

# **BOARD OF DIRECTORS MEETING IN PUBLIC**

**19 April 2023, 9am – 11am**

**Invicta Suite, Orida Hotel, Bearsted Road,  
Maidstone, Kent ME14 5AA**

**Agenda and Papers**

## TRUST BOARD MEETING IN PUBLIC

**Wednesday 19 April 2023, 9.00 – 11.00**  
**Orida Hotel, Bearsted Road, Maidstone ME14 5AA**

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 20 January 2023  | Trust Chair       | Attached |      |
| 4. | Action log and matters arising from the meeting held on 20 January 2023   | Trust Chair       | Attached |      |
| 5. | Chair's report  | Trust Chair       | Verbal   | 9.05 |
| 6. | Chief Executive's report  | Chief Executive   | Attached | 9.10 |

#### STRATEGY

- |    |  |  |          |      |
|----|--|--|----------|------|
| 7. | We Care Strategy 2023 - 28   | Chief Executive<br>Chief Medical Officer               | Attached | 9.20 |
| 8. | Kent and Medway Joint Forward Plan                                       | Deputy Chief<br>Executive & Chief<br>Operating Officer | Attached | 9.25 |
| 9. | 2023/24 Operating plan (including budget and Cost Improvement Programme) | Chief Executive<br>Chief Finance Officer               | Attached | 9.30 |

#### BOARD ASSURANCE AND QUALITY

- |     |  |  |          |      |
|-----|--|--|----------|------|
| 10. | Board assurance framework  | Deputy Chief<br>Executive & Chief<br>Operating Officer | Attached | 9.35 |
| 11. | Quality Committee chair's assurance report – meetings of 19 January, 16 February and 16 March 2023 | Chair of Quality<br>Committee                          | Attached | 9.40 |
| 12. | Infection Prevention and Control Board Assurance Framework   | Chief Nursing Officer                                  | Attached | 9.45 |

|     |   |   |          |       |
|-----|---|---|----------|-------|
| 13. | Learning from deaths report   | Chief Medical Officer                               | Attached | 9.50  |
| 14. | Trust response to 'Reading the signals: Maternity and neonatal services in East Kent – the Report of the Independent Investigation' | Chief Nursing Officer                               | Verbal   | 9.55  |
| 15. | Audit and Risk Committee chair's assurance report – meeting of 6 February 2023  | Chair of Audit and Risk Committee                   | Attached | 10.00 |
| 16. | Finance, Business and Investment Committee chair's assurance report – meetings of 1 December 2022, 2 February and 23 March 2023     | Chair of Finance, Business and Investment Committee | Attached |       |
| 17. | Strategic Workforce Committee chair's assurance report – meeting of 21 February 2023  | Chair of Strategic Workforce Committee              | Attached |       |
| 18. | Charitable Funds Committee chair's assurance report – meeting of 8 March 2023   | Chair of Charitable Funds Committee                 | Attached |       |

#### PERFORMANCE

|     |                               |  |          |       |
|-----|-------------------------------|--|----------|-------|
| 19. | Integrated performance report | Chief Finance Officer<br>Executive directors | Attached | 10.10 |
|-----|-------------------------------|--|----------|-------|

#### PEOPLE AND COMPLIANCE

|     |   |   |          |       |
|-----|---|---|----------|-------|
| 20. | Staff Survey results  | Chief People Officer  | Attached | 10.20 |
| 21. | Update on Nobody Left Behind Strategy, including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans 2022/23 progress report | Chief People Officer  | Attached | 10.30 |
| 22. | Public Sector Equality Duty   | Executive Director For Health Inequalities and Prevention<br>Chief People Officer | Attached | 10.35 |

#### NETWORK PRESENTATION

|     |                   |                  |        |       |
|-----|-------------------|------------------|--------|-------|
| 23. | Menopause Network | Chair of Network | Verbal | 10.40 |
|-----|-------------------|------------------|--------|-------|

#### ANY OTHER BUSINESS

|     |  |             |        |       |
|-----|--|-------------|--------|-------|
| 24. | Any other items of business previously notified to the Chair | Trust Chair | Verbal | 10.50 |
|-----|--|-------------|--------|-------|

#### QUESTIONS FROM GOVERNORS AND PUBLIC

|     |  |             |        |       |
|-----|--|-------------|--------|-------|
| 25. | Questions relating to the agenda items | Trust Chair | Verbal | 10.55 |
|-----|--|-------------|--------|-------|

#### CONFIRMED COMMITTEE MINUTES SINCE LAST MEETING – FOR INFORMATION

- |     |  |             |          |
|-----|--|-------------|----------|
| 26. | <ul style="list-style-type: none"> <li>• Quality Committee – 17 November 2022, 23 January and 16 February 2023</li> <li>• Audit and Risk Committee – 21 November 2022</li> <li>• Finance Business and Investment Committee – 1 December 2022 and 2 February 2023</li> <li>• Strategic Workforce Committee – 9 January 2023</li> <li>• Charitable Funds Committee – 24 November 2022</li> </ul> | Trust Chair | Attached |
|-----|--|-------------|----------|

#### DATE OF NEXT MEETING

- |     |   |             |        |       |
|-----|---|-------------|--------|-------|
| 27. | Wednesday 12 July 2023; venue to be confirmed | Trust Chair | Verbal | 11.00 |
|-----|---|-------------|--------|-------|



## Board of Directors' Register of Interests

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

**UNCONFIRMED Minutes of the Board of Directors' meeting in public, held on Friday 20 January 2023, Via MS Teams**

|                       |                           |   |
|-----------------------|---------------------------|---|
| <b>Present:</b>       | 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   |
|                       | Sarah Hayden              | Deputy Director of HR (representing Victoria Robinson-Collins)        |
|                       | Mairead McCormick         | Chief Executive Officer   |
|                       | Dr Mercia Spare           | Chief Nursing Officer   |
|                       | Karen Taylor              | Non-Executive Director  |
|                       | Nigel Turner              | Non-Executive Director  |
|                       |                           |   |
|                       |                           |   |
| <b>In attendance:</b> | Gina Baines               | Assistant Trust Secretary and Committee Secretary (minutes)           |
|                       | Dr Ruth Brown             | Chief Pharmacist (item 11)  |
|                       | Jack Cheung               | Pharmacist (item 11)  |
|                       | Georgia Denegri           | Interim Trust Secretary   |
|                       | Susan Goss                | Specialist Pharmacy Technician Children and Young People (item 11)    |
|                       | Sarah Owen                | Specialist Pharmacy Technician Children and Young People (item 11)    |
| <b>Apologies:</b>     | Kim Lowe                  | Non-Executive Director  |
|                       | Dr Sarah Phillips         | Chief Medical Officer   |
|                       | Victoria Robinson-Collins | Chief People Officer  |
|                       | Dr Razia Shariff          | Associate Non-Executive Director (non-voting)                         |

**20/01/07 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.

Apologies received as noted above. The meeting was quorate.

**20/01/08 Declarations of Interest**

The Board noted its Register of Interests. There were no conflicts or new declarations made.

**20/01/09 Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 7 December 2022**

The minutes were read for accuracy.

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

**20/01/10 Action log and matters arising from the Kent Community Health NHS Foundation Trust Board meeting held on 7 December 2022**

The action log was reviewed and updated as follows:

07/09/09 Board Assurance Framework – Ms Butterworth confirmed that an update on the Estate risks will be brought to the May board meeting.

07/09/25 Questions from members of the public relating to the agenda – The deputy chief nursing officer was taking forward this action. Governors who had an interest in joining the End of Life Care Steering Group were invited to contact Ms Joy Fuller, Governor Lead in the first instance.

07/12/12 Kent and Medway Special Educational Needs and Disability Services (SEND) inspection – Dr Spare anticipated that an update would come to the Quality Committee and the April Board meeting in public.

Matters arising

Following from action 07/12/21 (update on progress with the Workforce Race Equality Standard and the Workforce Disability Equality Standard), Ms Barber asked that the Public Service Equality Duty (PSED) be presented at the April Board meeting.

**Action** – Ms Carruth

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

**20/01/11 Chair's report**

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

Mr Goulston had attended the first Kent and Medway Chairs meeting chaired by Mr Cedi Frederick, Chair of the Kent and Medway Integrated Care Board. The Board would be kept updated on any important issues raised at these meetings.

Mr Goulston had attended the opening of the Shepway Community Larder in Maidstone, an initiative which had come from the work that the West Kent Health and Care Partnership had been doing on health inequalities in the community. Food poverty had been highlighted as a particular area that required support. The outlet was being run by the voluntary sector and volunteers and was already being accessed by a sizeable number of people.

Due to the emergency pressures on the health service over Christmas and early New Year, the Board had held an extraordinary Board meeting in private on 9 January where Ms McCormick had updated members on the latest impact of the pressures on services.

Mr Goulston and Ms McCormick had attended the Kent and Medway Chairs and Chief Executives meeting where the establishment of provider collaboratives was discussed. The intention was to report at the Board's April meeting on how these would be established over the next two years.

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

## **20/01/12 Chief executive's report**

Ms McCormick presented the report to the Board for information.

Ms McCormick highlighted the enormous effort made by both clinical and non-clinical staff over the Christmas and New Year period to manage the pressures on services.

In response to a question from Mr Turner regarding staff sickness absence levels over Christmas and New Year, Ms McCormick responded that there had been staff sickness during the period, particularly respiratory infections. It had been particularly challenging but capacity was stabilising and improving. Surge levels across the system were a key test of services' resilience and she and the executive team were monitoring these closely.

On behalf of the Board, Mr Goulston thanked all staff for their efforts in maintaining the delivery of services during a particularly tough period.

The Trust was now focusing on setting its priorities for 2023/24 and would present them to the Board at its meeting in April.

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

## **20/01/13 Board Assurance Framework (BAF)**

Ms Denegri introduced the report to the Board for assurance.

There had been a further revision of the BAF and the Board was updated on the latest position.

Mr Conway confirmed that the Audit and Risk Committee would be meeting in February when it would review the BAF and discuss the Trust's latest position on its strategic risks.

Mr Goulston added that the BAF would be refreshed after the Trust priorities for 2023/24 are agreed at the April Board meeting.

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

## 20/01/14 Integrated performance report (IPR)

Mr Flack presented an overview of the report for assurance

Dr Spare provided an overview of the performance of the Quality key performance indicators (KPIs).

Ms Hayden provided an overview of the performance of the Workforce key performance indicators.

In response to a question from Mr Conway regarding the sickness absence rates in December, Ms Hayden agreed to email him the information. She expected an upward trajectory on sickness absence across November, December and January and then a downward improving trajectory from February onwards.

**Action** – Ms Hayden

Mr Flack provided an overview of the performance of the Finance key performance indicators.

In response to a question from Ms Barber as to whether the Trust was confident that it would meet its cost improvement programme (CIP) target, Mr Flack responded that he was confident that it would. However, this year there was a greater reliance on non-recurrent savings to the value of £2m which would cause further pressures in the following year.

In response to a question from Ms Barber as to what progress there was with moving to a longer-term approach to developing and delivering CIP savings, Mr Flack explained that this was progressing as part of the strategy development work that was underway as part of the transformation programme. Two areas – estates and automation - were of particular interest to accelerate for both the Trust and the system. The Board should expect to see a transition from the old to a new approach over the coming months. As part of this, the management of the CIP programme was being transferred from Ms Butterworth to Dr Phillips so that service improvement which sat within Dr Phillip's portfolio could drive the programme going forward.

In response to a question from Mr Conway regarding achieving the capital expenditure target by year end, Mr Flack commented that supply chain issues had slowed down expenditure. All live projects had been reviewed and RAG rated and two had been scored as red. He anticipated a large spend in March to meet the year end outturn. It was agreed that this area would be discussed further at the next Finance, Business and Investment Committee meeting.

**Action** – Mr Flack

In response to a question from Mr Turner as to whether this year's late capital expenditure activity and potential underspend was unusual, Mr Flack explained that it was not. There was a tendency for the spend to be back

ended year on year. This year, the timing of some of the funding allocations had been outside the Trust's control which had added a further challenge alongside supply chain issues and shortages of IT equipment. To manage the capital expenditure more effectively in the future, Mr Flack suggested that further improvements around planning and the forecasting of capital allocation could be implemented.

Ms Butterworth provided an overview of the operational key performance indicators.

In response to a question from Ms Barber as to whether the risks relating to the looked after children (LAC) initial health assessments and education, and health and care plans, were included on a risk register, Ms Butterworth confirmed that they were as there had been concern for some time.

In response to a question from Ms Barber as to when the Board might see the data from the additional investigation into the did not attend (DNA) rates by ethnic group, Ms Carruth commented that work on improving ethnicity monitoring and recording was ongoing. Data levels had stalled but additional resources had been made available to teams so that they could monitor ethnicity more easily. This would allow the services to see where there were problems with DNA rates in various ethnic groups and implement improvements as appropriate. The information would be reported to the Quality Committee through the Population Health Group chair's assurance report.

In response to a question from Ms Taylor as to whether there were any further updates on the autistic spectrum disorder (ASD) waiting times for children, Ms Butterworth responded that the special educational needs and disability (SEND) waiting times were a complex issue. There was considerable work underway in the system. Mr Clive Tracey, community services director would be reviewing the waiting times with the ASD service, as well as the contracting of private providers to help bring the waiting times down. Mr Goulston suggested that an update be provided at the next Board meeting in public about progress and he would report to the Board on more system wide progress.

In response to a question from Mr Turner regarding the current levels of Covid infection in the Trust, Ms Hayden indicated that from a staffing perspective, Covid levels were low. There had been a small spike in December but the numbers were tolerable. Dr Spare added that infection levels had been stable for the last three days. In general, it sat between 10 and 15 people on average for a seven-day rolling period. Nationally, Covid infections were reducing but flu was still peaking. She was able to confirm that there were no patients in community hospitals beds with influenza A and there had been no increase in escalation actions taken between Christmas and the New Year around the risks of transmission.

In response to a question from Mr Conway regarding the volume variances in the integrated musculoskeletal (IMSK) service, Ms Butterworth explained



that there were different commissioned pathways in east and west Kent and it was this that partly drove the variance. A deep dive had been undertaken into the service. Discussions were now taking place with the integrated care board about how physiotherapy services were reviewed and delivered across Kent.

Ms Hayden added that there had been recruitment to every physiotherapy vacancy in the service and the new starters were due to join the Trust over the coming weeks and months.

With regards to self-referring into the physiotherapy service and the impact that had on service planning, Ms Taylor enquired whether the Trust was able to draw any conclusions as to what the impact might be on planning for other services that chose that model. Ms McCormick reflected that the way the Trust provided services would be changing as new models of care transformed services through closer integrated working. This would include determining where services best sat on the clinical pathway and with whom. This would also determine future commissioning arrangements.

In response to a question from Ms Taylor regarding the performance around the no longer fit to reside (NLFTR) KPI, Ms Butterworth reported that there had been additional funding received to support provision. Ms McCormick added that in order to improve performance, there were a number of areas to progress at pace. Firstly, there should be full transparency across the system about capacity in health and social care, including the private sector, through the implementation of a capacity tracker. Secondly, recognising that capacity was not always in the right place. There was bedded capacity in residential care homes but many patients were waiting for packages of care to help them to return to their homes. She suggested that the purchasing and commissioning of beds should be closer to the patient to improve this. Thirdly, the development of a new intermediate care model was essential to accelerate the critical role of physiotherapists to recondition patients at pace and scale. While the system was not yet set up to do this in the right way, the Trust had been able to provide some impactful short-term interventions and she was keen to see this become sustainable in the medium to long term.

