.6%
Support to Allied Health Professionals	492	513	-21	-4.2%	3,911	3,971	-60	-1.5%
Support to Nursing Staff	1,938	2,172	-233	-10.7%	16,340	15,335	1,005	6.5%
Support to Other Clinical Staff	405	543	-138	-25.4%	3,102	3,324	-222	-6.7%
Redundancy Costs	0	0	0	-100.0%	77	0	77	-100.0%
Salary Sacrifice	0	-11	11	-100.0%	0	-89	89	-100.0%
CIP Holding Account - Pay	0	19	-19	-100.0%	0	-133	133	-100.0%
CIP Savings - Pay	0	-84	84	-100.0%	0	-350	350	-100.0%
Contract Savings - Pay	0	-6	6	-100.0%	0	-45	45	-100.0%
PAY Total	16,719	18,354	1,635	8.9%	132,915	138,018	5,102	3.7%

Audit Fees Payable to the External Auditor	7	7	-1	-9.1%	61	52	-8	-16.0%
Clinical Negligence - Amounts Payable to NHS Resolution	102	102	0	0.0%	819	819	0	0.0%
Consultancy	65	34	-30	-88.0%	420	295	-125	-42.2%
Drugs Costs	337	281	-56	-19.9%	2,398	2,350	-48	-2.0%
Education and Training - Non-Staff	183	155	-27	-17.6%	868	1,133	-265	-23.4%
Establishment	1,568	823	-745	-90.5%	9,802	7,170	-2,632	-36.7%
Increase/(Decrease) in Impairment of Receivables	0	0	0	-100.0%	0	0	0	-100.0%
Lease Expenditure	70	44	-26	-100.0%	484	491	-7	-1.0%
Movement in credit loss allowance on receivables and financial assets	0	0	0	-100.0%	0	0	0	-100.0%
Operating Lease Expenditure	16	47	-31	-66.4%	334	458	-125	-27.2%
Operating Lease Expenditure (net)	0	0	0	0.0%	0	0	0	0.0%
Other	107	94	-13	-13.8%	792	744	-48	-6.5%
Premises - Business Rates Payable to Local Authorities	92	97	-5	-5.5%	728	731	-3	-0.5%
Premises - Other	696	426	-270	-63.3%	5,439	4,020	-1,419	-35.3%
Research and Development - Non-Staff	0	0	0	0.0%	0	0	0	0.0%
Supplies and Services - Clinical (excluding drugs costs)	2,059	1,970	-89	-4.5%	15,532	16,140	-608	-3.8%
Supplies and Services - General	113	100	-13	-13.5%	845	796	-49	-6.1%
Transport	437	428	-9	-2.2%	2,869	3,216	-348	-10.8%
CIP Savings - Non Pay	0	-38	38	-100.0%	0	-405	405	-100.0%
CIP Holding Account - Non Pay	0	7	-7	0.0%	0	41	41	0.0%
Contract Savings - Non Pay	0	-10	10	-100.0%	0	-79	79	-100.0%
NONPAY Total	5,850	4,568	-1,282	-28.1%	41,391	37,975	-3,416	-9.0%
EBITDA	1,223	1,210	13	1.1%	9,984	9,753	231	2.4%
EBITDA %	5.1%	5.0%	-0.1%		5.4%	5.3%	-0.1%	
Amortisation	139	61	-78	-127.2%	1,018	471	-547	-116.3%
Depreciation	1,034	1,059	-25	-2.3%	8,263	8,533	-270	-3.2%
Finance Income	93	14	80	579.5%	416	110	306	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	1	0	1	-100.0%	1	0	1	-100.0%
Interest on Leases	33	33	0	0.1%	281	292	-11	-3.9%
PDC Dividend Charge	110	71	-39	-55.1%	617	567	-50	-8.9%
PPE Net Impairments	0	0	0	0.0%	0	0	0	0.0%
SURPLUS/(DEFICIT)	0	0	0	0.0%	228	0	228	0.0%
SURPLUS %	0.0%	0.0%	0.0%		-0.1%	0.0%	-0.1%	

4.4 Cash and Equivalents

Cash and Cash equivalents totalled £37,600k as at M8 close, equivalent to 53 days expenditure:

Total Cash and Cash Equivalents as at period end:

	£'000's
Cash with the Government Banking Service	37,560
Cash at Commercial Banks and in hand	40
Deposits with the National Loan Fund	0
Total Cash and Cash Equivalents as at period end	37,600

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 £2,794k underspend in terms of the year to date plan. The reported underspend is in the main due to delayed commencement of projects in the Estates and IT areas of the programme where schemes have either required re-scoping following further survey work or are still completing the procurement and awarding of contract stage. 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 M8 the full year forecast is £6,851k and currently includes a contingency of £881k to cover the potential impact of final quotations being received in excess of pre-tender estimates and new schemes which have been initially proposed (subject to business cases being submitted) where the estimated spend is in excess of initial planned funding. The utilisation of the contingency will be closely monitored with any confirmed underspend/overspend being reported as soon as identified.

The Trust is also still holding £2,295k ring-fenced funding on behalf of the K&M system for agreed system priorities, with the confirmation of the agreed reallocation of these funds being expected in M9.

2022-23 Capital Plan - November 2022 Update

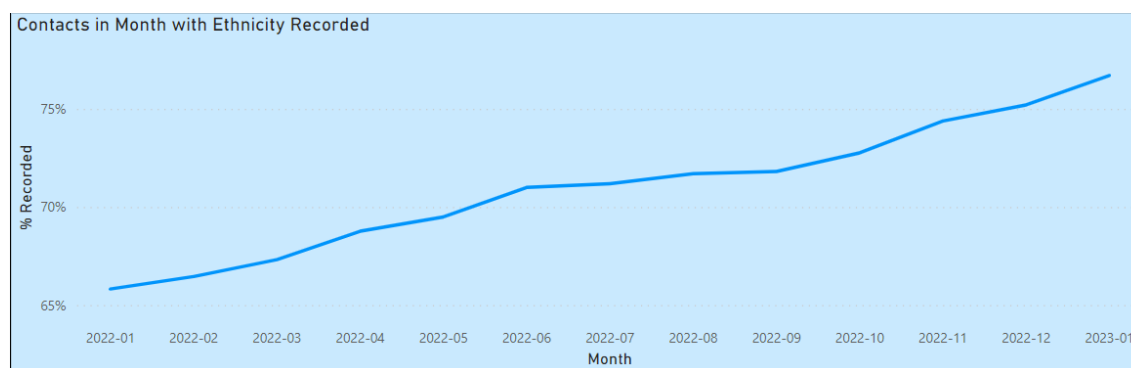
Plan Area	Plan Reference	YTD £000s			Plan & FOT £000s		
		YTD Plan	YTD Actual	YTD Variance	FY Plan	Forecast Outturn	FY Variance
Estates	Backlog Maintenance incl. Health, Safety & Security Compliance Measures	406	27	379	860	836	24
Estates	Capitalisable Responsive Maintenance incl. Leasehold Improvements	165	3	162	165	231	66
Estates	Estates Developments	760	834	74	780	870	90
Estates	Energy Efficiency	345	-	347	380	512	132
	Estates - Total	1,676	863	813	2,185	2,450	265
IT	K&M Digital Priority Scheme - Kent & Medway Care Record	484	279	205	726	590	136
IT	IT Developments - Innovation and Strategy	467	-	10	477	597	120
IT	IT Developments - Clinical Systems	457	28	429	507	214	293
IT	IT Developments - EPMA System	688	135	553	820	545	275
IT	IT Infrastructure and Networks	430	86	344	520	597	77
IT	IT Rolling Replacement - Hardware	500	745	-	776	780	4
IT	Cyber Security	200	129	71	360	289	71
	IT - Total	3,226	1,392	1,834	4,306	3,180	1,126
Dental and Planned Care	Dental Services	100	-	100	150	90	60
	Dental - Total	100	-	100	150	90	60
Other	Other Minor Schemes & Equipment Purchases (IMM)	125	78	47	250	250	0
TBC	Contingency	-	-	-	-	881	881
Other	K&M Capital - Ring-fenced for K&M System Priorities	-	-	-	-	-	-
	Other - Total	125	78	47	250	1,131	881
	Total 2022-23	5,127	2,333	2,794	6,891	6,851	40

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.

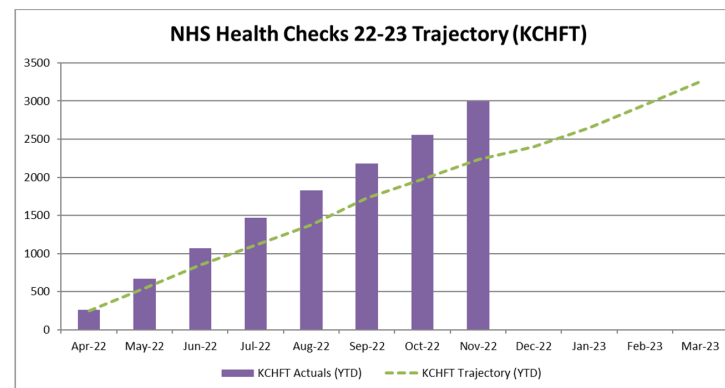
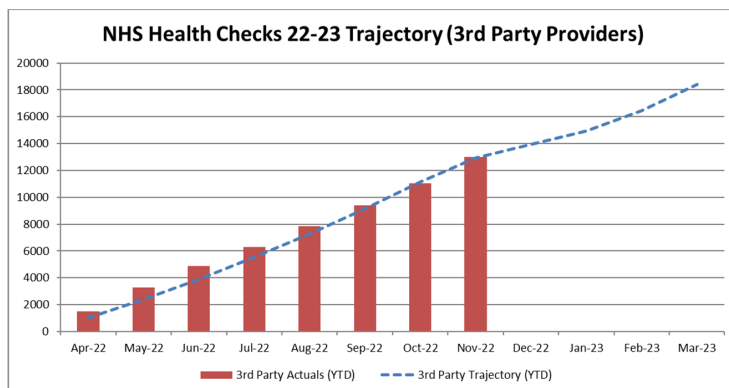
KPI 2.11 UTC 4 Hour Wait - the data does not suggest there is any significant differences the proportion of people time in UTCs less than 4 hours by ethnic group.

The deprivation analysis suggests that the performance across KPI 1.3, is lower for those people from the most deprived areas compared to the most affluent. The % of visits undertaken in the most deprived decile is significantly lower than the other deciles. The health visiting services have reported lower performance in one District, due to high levels of sickness/absence and vacancies which would have influenced the attainment in this decile. Differences between the most and least deprived are also observed for KPI 2.8 and KPI 2.9. 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

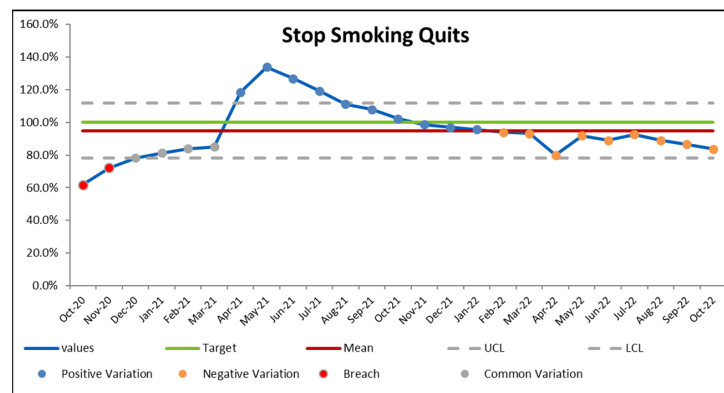
5.1.1 Health Checks and Stop Smoking Quits

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



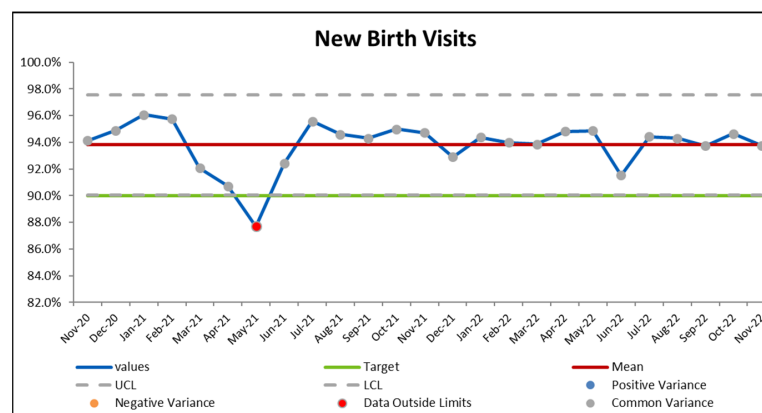
*Reporting period 1 month behind other metrics due to need to wait for 4-week outcomes

The 4-week quit rate YTD at M7 is 83.6% of target – target to have quit at M7 is 1721, and the actual quits at M7 is 1439. The main challenge continues to be the lack of third-party provision.

5.1.2 Health Visiting

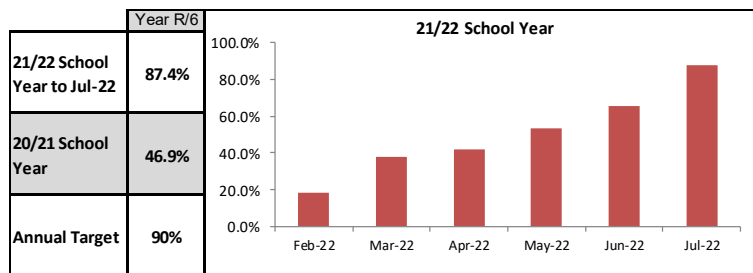
New Birth Visits

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 78 of 2022/23 (93.8%) is in line with recent performance and comfortably above target (90%).



5.1.3 National Child Measurement Programme (NCMP)

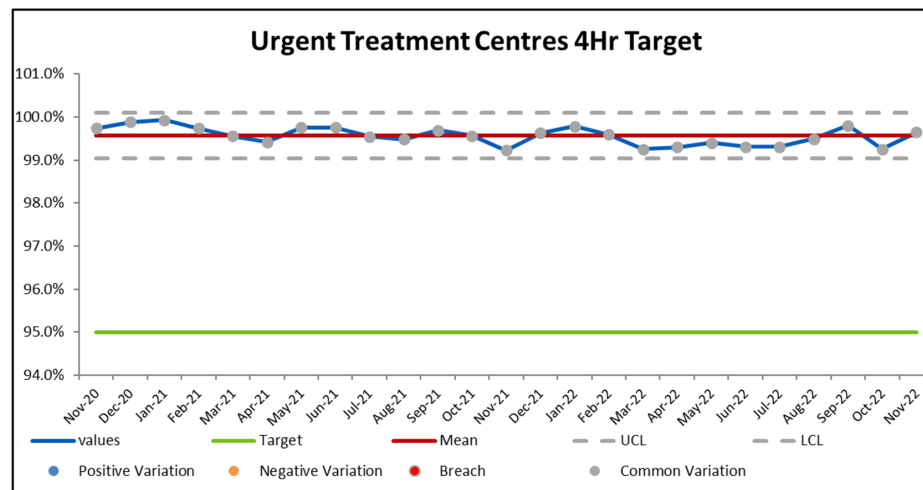
The 2021/22 measurement programme for Year R and 6 pupils commenced from February 2022 and finished at 87.4% at the end of July 2022. This was marginally down on the general 90% target but a large jump up on 20/21 performance.