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

#### **20/01/15 Strategic Workforce Committee chair's assurance report**

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

#### **20/01/16 Charitable Funds Annual Report and Accounts 2021/22**

Dr Spare and Mr Flack presented the report to the Board for approval.

The annual report and accounts for the Trust's charitable funds had been received by the Charitable Funds Committee at its meeting in November.

Dr Spare highlighted a number of purchases that had been made using charitable donations. This had included the purchase of automatic doors at the Bow Road surgery, Go To bikes for patients with learning disabilities to help them with their mobility, a contribution to the refurbishment of the Heron Ward at Queen Victoria Memorial Hospital, Herne Bay, through the Mermikides fund. Staff had also benefited from charitable funds in support of their well-being and fitness which had included support for the Trust's football team. On behalf of the Trust, Dr Spare thanked everyone who had donated to the fund in the last year.

In response to a question from Mr Conway regarding the increase in audit fees, Mr Flack explained that the external auditors were under pressure to increase their fee because new regulation had led to an increase in the number of days that was required to audit the accounts. The Trust would however continue to challenge the level of fees to ensure they reflected the charitable nature of the accounts.

The Board **APPROVED** the Charitable Funds Annual Report and Accounts 2021/22.

#### **20/01/17 Any Other Business**

There was no other business discussed.

#### **20/01/18 Questions from members of the public relating to the agenda**

Ms Jan Allen, staff governor corporate services, enquired as to the timeframe for Sheppey minor injuries unit (MIU) becoming an urgent treatment centre (UTC). Ms McCormick explained that there was a national strategy for all MIUs to become UTCs. Ms Butterworth added that there were designated timeframes although there had been slippage with some of these due to operational pressures. In order to be designated as UTC, the units would have to fulfil a suite of 27 standards.

In response to a question from Ms Jan Allen as to whether the unit at Sittingbourne would become an urgent treatment centre, Ms McCormick confirmed that it would.

Ms Gill Harris, public governor Sevenoaks, enquired as to whether the charitable funds committee could help with funding the vintage sweets that were sold at the Emporium volunteer tea shop at Sevenoaks Hospital. Dr Spare explained that the shop was funded by the hospital's League of Friends but had also received funds from the Trust's charitable fund. She and Mr Turner both agreed that an application could be made to the charitable fund to purchase the vintage sweets which were such an integral part of the shop. Dr Spare would contact Mr Grahame Hardy, specialist nurse for dementia and lead for the shop, to make him aware.

**Action** – Dr Spare



Mr William Anderson, staff governor adult services, thanked Ms McCormick and the Board for their support to Royal College of Nursing members in the lead up to the industrial action. The messages from the Board had made them feel supported.

## **20/01/19 Pharmacy team presentation**

Dr Ruth Brown, Mr Jack Chung, Ms Susan Goss and Ms Sarah Owen joined the meeting to present to the Board the work of the team.

Dr Ruth Brown was delighted that the team had received the Health Service Journal's Patient Safety Award 2022 for the medicines optimisation in special schools project. The citation from the award judges had highlighted the passion of the whole team, the incredible feedback from teachers and families and the potential to roll out the scheme nationally.

Ms McCormick reflected on her visit to Forelands Fields School in Ramsgate the previous week, where she had seen first-hand the team's work in action. Because of what they had done, they had enabled children who previously had not been able to access education, to come to school and their work had empowered staff to feel confident in managing the children's medication in a school setting. The work was inspirational and represented a great example of integrated working between health and education.

In response to a question from Ms Carruth as to whether the team had seen any trends in medication errors as a result of teachers administering medication, Ms Owen indicated that it varied from school to school. There had been challenges in some schools as some had been more reluctant than others to adopt the approach. However, through listening to the concerns of schools and teachers and understanding how different schools wished to administer medicines, the team had been able to support in different ways and reduce the number of errors over time.

In response to questions from Ms Barber around growing the team, capturing and measuring the impact of the work, and the use of co-design with families and carers, Dr Brown explained that the work had initially been driven by a Quality Improvement (QI) project. The QI team had provided support to help with designing and auditing the process. The work has also been part funded by Health Education England (HEE). These resources had now come to an end and the team would be assessing the impact of the project to understand what other improvements can be made. With regards to co-design, the team actively worked with carers' families and teachers every day which provided an opportunity for closer work around co-design of services. This work would continue in the coming year.

Ms Alison Fisher, public governor Maidstone, commented that she had recently attended a service visit to the Kent and Medway community assistive technology (KMCAT) service in Ashford. She enquired whether there was an opportunity for cross working between it and the pharmacy team as the KMCAT service also supported children with complex needs to

help with communicating so that they could access mainstream education. The Pharmacy Team agreed that there could be an opportunity for closer working and Dr Spare agreed she would link the two services together.

**Action** – Dr Spare

The Board added its congratulation to the team on the award and thanked them for coming to present their work.

Dr Brown, Mr Chung, Ms Owen, Miss Goss left the meeting.

## **20/01/20    Confirmed minutes of committees – for noting**

- Finance, business and investment committee meeting of 12 October 2022.
- Strategic workforce committee meeting of 3 November 2022.

The Board **NOTED** the confirmed minutes of the committees.

### **Date and venue of the next meeting**

Wednesday 19 April 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 10.40am.

## BOARD ACTION TRACKER PART ONE (APRIL 2023)

| Minute number | Agenda item   | Action   | Action owner                             | Update   | Action status |
|---------------|---|--|--|--|---------------|
| 07/09/06      | Patient/Service Impact Story (Thanet Long term services)            | To provide an update to the Quality Committee in the next quarter.<br><br>To provide follow up report to the Board on issues raised in six months' time. | Mercia Spare<br>Kim Lowe<br>Pippa Barber | Discussed at the Quality committee in March and a follow up is included in the Quality Committee chair's assurance report. | Close         |
| 07/09/09      | Board Assurance Framework (BAF)                                     | To add to the Board forward plan an update to the Board on the Estate risks.   | Pauline Butterworth                      | Scheduled in May 2023  | 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.                       | Pauline Butterworth                      | Paper discussed at the finance, business and investment committee meeting on 1 December 2022.                              | Close         |

|          |   |  |                           |   |       |
|----------|---|--|---------------------------|---|-------|
| 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   | Mercia 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.  | Mercia Spare              | Scheduled at April Joint Board and Council of Governors development session as part of the end of life care presentation. | Close |
| 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. | Victoria Robinson-Collins | On the agenda.  | Close |
| 07/12/08 | Board assurance framework                                   | To discuss the Trust's 2023/24 financial risk at the next Finance, Business and  | Mr Flack                  | Discussed at February FBIC meeting.   | Close |

|          |   |   |                     |  |       |
|----------|---|---|---------------------|--|-------|
|          |   | Investment Committee meeting.   |                     |  |       |
| 07/12/08 | Board assurance framework   | To co-ordinate the revision of the amber rating scores and completion dates.  | Georgia Denegri     | Completed  | Close |
| 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. | Mercia Spare        | It will be monitored as part of the K&M Joint Forward Plan and the relevant risk included on the BAF | Close |
| 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.   | Mercia Spare        | Scheduled on April Board agenda.   | Close |
| 07/12/18 | Integrated performance report   | To bring a report to the Quality committee on the clinical nutrition and  | Pauline Butterworth | Discussed at January Quality committee meeting.  | Close |

|          |  |  |                     |   |       |
|----------|--|--|---------------------|---|-------|
|          |  | dietetics performance  |                     |   |       |
| 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 | On the agenda.  | Close |
| 20/01/10 | Matters arising  | Schedule Public Sector Equality Duty (PSED) at April Board meeting.                                | Ms Carruth          | On the agenda.  | Close |
| 20/01/14 | Integrated performance report (IPR)  | Circulate to Mr Conway the Trust's overall sickness rate in December.                              | Ms Hayden           | Action complete.  | Close |
| 20/01/14 | Integrated performance report (IPR)  | Discuss the capital expenditure position at the Finance, Business and Investment Committee meeting | Mr Flack            | The position was included in the papers. Action complete. | Close |
| 20/01/18 | Questions from members of the public relating to the agenda  | Contact Mr Grahame Hardy regarding submitting an application to the                                | Dr Spare            | Action complete.  | Close |

|          |                            |  |          |                  |       |
|----------|----------------------------|--|----------|------------------|-------|
|          |                            | charitable fund for sweets for the Emporium tea shop at Sevenoaks Hospital           |          |                  |       |
| 20/01/19 | Pharmacy team presentation | Link the Pharmacy team with the Kent and Medway Community Assistive Technology team. | Dr Spare | Action complete. | Close |

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 6  |
| <b>Agenda Item Title:</b>          | Chief Executive's Report   |
| <b>Presenting Officer:</b>         | Mairead McCormick, Chief Executive   |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input checked="" type="checkbox"/> Information<br><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 January.

### 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

### April 2022

#### Our new 'We care strategy

I'm really excited and energised by our We Care Strategy for 2023-2028 and the work of colleagues, governors, patients and partners in the local health economy, as well as the trust Board, who have helped to shape it.

We have adopted a continuous improvement approach, often termed True North, as recommended by NHS England, and I hope the new approach will bring rigour to the way in which we set and deliver our strategy.

It's very much data driven but that's not just numbers – that reflects what our staff, patients, clients and service users have told us is most important to them. It's too easy sometimes to get distracted by the 'noise' and not focus on the things that truly matter to make sure we improve the quality of care we provide patients and my hope is this new approach to our strategy will do just that.

We have four big ambitions to – *putting communities first, better patient experience, a great place to work and sustainable care*, which we will be focusing on over the next three to five years, depending on our progress.

For each ambition, we have described the problem that we are seeking to address and what good will look like. Targets and breakthrough objectives have been set for each ambition to focus our collective efforts on tackling the problems we face.

Divisions will be supported to use quality improvement and project management methodologies as appropriate in the delivery of their plans, which will be set out in our annual plan.

Of course, we will not stop listening, refreshing and refining. We may not get it right first time but that's okay, this approach is about continuously listening to feedback and holding us to account on improving the quality of care for our patients.



## **Current situation and pressures**

### **Strike action**

The Government has made a pay offer to trade unions for colleagues who come under Agenda for Change NHS terms and conditions of service. This offer includes a one-off payment for 2022/23, a proposed uplift to pay for 2023/24 and a series of non-pay measures to support the NHS workforce. The offer is being put to a members' ballot.

We are continuing to monitor the national situation regarding talks between the Royal College of Nursing (RCN) and the Government. As you will know the RCN has announced a pause to its second round of strikes that were planned to be a more challenging 48-hour strike action from 1 to 3 May. We will obviously continue to watch this carefully and plans are in place if the talks are unsuccessful.

At the time of writing, the planned junior doctors strikes from on 11 – 14 April were just beginning. I will give an update at the Board meeting.

### **Current trust financial position**

KCHFT is in a breakeven position to the end of February, after excluding £296k charitable donations for the purchase of capital equipment. The forecast for 2022/23 remains at breakeven after adjusting for the donations. The year-end figures will be reported to Kent and Medway ICB on 14 April and then to NHSE on 19 April. A cost improvement plan of £6.78m has been achieved for the year, which was £85k ahead of target, although £2m has been delivered non-recurrently. The full capital plan of £6.9m is forecast to be spent in full.

### **Planning update**

The financial position across Kent and Medway is extremely challenged. Kent and Medway ICB submitted a deficit plan to NHS England on 31 March, which has not been accepted by NHS England and a further planning submission will be required on 4 May.

### **Executive and governor appointments**

We are advertising for a deputy medical director for a period of six months as an acting-up role and hope to provide a development opportunity for someone senior in the trust. The role will contribute to the development and implementation of a clinical leadership model to deliver effective medical and dental leadership across the trust, working alongside our medical director and chief nurse.

A huge welcome to our four newly-elected governors who are set to embark on a three-year term. Our new public governors are Sarah Ansell for Ashford, Penny Shepherd for Folkestone and Hythe, Chris Cornell for Canterbury and Jan Harris for Staff Governor Adult Services. Find out more about our new governors and their passions on our [website](#).

### **Director of Governance**

Unfortunately, our appointed candidate for the Director of Governance post who was due to start in post on 11 April has withdrawn. Georgia Denegri has kindly agreed to remain as interim while we secure a new appointment

### **Darzi fellowships**

KCHFT will be hosting two Darzi Fellowship posts to support and inform our future strategy. The **Darzi Fellowship Clinical Leadership Programme** is a unique opportunity designed to train and develop senior clinical leaders. It is a 12-month challenge which leads to a post-graduate Leadership in Health certificate. Host organisations must design challenges for Darzi Fellows to focus on, as part of their course. We have chosen two areas to look at – our community hospital referral pathways and transfers of care in community services plus a review of our new and innovative ambulatory pathways of care in Edenbridge.

## People

### ***Annual NHS Staff Survey are revealed***

National Staff Survey results were released in March and KCHFT scored significantly better on average than other community trusts in all seven People Promises.

According to the latest results, three-quarters of colleagues said the trust took positive action on health and wellbeing, with seven out of 10 people saying they would recommend the organisation as a place to work – five per cent higher than other community trusts.



The results show KCHFT is ranked fifth in the country among community NHS trusts, with eight out of 10 colleagues also saying they would recommend the care provided by colleagues to their friends and family.

The results tell us KCHFT is a good place to work and our colleagues feel supported and happy. I'm particularly proud of the scores for compassion and inclusion, flexible working and working as a team as these are all things that add significant value and joy to people at work.

There was an improvement in colleagues feeling we take positive action on looking after their health and wellbeing, with a significant increase in people feeling they have a good work-life balance. The answers gave a positive view of colleague experience at work, including feeling valued by their team and having managers who respect and care about them.

However, we won't be complacent. We know some colleagues are still feeling tired and burnt out and we have to find ways to fix this. We need to listen and support our colleagues who reported their experience is not what we would aspire to.

While compared to other trusts our results are positive, they are not significantly different compared to last year's results. One of the key improvements needed that has been identified is around appraisals and ensuring that colleagues have meaningful conversations and a campaign to support this is already underway, as well as an action plan to make sustained improvements.

### ***New recruitment marketing***

We have rebranded and relaunched our recruitment marketing materials. The new resources feature our own colleagues together with our trust colours and values and will be used on social media and at recruitment fairs. The next step is a redesign of the careers section on our website to reflect the new designs.



### ***People Pulse survey***

The next People Pulse survey is now underway and focuses on asking colleagues if they feel safe and healthy at work. A campaign to promote the survey is appearing now on flo and flomail, and on our trust screensavers and desktop wallpaper. Staff health and wellbeing is a priority for us, so we will be watching these results closely.

### ***2023 Staff Awards***

We have launched nominations for the next staff awards, to be held in Ashford on Friday, 23 June. This year the theme is 'diamonds' to fit the NHS75 celebrations. To make sure we can celebrate as many people as possible and in response to feedback, we have added more categories and expanded some of the awards to include clinical, patient-facing and support teams.

This year's award categories are:

- Continuous improvement
- Health and wellbeing
- Leader of the year
- Rising star
- Team of the year
- Unsung hero (previously employee of the year).