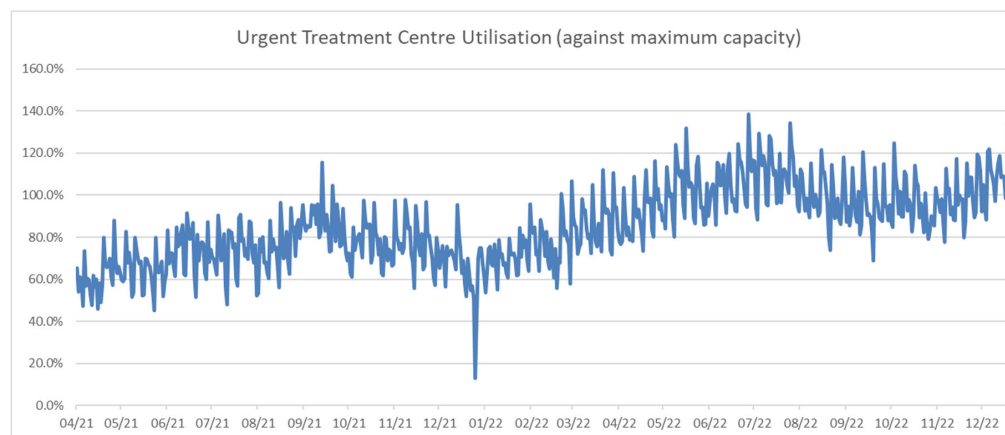
5.1.4 GUM 48hr

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 M8 was at 98.8% against baseline capacity when considering the UTC delivery model, showing a positive position as we divert activity away from emergency departments.

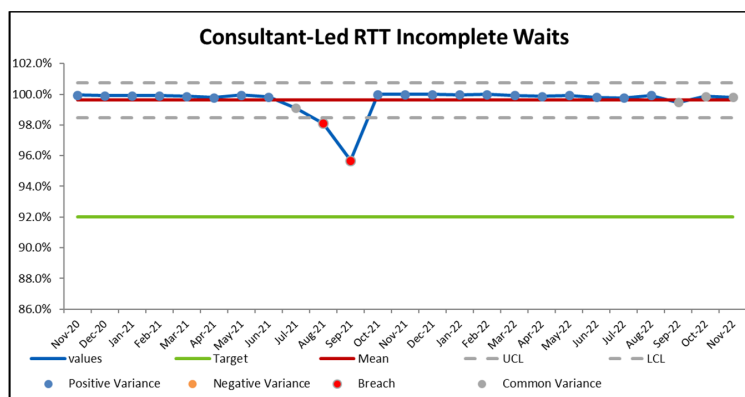


5.1.6 Consultant-Led RTT Incomplete Waits Over 18 weeks

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 8 position being at 99.8%, with 9 patients out of 4,612 currently waiting longer than 18 weeks.

	0-12 Wks	12-18 Wks	18-36 Wks	36-52 Wks	52+ Wks	< 18 Weeks
Chronic Pain	628	19	0	0	0	100.00%
Orthopaedics	3143	813	8	1	0	99.77%
KCHFT Total	3771	832	8	1	0	99.80%

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)

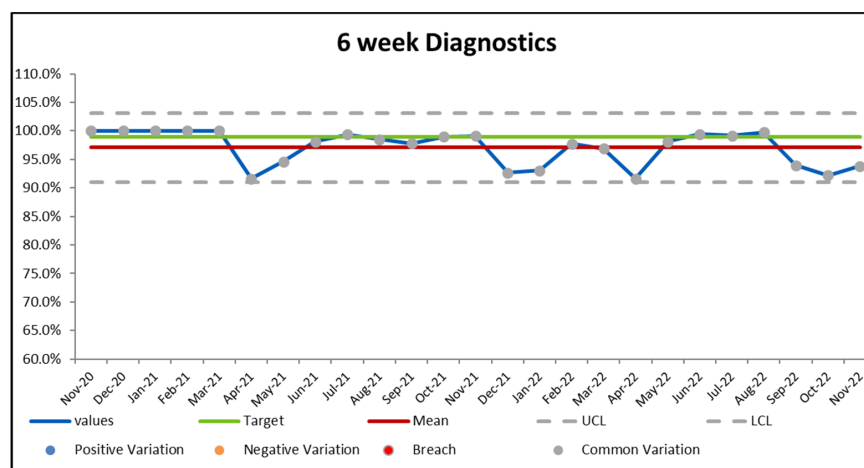
Audiology service has a requirement for 99% of children receive a diagnostic assessment within six weeks of referral into the service. (DMO1 National Submission)

Compliance for Month 8 has slightly increased, and is reported at 93%. There has been a Total of 709 WK School Nurse referrals which is a 56% increase this has impacted Audiology ability to meet DMO1. Of this cohort:

- 2 children have been identified with a bilateral sensorineural hearing loss requiring hearing aids. (0.3% of those referred in to KCHFT, actual percentage in whole reception cohort would be much lower).
- 2 children have a unilateral sensorineural hearing loss
- 76 children (11%) are on the glue ear pathway
- 53 (7%) are still to be seen in clinic (48 booked) these will be completed by the end of January 2023
- 557 children (79%) discharged
- The remaining are due to be reviewed due to have incomplete hearing tests or temporary hearing issues such as wax.

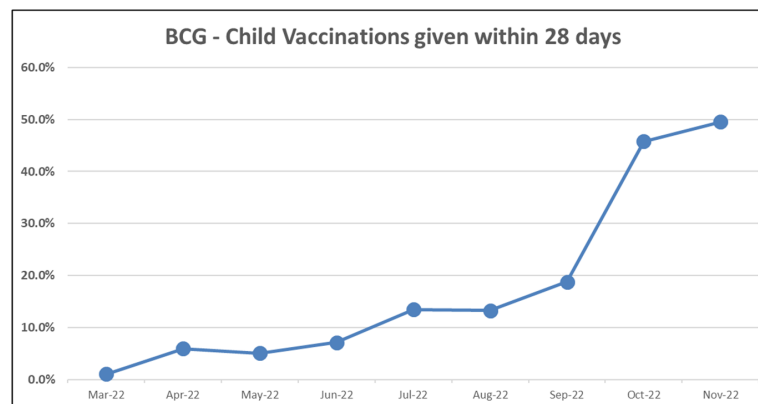
The pilot study undertaken jointly with School Health has highlighted an issue with the Thompson equipment, the equipment needs to be calibrated and remeasured to ensure the level produced is correct. There needs to be a robust process in place to check the actual output of headphones prior to each session. This is being taken forward by the task and finish group.

Clinical capacity in December has been impacted by the bank holidays and a number of clinics had to be cancelled due staff sickness. This will impact the compliance of DM01 and it is likely to drop below 90%.



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. The trajectory for BCG vaccinations delivered within timeframe is an improving position reported for November at 49.3%. If the families that have declined the vaccination are excluded from the denominator the performance is at 54.7% within timeframe.

Exceptions for vaccination outside of 28 days:

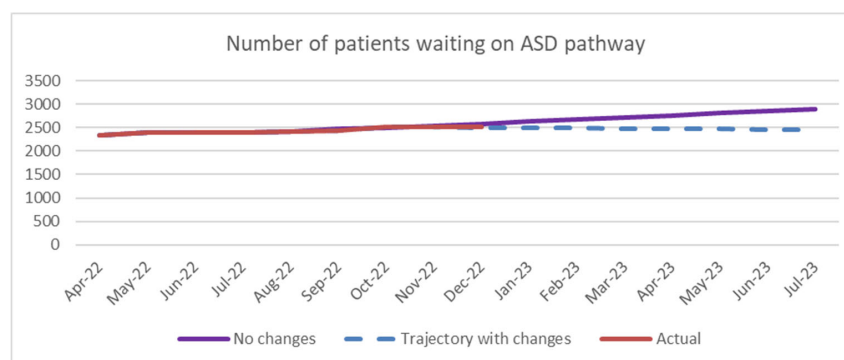
- Severe Combined Immunodeficiency (SCID) screening results as part of the new-born blood spot screening unavailable or need for medical review prior to vaccination. This has been adversely impacted in November and December 2022 due to the postal strikes which have increased timeframes from samples being taken and reported on. Actions have now been taken to mitigate the impact with the use of couriers.
- 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 and the service is working with other Providers in Kent and Medway and NHSE/I on this.

5.1.9 Autistic Spectrum Disorder (ASD) Waiting Times

Long waits for the ASD diagnostic pathway is a national problem and it is reported that nationally there are over 100,000 adults and children waiting assessment and the demand has risen by 40 % in the last year (National Autistic society).

In KCHFT, 2513 children are currently waiting on the ASD pathway with an average of 65 children being added to the case load each month. With the extra capacity implemented, the waiting list has reduced by 39 since September 2022. The longest wait for diagnosis being 3 - 3.5 Years with an average wait of 3.3 years. There are 59 children that are not booked from 2019, it is anticipated that the 2019 cohort of children will all be cleared by March 2023



There is an understanding both nationally and across the Kent and Medway System of the challenges with the ASD diagnostic pathway; the long waits were cited in the Ofsted CQC inspection in September 2022. KCHFT has an aspiration to reduce the waiting times to one year within a 2-year trajectory; however, this will require a system-led approach to re-design. Key to this will be reducing the number of children that are being referred for a specialist assessment.

The service is working with a private provider for additional capacity to reduce waits within the ASD pathway. This commenced in September 2022. The provider has undertaken 138 additional assessments with a further 63 appointments offered in January, February and March 2023. Without this resource the waiting times would continue to increase as the number of referrals on to the pathway outstrips capacity.

All initiatives that have been put in place by KCHFT which includes a rapid assessment pathway for children under 5 and the west Kent Pilot which is testing different ways of working currently maintain and marginally reduces the number of children on the ASD pathway. This is providing that the numbers of children added to the ASD pathway continues at the current rate.

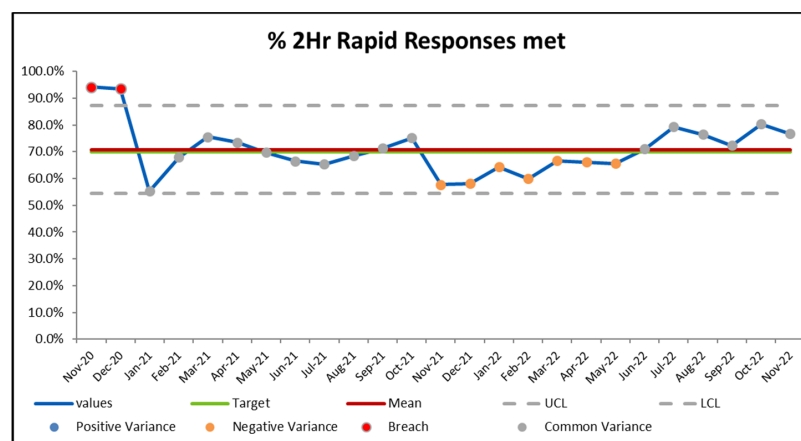
The ICB has commissioned an independent review of the ASD pathway and a case for change has been submitted by the Children's commissioning team to the ICB executive and we are awaiting feedback and proposed next steps as without this fundamental change in commissioning to reduce demand we will not be able to impact on waiting times significantly

Recruitment is plan in place and KCHFT has a task and finish group established to review medical recruitment. The service has 2 WTE consultant posts in the process of being advertised. There is an ST 8 specialist register in training that is interested and would leave 1wte specialist Dr out to advert. Starters include 1 WTE speciality Dr in recruitment (MTI pathway recruited from Sri Lanka) and 1 0.6 WTE rotation Dr from DVH for a 6-month period. By June the service will only have 1 WTE consultant post vacant.

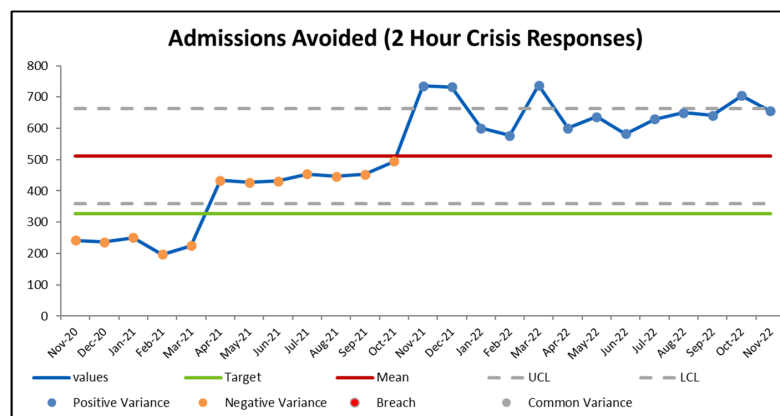
5.1.10 Urgent Crisis Response referrals seen within 2 hours

Performance has continued to show monthly achievement against the target to reach 70% by Q3, with the month 8 position above the trajectory at 76.7% and now showing normal variation. There is still some geographical variation with west Kent performing at 81.6% currently and east Kent at 70.9%.

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 currently achieving 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.

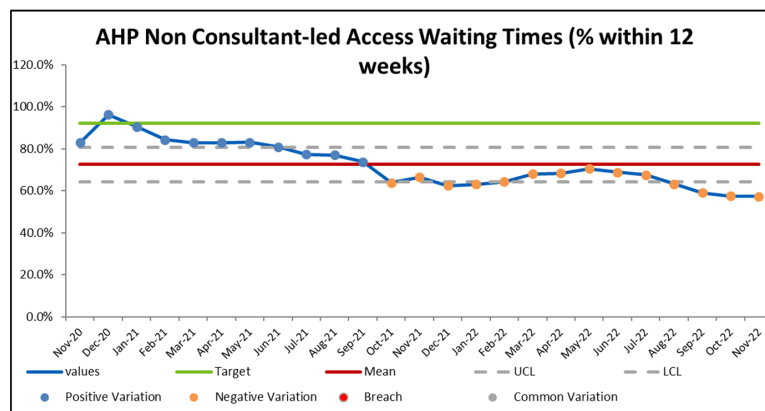
A number of referrals are received which specify that an urgent response is required, but upon triage not appropriate and/or necessary. The SOP enables staff to downgrade the inappropriate requests, thus excluding both from the demand and the response rates. A number of referrals are also received out 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 (71%), Dietetics (47.5%), Neuro Rehab (60.8%), Children's Therapies (67.4%) and Paediatrics (27.4%).

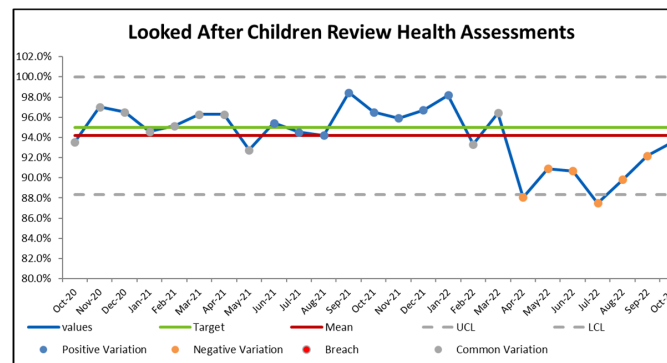
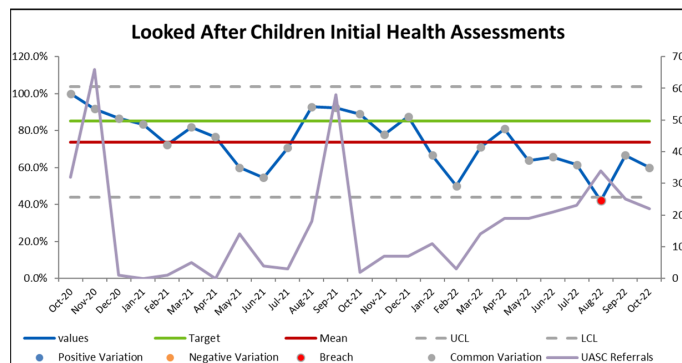


A weekly report is shared with the Chief Operating Officer, Deputy Chief Operating Officer and CSDs showing the current position with waiting list size, 12 week % and longest waits, at service level. This gives oversight and progress on improvements at a granular level on a regular basis.