### ***The health and care ambassador programme***

We're working with the East Kent Health and Care Partnership on an ambassador programme, which encourages people working or studying in healthcare to volunteer one hour of their time per year to speak in schools and colleges about their roles or participate in careers events and activities to promote roles in health and social care to school leavers.



## **Patients and service users**

### ***Healthwatch Awards***

KCHFT scooped three awards at the annual Healthwatch Recognition Awards at the end of March. These were for our NHS Health Checks Team, which pioneered an outreach programme for fishermen in Ramsgate, our Patient Experience Team and the team behind the successful East Kent Health and Care Partnership Winter Well event in November last year, coordinated by



KCHFT's Communications Team. Also recognised was Mark Johnstone, Deputy Medical Director, for his national role in supporting NHS dentistry.

### ***Urgent care***

We continue to promote the appropriate use of urgent treatment centres and minor injury units in Kent, including encouraging people to call NHS 111 to find the most suitable place for urgent care.

## **Partnerships**

### ***East Kent Health and Care Partnership short term services review***

Almost a hundred colleagues from across health, social care and voluntary sector organisations, alongside patients, came together last month (March) to rethink how we can improve short-term support to prevent people from needing to go into hospital or get to a place they call home sooner. This will inform the new intermediate care model of which we are one of the national pilot schemes.

Main themes were about reducing duplication and working more closely to prevent people from staying in hospital longer than necessary. The event was opened by myself as the partnership's Senior Responsible Officer for the East Kent Health and Care Partnership – which is leading this programme of work – Kent County Council's Corporate Services Director Richard Smith and EKHUFT's new Executive Director of Strategic Development and Partnerships Ben Stevens. You can read more about the event on our [website](#).

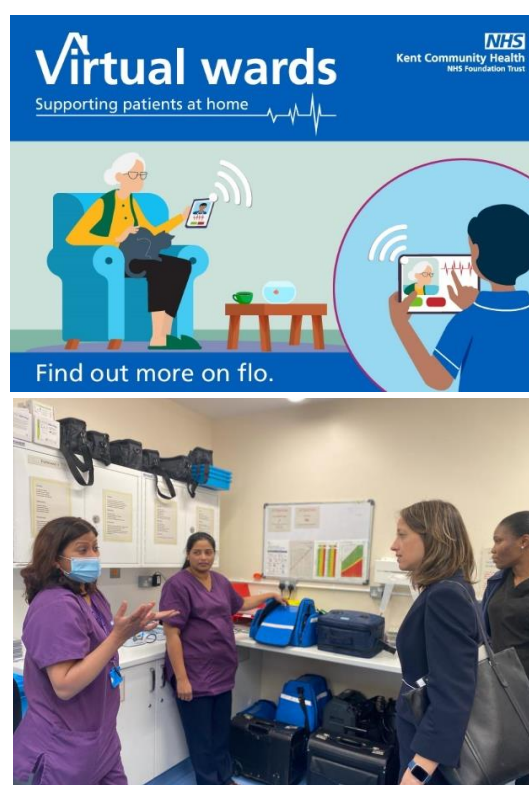
Learning from the workshop will be shared shortly, alongside a date for the next event.

### ***Virtual wards***

Our respiratory virtual ward started to take patients on Monday, 23 March, in partnership with East Kent Hospitals University NHS Foundation Trust (EKHUFT).

The virtual ward will use technology to monitor respiratory patients in their own homes, helping to support earlier discharge or avoid people having to be admitted to hospital at all, meaning they can receive hospital-level care at home, safely and conveniently. Technology company Doccla is providing specialist equipment, including dedicated mobile phones for patients and devices to measure their oxygen levels, pulse, temperature and blood pressure. They will also show patients how to use the equipment when it's delivered.

A film about our Frailty Home Treatment Service was featured in a national NHSE bulletin about virtual wards. You can read the bulletin and watch our film [here](#).





The Minister for Social Care, Helen Whately MP, saw first-hand the incredible work of our Frailty Home Treatment Service in east Kent in March, as she wanted to learn more about our approach to virtual wards.

### ***Edenbridge Memorial Health Centre***

Hundreds of people responded during our month of public listening events to help us finalise services at the Edenbridge Memorial Health Centre. Around 150 people have responded to a survey, 100 people attended a public meeting and dozens of others joined online drop-in sessions and a mini roadshow around the town. Social media posts across twitter, Instagram and Facebook were engaged with more 600 times. Themes from the feedback are being analyzed and a report is being compiled that will be shared with the public in the summer.

That concludes my report at the end of the financial year. As we start a new one, I'm very excited by the developments ahead and would like to put on record my thanks to colleagues for their remarkable efforts during the past year and to everyone who has helped develop our strategy for the future.

**Mairead McCormick**  
**Chief Executive**  
**April 2022**

|                                   |  |
|-----------------------------------|--|
| <b>Committee / Meeting Title:</b> | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>           | 19 April 2023  |
| <b>Agenda Number:</b>             | 7  |
| <b>Agenda Item Title:</b>         | We Care Strategy 2023 - 28   |
| <b>Presenting Officers:</b>       | Mairead McCormick, Chief Executive<br>Dr Sarah Phillips, Chief Medical Officer |

|                                    |          |                                     |             |                          |           |                          |
|------------------------------------|----------|-------------------------------------|-------------|--------------------------|-----------|--------------------------|
| <b>Action - this paper is for:</b> | Decision | <input checked="" type="checkbox"/> | Information | <input type="checkbox"/> | Assurance | <input type="checkbox"/> |
|------------------------------------|----------|-------------------------------------|-------------|--------------------------|-----------|--------------------------|

### Report history and purpose

Our We Care strategy for 2023-2028 has adopted a continuous improvement approach (often termed True North) as recommended by NHS England. In developing the strategy, the Trust has engaged with staff, governors and our partners in the local health economy as well as the Trust Board.

### Summary of key points

The approach has brought a rigour to the way in which we set and deliver our strategy (data driven); supports the ongoing development of a culture of continuous improvement; aligns efforts to tackle the trust's most difficult challenges; and, empowers staff to drive change.

This approach allows the trust to focus its efforts on a smaller number of targets and breakthrough objectives until they have been achieved and then set new breakthrough objectives (every 12-18 months) and targets (once achieved or at least every five years).

We Care strategy is comprised of four ambitions:

- Putting communities first
- Better patient experience
- A great place to work
- Sustainable care.

For each ambition, we have described the problem that we are seeking to address and what good will look like. Targets and breakthrough objectives have been set for each ambition to focus our collective efforts on tackling the problems we currently face. Each division has a set of plans to contribute to the delivery of the ambition, target and breakthrough objective. Divisions will be supported to use quality improvement and project management methodologies as appropriate in the delivery of their plans. The divisional plans will be set out in the Annual Plan and delivery monitored through performance review meetings, Board committees and trust Board.

This type of strategy requires a change in the way that we work, becoming more focused on a smaller number of initiatives that are data driven. We will listen to feedback from staff about the embedding and delivery of the strategy and seek to continuously improve the way in which we refresh our breakthrough objectives, develop divisional/service plans, set individual's objectives as well as support and monitor delivery of plans.

|   |
|---|
| <b>Equality impact assessment (EIA)</b> |
|---|

|   |
|---|
| An EIA will be completed on the plans that support the delivery of the strategy and the final strategy. |
|---|

|  |
|--|
| <b>Proposal and/or Recommendation to the Board</b> |
|--|

|   |
|---|
| The trust Board is asked to approve the We Care Strategy for 2023-2028. |
|---|

|                         |                   |
|-------------------------|-------------------|
| Name: Dr Sarah Phillips | Tel: 01622 211902 |
|-------------------------|-------------------|

|                                  |                               |
|----------------------------------|-------------------------------|
| Job Title: Chief Medical Officer | Email: SarahPhillips4@nhs.net |
|----------------------------------|-------------------------------|





**Kent Community Health**  
NHS Foundation Trust



Find out more about  
our ambitions and how  
you play a vital role.

# We care strategy 2023-2028

## Our vision

A community that **supports each other to live well.**

## Our mission

To **empower adults and children** to live well, to be the **best employer** and **work with our partners** as one.

## Our values

Compassionate

Aspirational

Responsive

Excellent

## Our ambitions

### Putting communities first

Everyone has the same chance to lead a healthy life, no matter who they are or where they live.

### A great place to work

Our colleagues are valued, feel heard and make changes easily to deliver better care.

### Sustainable care

We will live within our means to deliver outstanding care, in the right buildings, supported by technology, and reduce our carbon footprint.

### Better patient experience

Our conversations focus on what matters to the patient, so they get the right care, in the right place.

## Community first

### What matters to you?

Whether you are a patient or carer, part of our incredible #TeamKCHFT, or you work with us to deliver care to our communities – this question has been at the forefront of our minds, as we've developed our new, five-year strategy.

As we recover from a pandemic which held up a mirror to the health inequalities faced by our communities, we know things have to radically change if, as a health and care system, we are going to improve the experience of our patients and the people working in the NHS.

We truly believe that community services are central to this. In this strategy, which has been co-designed by listening to what's important to you, we've focused on four

big ambitions that will make the biggest improvements to the quality of care our communities receive.

Like all health, social care and voluntary sector organisations in Kent and Medway, we need to set out a strategy that aligns with our partners.

This short document can't convey every complexity of the challenges that we know we will face. But by working together we can deliver care that truly puts our community first.

*M. A McCormick*

**Mairead McCormick,**  
Chief Executive officer



## Our mission

To **empower adults and children** to live well, to be the **best employer** and **work with our partners** as one.



## Our vision

A community that **supports each other** to **live well**.



## Our values



### Compassionate

We put patients and our service users at the heart of everything we do. We're positive, kind and polite. We understand diversity. We're respectful, patient and tolerant.

### Aspirational

We feel empowered and we empower our patients. We strive to improve. Our focus is on research and generating ideas and innovations. We're open, transparent and we think creatively.

### Responsive

We listen. We act. We communicate clearly. We do what we say we will. We take account of the opinions of others.

### Excellent

We strive to deliver the best care we can. We grow a culture of excellence in our teams. We challenge complacency.

Our values form part of our strapline:

**(In everything we do, we care)**

## Ambition

# Putting communities first

Everyone has the same chance to lead a healthy life, no matter who they are or where they live.

## Key areas of focus

- Reducing health inequalities and preventing ill-health.
- Reducing the time people wait for our services.

## Our targets

- No difference in DNA (did not attend/ was not brought) rates between patients living in the most and least deprived areas, or between ethnic groups.
- Reduction in people who wait longer than 12 weeks to be seen, compared with March 2023.

Everyone should have the same opportunity to lead a healthy life, no matter who they are or where they live.

We know not everyone finds it easy to seek advice, explain their needs to a health professional or know what support they could benefit from.

We will tailor services and interventions to make it easier for people to access our help, taking away the barriers and reaching out more effectively when they need us.

One of those barriers can be the time some people wait to be assessed or receive treatment or support. We will strive to reduce waiting times for patients, clients and service users.

We will focus on reducing health inequalities through our prevention services, providing an excellent patient and carer experience and ensuring the best patient outcomes for all.



6

7

## Ambition

## Better patient experience

Our conversations focus on what matters to the patient, so they get the right care, in the right place.

### Key areas of focus

- Recovery and rehabilitation pathways.
- Supporting more people at home through integrated neighbourhood working.
- Re-thinking our community hospital model.

### Our targets

- Increase the number of patients who were asked 'what matters to you?' and their needs were met.
- 80 per cent of people who need short-term urgent community care have a clearly identified, integrated care pathway delivered in a specific timeframe.
- Increase the number of people at risk of admission who we support through integrated neighbourhood teams to meet their needs at home.



8

We will ask people 'what matters to you?' so we can provide our patients, clients and service users with the right care, in the right place.

We know too often people end up in a hospital bed, when they don't need to be and then they stay too long, which can impact on their ability to regain their independence.

If our teams work better together, across health and social care, providing seamless care with our voluntary sector partners too, we can change this.

We want to give teams the freedom and flexibility to act to meet the needs of our patients and their carers, whether this is providing hospital-level care at home, or a shorter stay in our hospitals, where they get better faster.

We will provide intensive rehabilitation for patients who need it to reduce their length of stay and get them back to a place they call home, where they want to be.

This will mean re-thinking the design and condition of our community hospitals, so they are better set up to provide the most effective rehabilitation and recovery.

End-of-life patients and their carers will be supported to stay comfortable and pain-free in an environment of their choice.



9

## Ambition

# A great place to work

Our colleagues are valued, feel heard and make changes easily to deliver better care.

### Key areas of focus

- Recruitment and retention.
- Maximising staff voice and wellbeing.
- Improving culture and ways of working.
- Making sure 'nobody is left behind'.
- Leadership, devolving authority and succession planning.

### Our targets

- A 0.2 increase in our staff engagement score from 7.31, measured by NHS Staff Survey.
- A 0.2 increase in staff morale score from 6.23, measured by NHS Staff Survey.

We will do everything we can to make sure our people look forward to coming to work, achieve their full potential and feel pride in a job well done.

Creating a culture of listening to staff and valuing their voice will be at the centre of what we do so colleagues feel heard.

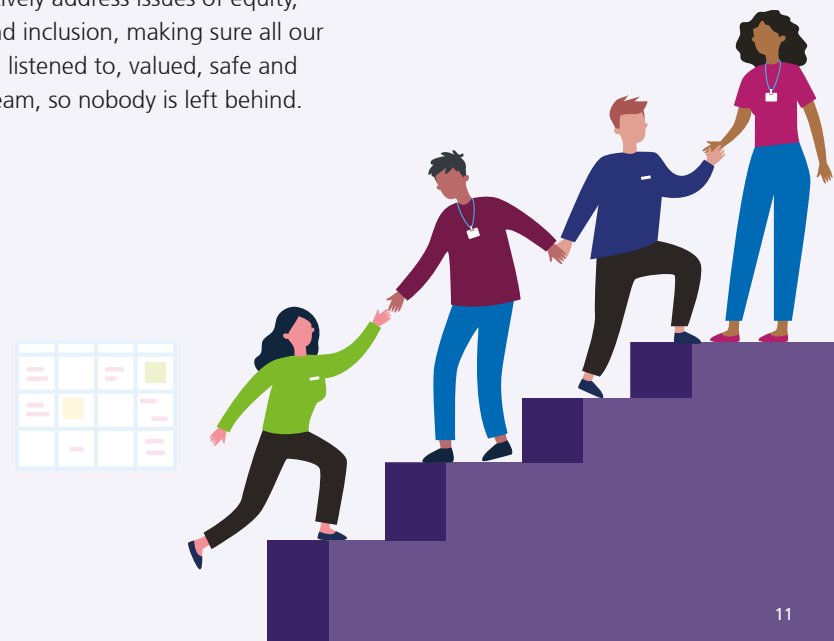
We will actively address issues of equity, diversity and inclusion, making sure all our people feel listened to, valued, safe and part of a team, so nobody is left behind.

Tackling issues of inequality in succession planning and raising up colleagues from under-represented groups, will be a key focus.

We will encourage bravery and kindness, so together, we can make changes to improve things for each other, for our patients and our communities.



10



11

## Ambition

## Sustainable care

We will live within our means to deliver outstanding care, in the right buildings, supported by technology, and reduce our carbon footprint.

### Key areas of focus

- Making better use of our estates.
- Reducing our carbon footprint.
- Digital transformation and reducing time spent on administration.

### Our targets

- Staff spend less time on admin processes that don't add value to patient care.
- 80 per cent reduction in the emissions we can control by 2028.

NHS estates and buildings should be fit-for-purpose and able to support effective and efficient patient rehabilitation and recovery.

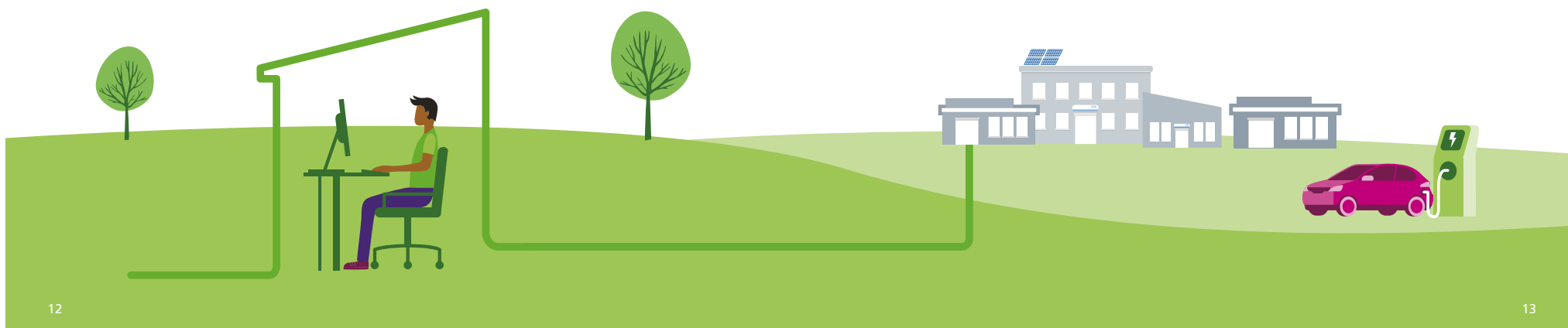
They should provide the best possible environment for our teams, so our people can work in buildings that provide good accessibility for patients and staff and minimise our impact on the environment.

We should not waste resources on things that don't contribute to good patient care, for example unnecessary administration or frustrating IT processes.

We will make sure our people have everything they need to do their job well now and in the future, including making best use of NHS estates and buildings.

We will strive to make the best use of new technology, reducing unnecessary journeys and delivering innovation in how we share patient information.

We will encourage teams to think about working in more sustainable ways and limit our use of non-renewable resources.



## What does this mean for you?

Here you will find the ambitions and targets for the next three to five years, plus our breakthrough objectives for the year ahead. How can you or your team help meet our ambitions?

| Ambitions                 | Targets  | Breakthrough objectives for 2023/24  |
|---------------------------|--|--|
| Putting communities first | There is no difference in did not attend (DNA) or 'was not brought' rates between patients living in the most and least deprived areas or ethnic group | 80 per cent of all contacts have their ethnicity recorded on electronic patient records                              |
|                           |  | Reduce the difference in DNA or 'was not brought rates' between people living in the most and least deprived areas   |
|                           | Reduction in people who wait longer than 12 weeks to be seen compared with March 2023  | All services with waiting times of more than 12 weeks have a plan in place   |
| Better patient experience | 80 per cent of people who need short term, urgent community care receive it on an integrated care pathway within a pathway specific timeframe          | 100 per cent of patients in community hospitals are admitted to a defined pathway, with admission metrics            |
|                           |  | Mobilise a single joint commissioned home with support (pathway one) service in east Kent                            |
|                           | Increase the number of people at risk of admission who we support through integrated neighbourhood teams to meet their needs at home                   | KCHFT is engaged in neighbourhood integration projects in at least 10 primary care networks or neighbourhoods        |
|                           |  | Deploy the enhanced case finding tool to all primary care network clinical leads                                     |
|                           | Increase the number of patients who were asked 'What matters to you?' and their needs were met   | Increase use of personalised care plans to focus care on what the person wants to achieve, measure discharge outcome |

14

| Ambitions             | Targets   | Breakthrough objectives for 2023/24   |
|-----------------------|---|---|
| A great place to work | Increase in staff engagement score by 0.2 compared with March 2023 (7.31)     | Quality appraisal metric increases to 50 per cent (33 per cent in 2022/23)  |
|                       |   | More than three per cent increase in staff survey response rates, compared with 2022/23   |
|                       |   | Increase in 'we have a voice that counts' in NHS Staff Survey from 7.26 to 7.46   |
|                       | Increase in staff morale score by 0.2 compared with March 2023 (6.23)         | Reduction in working unpaid hours to less than 20 per cent compared with average across 2022/23   |
| Sustainable care      | Staff spend less time on admin processes that don't add value to patient care | Less than two times more likely to be appointed if white than Black, Asian and minority ethnic groups compared with 2022/23 (2.34 times in 2022/23) |
|                       |   | More than 97 per cent of colleagues have not personally experienced discrimination from colleagues compared with 2022/23 (94.8 per cent)            |
|                       |   | 50 per cent reduction in data fields in RiO to streamline processes   |
|                       | We will reduce the emissions we control by 80 per cent by 2028                | 50 new processes will be automated each year  |
|                       |   | To identify and report on the trust's carbon footprint based on non-pay spend by March 2024   |
|                       |   | To establish a measurement tool which identifies the true cost of emissions from staff travel by March 2024   |
|                       |   | Reduce usage of poor-quality estate (category C) by 100 per cent  |

15



Find out more about our strategy, what it means for you and how you can feedback on flo, just search '**We care strategy**'.

You will find tools to help you develop your projects and support KCHFT to achieve its ambitions on our quality improvement website  
– **[qi.kentcht.nhs.uk](https://qi.kentcht.nhs.uk)**



Donate today, and help the NHS go above and beyond.  
Visit [www.kentcht.nhs.uk/icare](https://www.kentcht.nhs.uk/icare)

Registered charity no. 1139134



Our values  
Compassionate Aspirational Responsive Excellent

|                                   |   |
|-----------------------------------|---|
| <b>Committee / Meeting Title:</b> | Board Meeting - Part 1 (Public)   |
| <b>Date of Meeting:</b>           | 19 April 2023   |
| <b>Agenda Number:</b>             | 8   |
| <b>Agenda Item Title:</b>         | Kent and Medway Joint Forward Plan                                      |
| <b>Presenting Officer:</b>        | Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer |

|                                    |          |                                     |             |                                     |           |                          |
|------------------------------------|----------|-------------------------------------|-------------|-------------------------------------|-----------|--------------------------|
| <b>Action - this paper is for:</b> | Decision | <input checked="" type="checkbox"/> | Information | <input checked="" type="checkbox"/> | Assurance | <input type="checkbox"/> |
|------------------------------------|----------|-------------------------------------|-------------|-------------------------------------|-----------|--------------------------|

### Report history and purpose

The Trust Board is asked to review the draft Joint Forward Plan that will be jointly delivered by all health providers in Kent and Medway.

### Summary of key points

Integrated care systems are required to produce an Integrated Care Strategy, a five-year strategy that sets out the vision for health and care in Kent and Medway, that all members of the Integrated Care System will deliver (i.e. including Local Authority partners). This was submitted to NHS England and published on the Kent and Medway Integrated Care Board website in December 2022. The Integrated Care Strategy will be consulted on in 2023/24 before a final is published in autumn 2023.

The Integrated Care Board is required to publish a five-year Joint Forward Plan (JFP) to set out how the health providers in Kent and Medway will deliver the Integrated Care Strategy.

Year one of the JFP reflects the relevant aspects of the Kent and Medway Operational Plan for 2023/24. It is expected that the JFP will operate on a rolling five years and as such will be updated each year.

This paper sets out the latest draft of the Kent and Medway Joint Forward Plan (which the Trust has contributed to the development of) and is being considered by each trust board as well as the Health and Wellbeing Boards in Kent and Medway.

The Trust Board is asked to review the JFP and proposed feedback using the following four questions as requested by the Kent and Medway Integrated Care Board.

1. Does the draft JFP reflect our system's and your people's and organisation's high-level priorities?

*Proposed feedback:*

Yes, the JFP has been structured around the system priorities/shared outcomes which align with KCHFT's We Care strategy ambitions as they

seek to reduce health inequalities for children and adults; improve ways of working across health and care to better meet individuals'; and, seek to be a great place to work. The JFP and the KCHFT We Care strategy emphasis the importance of making the most of our resources, sustainability and continuously learning and improving.

2. Is there anything fundamentally missing that you would want to see in future iterations of the JFP?

*Proposed feedback:*

The JFP aligns with the Operational plan and the KCHFT strategy. As the Better Care Fund, Place and Provider Collaborative plans become more developed these should be reflected more fully in the JFP.

3. What do you feel we, the ICS, should do to mature and develop the JFP in 2023/24 and what commitment could you make as system leaders to embed the plan ambitions across the integrated care system?

*Proposed feedback:*

It would be helpful to understand how the monitoring of the delivery will be captured, minimising duplicative reporting whilst allowing the ICB and partners to track progress. We are committed to the delivery of our strategy which will contribute to a number of the ambitions within the JFP. We are also committed to working in partnership at place and through provider collaboratives to deliver collaborative change programmes of work as well as those related to the Better Care Fund.

4. Are there any other comments you have on the overall plan?

*Proposed feedback:*

It would be helpful to understand the governance arrangements for the monitoring and delivery of the JFP. We understand that the plan will be refreshed each year and the Trust remains committed to being involved in the development of future plans.

#### **Equality impact assessment (EIA)**

An EIA will be completed for the relevant components of the JFP.

#### **Proposal and/or Recommendation to the Board**

The Trust Board is asked to review the JFP and approve the proposed feedback outlined in this paper.

Name: Pauline Butterworth

Tel: 01622 211900

Job Title: Deputy Chief Executive and Chief Operating Officer

Email:

[Pauline.butterworth@nhs.net](mailto:Pauline.butterworth@nhs.net)



**Kent and Medway**

# **Kent and Medway Draft Joint Forward Plan**

**Draft Five Year Forward Plan 2023-2027**

# Version Control

| Version No | Purpose   | Date       |
|------------|---|------------|
| 1          | Issued to steering group and content leads for editing by this group only | 09/02/2023 |
| 2          | Issued to steering and project group for development workshop             | 02/03/2023 |
| 3          | Issued to steering group for approval to share with system partners       | 24/03/2023 |
|            |   |            |
|            |   |            |

## Contents

|    |  |   |
|----|--|---|
|    | Introduction to this Joint Forward Plan and Overview of NHS services in Kent and Medway      | 4 |
| 1. | How we will give children the best start in life   | 8 |
| 2. | How we will help the most vulnerable and disadvantaged                                       |   |
| 3. | How we will help people to manage their own health and wellbeing                             |   |
| 4. | How we will support people with multiple health conditions                                   |   |
| 5. | How we will ensure access to hospital services and centres of excellence for specialist care |   |
| 6. | How we will make Kent and Medway a great place for our colleagues                            |   |
| 7. | How we will drive research, innovation and improvement across the system                     |   |
| 8. | How we will provide system leadership and make the most of our resources                     |   |
| 9. | How we will engage with our communities  |   |

## Introduction

Welcome to Kent and Medway's Draft Joint Forward Plan. The Kent and Medway Interim Integrated Care Strategy, published in December 2022, sets out a shared purpose and common aspiration for partners of the Kent and Medway Integrated Care System to work in increasingly joined up ways. It is rooted in the needs of people, communities and places and is intended to help us drive forward the agreed priorities for action in health and social care across Kent and Medway.

This Draft Joint Forward Plan is the NHS delivery plan for the Integrated Care Strategy, and is therefore structured to align to the shared outcomes and enablers in the strategy. It is owned by NHS Kent and Medway, the Integrated Care Board, and its partner NHS trusts and foundation trusts, namely Dartford and Gravesham NHS Trust, East Kent Hospitals University NHS Foundation Trust, Kent Community NHS Foundation Trust, Kent and Medway NHS and Social Care Partnership Trust, Maidstone and Tunbridge Wells NHS Trust, Medway NHS Foundation Trust and South East Coast Ambulance NHS Foundation Trust.

In developing the Joint Forward Plan we have adopted the Operational Plan as year one of our five year view. In this way we have clear actions outlined for the first year with aims and ambitions stated for future years. Actions are categorised according to the following planning horizons: short term (<1 year), medium term (1-2 years) and long term (3-5 years+).

Our Interim Integrated Care Strategy is due to be refreshed in the autumn 2023, therefore we will update the Joint Forward Plan on an annual basis to report on progress and ensure we deliver the aims of our strategy. It is hoped that in future years the Joint Forward Plan will develop into a shared system delivery plan.

## Integrated Care Strategy

**We will work together to make health and wellbeing better than any partner can do alone**

### Shared Outcome 1

Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.

### Shared Outcome 2

Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.

### Shared Outcome 3

Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

### Shared Outcome 4

Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.

### Shared Outcome 5

Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.

### Shared Outcome 6

Make Kent and Medway a great place for our colleagues to live, work and learn.

**Enabler:** We will drive research, innovation and improvement across the system

**Enabler:** We will provide system leadership, and make the most of our collective resources

**Enabler:** We will engage our communities on this Strategy and in co-designing services



## Overview of NHS services in Kent and Medway

NHS Kent and Medway, our Integrated Care Board, holds responsibility for NHS strategic planning and allocation decisions as well as bringing together partner organisations at a system and place level in a collaborative way to improve health and care outcomes. The breadth of responsibilities that our ICB is required to fulfil is wide and there are a range of statutory duties as outlined in our constitution. We are required to arrange for the provision of certain health services to such extent as we consider necessary to meet the reasonable requirements of our population. This includes the following services:

- Community health services (except where part of the public health service)
- Elective hospital care
- Healthcare services for children including those with complex healthcare needs
- Healthcare services for people with learning disabilities
- Healthcare services for people with mental health conditions
- Maternity services
- NHS continuing healthcare.
- Older people's healthcare services
- Rehabilitation services
- Urgent and emergency care including Accident and Emergency, ambulance and out-of-hours services
- Wheelchair services

We have delegated responsibility, from NHS England, for the commissioning of primary medical services (also known as general practice). Under the delegated arrangements, NHS England continues to hold GP contracts, but we are responsible for the day-to-day management of these. We also have delegated responsibility for the commissioning of dental services and community pharmacies.

Specialised healthcare such as heart and brain surgery; neonatal services; secure psychiatric services; public health and health promotion services; prison health; or healthcare for serving members of the Armed Forces (except emergency care) are commissioned directly by NHS England.

In ensuring the provision of services we are also required to ensure services are in place to respond to the Integrated Care Strategy. The Integrated Care Strategy is underpinned by the Joint Strategic Needs Assessments across Kent and Medway and in responding to this strategy the Joint Forward Plan also responds to those needs assessments. Medway Council has begun the process of refreshing its Joint Local Health and Wellbeing Strategy, which will include consideration of other priorities across the system and will explicitly include consideration of the Integrated Care Strategy. In Kent the draft Joint Local Health and Wellbeing Strategy that had been in development was included in the Integrated Care Strategy. There is therefore no separate and discrete JLHWS for Kent with the planned priorities fully subsumed within the Integrated Care Strategy.

The Kent and Medway Integrated Care System structure and the partnerships that are being developed to deliver our ambitious strategy are outlined on the following page.



## Kent and Medway



### System 1.9m people

- At system level we come together at scale to set overall system strategy, manage resources and performance, share research and good practice, plan specialist services, and drive strategic improvements whilst protecting our natural resources and reducing our emissions. **All** partners constitute the system. System-wide partners include NHS Kent and Medway, Kent County Council and Medway Council.