Service	18 - 36 weeks	36 - 52 weeks	52+ weeks	within 12 weeks
Adult Speech and Language Therapy	26	0	0	77.09%
Adult MSK Physio	416	0	0	71.02%
Clinical Nutrition and Dietetics	1346	664	2	47.52%
HEN Team	1	0	0	83.33%
Community Neuro Rehabilitation: CNRT	39	0	0	60.78%
Intermediate Care Services	28	0	0	86.32%
Kent Continence Service	6	1	0	77.78%
Podiatry - Kent	165	1	1	73.06%
Podiatry - Medway	127	0	0	59.64%
Podiatric Surgery	67	0	0	55.90%
Kent Children's Therapies	176	1	0	67.39%
East Sussex CITS	19	0	0	87.37%
Community Paediatrics	1039	664	2	27.35%

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

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 7, 60% of IHA were completed within the statutory time frame. KCC compliance with processing and sending across the referrals within 5 working days reduced from 62% in Month 6 to 43% in month 7 there were 3 breeches with 1 attributable to KCHFT which was a cancellation due to Dr sickness. The number of referrals for IHA averages 25 per month and it significantly reduced in Month 7 to 11 referrals' therefore this has caused a drop-in compliance with the statutory timeframe as a proportion.

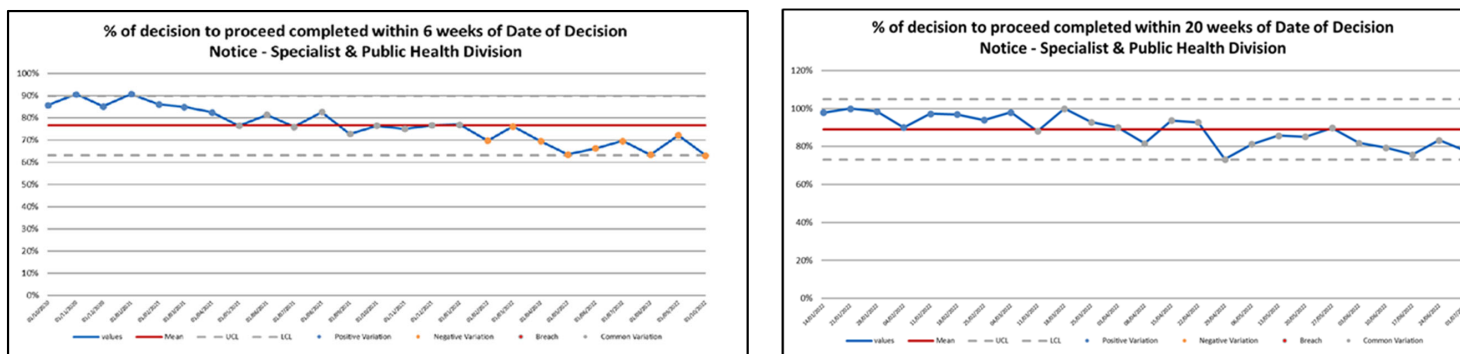
KCHFT has an internal KPI of 85% of the IHA being completed within 23 days of referral in month 7, 90% of IHA were completed within 23 days. Delays were not attributable to KCHFT and were due to DNA patient cancellations and lack of interpreters (KCC responsibility)

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 7, 93.5% of RHAs were completed within the statutory time frames. There were 3 breeches with 1 breach being attributable to KCHFT due to administration delays.

Unaccompanied Asylum-seeking Children (UASC)

The UASC numbers significantly impact on LAC capacity Since April 2022 the service has had requests for 177 IHA for USAC. 41% of IHA have been undertaken within the statutory time frame of 28 days and the main reason for breeches are late requests. 81% are 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. There has been an initial meeting with ICB and we understand that the system is working on an accelerated action plan. KCHFT have developed an internal action plan in relation to the SEND re inspection.

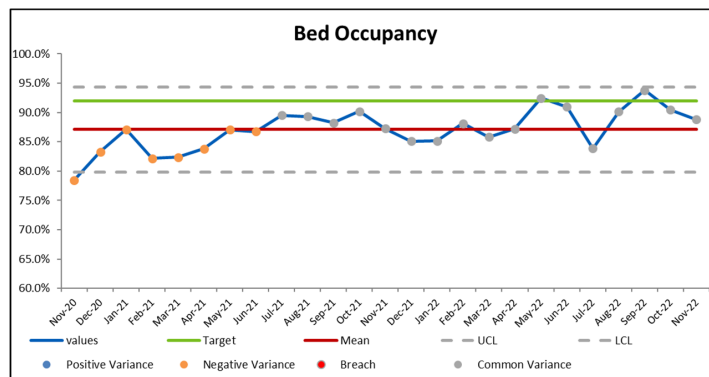
Specialist Children's Compliance against the 6-week statutory response at Month 7 is 63%

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 is reported at 89%

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 at Mth 7 is 39% with compliance against the 20-week time frame reported at 97%

5.1.15 Bed Occupancy

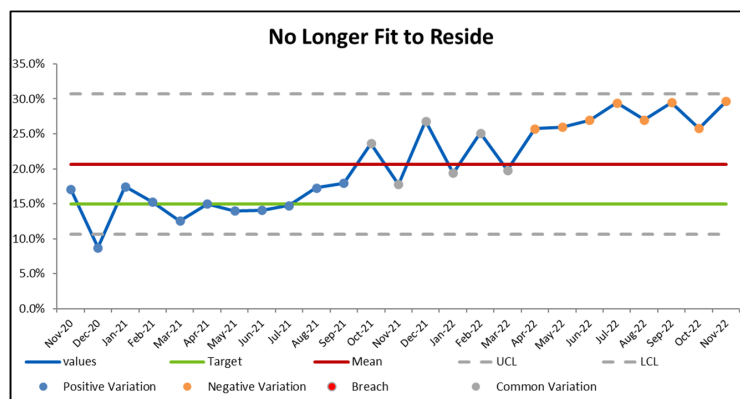
Bed Occupancy continues to show a varying trend, with current performance stable around the mean and within the target threshold of 87-92% (88.8% at month 8).



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% (29.7% in M8)

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 experience the winter surge.



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 8 (November 2022) KCHFT carried out 187,603 clinical contacts. For the financial year to November 2022, KCHFT is 1.7% 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 (-20.4%), although this area had the highest planned growth for 22/23.

Service Type	M8 Actual	YTD Actual	YTD Plan	YTD Variance	Movement	Internal BRAG	Contract BRG
Adults - Long Term Care	70,633	550,285	527,604	4.3%	Positive		
Adults - Urgent Care	29,007	235,916	219,365	7.5%	Negative		
Adults - Community Hospitals	4,495	36,706	38,112	-3.7%	Negative		
Adults - Rehab	16,354	123,710	124,956	-1.0%	Positive		
Dental and Planned Care	15,089	116,029	145,842	-20.4%	Positive		
Specialist and Public Health Services	52,025	369,315	352,484	4.8%	Positive		
Trust Total Activity against plan	187,603	1,431,961	1,408,363	1.7%	Static		

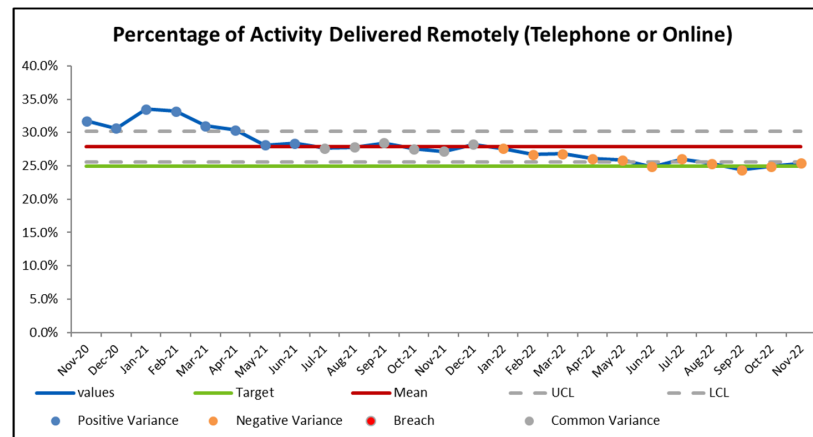
	Internal	Contract
	>+5%	>+10%
	>-5%	>-10%
	+/- 2.5-5%	n/a
	<+/- 2.5%	<+/- 10%
		No Target

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

Dental and Planned Care Services – The largest variances contributing to the overall 20.4% deficit against plan are within MSK Physio (-31.2%) and New Street Dental (-40.1%). Service modelling and recruitment have predicted much higher activity in 2022/23 in MSK but have not yet reached these levels with recruitment challenges

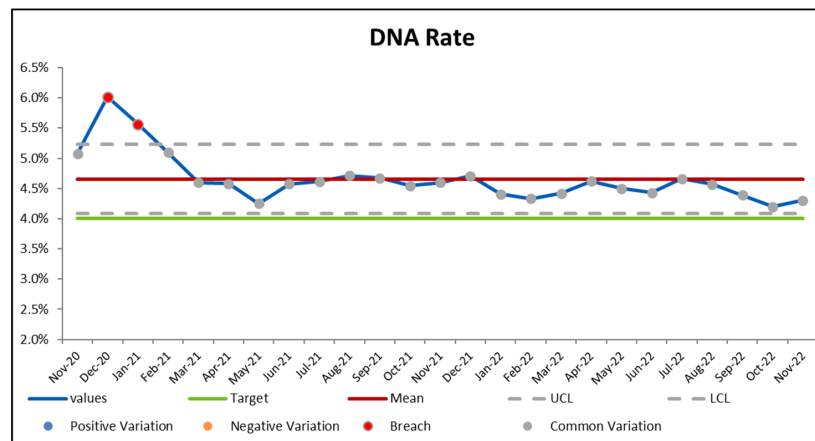
5.2.2 Activity Delivery Method

Levels are relatively stable with consistent performance, albeit with a small downward trend. Performance is currently just above the 25% target (25.4%), although with the last 12 months averaging >26%.