### Places 260,000 – 720,000 people

- Alliances of health and care partners working together to design and deliver services to improve outcomes for the population of Kent and Medway, within delegated responsibilities and budgets. We have 4 Place Based Health and Care Partnerships in Kent: Dartford, Gravesham and Swanley; East Kent; Medway and Swale; and West Kent.

### Neighbourhoods Typically 30,000-50,000 people

- Local decision making and integrated teams to meet the unique needs of their populations – including local health and care organisations and the VCSE, primary care networks, community groups and community assets.

## Chapter 1

### How we will give children the best start in life

Shared Outcome 1: We will give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.

## Integrated Care Strategy Summary

**Delivering effective maternity services;** We are committed to improving outcomes and experience for families using our maternity and neonatal services. We will continue to implement the ambitions of the NHS Long Term Plan and use the learning from the Independent Inquiry into East Kent maternity services (Reading the Signals Report) to help us hear the voices of families who use services and involve them in helping us make positive changes.

**Supporting families to start well;** Health inequalities begin early in life. These differences include smoking in pregnancy, breastfeeding and childhood obesity, which can affect health and wellbeing outcomes in later life. The wider socio-economic context of the family and community, and access to environmentally sustainable open spaces also contributes families to start well, for example if fewer children experience child poverty, adult health outcomes and healthy life expectancy will improve. Services need to evolve to meet the needs of the population, be evidence based and co-produced with our partners and users that have lived experiences. Integrated support for families must include a wide offer that spans housing, communities, health, education, social care and the voluntary sector. We will also work as a system to improve the support we provide to children with special educational needs and disabilities (SEND) in Kent and Medway, including those who are neurodiverse.

**Adopting a whole family approach.** A whole-family approach, with early help and a focus on preventing rather than responding to crises, is an essential component to reducing inequalities. Taking an approach like this across Kent and Medway ICS will better enable families to have the confidence to take ownership of their health and care journey. It will ensure improved outcomes by addressing issues such as generational trauma, housing challenges and other components that inhibit families from thriving. We are committed to developing a Family Hub model, including access to Start for Life Universal Services; midwifery, health visiting, mental health, infant feeding, safeguarding and Special Educational Needs and Disabilities services.



**Kent and Medway**

**Shared Outcome 1: We will give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.**

**Safeguarding children.** Protecting children and young people is one of our most important responsibilities. As partners, we need to bring together our collective information, skills and resources to provide fully joined up support for children and families. The ICS presents opportunities to strengthen our multiagency safeguarding arrangements so we can ensure children and young people grow up in safe, strong communities free from adverse situations that could harm them. We will ensure children and young people's voices are listened to. We will safeguard and promote the welfare of looked after children and care leavers, supporting them to live a positive and fulfilled life and transition into independence with confidence and ambition for the future. We will continue to work closely with Government to support the National Transfer System and ensure unaccompanied asylum-seeking children are cared for fairly and safely without disproportionate impact on our area.

**Key to timescales**

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+

**Kent and Medway**

| Goal   | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Deliver effective maternity services</b><br><br><b>Metrics</b><br>National ambition - To halve the rates of stillbirths, neonatal deaths, maternal death and brain injuries by 2025. Local metrics: <ul style="list-style-type: none"> <li>• Kent and Medway stillbirth rate</li> <li>• Kent and Medway neonatal death rate</li> <li>• Kent and Medway HIE rate</li> </ul> Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices. Metrics: <ul style="list-style-type: none"> <li>• Number of women with a personalised care and support plan</li> </ul> | Provide targeted support to East Kent Hospitals University Foundation Trust to implement and gain assurance on the recommendations of the Reading the Signals Report and other specific local quality improvement requirements         | ●●        | NHS Kent and Medway ICB |
|  | Ensure continuous improvement of services through utilising the perinatal quality surveillance model across the system to identify quality concerns and support shared learning and proactive actions to improve patient safety.       | Ongoing   |                         |
|  | Continue to develop local Maternity Voices Partnerships as our main way of hearing service user feedback and involving people who have used services in making improvements, incl. ensuring diversity in MVP membership/participation. | ●●        |                         |
|  | Embed personalised care and support planning to increase choice and control for women throughout their pregnancy and postnatal period, contributing to families achieving the best start in life.                                      | ●●        |                         |
|  | Take targeted action on workforce recruitment, retention and training to ensure that all maternity and neonatal services achieve sustainable, safe and effective staffing levels.  | ●●        |                         |
|  | Support all of our trusts to fully implement maternity continuity of carer, initially focusing on black, Asian and mixed ethnic groups and those living in our most deprived communities.  | ●●●       |                         |
|  | Procure a new shared maternity information system across all of our trusts to give families improved access to their records and enable better information sharing across services   | ●●        |                         |
|  | Ensure community maternity services work in close partnership with health visiting and other community services for families, particularly in the development of Family Hubs.  | ●●        |                         |

| Goal  | Actions  | Timescale | Owner(s)   |
|---|--|-----------|--|
| <b>Deliver effective maternity services</b> (continued)<br><br><b>Metrics</b><br>Reduce inequalities in access and outcomes: <ul style="list-style-type: none"> <li>• Number of women in deprived and BAME groups with a personalised care and support plan</li> <li>• Number of women in deprived and BAME groups in a maternity continuity of carer pathway</li> <li>• Smoking at time of delivery (SATOD)</li> </ul> | Continue to develop our specialist perinatal mental health community services, enabling more people to access them, including assessment and signposting for partners.   | ●●        | NHS Kent and Medway ICB  |
|   | Complete the implementation of Thrive, our new maternal mental health service offering psychological support for birth trauma and perinatal loss.  | ●         |  |
|   | Complete the co-production and implementation of new services and pathways in the NHS Long Term Plan that support families who need additional support during their maternity journey, including smoking cessation, pelvic health, and specialist maternal medicine. | ●         |  |
|   | Continue the implementation of targeted actions to address inequalities of outcomes in maternity and neonatal services, as set out in our perinatal equity action plan.  | ●●        |  |
|   | Continually improve our neonatal services through partnership working with the KSS neonatal Operational Delivery Network to deliver the recommendations of the Neonatal Critical Care Review (NCCR) and take on local commissioning of these services.               | ●●        |  |
|   | Reduce the risk for those with military connected pregnancies by implementing recommendations from the Maternity Military Matters Project, ensuring a military family approach and supporting maternity services to understand military life and culture.            | ●         | Local Maternity and Neonatal Systems Board<br>Armed Forces Network.                          |
|   | Deliver the actions from the Ockenden report as set out in the April 2022 letter, the East Kent Reading the Signals Report (2022) as well as those that will be set out in the new NHSE national single delivery plan for maternity and neonatal services.           | Ongoing   | East Kent Hospitals<br>University NHS FT Board<br>Local Maternity and Neonatal Systems Board |

| Goal  | Actions  | Timescale | Owner(s)                |
|---|--|-----------|-------------------------|
| <b>Support families to start well</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>Number of children on the waiting list for ADHD and autism diagnostic assessments</li> <li>Number of children waiting over 18 weeks for treatment</li> <li>Core20PLUS5 metrics for children and young people, for example number of asthma attacks, waiting list for tooth extractions due to decay for children admitted as inpatients, number of children and young people accessing mental health services</li> </ul> | Evolve our services to meet population need, taking a holistic, family centred approach. Actively reduce barriers to supporting families in the widest-sense working with partners in housing, health, education, social care and voluntary sector.  | ●●●       | NHS Kent and Medway ICB |
|   | Grow our workforce to work together to deliver care closer to home within a network of local support.  | ●●●       |                         |
|   | Redesign pathways to reduce elective surgical and outpatient appointment wait times for secondary and tertiary care, including Paediatric Surgery as detailed in our operational plan. Dartford, Gravesham and Swanley Health and Care Partnership has also identified this as a priority.   | ●●        |                         |
|   | Pilot integrated models of care with a focus on long term conditions, emotional wellbeing, (special educational needs and disabilities) SEND and other risk factors. This will support: <ul style="list-style-type: none"> <li>- strengthening relationships and joint working practices across health, social care and education</li> <li>- sharing of specialist skills and knowledge between professionals/clinicians and children/families</li> <li>- clearer Information, advice and guidance, including for families</li> <li>- joined up decision making, systems and plans</li> <li>- better experience and outcomes for children, young people and families</li> <li>- a reduction in emergency department attendances</li> </ul> | ●         |                         |



| Goal  | Actions   | Timescale | Owner(s)  |
|---|---|-----------|---|
| <b>Support families to start well</b> (continued)   | Improve support to children with special educational needs and disabilities (SEND) with better, faster clinical assessment of SEND needs and improving experience that parents have when they contact us. Explore arrangements to bring services for children with SEND together to maximise resources and deliver better outcomes, and other measures as set out in the Kent and Medway Integrated Children's Delivery Board Plan. | ●         | NHS Kent and Medway ICB   |
|   | Support armed forces children to thrive at school by identifying need and using the Thriving Lives toolkit.   | ●         | Kent Community Health<br>NHS Foundation Trust Board<br>School Health Services supported by the Armed Forces Network |
| <b>Adopt a whole family approach with early help and a focus on preventing rather than responding to crises</b> | Work in partnership with local authorities to develop the Family Hub Model - Start for Life Universal Services; midwifery, health visiting, mental health, infant feeding, safeguarding and SEND  | ●●        | NHS Kent and Medway ICB   |
|   | Change our commissioning approach from activity based commissioning (for example number of clinical sessions) to outcome-based commissioning.   | ●●●       | ,   |
|   | Develop an approach to better support the child, young person, young adult (0-25) and their families at key transition points in order to improve outcomes and ensure continuity of care. This includes looked after children.  | ●●        | Kent and Medway NHS and Social Care Partnership Trust Board, Kent & Medway Children's Programme Board               |
|   | Implementation of the Armed Forces Act 2021 to ensure the removal of disadvantage in accessing services for Armed Forces Children and families. Increase awareness training, identification of the armed forces community and reduce delayed or interrupted treatment/care of service children  | ●         | Provider Trust boards<br>Armed Forces Network   |

| Goal                      | Actions   | Timescale | Owner(s)                |
|---------------------------|---|-----------|-------------------------|
| <b>Safeguard children</b> | <p>Deliver the NHS Kent and Medway Safeguarding Strategy. The key aims are:</p> <ul style="list-style-type: none"> <li>- to prevent violence and violence related trauma, injuries and deaths in the communities across Kent and Medway.</li> <li>- to work with partners in providing strategic leadership to improve outcomes for vulnerable children and adults at risk of violence or aggression. The objectives address domestic abuse, violence reduction, contextual safeguarding and PREVENT.</li> <li>- to create a safeguarding culture for the future health system</li> <li>- to promote health equality and access to early help, signposting and support to promote positive safeguarding outcomes.</li> <li>- to strengthen system assurance and a continuous improvement approach.</li> <li>- to ensure that no person is deprived of their liberty without the appropriate legal framework being in place.</li> </ul> <p>This strategy ensures we meet all statutory reporting requirements, is focused on working with key stakeholders and partners and includes ensuring the voice of these children and young people are used to inform service development.</p> | ●●●       | NHS Kent and Medway ICB |

## Chapter 2

### How we will help the most vulnerable and disadvantaged

**Shared Outcome 2:**  
We will help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.

## Integrated Care Strategy Summary

**Tackling inequalities and preventing ill health, targeting those most in need;** Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are. Our key goal will be to ensure a whole system collaborative approach to Population Health Management, reducing avoidable unfairness in people's health and well-being outcomes. Our health and social care provision needs to be made available to all, with increasing attention needed for those who are more disadvantaged. We will empower our local neighbourhood and place-based partners to tailor services and interventions to meet the needs of their communities. We aim to make promotion of healthy choices part of every encounter with individuals - Making Every Contact Count (MECC). Our NHS organisations will also continue to adopt the Core20PLUS5 model, a national NHS approach to support the reduction of health inequalities at both national and system level.

**Supporting people deal with the current cost of living crisis;** This is an issue of high importance for the system and an early opportunity to work together better. Alongside national interventions, partners across the Kent and Medway ICS are putting in place support for local people. The ICP has agreed to coordinate activity where this will add value and agree collectively how best to focus resources to have the greatest positive impact on health and wellbeing.

**Tackling mental health issues with the same energy and priority as physical illness;** The Kent and Medway Mental Health Learning Disability and Autism Provider Collaborative Board brings together all the mental health and wellbeing partners with those with lived experience to integrate service models and develop a shared accountability for improving the mental wellbeing of our communities. Through our community mental health framework, Mental Health Together, we are implementing an entirely new service model to support people with complex mental health difficulties. Our Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health outlines how we will widen access to services closer to home, reduce unnecessary delays and deliver specialist mental healthcare.

**Shared Outcome 2:  
We will help the most  
vulnerable and  
disadvantaged in  
society to improve their  
physical and mental  
health; with a focus on  
the social determinants  
of health and  
preventing people  
becoming ill in the first  
place.**

**Addressing the social determinants of health, such as community support and employment and skills.** Our approach to social prescribing will help to connect people to community services and groups local to them that can help to support their mental and physical health. Our ambition is to grow the Kent and Medway economy and ensure that everyone can benefit from increased prosperity. This includes supporting people who are finding it hard to access or remain in work due to mental or physical health issues.

**Developing the Kent and Medway physical environment as a place where people thrive.** We will work with housing providers, voluntary, community and social enterprise partners and others to continue to improve the quality of housing of all tenures. Partners will work together to plan housing development and regeneration in a way that improves quality of life for new and existing communities. Reaching our challenging environmental targets and adapting to climate change will require all partners to play their part.