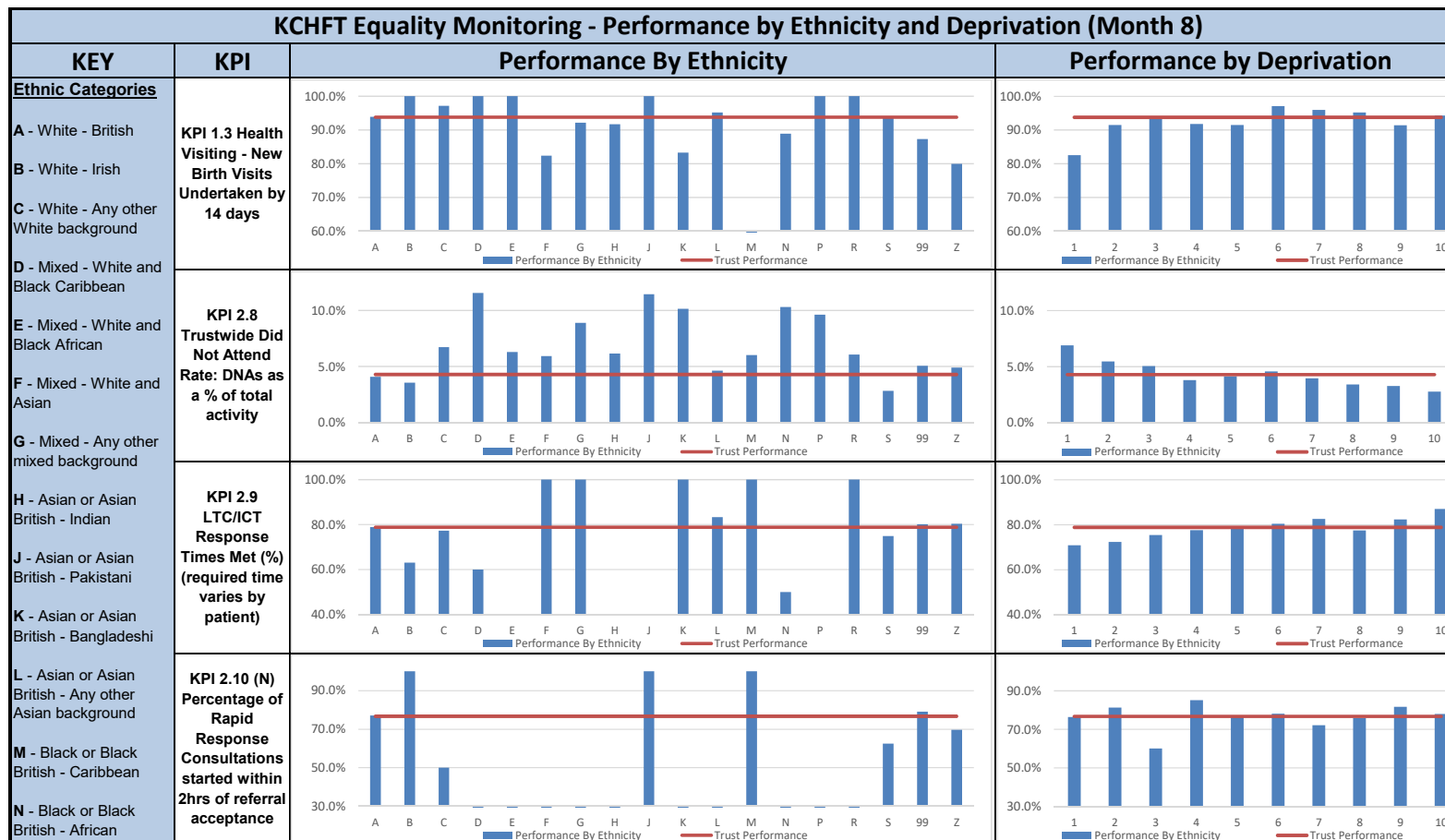


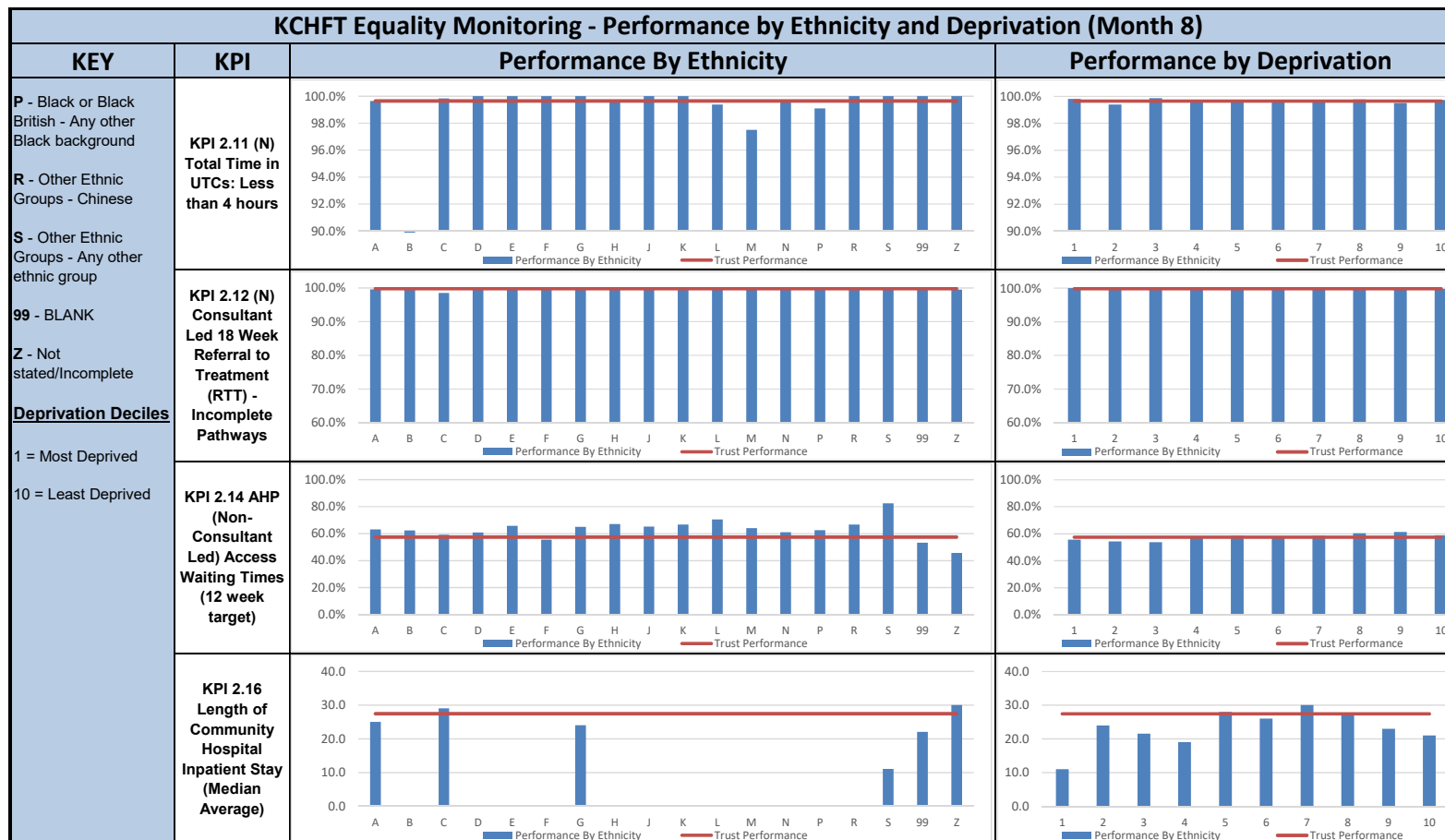
5.2.3 DNA rates

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).

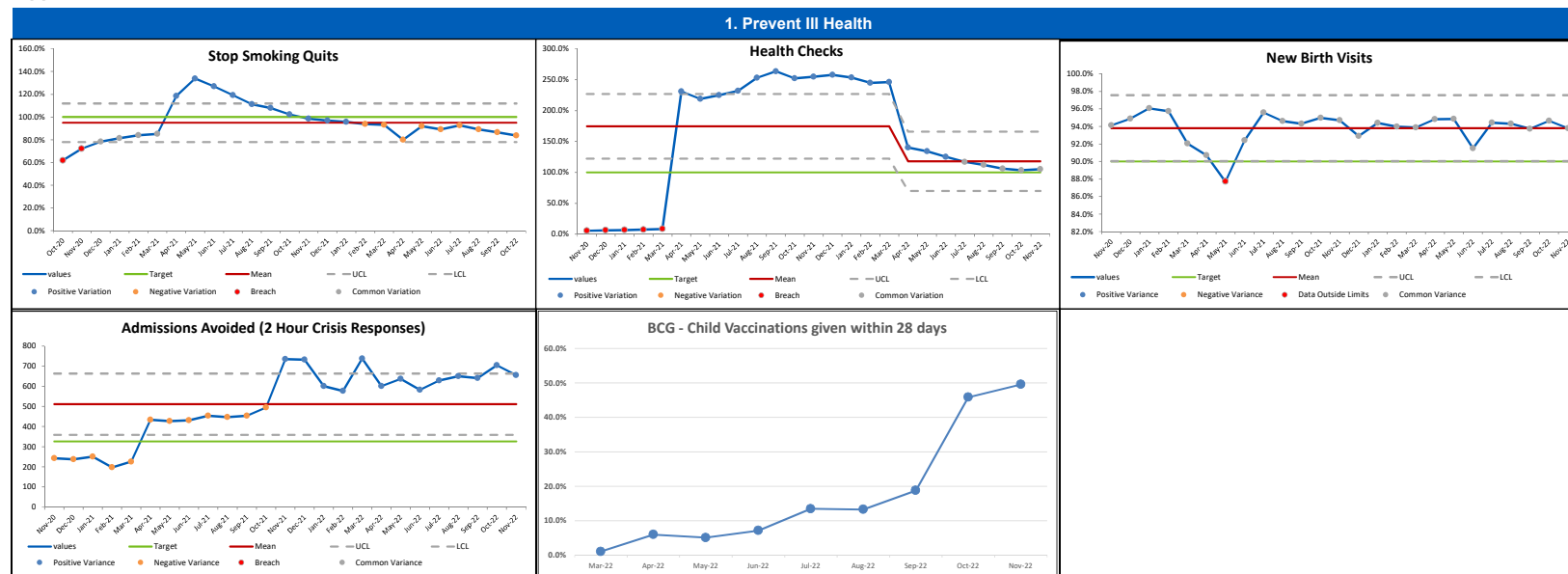


KCHFT Equality Monitoring - Performance by Ethnicity and Deprivation (Month 8)																
	KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days		KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity		KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)		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	93.8%		4.3%		78.8%		76.7%		99.6%		99.8%		57.4%		27.4	
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	93.9%	937	4.1%	105616	78.9%	1680	77.1%	354	99.6%	11651	99.6%	1400	63.1%	8614	25.0	111
B - White - Irish	100.0%	7	3.6%	1290	63.2%	19	100.0%	3	11.0%	16	100.0%	6	62.3%	53	N/A	0
C - White - Any other White background	97.2%	107	6.8%	3838	77.3%	22	50.0%	2	99.8%	616	98.5%	68	59.1%	352	29.0	5
D - Mixed - White and Black Caribbean	100.0%	11	11.6%	372	60.0%	5	N/A	0	100.0%	21	100.0%	7	60.9%	46	N/A	0
E - Mixed - White and Black African	100.0%	15	6.3%	396	N/A	0	N/A	0	100.0%	30	100.0%	1	65.7%	35	N/A	0
F - Mixed - White and Asian	82.4%	17	5.9%	404	100.0%	1	N/A	0	100.0%	23	100.0%	2	55.6%	36	N/A	0
G - Mixed - Any other mixed background	92.2%	51	8.9%	1012	100.0%	2	N/A	0	100.0%	57	100.0%	6	65.0%	120	24.0	1
H - Asian or Asian British - Indian	91.7%	36	6.2%	925	33.3%	3	N/A	0	99.7%	359	100.0%	28	67.1%	143	N/A	0
J - Asian or Asian British - Pakistani	100.0%	8	11.5%	131	N/A	0	100.0%	1	100.0%	47	100.0%	4	65.2%	23	N/A	0
K - Asian or Asian British - Bangladeshi	83.3%	6	10.2%	197	100.0%	1	N/A	0	100.0%	25	100.0%	1	66.7%	36	N/A	0
L - Asian or Asian British - Any other Asian background	95.2%	21	4.6%	1100	83.3%	6	N/A	0	99.4%	325	100.0%	13	70.5%	105	N/A	0
M - Black or Black British - Caribbean	40.0%	5	6.0%	149	100.0%	1	100.0%	1	97.5%	40	100.0%	1	64.0%	25	N/A	0
N - Black or Black British - African	88.9%	45	10.3%	883	50.0%	2	N/A	0	99.6%	252	100.0%	6	60.9%	174	N/A	0
P - Black or Black British - Any other Black background	100.0%	7	9.6%	270	N/A	0	N/A	0	99.1%	111	100.0%	2	62.5%	48	N/A	0
R - Other Ethnic Groups - Chinese	100.0%	3	6.1%	181	100.0%	3	N/A	0	100.0%	27	100.0%	2	66.7%	24	N/A	0
S - Other Ethnic Groups - Any other ethnic group	94.1%	17	2.9%	5933	74.9%	223	62.5%	40	100.0%	271	100.0%	25	82.4%	227	11.0	3
99 - BLANK	87.3%	63	5.1%	36829	80.2%	736	79.1%	230	100.0%	4	99.9%	2925	53.2%	10035	22.0	27
Z - Not stated/incomplete	80.0%	5	4.9%	6741	80.5%	133	69.7%	33	100.0%	13	99.5%	209	45.7%	1613	30.0	8
% Completeness	95.0%	1361	73.8%	166267	69.4%	2837	60.4%	664	99.9%	13888	33.4%	4706	46.3%	21709	77.4%	155
Performance by Deprivation Decile																
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Days	No.
Decile 1 - Most Deprived	82.6%	106	6.9%	785	70.9%	165	76.3%	38	99.8%	1028	100.0%	184	55.6%	1318	11.0	3
Decile 2	91.5%	134	5.5%	1020	72.4%	239	81.3%	32	99.4%	1473	99.7%	348	54.3%	2209	24.0	5
Decile 3	93.5%	107	5.1%	731	75.4%	240	60.0%	35	99.9%	1385	99.8%	382	53.7%	1895	21.5	10
Decile 4	91.9%	172	3.8%	823	77.7%	282	85.2%	54	99.6%	1799	99.8%	433	56.8%	2370	19.0	15
Decile 5	91.6%	166	4.2%	943	78.6%	398	76.9%	52	99.7%	2002	100.0%	540	58.3%	2712	28.0	17
Decile 6	97.1%	174	4.6%	872	80.5%	333	78.1%	105	99.6%	1445	99.5%	571	56.8%	2599	26.0	17
Decile 7	96.0%	175	4.0%	821	82.6%	396	72.1%	86	99.7%	1791	99.7%	558	58.3%	2612	30.0	29
Decile 8	95.2%	105	3.4%	603	77.5%	324	75.9%	112	99.8%	904	99.5%	577	60.3%	2042	27.0	22
Decile 9	91.5%	94	3.3%	463	82.4%	227	81.6%	49	99.5%	815	99.7%	386	61.2%	1759	23.0	9
Decile 10 - Least Deprived	94.3%	106	2.8%	373	87.0%	223	78.0%	100	99.7%	743	99.7%	334	58.8%	1790	21.0	26