**Kent and Medway**

**Key to timescales**

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+

**Kent and Medway**

| Goal   | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Tackle inequalities and prevent ill health, targeting those most in need</b>  | Embed Population Health Management (PHM) across the system through a comprehensive Population Health Roadmap structured around the core PHM framework capabilities of infrastructure, intelligence, intervention and incentives. Local services will design new proactive models of care which will improve health and wellbeing today as well as in future years Population Health. The roadmap includes ensuring a sustainable footing for the segmentation dataset and outcomes platform.                           | ●●        | NHS Kent and Medway ICB |
|  | Develop local place prevention plans. Targeting individuals from more deprived and disadvantaged communities who are less likely to engage in or have access to preventative programmes, e.g. immunisations, screening, dental checks and eye tests  | ●         | NHS Kent and Medway ICB |
|  | Embed Making Every Contact Count to make promotion of healthy choices part of every health service encounter with individuals  | ●         |                         |
|  | Define the approach, process of allocation and aims for using health inequalities funding and additional funding, to include an evaluation approach  | ●         | NHS Kent and Medway ICB |
|  | Apply the Core20PLUS5 model to drive targeted action in improving healthcare inequalities, aligned to our Population Health Management approach and engaging local communities in design and delivery. This will include the PLUS Groups being identified at place and the CORE20PLUS Connectors programme. The Core 20 Plus connectors programme is currently focused on early cancer diagnosis through bowel cancer screening and understanding the perinatal needs of Black, Asian and Minority Ethnic communities. | ●●        |                         |
| <b>Metrics</b> <ul style="list-style-type: none"> <li>• Core20PLUS5</li> <li>• Decrease in the number of asthma attacks</li> <li>• Oral health – tooth extractions due to decay for children admitted as inpatients</li> </ul> |  |           |                         |

| Goal   | Actions   | Timescale | Owner(s)                |
|--|---|-----------|-------------------------|
| <b>Tackle inequalities and prevent ill health, targeting those most in need</b><br>(continued) | Providers of health care services will work to understand the health inequalities within waiting lists and take action to level up access and outcomes across the population. Also to make changes in their approach or provision to ensure services are accessible.  | ●         | Provider Trust Boards   |
|  | Turning the Tide Oversight Board will act in a leadership role with a focus on reducing ethnicity related health inequalities across Kent and Medway. To complete a social marketing insight project and mobilise the hypertension pathway with an ethnicity focus. Matrix working within the NHS and across local authorities.   | ●         | NHS Kent and Medway ICB |
|  | The Covid Vaccination Programme includes a specific focus on ensuring covid vaccinations are easily accessible to all eligible members of the population. Data will be used to identify low areas of uptake and target additional support. Learning will support the development of the an action plan in response to the integrated national vaccination strategy.   | ●●        | NHS Kent and Medway ICB |
|  | Codesign a fluid engagement strategy – Continue to attend community organisations and understand ways we can work with them that would be mutually beneficial. Progress data linkage, analytical support and outcome measures to evidence VCSE benefit, developing principles for the transfer of budget to preventative measures.  | ●         | NHS Kent and Medway ICB |
| <b>Support people deal with the current cost of living crisis</b>                              | <p>Work together to address the cost-of-living crisis and its likely detrimental effect on people's health and widening health inequalities. It is an issue of high importance for the system and an early opportunity to work together better.</p> <p>The integrated care partnership (ICP) has agreed to coordinate activity where this will add value and agree collectively how best to focus resources to have the greatest positive impact on health and wellbeing.</p> <p>This is also a priority area for Medway and Swale Health and Care Partnership (HCP).</p> | ●         | NHS Kent and Medway ICB |

| Goal   | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Tackle mental health needs with the same energy and priority as physical illness</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>For 2023/24 27,937 people with a serious mental illness will receive 2 or more contacts with a transformed model of care</li> <li>Achieve 5% year on year increase in the number of people supported by community mental health services</li> </ul> | Deliver an entirely new service model to support people with complex mental health difficulties through our community mental health framework, Mental Health Together.   | ●●        | NHS Kent and Medway ICB |
|  | Set up the implementation group, recruit to new roles, Kent and Medway NHS and Social Care Partnership Trust as lead provider to set up commissioning arm  | ●         |                         |
|  | Trailblazer of the core model in Medway. Evaluate and monitor Mental Health Together with a particular focus on marginalised groups. Roll out to Swale. Roll out to East Kent, West Kent, DGS  | ●●●       |                         |
|  | Service User Network (SUN) model to be rolled out for peer support for community eating disorders  | ●         |                         |
|  | Pilot transformed Community Rehabilitation pathway to include VCSE, local authority and secondary care in west Kent .  | ●         |                         |
|  | Procurement of the VCSE element for eating disorders   | ●●        |                         |
|  | Implement our Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health, which outlines how we will widen access to services closer to home, reduce unnecessary delays and deliver specialist mental healthcare.   | ●●●       | NHS Kent and Medway ICB |
|  | Implement our local transformation plan for people with learning disabilities and autistic people which outlines how we will widen access to services closer to home, reduce unnecessary delays and secure equitable access to early intervention and prevention services to prevent escalation of people's needs and premature deaths | ●●●       |                         |

| Goal   | Actions   | Timescale | Owner(s)                |
|--|---|-----------|-------------------------|
| <b>Address the social determinants of health, such as community support and employment and skills.</b> | Work in partnership to promote community safety. We will work together in tackling issues such as crime, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome  | ●●        | NHS Kent and Medway ICB |
|  | Create a range of opportunities and systemic support in the community, including housing, community infrastructure, carer / family support and workforce, employment and life opportunities, to enable people with learning disability, autism or both to live as safely and autonomously as possible, in their local neighbourhood (preventing the use of large institutional settings). | ●●●       | NHS Kent and Medway ICB |
|  | Promote positive mental wellbeing in all communities<br>Work through communities to tackle the wider drivers of mental ill health in all age groups including loneliness, financial distress, abuse, addiction, housing and relationships.  | ●●        | NHS Kent and Medway ICB |
|  | Develop a social prescribing and community navigation strategy that sets the framework for social prescribing and community navigation across the Kent and Medway system.   | ●         | NHS Kent and Medway ICB |
|  | Pilot work to support a wide range of initiatives for young people including volunteering opportunities, co-design of PSHE curricular to support healthy choices ( with clinical support ), offering opportunity to entry level roles in health and care as well as apprenticeship.   | ●         | NHS Kent and Medway ICB |



| Goal   | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Develop the Kent and Medway physical environment as a place where people thrive</b>   | Aim to ensure high quality homes are available to all, including the most vulnerable, and tackle homelessness. Work across the ICS to prevent and respond to homelessness, addressing the root causes.   | ●●        | NHS Kent and Medway ICB |
| <b>Help and protect adults with care and support needs in the Kent and Medway area who may be experiencing, or are at risk of, abuse or neglect, and unable to protect themselves.</b> | Support the delivery of the Kent and Medway Safeguarding Adults Board Strategic Plan 2022-2025 through partnership working as a member of the Kent and Medway Safeguarding Adults Board. The key priorities are promoting person centre safeguarding, strengthening system assurance and embedding improvement and shaping future practice.  | ●●●       | NHS Kent and Medway ICB |
|  | <p>Deliver the NHS Kent and Medway Safeguarding Strategy. The key aims are:</p> <ul style="list-style-type: none"> <li>- to prevent violence and violence related trauma, injuries and deaths in the communities across Kent and Medway.</li> <li>- to work with partners in providing strategic leadership to improve outcomes for vulnerable children and adults at risk of violence or aggression. The objectives address domestic abuse, violence reduction, contextual safeguarding and PREVENT.</li> <li>- to create a safeguarding culture for the future health system</li> <li>- to promote health equality and access to early help, signposting and support to promote positive safeguarding outcomes.</li> <li>- to strengthen system assurance and a continuous improvement approach.</li> <li>- to ensure that no person is deprived of their liberty without the appropriate legal framework being in place.</li> </ul> <p>This strategy ensures we meet all statutory reporting requirements and is focused on working with key stakeholders and partners across the system.</p> | ●●●       | NHS Kent and Medway ICB |

## Chapter 3

# How we will help people to manage their own health and wellbeing

Shared outcome 3:  
We will help people to  
manage their own  
health and wellbeing  
and be proactive  
partners in their care so  
they can live happy,  
independent and  
fulfilling lives; adding  
years to life and life to  
years.

## Integrated Care Strategy Summary



**Kent and Medway**

### **Supporting our population to adopt positive health behaviours;**

As part of our Population Health Management approach, we will deliver evidenced based support, including emotional and mental health support, at an appropriate scale to help people maintain a healthy weight, eat a healthy diet, participate in physical activity – including in environmentally sustainable green spaces, maintain good sexual health, and minimise alcohol, substance and tobacco use. We will engage with and raise awareness of National programmes - such as the NHS Digital Weight Management Programme and the Diabetes Prevention Programme - and incorporate these into existing pathways in a coherent way to ensure that we optimise their impact within Kent and Medway.

### **Protecting the public from diseases such as Covid-19;**

Health protection is multi-faceted and there are many agencies involved in protecting the public from communicable diseases, non-infectious environmental hazards and the risks of a future in which antimicrobials are no longer effective. The Kent and Medway Health Protection Board is a multi-agency board on health protection across Kent and Medway with a focus on protecting the public.

### **Supporting people to age well - championing resilience and independence;**

Our adult social care services support people of all ages to live as full and safe a life as possible. They will continue to promote people's wellbeing prevent, reduce or delay the need for care and support and safeguard vulnerable adults. We will do this by focusing on the individual strengths of people with care needs, their families and carers. Accessible and integrated health and social care services where partners work together will enable people to live independently and safely within their local community.

**Shared outcome 3:  
We will help people to  
manage their own  
health and wellbeing  
and be proactive  
partners in their care so  
they can live happy,  
independent and  
fulfilling lives; adding  
years to life and life to  
years.**

### **Delivering personalised care so people have choice and control over their care;**

Kent and Medway's personalised care approach is underpinned by the ESTHER philosophy, this emphasises the "*what matters to me*" methodology. Both Kent and Medway Councils work with 'Think Local, Act Personal' to make personalised care real. Dementia care is a priority. We are committed to ensuring that every person living with dementia is supported to live as well and as independently as possible. The means receiving high quality, compassionate care from diagnosis through to end of life. This applies to all care settings, whether home, hospital or care home.

### **Providing palliative and end of life care to those in the last stages of their life.**

Since July 2022, the Integrated Care Board also has become responsible for PEOLC as part of the Health and Care Bill with both statutory guidance and a handbook for implementation published in late September 2022. Our Strategy aims to make sure that individuals who are in the last stages of their lives and dying receive the care they need to preserve their dignity and wellbeing, to keep them independent for as long as possible and to be comfortable, dying in a place of their choosing.

**Key to timescales**

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+


**Kent and Medway**

| Goal   | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Support our population to adopt positive health behaviours</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>Screening rates e.g. learning disability cervical screening, bowel screening, breast screening</li> <li>Percentage of patients aged 18 or over with GP recorded hypertension in who the last blood pressure reading is below the age-appropriate treatment threshold</li> </ul> | As part of our Population Health Management approach, we will deliver evidenced based support, including emotional and mental health support, at an appropriate scale to help people maintain a healthy weight, eat a healthy diet, participate in physical activity, maintain good sexual health, and minimise alcohol, substance and tobacco use.  | ●●●       | NHS Kent and Medway ICB |
|  | Work with Health Care Partnerships to implement evidence-based support for increasing activity and preventing diabetes. Partners across the ICS will work together to promote referrals to the NHS Digital Weight Management Programme and incorporate the programme in a coherent way into existing pathways. Existing incentivisation measures will be utilised to encourage referrals taking into account good models of behaviour change.  | ●●        |                         |
|  | Continue to conduct system-wide health needs assessments to help us to target where we need to mitigate against health and social inequalities, and test and learn from new approaches to promoting positive health behaviours.  | ●●        |                         |
|  | Build on current Health Inequalities pilots to provide targeted, improved access to proactive reviews and screening, including dental checks, supported by patient focussed support services that understand and address barriers and behaviours which prevent people from engaging in their wellbeing and long-term health.   | ●●        |                         |
|  | The NHS LTP Tobacco Dependence Treatment Service Programme will continue to be driven forward ensuring support to quit smoking for eligible members of the population. This will sit alongside the existing strong offer of LA community stop smoking services provided across Kent and Medway. The established Smoking in Pregnancy specialist midwives in each acute trust will continue to work to support those who are pregnant to quit smoking. Provide access to services for those most at risk of health inequality will continue with, for example programmes to increase treatment to target for hypertension, increase engagement in NHS Health Checks and in diabetes management programmes. Development of the CVD Prevention Group will further address cardiovascular health including the wider determinants of health. | ●●        | NHS Kent and Medway ICB |

| Goal  | Actions   | Timescale | Owner(s)                |
|---|---|-----------|-------------------------|
| <b>Support our population to adopt positive health behaviours</b> (continued)   | We will Make Every Contact Count to signpost support to reduce the smoking rates in higher prevalence groups.   | ●●        | NHS Kent and Medway ICB |
|   | Contraceptive services providers will work together to ensure a seamless service for the public and will also consider the wider health and sexual health needs of the patients.  | ●●        |                         |
|   | Promote active travel through working with local councils to identify access to public transport and safe cycle routes and promote access to Green Social Prescribing to support self-management of health and wellbeing  | ●●        | NHS Kent and Medway ICB |
| <b>Protect the public from infectious diseases, chemical, biological, radiological, and nuclear incidents, and other health threats</b> | <p>The Kent and Medway Health Protection Board (KMHPB) is a multi-agency board on Health Protection across Kent and Medway with a focus on protecting the public. It provides oversight of existing health protection issues as well as horizon scanning for any emerging situations and threats to support a joined up and coherent system. The Board provides assurance and system leadership and assurance to Directors of Public Health in Kent and Medway in relation to their statutory functions around health protection. It receives updates on areas of health protection and recommends steps for system-wide improvement, system alignment and the commissioning of services with a focus on reducing health inequalities in our populations.</p> <p>We will work with the board, consider their recommendations and oversee the appropriateness of strategies and plans in place on health protection and emergency prevention, planning and response matters.</p> | ●●●       | NHS Kent and Medway ICB |

| Goal   | Actions  | Timescale | Owner(s)   |
|--|--|-----------|--|
| <b>Support people to age well, championing independence and resilience</b> | Proactive identification of those that are frail or at greater risk of future hospitalisation, care home admission or death to target prevention strategies and support people to manage their health and wellbeing. This includes acute frailty response and frailty hubs e.g. Home Treatment Service and Medway frailty unit at Sheppey Hospital   | ●●        | NHS Kent and Medway ICB<br><br>Community service provider boards |
|  | Promote a multidisciplinary approach where professionals work together in an integrated way to provide tailored support that helps people live well and independently at home for longer. Development of neighbourhood models of care in alignment with Fuller Stocktake.  | ●●        |  |
|  | Make the system more coordinated so it is easier to navigate and get the right care to maintain independence for patients, loved ones and health/care staff.   | ●●        |  |
|  | Increase support offer to care homes with strong relationships between care homes, local general practices, community services, hospices and other health/care teams as part of the Enhance Health in Care Home (EHCH) national requirements.  | ●         |  |
|  | Embed technology-enabled care such as wearable devices and home monitors as core tools to support long term health problems in new ways, and support people to remain at home safely where possible. Also support the role out of digital social care records across care homes and domiciliary care. Explore further opportunities between health and care to further this relationship as well as considering the role of remote monitoring in care homes. | ●         |  |

| Goal  | Actions   | Timescale | Owner(s)                |
|---|---|-----------|-------------------------|
| <b>Deliver personalised care so people have choice and control over their care – Dementia</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>Dementia Diagnosis Rate maintained at 66.7%</li> <li>75% people wait 6 weeks from referral to memory assessment (service)</li> <li>% people waiting 6 weeks from diagnosis to treatment – metric in development</li> </ul> | Recover waiting lists and ensure sufficient capacity to achieve and maintain a dementia diagnosis rate of 66.7%.<br>Reduce the waiting list to enable people to start treatment in closer to six weeks from referral.   | ●●        | NHS Kent and Medway ICB |
|   | Increase the number of Dementia Coordinators in each PCN to enable people living with dementia and their carers to access better information and support  | ●         |                         |
|   | Increase the use of DiADem, the tool to support GPs in diagnosing people living with advanced dementia and pilot in a care home setting. Consider its use for people with dementia who are housebound.  | ●         |                         |
|   | Introduce A GP with Extended Role (GPwER) in Dementia and later in local care.  | ●●        |                         |
|   | Review the services provided to Carers with Health and Care Partnerships and Local Authorities and ensure that the needs of those families affected by Dementia can access community resources.   | ●         |                         |
|   | Embed Admiral Nurses into the wider pathway to provide expert practical, clinical and emotional support to families/carers living with dementia, as part of a tiered model working with VCSE, so Admiral Nurses can focus on those with higher level complex needs. | ●         |                         |
|   | Refine the current Dementia pathway, recognizing the impact of an ageing population.  | ●         |                         |