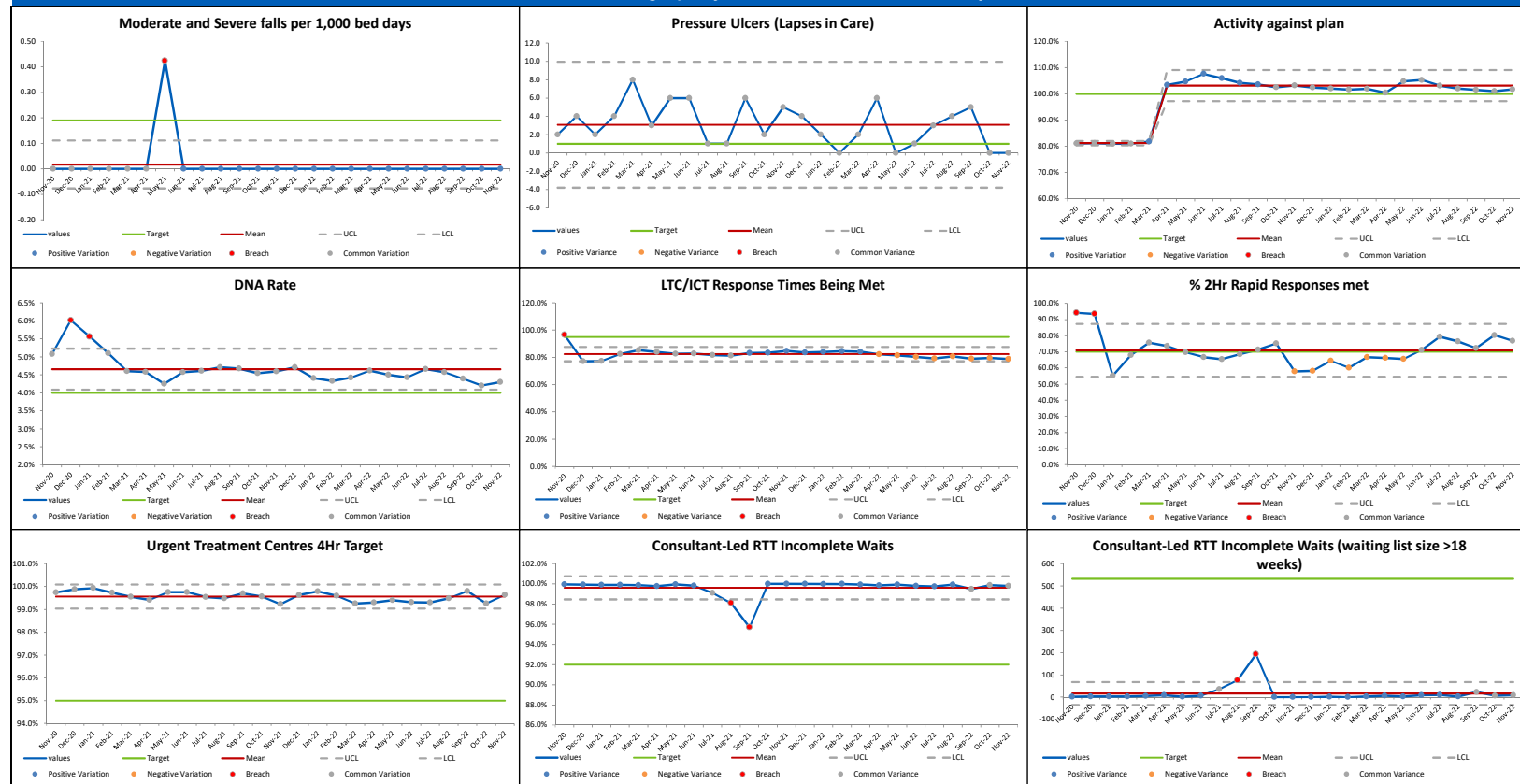




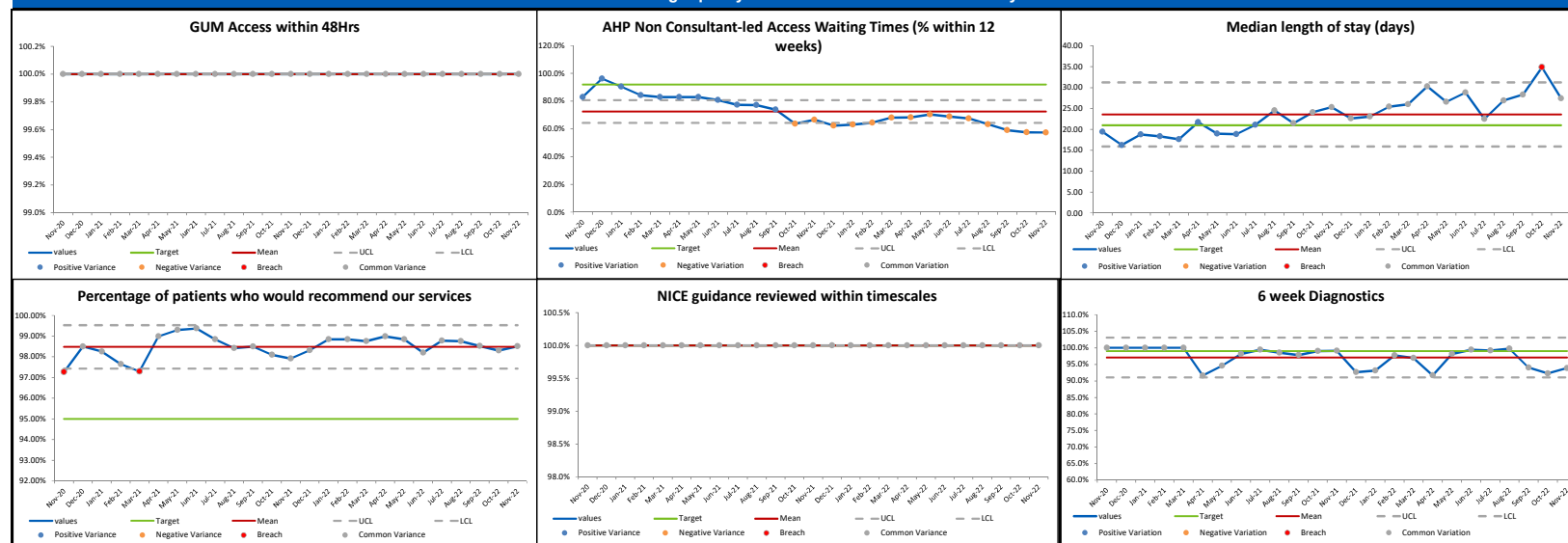
Appendix - Scorecard SPC Charts



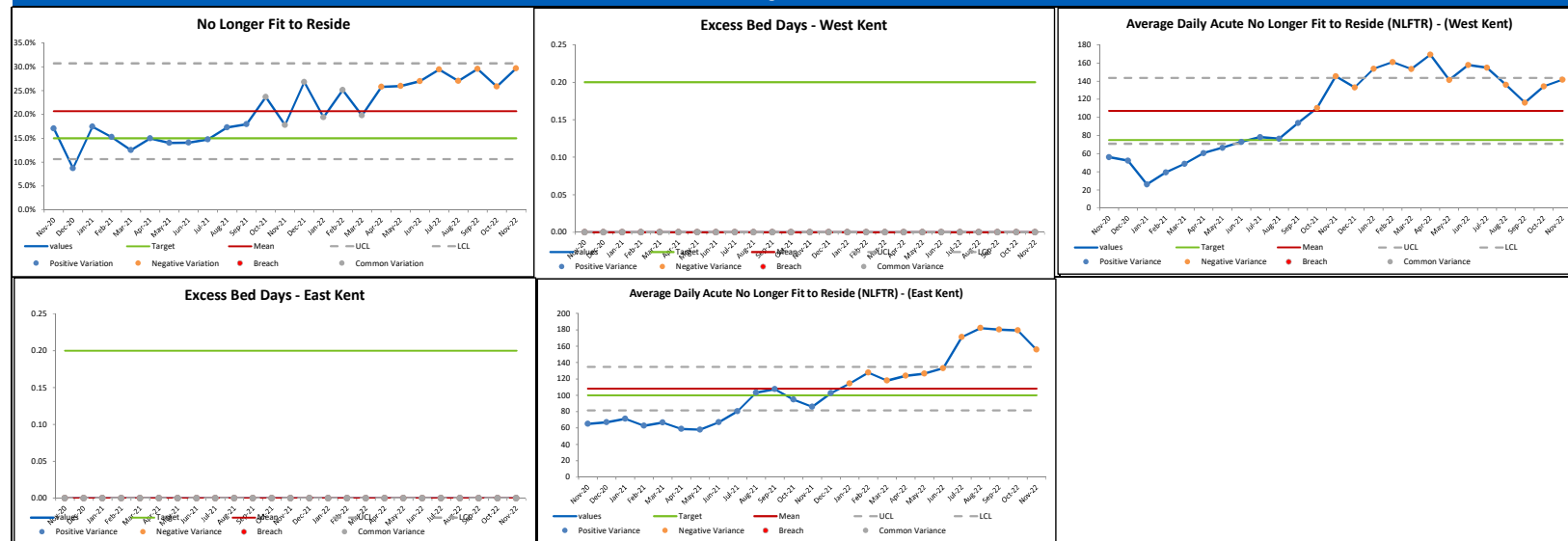
2. Deliver high-quality care at home and in the community



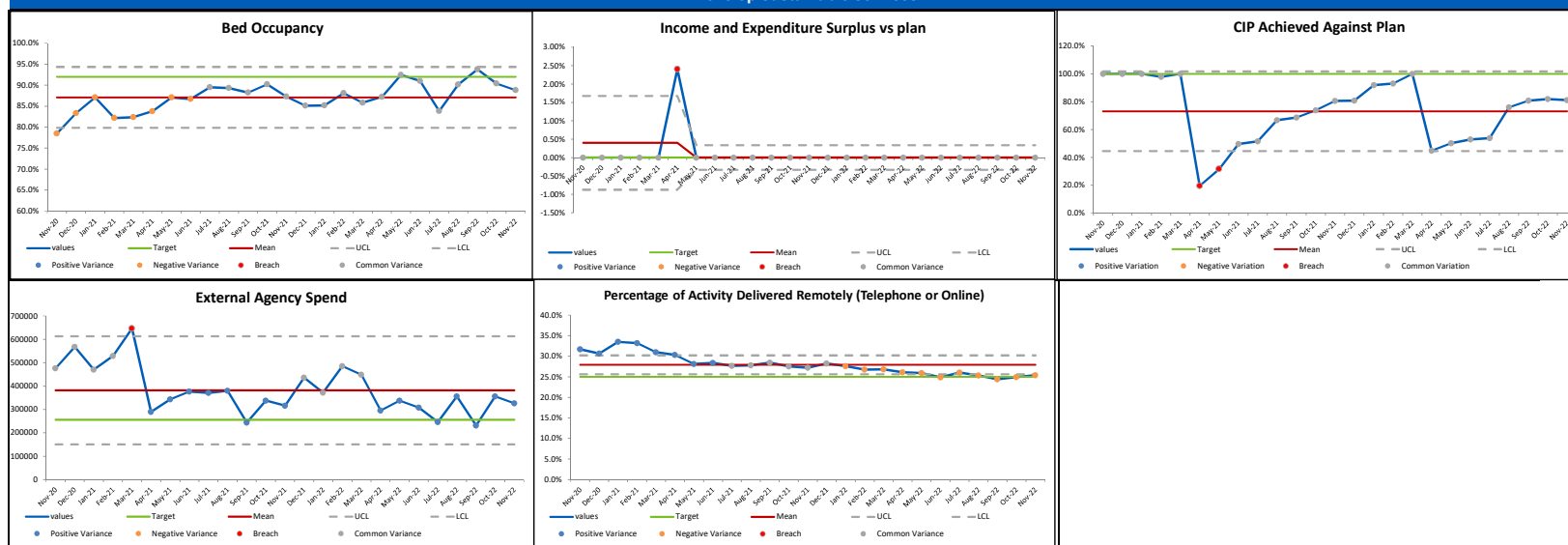
2. Deliver high-quality care at home and in the community

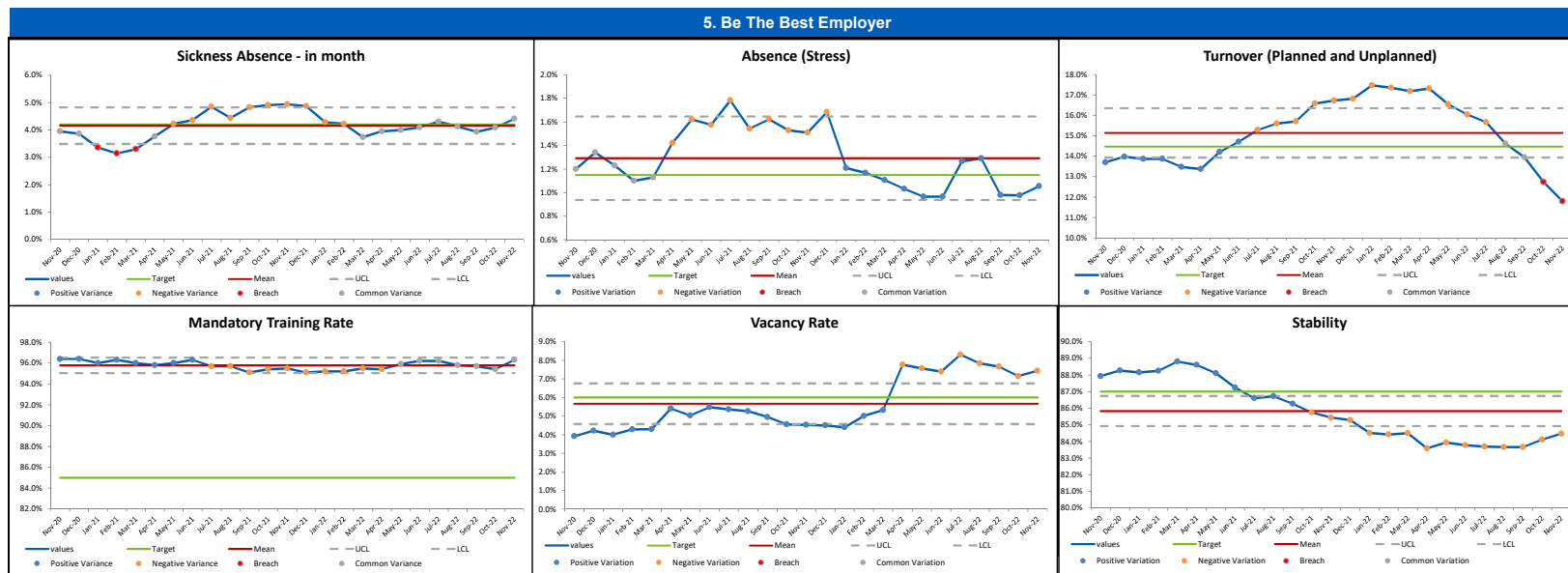


3. Integrate Services



4. Develop sustainable services





Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	20 January 2023
Agenda Number:	9
Agenda Item Title:	Strategic workforce committee chair's assurance report
Presenting Officer:	Kim Lowe, chair of strategic workforce committee
Action – this paper is for:	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

What is the purpose of the paper and the ask of the 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 9 January 2023.

Summary of key points

Proposal and/or recommendation to the 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

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

Name:	Kim Lowe	Job title:	Non-Executive Director
Telephone number:	01622 211900	Email	

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 9 January 2023.

Agenda items	Notes	Assurance status. Actions and follow up
<ul style="list-style-type: none"> • Staff networks • Industrial action • The integrated musculoskeletal therapy services (MSK) workforce overview • Workforce exceptional items • Operational workforce report • Safer staffing • Workforce performance report • Significant employee relations <p>Postponed- the retention deep dive papers</p>	<p>Recruitment and retention remain a key priority for the workforce team.</p> <p>The number of posts being recruited to is very high.</p> <p>New recruitment practise/ processes are slowly embedding and speed to recruit is increasing. Note the requirement to invest in enough support to train the frontline.</p> <p>Board assurance framework (BAF) risk 115 remains a significant risk of 20 despite some positive movement in vacancy rates.</p>	<p>This report provides an overview of key areas to bring to the Board's attention.</p> <p>Significant assurance was delivered against all agenda items except in the areas highlighted below.</p>

Agenda items	Notes	Assurance status. Actions and follow up
Staff networks	As the networks share their stories at Board and at the Committee. It has become apparent that we need to revisit their terms of reference (ToRs), support structures and their escalation routes.	Limited assurance - Are we getting the very best out of our networks?
Industrial action	This is an extreme challenge for the whole organisation. Solid operational plans are in place.	Substantial assurance - Support for staff is in place and positive communications are being released.
Mandatory training- Fire and moving and handling	Mitigations are in place to ensure we are safe. Training places are available but releasing workforce to attend face to face training remains extremely challenging.	ACTION There is a need to re-visit and approach through a quality improvement (QI) lens.
Vacancy rates	There continues to be a disparity between voluntary turnover rates in our black and minority ethnic (BME) and white staff. BME 12.8 per cent and white 10 per cent. We continue to benchmark well overall.	ACTION The NHS workforce race equality standard (WRES) action plan to monitor and review.
Staff sickness	Short term sickness is on the rise throughout the organisation. We continue to benchmark well against our comparators	The Committee will continue to monitor.
Safer staffing	A comprehensive report was received which highlighted the changing nature of how we	This is currently being monitored on a daily basis. The chief

Agenda items	Notes	Assurance status. Actions and follow up
	staff our frontline teams. Transformative work is in train to adjust skill mix, admin support and workloads.	nursing officer assured the Committee that we are safe in terms of meeting actual numbers. Limited assurance that we are operating at optimal numbers that find the right balance for patient outcomes and staff workloads/ time to train/ time to travel/ etc.

Kim Lowe
Chair, Strategic Workforce Committee
9 January 2023

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	20 January 2023
Agenda Number:	10
Agenda Item Title:	2021/22 Charitable Fund Annual Report and Accounts
Presenting Officer:	Dr Mercia Spare, chief nursing officer; Gordon Flack, chief finance officer
Action – this paper is for:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance

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

The 2021-22 Annual report and Accounts are presented for final signing by the Trust's Chair following conclusion of the Independent Examination carried out by the Trust's external auditors.

Summary of key points

The accounts have undertaken an Independent Examination by the Trust's external auditors and the Independent Examination report issued is within the accounts. This will be signed by the external auditor on receipt of the signed accounts. I can confirm that no changes have been required to the previously presented draft version distributed for comment and review in November.

Proposal and/or recommendation to the Board

The Board is asked to approve the final 2021/22 Annual Report and Accounts.

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

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

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

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

☐ Yes (please attach)

☐ No
(please provide a

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

Highlights relating to protected characteristics in paper

Name:	Carl Williams	Job title:	Head of Financial Accounting
Telephone number:	01622 939748	Email	carl.williams1@nhs.net

Kent Community Health Charitable Fund

Annual Report and Accounts for the Year Ended 31 March 2022

Registered Charity Number: 1139134

Kent Community Health Charitable Fund

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Kent Community Health Charitable Fund

Report of the Trustee for the year ended 31 March 2022

Foreword

The Trustee presents their annual report and the audited financial statements for the period ended 31 March 2022.

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

Reference and Administrative Details

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

Registered Charity Number: 1139134

Other Name Used by Charity: i care

Trustee Arrangements:

Kent Community Health NHS Foundation Trust is the Corporate Trustee of the Charity. The Board of Directors (Voting Board Members) who served Kent Community Health NHS Foundation Trust during the year to 31 March 2022 were as follows:

Name	Position on Trust Board	*Additional Info.
John Goulston	Chairman	
Paul Bentley	Chief Executive Officer	Until 16 January 2022
	Acting Chief Executive Officer	Acting Chief Executive Officer from 1 January 2022, previously Director of Finance and Deputy Chief Executive Officer
Gordon Flack		
Pauline Butterworth	Chief Operating Officer	
Gill Jacobs	Acting Director of Finance	from 1 January 2022
Mercia Spare	Chief Nurse	
Dr Sarah Phillips	Medical Director	
Louise Norris	Director of Workforce, OD & Communications	Until 21 January 2022
Victoria Robinson-Collins	Director of People and Organisational Development	from 18 October 2021
Gerard Sammon	Director of Strategy and Partnerships	
Peter Conway	Vice Chairman, Non Executive Director	
Sola Afuape	Non Executive Director	Until 20 January 2022
Pippa Barber	Non Executive Director	
Paul Butler	Non Executive Director	
Bridget Skelton	Non Executive Director	Until 31 March 2022
Francis Drobniewski	Non Executive Director	Until 24 January 2022
Nigel Turner	Non Executive Director	
Karen Taylor	Non Executive Director	from 1 February 2022
Kim Lowe	Non Executive Director	from 1 February 2022

Kent Community Health Charitable Fund

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

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

Bankers: Natwest Bank,
Corporate & Institutional Banking,
9th Floor, 280 Bishopsgate,
London, EC2M 4RB

Independent Examiner: Grant Thornton UK LLP,
30 Finsbury Square,
London, EC2A 1AG

Structure, Governance and Management of the Charitable Funds

The charity was created by Trust Deed and is registered with the Charities Commission as Kent Community Health Charitable Fund (Registered Charity No. 1139134). The primary object of the charity, as stated in its governing document, requires the Trustee to 'hold the trust fund upon trust to apply income, and at its discretion, so far as may be permissible, the capital, for the general purpose of Kent Community Health NHS Foundation Trust'. The charity helps pay for services and items not funded by NHS budgets, which enhance patient care and services, as well as improve patients' and staff wellbeing and morale.

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

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

The board of Kent Community Health NHS Foundation Trust, on behalf of the Corporate Trustee, has delegated to the Charitable Funds Committee (CFC) the responsibility to ensure charitable funds held are being managed and accounted for in accordance with the terms of NHS Charities Guidance and Charities Law. Membership of the Committee includes 2 non-executive directors, and the Chief Nurse. The Chair of the Charitable Funds Committee for 2021-22 was Francis Drobniowski (Non-Executive Director) until 24 January 2022, with Pippa Barber (Non-Executive Director) as Acting Chair for the remainder of 2021-22. Nigel Turner (Non-Executive Director) has subsequently been appointed the Chair of the Charitable Funds Committee for 2022-23. All members of the CFC have regard to the principles outlined in the Charities Commission's guidance on public benefit and annual bids/spending plans are requested to ensure the most effective use of resources.

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

Kent Community Health Charitable Fund

Financial Review

The net assets of the charity as at 31 March 2022 were £752k (2020-21 £706k).

Income Generation

Income during the year totalled £139k (2020-21 £182k) and includes income from donations and interest earned from bank accounts. Total income received in 2020-21 also included grants received from NHS Charities Together of £122k. No further grants from NHS Charities Together were received during 2021-22.

As at 31 March 2022, £25k of the £122k grant income received from NHS Charities Together during 2020-21 remains, with the remaining balance being committed to be spent during 2022-23.

Income from donations during the period totalled £17k (2020-21 £58k).

Income received from legacies in 2021-22 totalled £120k (2020-21 Nil).

The Trustee would like to thank all donors who have made contributions to the charity during the year and is very grateful for the donations received and the positive impact these donations have had on the services and staff of Kent Community Health NHS Trust.

Resources Expended

Expenditure during the period totalled £93k (2020-21 £142k), of which £34k was expended on staff welfare and amenities and £39k on patients' welfare and amenities. Expenditure during 2021-22 included spend on the following:

- Team treats for staff *
- Staff awards & long service event
- Venepuncture training aid and complete manikin
- Patients Christmas presents
- Specialist Fun2Go bike
- Gazebo for Friends Ward garden
- Specialist patient chairs for day room at Faversham Hospital
- Automatic doors at Waterringbury Surgery
- Equipment for patient's self-care at home in Waterringbury along with enhanced spirometers for the surgery

**Funded from grants received from NHS Charities Together during 2020-21*

Investment powers, policy and performance

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

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

Kent Community Health Charitable Fund

Non-NHS Grant making policy

Grants are made, at the discretion of the Trustee, where the spending meets the objects of the charity. No grants were made to Non-NHS organisations during the 2021-22 financial period (2020-21 Nil).

Reserves Policy

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

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

Risk Management

At the time of approval of the accounts the Trustee has reviewed the major strategic, business and operational risks (including those continuing to relate to the Covid-19 pandemic and response) to which the charity is exposed. The strong governance structure in place ensures continued effective stewardship and achievement of the charity's objectives.

Trustee Responsibilities

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

In preparing those accounts the Trustee is required to:

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

The Trustee is also responsible for:

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

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

Kent Community Health Charitable Fund

2021-22 Key Highlights

NHS Charities Together



Following on from the grants received in 2020-21 we have been able to fund team treats to support staff health & wellbeing. These monies have been able to fund an activity, outing or purchase of items for teams. Some examples have been visits to gardens and picnics, pottery painting, bowling, massage chairs, and microwaves.



Our final plans for the grants received are currently in progress and include providing outdoor furniture to Trust sites for the teams to enjoy. We will also be providing a copy of YOU magazine to all staff providing details of key health and wellbeing, and financial discounts and guidance.



Kent Community Health Charitable Fund

Bow Road Property Fund

Funding enabled works to be undertaken at Watlingbury Surgery to add automatic doors to the entrance to the surgery. This has enabled automatic entry with a push pad operating system for both the outside and internal door to the waiting room. The access has made it easier for wheelchairs users to enter and exit the building safely.

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



Adult Clinical Services



A Fun2Go bike was funded from the Adult Clinical services fund, which is now used at sessions at the Cyclopark by the Community Learning Disability Team. This has benefitted patients with regaining, and in some cases, even improving their level of mobility. The bike provides side by side support, adjustment and positioning.

Community Hospitals

The funds enabled us to provide each patient in our community hospitals with a present on Christmas day, a bespoke i care and KCHFT fleece blanket, making this a unique and more personal present for our patients.

A venepuncture training aid and complete manikin was purchased for the staff in the West Kent community hospitals. This has enabled in house equipment to be on hand for training around staff shifts, along with being available to support the new overseas staff in preparation for their OSCE's.

We also provided specialist patient chairs within the day room at Faversham Community Hospital, along with a gazebo for the Friends ward garden area, encouraging patients to sit outside in the warmer months.

Staff Wellness

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



Kent Community Health Charitable Fund

Donation methods

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

<https://www.justgiving.com/icare>



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

Charity Mission Statement

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

A big thank you

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

By order of the Trustee

Signed:

John Goulston, Trust Chair

Date: 20 January 2023

DRAFT Independent Examiner's report to the Corporate Trustee of Kent Community Health Charitable Fund

I report on the accounts of Kent Community Health Charitable Fund ('the Charity') for the year ended 31 March 2022.

Independent Examiner's statement

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

- which gives me reasonable cause to believe that in any material respect, the requirements:
 - to keep accounting records in accordance with section 130 of the Charities Act 2011; and
 - to prepare accounts which accord with the accounting records; and
 - to comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008
 have not been met, or
- to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Basis of Independent Examiner's statement

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

Respective responsibilities of Corporate Trustee and Examiner

The Charity's Corporate Trustee is responsible for the preparation of the accounts. The Corporate Trustee considers that an audit is not required for this year under section 149(2) of the Charities Act 2011 and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 149 of the Charities Act 2011;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 149(5) of the Charities Act 2011; and
- to state whether particular matters have come to my attention.

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

Use of this report

This report is in respect of an examination carried out under section 149(3) of the Charities Act 2011. This report is made solely to the Charity's Corporate Trustee, as a body, in accordance with the regulations made under section 154 of the Charities Act 2011. My work has been undertaken so that I might state to the Corporate Trustee those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Charity and the Corporate Trustee, as a body, for my work, for this report or for the opinions I have formed.

[Signature]

Sophia Brown, Key Audit Partner

Grant Thornton UK LLP
Chartered Accountants

London

XX January 2023

Kent Community Health Charitable Fund

Annual Accounts for the year ended 31 March 2022

Statement of Financial Activities for the year ending 31 March 2022

Statement of Financial Activities for the year ended 31 March 2022	Note	2021-22			2020-21
		Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s	Total Funds £000s
Income from:					
Donations and Legacies	2.1	137	-	137	180
Investment - Bank Interest	2.2	1	1	2	2
Total Income		138	1	139	182
Expenditure on:					
Charitable Activities	3.1	36	57	93	142
Total Expenditure		36	57	93	142
Net Income/(Expenditure)		102	(56)	46	40
Other Recognised Gains/(Losses)		-	-	-	-
Net Movement in funds		102	(56)	46	40
Reconciliation of funds					
Total funds brought forward		150	556	706	666
Total funds carried forward		252	500	752	706

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

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

Kent Community Health Charitable Fund

Balance Sheet as at 31 March 2022

Balance Sheet as at 31 March 2022	Note	2021-22			2020-21
		Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s	Total Funds £000s
Total Fixed Assets		-	-	-	-
Current Assets:					
Debtors	8	-	-	-	1
Cash and cash equivalents	10	254	503	757	740
Total Current Assets		254	503	757	741
Liabilities:					
Creditors: Amounts falling due within one year	9	2	3	5	35
Total Net Assets		252	500	752	706
Funds of the Charity:	11				
Restricted Income Funds		-	500	500	556
Unrestricted Income Funds		252	-	252	150
Total Funds of the Charity		252	500	752	706

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

The financial statements on pages 13 to 15 were approved and authorised for issue by the Trustee on 18 January 2023.

Signed:

Name, John Goulston, Trust Chair

Date: 20 January 2023

Statement of Cash Flows for the year ended 31 March 2022

Reconciliation of net income/(expenditure) to net cash flow from operating activities	2021-22 £000s	2020-21 £000s
Net income/(expenditure) for the reporting period (as per the Statement of Financial Activities)	46	40
Adjustments for:		
Dividends, interest and rents from investments	(2)	(2)
(Increase)/decrease in debtors	1	-
Increase/(decrease) in creditors	(30)	32
Net cash provided by (used in) operating activities	15	70

	2021-22 Total Funds £000s	2020-21 Total Funds £000s
Statement of Cash Flows		
Cash flows from operating activities:		
<i>Net cash provided by (used in) operating activities</i>	15	70
Cash flows from investing activities:		
Dividends, interest and rents from investments	2	2
<i>Net cash provided by (used in) investing activities</i>	2	2

<i>Change in cash and cash equivalents in the reporting period</i>	17	72
Cash and cash equivalents at the beginning of the reporting period	740	668
Cash and cash equivalents at the end of the reporting period	757	740

Analysis of cash and cash equivalents	2021-22 £000s	2020-21 £000s
Cash at bank and in hand	456	439
Notice deposits (less than 3 months)	301	301
Total cash and cash equivalents	757	740

Kent Community Health Charitable Fund

Notes to the Accounts

1 Accounting Policies

1.1 Basis of preparation

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

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

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

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

The Trustee considers that there are no material uncertainties that exist with the Kent Community Health Charitable Fund's ability to continue as a going concern.

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

1.2 Income Recognition

- a) All incoming resources are recognised in full in the Statement of Financial Activities when the following criteria are met:
 - Entitlement – control over the rights or other access to the economic benefit has passed to the charity.
 - Probable – it is more likely than not that the economic benefits associated with the transaction or gift will flow to the charity.
 - Measurement – the monetary value or amount of the income can be measured reliably and the costs incurred for the transaction and the costs to complete the transaction can be measured reliably.
- b) Income from donations is recognised when there is evidence of entitlement to the gift, the receipt is probable and its amount can be measured reliably.

Kent Community Health Charitable Fund

- c) Receipt of a legacy is recognised as an incoming resource when it is probable that the legacy will be received. Receipt is normally probable when:
 - there has been grant of probate;
 - the executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy; and
 - any conditions attached to the legacy are either within the control of the charity or have been met.
- d) Gifts in kind, such as food and care packages are not accounted for when they are accepted and immediately distributed unless a single donation is material.

1.3 Expenditure Recognition

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

- Obligation – a present legal or constructive obligation exists at the reporting date as a result of a past event.
 - Probable – it is more likely than not that a transfer of economic benefits, often cash, will be required in settlement.
 - Measurement – the amount of the obligation can be measured or estimated reliably.
- a) Grants payable are payments made to third parties (including NHS bodies) in furtherance of the charity's charitable objectives. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive a grant. This includes grants paid to NHS bodies.
 - b) Charitable activities expenditure comprise of all costs incurred in the pursuit of the objectives of the charity. These costs include direct costs and an apportionment of overhead and support costs as reflected in note 4 to the financial statements.
 - c) Raising funds includes the costs attributed to generating income for the charity.
 - d) Support costs are those costs which do not relate directly to a single activity. Support costs include costs associated with finance, governance and other central costs which support or relate to more than one area of activity. These costs are apportioned and allocated to charitable activities and raising funds on an appropriate basis, approved by the Charitable Funds Committee. The analysis of support costs and the bases of apportionment are shown in note 4.
 - e) Irrecoverable VAT is charged to the category of resources expended for which it was incurred.

Kent Community Health Charitable Fund

1.4 Structure of Funds

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

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

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

1.5 Tangible and Intangible Fixed Assets

The Charitable Fund had no tangible or intangible fixed assets for 2021-22 (2020-21 Nil).

1.6 Fixed Asset Investments

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

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

The Charitable Fund had no fixed asset investments for 2021-22 (2020-21 Nil).

Realised and Unrealised Gains/Losses

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

Kent Community Health Charitable Fund

1.7 Cash and cash equivalents

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

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

1.8 Stocks and Work in Progress

The Charitable Fund had no stocks or work in progress for 2021-22 (2020-21 Nil).

1.9 Transfers between funds

Transfers between funds are made at the discretion of the Trustee. There were no transfers between funds during the reporting period 2021-22 (2020-21 Nil).