| Goal   | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Deliver personalised care so people have choice and control over their care</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>Number of personalised care interventions</li> </ul> | Roll out across the system the ESTHER Ambassador training for all staff underpinning the Personalised Care approach and culture.   | ●         | NHS Kent and Medway ICB |
|  | Encouraging take up of the free Personalised Care Institute (PCI) Personalised Care Accredited Training offer across Local Maternity System, PCNs and all Delivery Partners.   | ●●        |                         |
|  | Encourage regular care plan reviews in line with the SOF and ensure they are consistently coded accordingly.   | ●         |                         |
|  | Develop one off Personal Health Budgets (PHB's) to other identified cohorts linked to population health needs. Develop robust financial governance framework and clinical governance framework to support this. Provide a clear, published local offer of what is available through a one off PHB with local examples of PHB use. Pilot integrated health and care budgets pooling resources by use of Better Care Fund. | ●●        |                         |
|  | Co-Produce across the system a Social Prescribing and Community Navigation Strategy, to include links with green social prescribing – due for completion in summer 2023.   | ●         |                         |
|  | Set up a Social Prescribing and Community Navigation Support Group, The programme includes: the development of peer support, induction and continuing professional development, managerial supervision, access to information and resources and will aim to create a progressive learning culture within the community of social prescribing link workers across the Kent and Medway area.                               | ●●        |                         |
|  | Social Prescribing mapping across Kent & Medway to enable easy access/location of appropriate services across the System.  | ●         |                         |



| Goal  | Actions  | Timescale | Owner(s)                |
|---|--|-----------|-------------------------|
| <b>Provide palliative and end of life care to those in the last stages of their life</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>Expected deaths known to palliative care</li> <li>Time spent at home (not in hospital) during the last 60 days of life</li> </ul> | Improve the identification of those who are likely to be within the last year of life with targeted support to manage their changing health needs over time.   | ●●        | NHS Kent and Medway ICB |
|   | Support people to die in their place of choice by ensuring models of care and services evolve over time, always keeping the individual's wishes at the heart of decision making.   | ●●        |                         |
|   | Raise community awareness of death and dying to enable "Compassionate Communities" to grow and providing robust bereavement services for all.  | ●         |                         |
|   | Provide a single point of access, available 24-hours-a-day, seven-days-a week to provide an alternative to 111/999 in times of crisis and to enable more people, where appropriate, to live well and die well, at home or the place of their choosing such as a hospice. | ●         |                         |
|   | Develop advance care plans for every individual enabling joined up care through the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) roll out across Kent and Medway.   | ●         |                         |
|   | Prescriptions for medicines that support comfort at the end of life will be the norm and readily available in pharmacies and we will aim to broaden training for informal carers on how to administer these 'just in case' medications.                                  | ●●        |                         |
|   | Take learning from deaths by reviewing outcomes for individuals and families to improve comfort, dignity and ensure wishes are being met.  | ●         |                         |
|   | Provide a comprehensive end of life care training programme across all in Health and Social Care in Kent and Medway.   | ●         |                         |

## Chapter 4

### How we will support people with multiple health conditions



Shared outcome 4: We will support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.

## Integrated Care Strategy Summary

**Patient Empowerment and Multidisciplinary Teams.** People with multiple health conditions are best served by teams made up of multiple disciplines. This ensures a holistic approach to common conditions such as cancer, cardiovascular disease, dementia, respiratory disease, and frailty. Complex Care Teams and Multi-Disciplinary Teams working with Primary Care and Social Care will co-ordinate identified groups of people and respond to needs and opportunities at a local level. A model of shared decision-making will empower the people of Kent and Medway to make informed choices about how, when and where they receive care. This will utilise personal health budgets and social prescribing where appropriate, alongside patient centred services such as complex care teams encompassing physical, mental health and social care disciplines, enabled by the Better Care Fund.



**Kent and Medway**

**High quality Primary Care.** Primary care is, and will remain, the bedrock of the NHS. We know that it is still too difficult for people to get an appointment to see their GP and primary care team, and we must do all we can to support people and general practices. We want general practice to offer a consistently high-quality service to everyone in Kent and Medway, delivered by a skilled multidisciplinary team working in partnership with other health and care services to maximise benefits for our population. Kent and Medway ICB has recently taken over delegated authority for commissioning Pharmacy, Optometry and Dentist services. We will ensure all pharmacies are supporting people with health care, self care, signposting and healthy living advice. We will improve and increase access to dentist services. We will also improve people's access to NHS sight tests and other locally commissioned eye health services, focussing on improving equality of access for everyone.

**Shared outcome 4: We will support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.**

**Support for Carers.** We recognise the important role of formal and informal carers in a person's care team. There are many different types of carer and they come from all walks of life, ages, ethnicities, and backgrounds. However, they have one thing in common; their role directly benefits the people they look after and society as a whole, so we must recognise their needs and support them too. Young carers have particular needs. We will continue to work together to ensure there is good understanding across all services that work with children about the impacts of being a young carer, how to identify 'hidden carers' and how to put support in place for them, including working with VCSE organisations who provide vital support for carers of all ages.

**Key to timescales**

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+


**Kent and Medway**

| Goal  | Actions  | Timescale | Owner(s)                |
|---|--|-----------|-------------------------|
| <b>High quality Primary Care – General Practice</b><br><br>Through the NHS Kent and Medway ICB GP Development plan, there is a commitment to address the demand placed on primary care services.<br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>Number of general practice appointments per 10,000 weighted patients</li> <li>FTE doctors in general practice per 10,000 weighted patients</li> </ul> | Support GP practices and Primary Care Network's (PCN) to engage with their local communities, and increase the number of people referred to the community pharmacy consultation services.  | ●         | NHS Kent and Medway ICB |
|   | All GP practices will be supported to install digital telephone systems to make it easier for patients to call their GP practice, and to utilise the functionality and reporting available to drive efficiency.  |           |                         |
|   | Develop an attraction offer for GPs to work in general practice in the areas where we know we have higher deprivation i.e. Medway, Swale and Thanet in 2022 to 2024  | ●         |                         |
|   | Support practices and PCNs to continue to develop their response to the estates strategy to further inform commissioning decisions.  | ●●        |                         |
|   | A pilot of eConsultations into a Health Hub is complete. This will be developed into a sustainable eHub model, including, the blueprint, evaluation of the health hub model and business case for scaling across Kent and Medway   |           |                         |
|   | Scope a research project to pilot different approaches to modelling demand and capacity in general practice across Kent and Medway   | ●●        |                         |
|   | Increase the number of people using online primary care services. This will be supported by introduction of a programme of interventions with our stakeholders that address digital exclusions. We will also support digital remote monitoring technologies to create clinical capacity. | ●●        |                         |
|   | Increase the number of additional roles staff working in general practice.   | ●●        |                         |

| Goal  | Actions  | Timescale | Owner(s)                |
|---|--|-----------|-------------------------|
| <b>High quality Primary Care – General Practice</b> (continued)   | <p>Deliver 3 distinctive areas of intervention in relation to GP practice support, to improve care for our patients:</p> <ul style="list-style-type: none"> <li>Proactive: risk stratification of a range of information and data to proactively understand variations in quality and outcomes and support the improvements to address these</li> <li>Supportive: working with practices to continuously learn and improve their services for better outcomes for their population</li> <li>Reactive: using information gathered from proactive and supportive interventions to identify and escalate concerns, providing reactive support when needed to ensure safety and effectiveness</li> </ul>   | ●●        | NHS Kent and Medway ICB |
| <b>High quality Primary Care – Pharmacy Services</b>  | <p>We will implement a collaborative provider approach to Medicines Optimisation Strategy and deliver 3 main work programmes:</p> <p><b>Medicines Value</b> including aseptics and sustainability:</p> <ul style="list-style-type: none"> <li>to ensure medicines are used cost effectively to achieve optimal patient outcomes</li> <li>to ensure access to adequate resilient high quality aseptic services that supports healthcare staff</li> <li>to identify and implement medicines related initiatives that support sustainability goals</li> </ul> <p><b>Medicine Safety</b> including overprescribing and mental health to ensure that patients are not prescribed medicines that are inappropriate or no longer necessary, or where harms outweigh benefits.</p> <p><b>Assurance and outcome monitoring</b> including community pharmacy</p> <ul style="list-style-type: none"> <li>establish programme and lead the roll-out of community pharmacy clinical services</li> </ul> <p>The main work programmes will be supported by 3 enablers:</p> <p><b>Workforce</b> -to improve the recruitment and retention of Pharmacy workforce and ensure appropriate access to training and development opportunities Creation of a dynamic and flexible workforce that can work across systems built around the needs of people who use our services.</p> | ●         | NHS Kent and Medway ICB |
| <b>Metrics</b> <ul style="list-style-type: none"> <li>Number of completed referrals to community pharmacist consultation service from general practice</li> </ul> |  |           |                         |

| Goal  | Actions  | Timescale | Owner(s)  |
|---|--|-----------|---|
| <b>High quality Primary Care – Pharmacy Services</b><br>(continued) | <b>Digital-</b> to embed digital technology to improve patient experience, improve safety and support cost effectiveness<br><b>Medicines optimisation in primary care</b>  | ●         | NHS Kent and Medway ICB   |
| <b>High quality Primary Care – Optometry and Ophthalmology</b>      | We will adopt an integrated Tiers of Care approach to Optometry and Ophthalmology in the community, to ensure as much capacity as possible is available to deliver appropriate care in a community setting.  | ●         | NHS Kent and Medway ICB   |
|   | We will integrate Optometry, Community & acute Ophthalmology care by digitalisation of the referral (EeRS) and electronic patient record systems (EPR) to promote shared care approach and reduce the requirement for hospitals visits where possible.   | ●         |   |
|   | As many patients as possible will be repatriated from acute care setting to primary/community setting to improve access and waiting times. Currently In Progress for Glaucoma, Minor Eye Conditions & Hydroxychloroquine Monitoring.   | ●         |   |
| <b>Patient Empowerment and Multidisciplinary Teams</b>              | Ensure that patients have timely, appropriate access to effective Primary Care, achieved through strategies aligned to the 3 key Fuller Report recommendations, including providing more proactive, personalised care with support from a multidisciplinary team. <ul style="list-style-type: none"> <li>Continued development of Complex Care Nursing services, aligned to structured MDT approaches, leading to greater integration of Primary Care and community services</li> <li>Further integration of system wide care record (KMCR) to support continuity of care and a holistic approach</li> <li>Continuing the increased use of personalised health budgets and social prescribing, managed by complex care support to reduce the burden on Primary Care</li> </ul> | ●         | NHS Kent and Medway ICB<br><br>Kent Community Health NHS Foundation Trust Board |

The following four pages are focused on actions relating to major or common conditions, including those identified in the NHS Long Term Plan

|   | Actions   | Timescale | Owner(s)                |
|---|---|-----------|-------------------------|
| <b>Maternity</b>  | See shared outcome 1 – delivering effective maternity services, page 11.  |           |                         |
| <b>Serious Mental Illness (SMI)</b><br><br><b>Metrics</b><br>The number of people on the SMI register in receipt of all 6 core physical health checks<br>Q1 - 9,922<br>Q2 - 10,228<br>Q3 - 10,533<br>Q4 - 10,839<br>Progress towards the 60% target has been made with more than 40.6% of people with SMI across Kent & Medway have received a physical health check, at the end of Q1 22/23. | <p>The Kent and Medway Provider Collaborative Board has made a commitment to deliver compliance against the Long Term Plan (LTP) for Mental Health. Providers and Health and Care Partnerships (HCP) are represented on this Board.</p> <p>The Mental Health Operational Delivery Group (ODG) is the operational vehicle for the delivery of the system priorities and currently oversees 8 workstreams aligned to the strategic objectives of the LTP.</p> <p>Internal assurance and performance meetings have been established within the ICB Mental Health Team to monitor progress at a system level in delivering the LTP. These meetings include a monthly Quality and Outcomes Assurance Meeting to systematically bring together, review, share and triangulate the quality intelligence and outcomes of the adult mental health and dementia programmes.</p> <p>Physical Health Checks: Work is ongoing to increase outreach/engagement of service users to improve the uptake of the physical health checks among people with serious mental illness, focussing on hard-to-reach groups. Part of this project enables our providers to carry out the checks in a much wider remit than GP surgeries, i.e., people's homes, community centres etc. Progress towards the 60% target has been made with more than 40.6% of people with SMI across Kent &amp; Medway have received a physical health check, at the end of Q1 22/23.</p> | ●         | NHS Kent and Medway ICB |

|  | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Cardiovascular disease and Hypertension</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>Percentage of hypertension patients who are treated to target as per NICE guidance</li> <li>% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins</li> <li>CVD high risk patients on lipid lowering therapy</li> </ul> | Provision of specialist cardiology pharmacy resources to primary care across Kent and Medway through the Hypertension Support Package (HSP). The HSP menu of support offered to practices includes direct interventions with patients by undertaking clinical consultations, running hypertension clinics, and mentoring of local healthcare professionals, either virtually or in person depending upon specific needs.   | ●         | NHS Kent and Medway ICB |
|  | Target 30 initiative is underway to provide additional support to the lowest performing practices treatment to target for hypertension. This includes a free pilot to all Kent and Medway practices of Accurx batch messaging and floreys.   |           |                         |
|  | Continue Hypertension Heroes (HTH) project working with VCSE organisations recruiting volunteers to be trained to support local, targeted communities in understanding the importance of managing their blood pressure, supporting them to use a home monitor and report the results into their GP practice. Designed to reach people and communities who may not be engaging with health services and GPs.  | ●●        |                         |
|  | Increase detection and optimise the management of hypertension, atrial fibrillation, high cholesterol, and 10-year cardiovascular disease risk by: <ul style="list-style-type: none"> <li>case finding including through community pharmacies and the Primary Care Network investment and impact fund and management through the Quality Outcomes Framework</li> <li>work with local government to support restoration and improvement of the NHS Health Check programme</li> </ul> This is also a priority for Dartford, Gravesham and Swanley Health and Care Partnership. | ●●        |                         |
|  | Develop the maturity of the clinical network to support specialised commissioning delegation requirements.   | ●         |                         |



|  | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Cancer</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>• Cancer constitutional targets met at system and provider level</li> <li>• Number of patients diagnosed at stage 1 or 2</li> </ul>             | Support initiatives which will deliver earlier cancer diagnosis so that 75% of newly diagnosed patients are diagnosed at stage 1 or 2.   | ●●●       | NHS Kent and Medway ICB |
|  | Streamline pathways to ensure that all patients receive a diagnosis or 'rule out' of cancer within 28 days.  | ●●        |                         |
|  | Roll out a Targeted Lung Health Check Programme for all patients across Kent and Medway.   | ●●        |                         |
|  | Ensure that all cancer constitutional targets are consistently met at system and individual provider level.  | ●         |                         |
|  | Every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.  | ●         |                         |
|  | Make sure that people can access more effective tests and treatments, from genomic testing to the latest diagnostic technologies to help find more cancers before symptoms appear.                           | ●●●       |                         |
|  | Support projects and initiatives which mean that after treatment, patients will move to a follow-up pathway that suits their needs and ensures they can get rapid access to clinical support where required. | ●●        |                         |
| <b>Long Covid Metric</b> <ul style="list-style-type: none"> <li>• Proportion of people referred to a post COVID service who are not assessed by a registered health care assessment within 15 weeks of referral</li> </ul> | Implement the enhanced specification for the Long Covid Service including care pathways and services in line with national requirements and local need.  | ●         | NHS Kent and Medway ICB |
|  | Identify and reduce inequalities of access to Long Covid Services and outcome variation through local and regional peer reviews.   | ●         |                         |

| Goal  | Actions   | Timescale | Owner(s)                |
|---|---|-----------|-------------------------|
| <b>Long covid</b> (continued)   | Work with London Paediatric Hub to determine local provision required to support Children and young people with Long Covid  | ●         | NHS Kent and Medway ICB |
|   | Improve care pathway for those requiring fatigue management   | ●         |                         |
|   | Enhance capacity in Pulmonary Rehabilitation provision to enable access to those with Long Covid  | ●         |                         |
| <b>Diabetes</b><br><br><b>Metric</b><br>• Proportion of those with type 2 diabetes receiving recommended care processes           | Increase the number of patients with diabetes receiving all 8 care process with the aim of at least meeting national average achievement by increasing education and workforce capacity, reconfiguring the multidisciplinary diabetic foot care pathway and additional advanced practitioner roles. | ●         | NHS Kent and Medway ICB |
|   | Increase the number of people supported through the NHS Diabetes Prevention Programme as a proportion of patients profiled.   | ●         |                         |
| <b>Chronic respiratory disease</b><br><br><b>Metric</b><br>• Percentage of people aged 65 and over who received a flu vaccination | Restart of Spirometry in primary care and community services, aim to get 100% coverage of spirometry for all patients across Kent and Medway.   | ●         | NHS Kent and Medway ICB |
|   | To get 100% coverage of FENO (fractional exhaled nitric oxide) for all patients across Kent and Medway.   | ●         |                         |
|   | Expansion of pulmonary rehab services to prevent exacerbations and admissions. Increase referral rate to 60% of eligible patients.  | ●         |                         |
|   | Collaborate across the system to optimise the use of respiratory medicines and pilot the 'asthma friendly schools' initiative in Medway and Swale.  | ●         |                         |

## Chapter 5

### How we will ensure access to hospital services and centres of excellence for specialist care

Shared Outcome 5: We will ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.