2. Analysis of Income

2.1 Donations and Legacies

	2021-22			2020-21
	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s	Total Funds £000s
Donations and Legacies				
Donations from individuals and groups	17	-	17	48
Corporate donations	-	-	-	10
Grants	-	-	-	122
Legacies	120	-	120	-
Total Donations and Legacies	137	0	137	180

2.2 Gross Income from Investments

	2021-22			2020-21
	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s	Total Funds £000s
Income from Investments and Cash on Deposit				
Bank and Building Society Interest	1	1	2	2
Total Income from Investments and Cash on Deposit	1	1	2	2

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

Kent Community Health Charitable Fund

3. Analysis of Expenditure – Grants payable to NHS Bodies

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

3.1 Expenditure on Charitable Activities

	2021-22	2020-21
Charitable Activities	Total Funds £000s	Total Funds £000s
Patients welfare and amenities	39	46
Staff welfare and amenities	34	78
Support costs	20	18
Total Charitable Activities	93	142

4. Allocation of Support Costs and Overheads

	2021-22			2020-21
Support Costs and Overheads	Charitable Activities £000s	Raising Funds £000s	Total Support Costs and Overheads £000s	Total Support Costs and Overheads £000s
Independent Examination - External Audit	4	-	4	2
Administration - Finance	15	-	15	15
Other	1	-	1	1
Total Support Costs and Overheads	20	-	20	18

Support Costs and Overheads	Basis of apportionment	Notes
Administration - Finance	apportioned based on number of transactions per fund (excluding income transactions)*	75% of admin fee deemed to be transactional related e.g. bid processing, purchase orders, accounts payable, cash-book etc.
Administration - Finance	apportioned equally over number of funds in operation during financial year**	25% of admin fee deemed to relate to central tasks required for all funds irrespective of size, usage etc, e.g. overview and governance, day to day accounts admin (e.g. control account rec and bank rec), accounts preparation including annual report and accounts, audit liaison, reporting etc
Independent Examination - External Audit	apportioned equally over number of funds in operation during financial year**	Mandated requirement and will cover all funds.
NHS Charities Together Membership Fee	apportioned equally over number of funds in operation during financial year**	Charity as a whole (all funds) benefit from membership.
Just Giving Admin Fee	apportioned equally in accordance with the funds that have used Just Giving during financial year	Based on usage only.
Bank Charges	apportioned based on monthly fund balance held	Allocated monthly and ensures most equitable share of charges considering size of fund held.

*excludes income transaction volumes

**excluding funds with <£1k fund balance at the commencement of the financial year

5. Trustee Remuneration, Benefits and Expenses

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

6. Analysis of Staff Costs

The charity had no employees for the reporting period 2021-22 (2020-21 Nil) and therefore does not pay any salaries, national insurance and pension contributions

Kent Community Health Charitable Fund

direct. Costs for staff incurred by Kent Community Health NHS Foundation Trust are recharged to the Charitable Fund in the form of an administration fee. The administration fee for 2021-22 was a total of £15k (2020-21 £15k).

7. Auditor's Remuneration

External Auditor's remuneration of £4k including VAT (2020-21 £2k including VAT) relates solely to the agreed Independent Examination fee for the 2021-22 Charitable Funds annual report and accounts.

8. Debtors Analysis

	31 March 2022	31 March 2021
Debtors: amounts falling due within one year	Total £000s	Total £000s
Prepayments	-	1
Total Charitable Activities	0	1

9. Creditors: amounts falling due within one year

	31 March 2022	31 March 2021
Creditors: amounts falling due within one year	Total £000s	Total £000s
Other Creditors	5	35
Total Creditors	5	35

10. Cash and cash equivalents

Analysis of cash and cash equivalents	2021-22 £000s	2020-21 £000s
Cash at bank and in hand	456	439
Notice deposits (less than 3 months)	301	301
Total cash and cash equivalents	757	740

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

Kent Community Health Charitable Fund

11. Funds of the Charity

11.1 Analysis of Charitable Funds held

	Balance at 1 April 2021	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2022
	£000s	£000s	£000s	£000s	£000s	£000s
Restricted Funds						
Community Hospitals Restricted	216	1	(9)	-	-	208
Deal Hospital	42	-	-	-	-	42
Bow Road Property	23	-	(22)	-	-	1
Sensory Room appeal	1	-	(1)	-	-	-
Mermikides - Heron Ward	196	-	(1)	-	-	195
Covid19 - NHS Charities Together	49	-	(24)	-	-	25
NHS Services in Dover	29	-	-	-	-	29
Total Restricted Funds	556	1	(57)	-	-	500

	Balance at 1 April 2021	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2022
	£000s	£000s	£000s	£000s	£000s	£000s
Unrestricted Funds						
Unrestricted Funds	150	138	(36)	-	-	252
Total Unrestricted Funds	150	138	(36)	-	-	252

	Balance at 1 April 2021	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2022
	£000s	£000s	£000s	£000s	£000s	£000s
Total Funds	706	139	(93)	-	-	752

11.2 Restricted Funds detail

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

12. Analysis of Net Assets between Funds

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

	Tangible Fixed Assets	Fixed Asset Investments	Net Current Assets/(Liabilities)	Long Term Liabilities	2021-22 Total	2020-21 Total
	£000s	£000s	£000s	£000s	£000s	£000s
Restricted Funds	-	-	500	-	500	556
Unrestricted Funds	-	-	252	-	252	150
Total Restricted Funds	-	-	752	-	752	706

Kent Community Health Charitable Fund

13. Related Party Transactions

Board members of Kent Community Health NHS Foundation Trust which is the Corporate Trustee of the charity are also members of the committee which is empowered by the Trustee to act on its behalf in the day to day administration of all funds held on trust, which is the Charitable Funds Committee (CFC).

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

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

The charity made revenue payments to the Kent Community Health NHS Foundation Trust to the value of £93k as detailed in note 3. As at 31 March 2022 £5k (2020-21 £35k) was owed to the Kent Community Health NHS Foundation Trust.

14. Commitments

The charity has commitments totalling £19k at 31 March 2022 (2020-21 £11k) arising from approved bids and requisitions placed for which the relevant goods and services have not been received.

15. Events after the end of the reporting period

There are no events after the reporting period which are deemed to impact the 2021-22 annual accounts presented.

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	20 January 2023
Agenda Number:	14
Agenda Item Title:	Confirmed minutes of committees – for noting
Presenting Officer:	John Goulston, Trust Chair
Action – this paper is for:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance

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

Summary of key points
<ul style="list-style-type: none"> • Finance, business and investment committee meeting of 12 October 2022 • Strategic workforce committee meeting of 3 November 2022

Proposal and/or recommendation to the Board
The Board is asked note the approved minutes of the committees

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

**CONFIRMED Minutes
of Finance, Business and Investment (FBI) Committee meeting
held on Wednesday 12 October 2022**

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

Present:	Paul Butler, Non-Executive Director (Chair) Peter Conway, Non-Executive Director Gordon Flack, Director of Finance Kim Lowe, Non-Executive Director Claire Poole, Deputy Chief Operating Officer (representing Pauline Butterworth)
In Attendance:	Gina Baines, Committee Secretary (minute-taker) Vicki Bartholomew, Head of Service, Adult Community Musculoskeletal Physiotherapy (agenda item 5.2) Georgia Denegri, Interim Trust Secretary Mark Gray, Assistant Director ICT (agenda item 2.2) John Goulston, Trust Chair Debra Ody, Deputy Director of Finance (agenda items 4.2 and 5.1) Mark Johnstone, Director of Dental and Planned Care Services (agenda item 5.2) Carl Williams, Head of Financial Accounting (agenda item 4.3)
Observer:	Simon Crick, Good Governance Institute Victoria Stringer, NHS graduate trainee Karen Taylor, Non-Executive Director

064/22 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).

Apologies were received from Pauline Butterworth, chief operating officer; Natalie Parkinson, assistant director business development and service improvement; Dr Sarah Phillips, medical director; and Gerard Sammon, director of strategy and partnerships.

The meeting was quorate.

065/22 Declarations of interests

There were no declarations of interest received other than those formerly recorded.

066/22 Minutes of the meeting of 21 July 2022

The minutes of the 21 July 2022 meeting were read for accuracy.

The minutes were **AGREED**.

067/22 Matters arising from the meetings of 21 July 2022

The matters arising table actions closed was agreed.

The outstanding actions were discussed and updated as follows:

061/22 Committee effectiveness - Georgia Denegri explained that good practice was that this should take place in quarter four. The forward plan would be updated accordingly. Action closed.

057/22 Service line and reference costs – adults services (community hospitals) – This action would remain open.

All other open actions were closed.

The matters arising table actions open was **AGREED**.

068/22 Relevant feedback from other committees

There was nothing to report from the committees.

069/22 Board assurance framework (BAF)

Gordon Flack presented the report to the committee for assurance.

In response to a question from Paul Butler as to whether the financial risks were specifically for the trust or more systemwide, Gordon Flack responded that, as articulated on the BAF, they were specific to the trust's strategy. However, as that strategy was intertwined with the system's strategy, it was likely that system risks would impinge on the trust. Going forward, the focus would very much be on how the system worked together. Paul Butler suggested that the risks were very much at system level. John Goulston elaborated that the risk composed of two elements. The first considered what would happen if one organisation had a significant financial problem. The second considered what would happen if more than one organisation was struggling.

Peter Conway confirmed that the audit and risk committee had suggested that the board assurance framework required some amendments to the wording. This had not yet happened and suggested that this was addressed at the board meeting the following day. In response to a question from Peter Conway as to which executive director was responsible for risk, it was confirmed that Georgia Denegri, interim trust secretary now held that portfolio. Georgia Denegri agreed that the board assurance framework required improvement. She was currently working with the Good Governance Institute as part of their review to introduce some changes. She would also be meeting with the committee chairs to discuss the BAF.

Peter Conway concluded that the audit and risk committee's view regarding risk 116 (Kent County Council public health) was to be reconsidered in terms of the integrated care system's aims and then linked with risk 123 (Kent County Council social care risk).

The committee **RECEIVED** the board assurance framework.

070/22

Digital strategy update

Mark Gray joined the meeting to present the report to the committee for assurance.

In response to a question from Paul Butler for clarification about table one (planned and in-flight projects against RAG status), Mark Gray explained that the red rating reflected those projects that had been delayed due to equipment delivery delays and the delayed go live of the Rio update. The table did not show those projects that were still open from quarter one. Paul Butler highlighted that some of the percentage calculations in the table did not add up to 100% and suggested that these should be checked. It was agreed that Mark Gray would revise table one (planned and in-flight projects against RAG status) to be more accurate.

In response to a comment from Paul Butler that he would like to see some high-level satisfaction measures in the report, Mark Gray indicated that one of the projects this year would be to introduce a satisfaction survey. He would include a summary on user satisfaction following project implementation in the next report.

Peter Conway was not clear about the severity of some of the risks that the projects faced nor the breadth of work that the IT team was doing. He questioned whether some activity should be set aside to ensure that the big projects were completed. He suggested that when Mark Gray attended the November audit and risk committee meeting to present on the IT risks, he should highlight those areas that gave him the greatest concern. Mark Gray responded that there were a number of projects that the trust was not leading on as they were led by the integrated care system. Some additional resources have been provided for those specific projects. With regards to presenting at the audit and risk committee, he agreed he would include the risk register.

Actions – Mark Gray

In response to a comment from Kim Lowe that she had sensed on her visits to teams that the trust did not always invest enough in on-the-job training to help teams get the best out of the technology, Mark Gray explained that senior IT leads had been recruited to support services with Rio. The IT training team was also being reconfigured in order that they became facilitators rather than providing support. However, he agreed there was more that could be done to support services with training.

In response to a question from Paul Butler as to whether there was a training element built into the projects, Mark Gray confirmed that there was.

The challenge was around ensuring that staff had the capacity to take up the training. For large projects, the IT team followed up to ensure that training was completed. For smaller projects, a more light-touch approach was taken.

Gordon Flack highlighted that there was a link between applying new technology and taking a quality improvement collaborative approach to addressing problems. Claire Poole emphasised the importance of investing in clinical lead champions, particularly when subtle changes to forms were made. Regular engagement and updates with teams and the clinical rationale of the changes was important. The IT and champion support function was to provide a more responsive approach to staff to help them to understand and use the systems.

In response to a question from Paul Butler as to whether there was a business owner for Rio, Claire Poole confirmed that Dr Sarah Phillips, medical director was the clinical senior responsible officer for the project. With regards to the owner of the project in its business as usual phase, Gordon Flack reported that there had been three owners during the development and implementation of Rio. These individuals had now been superseded by the user group that owned the system and was led by the clinical services.

John Goulston suggested that future reports should provide a summary of benefits realised and to articulate more clearly the enabler element that IT was providing to services

Action – Mark Gray

John Goulston also suggested that Gordon Flack share the committee's comments on the digital strategy with the executive team in order that updates to committees and other strategies addressed the same areas – user satisfaction, benefits realisation and enablers.

Action – Gordon Flack

The Committee **RECEIVED** the digital strategy update.

071/22

Business development and service improvement report

Gordon Flack presented the report to the committee for assurance.

In response to a question from Paul Butler regarding the constant objections in contracts, Gordon Flack explained that the contracting environment had changed because of Covid. All contracts and the approach to commissioning had been suspended which had been a massive change to the contracting environment. There had also been a change to the healthcare act resulting in the introduction of the integrated care board. Such changes indicated that the context had permanently changed. There was now little appetite for tendering existing services. This, along with the new provider selection regime, provided a number of opportunities for the trust i.e. where services run by the trust were running

well, the commissioners had concluded that there was no need to go out to tender when the contract ended.

In response to a question from Paul Butler as to the length of the contract extensions, Gordon Flack indicated that the larger contracts would most likely be extended by more than a year. The appetite in the system was to have long contracts as this would lead to less fragmentation. John Goulston commented that what was less clear was how the integrated care board would assess that contracts were working well. Claire Poole highlighted that many of the smaller contracts for a year had been commissioned through local authorities whose approach to reviewing the contracts might be different.

The committee **RECEIVED** the business development and service improvement report

072/22

Focus items

Gordon Flack presented the report to the committee for information.

With regards to the deficit, the system was currently reporting a £44 million deficit of which about half was from East Kent Hospitals University NHS Foundation Trust. The deficit position was still being debated in the system. There would be more discussion at the board meeting the following day about how the trust should respond to this environment.

With regards to the pay award, the expectation was that it would be fully funded. The system was currently working through how the monies would be distributed. The trust was working with the system to ensure that there was a fair distribution. With regards to the pay award for those services who were commissioned by local authorities, these entities had their own arrangements and the trust was working through what the implications would be for next year.

In response to a question from Paul Butler as to how staff felt about the settlement, Claire Poole commented that the integrated management meeting was monitoring this. With regards to industrial action, the trust was working through its business continuity plan

The committee **NOTED** the focus items report.

Mark Johnstone, Vicki Bartholomew and Victoria Stringer joined the meeting.

073/22

Service line and reference costs – musculoskeletal physiotherapy service

Mark Johnstone and Vicki Bartholomew presented the report to the committee for assurance.

In response to a question from Paul Butler regarding the estates and reference costs, Debra Ody confirmed that they were a direct cost and that the reference costs included the corporate overheads.

With regards to the 2020/21 unit costs, Debra Ody explained that activity had ceased and some staff had been redeployed because of the pandemic. Peter Conway highlighted that there had been significant fluctuations in the unit costs. He questioned whether they would return to pre-pandemic levels or whether there had been a fundamental shift in the cost base of national musculoskeletal physiotherapy provision. If there had been a fundamental shift then he suggested that contracted income would need to change to reflect this.

With regards to changes to the service in east Kent, Mark Johnson reflected that there had been fundamental changes in the market with ensuing pressures on recruitment and increased competition. Activity was below pre-covid levels. He had suggested some alternative scenarios for the service but he was reluctant to commit more funds when teams were not able to attract staff.

In response to a question from John Goulston as what was in the trust's gift to change, Mark Johnstone suggested the main areas would be the design of the pathway and estates costs.

Kim Lowe suggested that this item needed a full board discussion because of the complexity of the issues and the challenges the service faced. There were opportunities for the service in west and north Kent. East Kent represented the greatest challenge because supply exceeded demand by a significant amount.

In response to a question from Paul Butler as to whether the executive team had discussed the paper, Gordon Flack confirmed that the team were aware of it. A number of options were being worked up to present to the executive team.

With regards to the different challenges that were faced in north, west and east Kent, Gordon Flack reflected that some losses were driven by anomalies in each of the contracts and, as such, he suggested that the system needed to concentrate more on the cost and cost structure elements.

Peter Conway reflected that the introduction of the any qualified provider (AQP) regime had fundamentally changed the market, leading to a mix of private and state provision. In response to these market pressures, NHS services had moved to offering group as well as individual care which was not always wanted by patients or physiotherapists.

In response to a question from Paul Butler as to whether the commissioners were aware of the financial issues, Gordon Flack indicated that they had been in the past but a fresh look was required.

Paul Butler concluded that the service had considerable challenges which needed to be resolved. He suggested that when the budget for 2023/24 was drawn up, every service that was in deficit at contribution or overhead level required an explanation as to why it was in the budget and how the position was going to be resolved. The board should have the opportunity to discuss the strategic implications of those budgetary decisions.

It was agreed that Mark Johnstone would give an update to the committee at its meeting in January.

Action – Mark Johnstone

The committee **RECEIVED** the service line and reference costs – musculoskeletal physiotherapy service report.

074/22 Investment and cash review

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

In response to a question from Paul Butler as to whether the financial liability for the Edenbridge project have been factored in, Carl Williams confirmed that it would be going forward.

The committee **RECEIVED** the investment and cash review report.

075/22 HFMA financial sustainability self-assessment checklist

Gordon Flack presented the report to the committee for assurance.

The audit and risk committee had sanctioned the review as part of the trust's audit plan. The self-assessment had been reviewed by the executive team and signed off by Mairead McCormick, chief executive officer. It would be shared across the whole system. The report from the internal auditors would be published in the next two weeks. It was the intention that the executive team would accept the recommendations in the report.

In response to a question from Paul Butler regarding the timing of the high level budget and how that would work, Gordon Flack explained that this would be done by the trust in the coming months using high level assumptions. In response to a further question from Paul Butler as to whether there would be a five year plan at system level, Gordon Flack responded that guidance was still awaited but a longer term recovery plan would be needed for the system.

Peter Conway indicated that the trust was more financially stable than the scores would indicate. Any areas for improvement should be considered in terms of cost, value and time. Gordon Flack agreed and suggested that the executive team would take a pragmatic approach and look to focus on proportionate improvements and collective system learning.

The committee **RECEIVED** the HFMA financial sustainability self-assessment checklist.

Karen Taylor left the meeting.

076/22 2023/24 business planning approach (cost improvement programme)

Gordon Flack presented the report to the committee for information and assurance.

Paul Butler commented that meeting the following year's cost improvement programme target would be a challenge and was concerned about how this might impact on next year's budget. He suggested that the programme needed to be robust and that mitigation would need to be in place if the trust missed its target. Gordon Flack agreed that the system as a whole would be challenged.

Peter Conway commented on the recommendation to support option two i.e. that an efficiency target of at least three per cent was assumed for all services plus ten per cent of additional benchmarking opportunity for estates. Claire Poole confirmed that she was discussing this option with Debra Ody. She commented that the target was ambitious and services would have to look to estates to help find savings. Gordon Flack confirmed that the executive team had supported option two. It had been felt that the other options did not take the pressure off services sufficiently. If estates could deliver more savings, then these would be used to mitigate for other services. The executive team had also been minded to avoid cutting those areas which could enable transformational cost improvement such as IT.

Pauline Butterworth would give an update to the committee at its meeting in January.

Action – Pauline Butterworth

The committee **RECEIVED** the 2023/24 business planning approach (cost improvement programme) report.

077/22 Budget setting framework

Debra Ody presented the report to the committee for approval.

The Committee **APPROVED** the recommendations in the budget setting framework report.

078/22 Finance report including service line and the cost improvement programme reports (month five)

Debra Ody presented the report to the Committee for assurance.

In response to a question from Peter Conway regarding the new 2022/23 agency spend target from NHS England, Gordon Flack confirmed that the trust had not yet received any detail. In order to remain within the target,

staff would continue to be encouraged to apply to the bank rather than an external agency.

The Committee **RECEIVED** the finance report including service line and the cost improvement programme reports (month four).

079/22 Forward plan

Paul Butler presented the report to the committee for a decision.

The Committee **APPROVED** the forward plan.

080/22 Any other business

There was no other business.

The meeting ended at 11.55am.

Date and venue of next meeting

Thursday 1 December 2022 at 9.00 am in the Boardroom, The Oast,
Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT

**CONFIRMED Minutes of the
 Strategic Workforce Committee
 held on Thursday 3 November 2022 at 1.00pm
 Meeting Room 7, Trinity House, Ashford, Kent**

Present: Kim Lowe, Non-Executive Director (Chair) (KL)

Pauline Butterworth, Chief Operating Officer (PB)
 Margaret Daly, Deputy Director of People and Organisational
 Development (Education and Development) (MD)
 Sarah Hayden (Deputy Director of People and Organisational
 Development, Ops)
 Victoria Robinson-Collins, Director of People and
 Organisational Development (VRC)
 Karen Taylor, Non-Executive Director (KT) – From 2.00pm
 Nigel Turner, Non-Executive Director (NT)

In Attendance: Sarah Cook, Executive Assistant, minute taker (SC)
 Sive Cavanagh, Deputy Chief Nurse (SCa)
 Emma Darvill, People and OD Business Partner (ED)
 Georgia Denegri, Interim Trust Secretary (GD)
 Kay Fax, People and OD Business Partner (KF)
 Debra Ody, Deputy Director of Finance (DO)
 Natalie Parkinson, Chair Menopause Network (NP)
 Nicola Rutter, Head of People (ER, EDI, Recruitment and
 Business Partnering)
 Mike Weaver, Good Governance Institute

086/22 Welcome and apologies

KL welcomed everyone to the Strategic Workforce Committee meeting of the Kent Community Health NHS Foundation Trust Board and advised that Mike Weaver had been invited to observe as part of the Good Governance Institute (GGI) review.

Apologies were received from Mercia Spare and Gordon Flack.

The meeting was quorate.

087/22 Declarations of Interest

No declarations of interest were received other than those formerly recorded.

088/22 Staff Network – Staff Story
Natalie Parkinson – Menopause Network

NP provided a brief history of the network that has been running for 18 months. There are 295 staff within the network. A WhatsApp group has also been established which offers great support.

Guest speakers regularly attend the network meetings.

The network has started to work with the Hen Picked check list (NHS England) which comprises of 19 tests, which is about 52% completed.

NP also links in with the ICB and the system. 12 members are completing training to support the networks cause.

The trust has also introduced online training, which 811 people have accessed.

The chair and deputy chair do face challenges supporting the network due to capacity. VRC has arranged funding to support the networks, so this will be utilised by using bank staff to help run things in the background. NP emphasised the need to think wider about capacity across the networks.

KL thanked NP for the overview and would have asked what more could be done to help the network, but this had already been covered. But, also how could the system be used to build a stronger network.

KL thanked NP for everything that is being achieved by the network and if any support or help was required, to please raise with the committee.

NT commented that focussing on the equality strategy and actions, if networks are feeding into the strategy what tools and resources do networks require.

089/22 Minutes from previous meeting held on 1 September 2022

The Minutes of the meeting of 1 September 2022 were read for accuracy and were agreed.

The Minutes were **AGREED**.

090/22 Matters Arising

Completed actions updated on the matters arising log, with a few additional comments added to the log for noting.

091/22 Relevant feedback / updates from other Committees

KL relayed that this is the only committee that is not supported by the Assistant Trust Secretary and therefore relies on the NED's for feedback. KL has discussed with Mairead and Georgia.

092/22 Updates on Legislation / Regulations – Changes and Impact

VRC advised that there are changes to ID checks now the Covid act has ended and reverted back to how they were previously managed. The trust is exploring a suitable digital solution.

Pension abatement was relaxed during Covid due to issues with attrition and retention.

Strike action is also a current issue, but is included within the agenda.

SPOTLIGHT**093/22 Industrial Action**

VRC took the paper as read and shared the things are starting to ramp up rapidly. However, from a legal point it is hard to establish who will be going out to strike.

The trust has heard that the Royal College of Nursing (RCN) is likely to go out on its own imminently. The British Medical Association (BMA) have also confirmed they will be balloting, but this will be in January.

PB advised NHSE has circulated a letter regarding preparedness, the EPRR team held events in November to ensure all plans are in place to cover any disruption.

VRC will be discussing at the Chief People Officers (CPO) meeting this week to establish how to utilise the ICB as much as possible.

The trusts priority is patients and being able to support staff.

KL suggested at present only limited assurance can be offered as the strike action will be out of the trusts control.

It was agreed for the BAF risk to remain the same.

The Committee **NOTED** the Industrial action and received it with **Limited Assurance**.

094/22 Apprentices (Nursing Academy)

MD took the paper as read and opened up for any questions from the Committee.

In response to a question from NT regarding how far behind the planned number of 50 apprentices, MD explained that the apprentices were all offered posts of those above the line, but potentially have reached saturation point with services as also the IEN's had started.

MD also raised that it had been identified that there had been a big drop in applications, due to a number of applicants not being in the UK, so they aren't able to do an apprenticeship as need to live in the UK 3 years prior.

It was suggested to implement a question prior to starting an application to ensure that they are residents in the UK.

VRC expressed that it needs to be recognised clinical and operational teams can't be pushed to breaking point as not having capacity to support also considering the IEN programme, this does need to be managed carefully, especially as the system is going into winter pressures.

SC suggested it could be tested when the last cohort of IEN's come out and the PDN's could test and review outcomes.

The Committee **NOTED** the Apprentices report and received it with **Reasonable Assurance**.

095/22 Internationally Educated Nurse (IEN) Programme

NR shared that it has been a positive experience with 74 IEN's now working across services. The final cohort of 17 IEN's are arriving around 17 November. The team have worked incredibly hard to get the IEN's through the recruitment process.

VRC explained the programme has been a great learning process and as different cohorts have come in the level of pastoral care has also changed. It's also been identified the need to protect current colleagues.

NR will be asking the recruitment team to produce a detailed review of the whole programme to also support if the programme runs again to have a full set of guidelines and how to manage the process.

In response to a question from KL regarding how the BAME network has been involved, NR confirmed that the chair of the network has been very supportive and had a lot of input into the programme.

KL wished to express thanks on behalf of the Committee to all those that had been involved with the success of the programme.

The Committee **NOTED** the Internationally Educated Nurse Programme and received it with **Substantial Assurance**.

096/22 Workforce Report Exceptions

VRC took the paper as read and shared the key highlights from the report.

It was suggested the BAF should remain at 20, until the vacancy rate can be reduced further.

NT commented that benchmarking would enhance the report to make it exceptional data. VRC clarified that the full data pack is included within the board pack for information, this information was available on page 66.

The Committee **NOTED** the Workforce Report Exceptions.

PRIORITIES

097/22 Succession Planning Update

VRC took the paper as read and explained the complexity of bringing it together as well as taking into consideration that Mairead also has new ideas that she wishes to introduce. So, this will be looked at collaboratively as if starting from afresh.

MD advised the 360-feedback process is being explored and this is a useful tool for senior leaders and the Exec.

KT wished to note it was helpful to get the background, but would be good to know a timeline once the Exec portfolios are in place.

KL advised that the committee would like to bring this item back to a future meeting for a further update.

The Committee **NOTED** the – Succession Planning update report and took the paper with **Moderate Assurance**.

098/22 EDI Update

SH took the gender pay gap report as read and highlighted there was a slight deterioration in the pay gap, but a number of steps are in place, so that when the data is run again this would be reflected.

KL referred to the band one shown on the graph on P.49 and queried whether this was Accurate. SH clarified that there is one member of staff that didn't want to be a band 2.

VRC shared that at the Leaders Conference, Lorraine from Green Pea Pod (PEA) attended, PEA has been commissioned to complete forward the EDI action plan refresh work, following a competitive tender exercise.

The initial project meeting was a success, with a task and finish group being established. VRC would welcome a NED colleague to be included within the group to help shape such an important piece of work.

VRC informed the committee that the trust has signed up to the Diversity in Health and Care Partners Programme, a national programme led by NHSE.

The first session was held in September, with future dates planned, VRC, Ali Carruth and Hasan Reza have all signed up to the programme.

The Committee **NOTED** the EDI Update and the paper was noted to have **Reasonable Assurance**.

099/22 Recruitment Deep Dive

NR provided an update on automation that has now been running for over a year, there are still some additional processes to implement.

The recruitment team structure is now in place, with all staff fully trained and inducted.

NR opened up for any questions.

PB wished to ascertain that if the team has been fully trained, what is the trajectory for an improvement in recruitment times. NR hoped that within the next 4 – 6 weeks there will be a noticeable improvement.

PB asked whether there was assurance that the glitches in automation had now been resolved. SH explained that it wasn't glitches that was the issue, but missing information not originally included as required from recruiting managers, which cannot therefore be picked up by the BOT.

NR also shared that there had been national system issues with TRAC and ESR.

KL advised the committee would like another update at some point as it was important to keep on the radar.

The Committee **NOTED** the Recruitment Deep Dive

100/22 **Workforce Implications of Winter Plan**

PB advised the paper was provided for information and assurance, however, things are currently changing already as moving at such a fast pace.

PB opened up for any questions from those in attendance.

In response to a question from KL regarding having a winter risk plan, PB clarified that the winter plan is very detailed, but risks are not captured.

SC updated that the safer staffing paper would be presented to the Exec the following week. The tool had been piloted across community nursing for 6 months, as well as community hospitals for Q1.

The Committee **NOTED** the Workforce Implications of Winter Plan and noted **Moderate Assurance**.

ASSURANCE

101/22 **Workforce Performance Report**

Included within the Boardpack for information. The paper was taken as read.

In response to a question from KL, VRC confirmed that the facilities recruitment T&F group was still continuing, but was almost at a point of closing, everything has been completed from an HR perspective. The job descriptions have been reviewed and updated along with the adverts.

In response to a further question from KL regarding stress related sickness absence and whether it was genuinely related to stress, SH felt it was a mixture, but was confident that managers are reporting on it, but also the need to factor psychological safety.

The Committee **NOTED** the Workforce Performance Report.

102/22 Medical Revalidation Report

SP reported to the committee that there aren't any major issues or anything to worry about with regards to revalidation and all information was included within the paper.

KL thanked SP for the paper, but requested to use the updated front sheet for future papers as it highlights any issues.

The Committee **NOTED** the Medical Revalidation Report

103/22 Focus Items

Included within the Boardpack for information, for noting by the committee.

The Committee **NOTED** the Focus Items report.

104/22 Forward Plan

Included within the Boardpack for information and updates provided during the meeting.

The Committee **NOTED** the Forward Plan report.

105/22 Any other Business

SH shared some issues with contracting regarding payroll and occupational health.

All payroll HR entry admin has been taken back in house, so it is hoped that this will improve.

Occupational health has been placed on an improvement plan.

KL thanked all those present for attending.

Date and time of next meeting;

Tuesday 20 December 2022 at 2.30pm, in the Boardroom, The Oast.