## Integrated Care Strategy Summary

**Providing quality healthcare as close to home as possible;** We recognise the importance of providing quality healthcare as close to our populations as possible and we will continue to plan our services in to enable this to happen. Partners within the ICS must join up health and care around individuals so that they can access the service and receive the requisite quality. Some hospital services will continue to move to community-based settings. For example, during the COVID-19 pandemic, virtual wards and consultations helped ease pressure on hospitals and enabled primary care and other parts of the system to provide essential services.

**Continuing to develop centres of excellence for specialised services.** There is compelling evidence that creating centres of clinical excellence provides improved outcomes for patients. Increasing the volume and variety of cases within a specialism in centres of excellence that have all the necessary supporting clinical adjacencies, helps to address major geographical inequalities in life expectancy, infant mortality and cancer mortality. These centres of clinical excellence are also proven to attract and retain quality staff, and enhance clinical research and innovation.

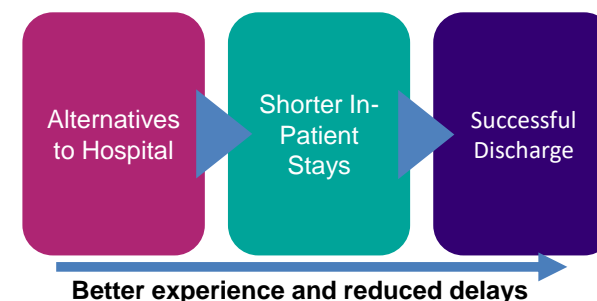
**Improving flow through the system.** Demand on our emergency departments is at an all-time high nationally. In turn, this leads to full hospital wards, made worse by the challenges of discharging patients from the acute hospital setting. Embedding new models and services will allow us to not only reduce pressure on Emergency Departments but also deliver more appropriate care faster and closer to the patient's home. In peak times, we want to improve the communication channels of our services throughout the system so they can escalate and de-escalate to support the wider system and take proactive decisions to balance demand. We will continue to develop relationships with our partners and get better at using data and evidence to inform commissioning decisions.



**Kent and Medway**

**Shared Outcome 5: We will ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.**

By improving our commissioning relationships with providers of adult social care (including private sector and VCSE) we will ensure sufficiency of the adult social care market and aid discharge from the acute setting. Our ambition is that the Kent system jointly plans, commissions, and delivers discharge services that maintain flow and are affordable within existing budgets available to NHS commissioners and local authorities, pooling resources where appropriate and responding to seasonal pressures.



**Key to timescales**

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+


**Kent and Medway**

| Goal  | Actions   | Timescale | Owner(s)                |
|---|---|-----------|-------------------------|
| <b>Provide quality healthcare as close to home as possible – mental health</b><br><br><b>Metrics:</b> <ul style="list-style-type: none"> <li>Out of area placement occupied bed days - 570 will be set as an average for Q1- Q4 2023/24.</li> <li>Length of Stay against a target of 32 days for younger adults and 77 days for older adult wards</li> <li>80% patients discharged from acute admission are followed up with a face to face or phone contact within 72 hours</li> </ul> | Eliminate the use of inappropriate out of area mental health placements (OAPS) used for adult acute admission so that more people can be admitted closer to home.   | ●●●       | NHS Kent and Medway ICB |
|   | Improve the mental health system/bed capacity and management to ensure acute mental health care remains therapeutic and purposeful and that effectiveness and experience of care is improved. Actions include:<br>Revise acute admission inpatient skill mix and workforce plan developed | ●●        |                         |
|   | Improve collaboration between Health and Social Care Partners via a co-produced Patient Flow Pathway  | ●         |                         |
|   | 24/7 Urgent Crisis Line from March 2023 will be accessed by the public via NHS 111  | ●         |                         |
|   | 2 Crisis Houses in Medway and east Kent and then roll out to west and north Kent  | ●●        |                         |
|   | West Kent Urgent Care Hub 23/24 and roll out to east and north Kent.  | ●●        | NHS Kent and Medway ICB |
|   | Pilot alternative to Emergency Departments Model  | ●         |                         |

| Goal   | Actions  | Timescale  | Owner(s)  |
|--|--|--|---|
| <b>Provide quality healthcare as close to home as possible – East Kent hospitals programme</b>                                     | East Kent hospitals programme – East Kent Hospitals University NHS Foundation Trust submitted an expression of interest to the government's new hospitals programme, seeking vital and long overdue investment of £460m in our hospitals for the long term. A decision on the long-listed schemes is expected in the near future. A successful bid is essential before the NHS can consult on options to transform how our services are delivered in future. In the meantime, we are undertaking due diligence with the construction industry to further test the viability and deliverability of both options. This exploratory process is an important piece of work that will provide an additional assurance test before consultation gets underway  | ●●●  | East Kent Hospitals University NHS Foundation Trust Board |
| <b>Provide quality healthcare as close to home as possible and Improve flow through the system - Community Diagnostics Centres</b> | <p>Diagnostic imaging services flow improvement will be established through expansion of the Community Diagnostic Centres (CDCs) in East and West Kent together with the development/establishment of a new CDC at Sheppey Community Hospital and its associated spoke site at Rochester Healthy Living Centre which are scheduled for operational delivery in 2023/24. In addition, Dartford &amp; Gravesham NHS Trust has submitted a plan for £19.5m standard CDC hub which is pending national approval.</p> <p>The Kent &amp; Medway CDCs provide diagnostic imaging, pathology and physiological measurement services nearer to home, in community settings, separate from acute hospital sites. The CDCs contribute to improved patient flow through:-</p> <ul style="list-style-type: none"> <li>• Redesign of patient pathways with a system led approach to improve access and alignment of elective pathways to CDC activity</li> <li>• Establishment of system wide policies/procedures to standardise systems and processes thereby reducing delays in diagnosis and supporting delivery of diagnostic/cancer/elective backlog reduction</li> </ul> | <p>West Kent CDC (Hermitage Court)<br/>●</p> <p>East Kent CDC (Buckland Community Hospital Hub)<br/>●●</p> | NHS Kent and Medway ICB                                   |

| Goal  | Actions  | Timescale   | Owner(s)                       |
|---|--|---|--------------------------------|
| <p><b>Provide quality healthcare as close to home as possible and Improve flow through the system - Community Diagnostics Centres</b><br/>(continued)</p> <p><b>Metrics:</b></p> <ul style="list-style-type: none"> <li>95% patients will receive a diagnostic test within six weeks of referral, with a stretch target to achieve 99% DM01 compliance by March 2025.</li> <li>Increase activity from the 2019/2020 activity baseline by 15% in imaging and 26% in endoscopy</li> <li>Reducing carbon emissions associated with patient/staff travel – 3.5% (9.5 billion miles) of all road travel in England is linked to NHS</li> </ul> | <p>Continued...</p> <ul style="list-style-type: none"> <li>Collaboration with the Cancer Alliance to review cancer pathways and ensure optimisation of CDC capacity by prioritising a 25% increase of capacity for suspected cancer referrals to (a) increase the percentage of patients receiving tests within 6 weeks of referral (b) increase the percentage of cancers diagnosed at stage 1 and 2 and (c) contribute to achievement of the faster diagnosis standard by March 2024</li> <li>Expansion of GP Direct Access to improve patient flow from point of referral</li> <li>Establishment of 7 day 12 hour services</li> <li>Introduction of Digital Pathways reducing processing delays</li> <li>Introduction of Picture Archiving and Communications Systems (PAC) across each CDC enabling PACs based reporting</li> <li>Faster access to diagnostic imaging services</li> </ul> <p>The ICB and Kent &amp; Medway Imaging Network work in partnership ensure compliance with national standards and improve patient pathways/flows and resource optimisation.</p> | <p>Continued...</p> <p>Medway and Swale CDC (Sheppey Community Hospital Hub, Rochester Healthy Living Centre Spoke)</p> <p>●</p> <p>Dartford, Gravesham and Swanley</p> <p>●●</p> | <p>NHS Kent and Medway ICB</p> |

| Goal  | Actions   | Timescale | Owner(s)   |
|---|---|-----------|--|
| <b>Provide quality healthcare as close to home as possible and Improve flow through the system</b><br><br><b>Metric:</b> <ul style="list-style-type: none"> <li>Number of patients that the virtual ward is able to simultaneously manage</li> </ul>  | Continue to develop the use of virtual ward pathways to plan for safe and timely discharge, ensure safe and effective home-based follow-up support and enhance flow through the system.   |           | NHS Kent and Medway ICB<br><br>Provider Trust Boards |
|   | Increase in number of rehabilitation beds to meet required demand. Including greater utilisation of ambulatory and community bed-based alternatives to acute hospital admission which are a more effective settings of rehabilitation care, where patients can be safely managed with effective coordination.   |           |  |
|   | More intensive step-down services with enhanced nursing and therapies cover will help patients achieve care outcomes with a shorter length of stay, allow more acute needs to be safely managed.  |           |  |
| <b>Improve flow through the system – Urgent and Emergency Care</b><br><br><b>Metrics:</b><br>We are currently achieving the 76% A&E 4-hour standard. The first draft operational activity plan shows achievement of 81% by March 2024. Our ambition is to achieve 88% and to have all of our acute trusts achieving 76% by the end of 2024. | The Urgent and Emergency Care Recovery programme will focus on general practice, high intensity users, single point of access, urgent community response and step-up virtual wards. Actions are also included in the programme in relation to mental health support, urgent treatment centres, 111 and 999 activity, same day emergency care (SDEC), intermediate care and discharge. There are a number of actions in relation to the enablers – estates, communications, system coordination and workforce. |           | NHS Kent and Medway ICB                              |
|   | Continue to meet and exceed the target 70% two hour urgent community response standard  |           | Community service provider boards                    |



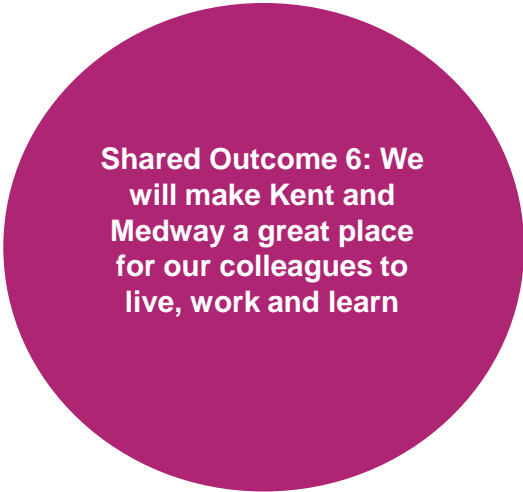
| Goal   | Actions   | Timescale | Owner(s)  |
|--|---|-----------|---|
| <b>Improve flow through the system – Urgent and Emergency Care</b><br>(continued)  | Implement a single ICS wide referral optimisation system with pre-programmed patient pathways and decision making that has been agreed by both primary and secondary care to ensure that patients are directed first time to the most appropriate point of care following presentation of a health concern. | ●         | NHS Kent and Medway ICB                               |
| <b>Improve flow through the system – Elective Care</b>   | Deliver more elective care to address backlogs  | ●●        | Provider Trust Boards,<br><br>NHS Kent and Medway ICB |
| <b>Metrics:</b> <ul style="list-style-type: none"> <li>• Increase elective activity to 115% of pre-pandemic levels and reduce long waits to deliver the 109% Elective Recovery Fund target</li> <li>• Ambitious goal to deliver elective activity to around 130% of pre-pandemic levels by 2024/25.</li> </ul> | Eliminate waiting times over 65 weeks by March 2024   | ●         |   |

| Goal  | Actions  | Timescale | Owner(s)   |
|---|--|-----------|--|
| <b>Improve flow through the system – Winter Planning</b>                                      | Maintain flow during winter alongside continuing to improve services. Produce a joint plan with health and social care partners. Use data and analysis of previous winter trends to determine how best to meet the increased demand. Produce surge plans for critical care, acute beds, paediatric care, maternity, primary care, social care and community services using escalation frameworks (OPELs) to determine the surge demand. Coordinate the response through the Operational Control Centre (OCC).  | ●         | NHS Kent and Medway ICB  |
| <b>Continue to develop centres of excellence for specialised services</b>                     | Finalise Joint Working Agreement between NHS England and ICB and continue preparation for the delegation of specialised commissioning.   | ●         | NHS Kent and Medway ICB  |
| <b>Continue to develop centres of excellence for specialised services – Vascular Services</b> | <p>Vascular services reconstruct, unblock or bypass arteries and are often one-off specialist procedures to reduce the risk of sudden death or amputation and prevent stroke. Evidence shows that patients who need vascular treatment receive better care and have a better chance of survival when they are treated by a team of vascular surgeons, interventional radiologists, nurses and therapists, who treat large number of these patients. Kent and Canterbury Hospital will become the county's specialist centre for inpatient vascular surgery in April 2023.</p> <p>Outpatient appointments and diagnostic tests will continue at patients' local hospitals in Ashford, Canterbury, Margate, Maidstone, and Medway. Day surgery will continue at Canterbury and Medway hospitals. Vascular patients will also benefit from the new interventional radiology suite that opened at Kent and Canterbury Hospital in May 2022, with a second suite opening April 2023, which provide minimally invasive image-guided procedures to treat patients with vascular and other diseases.</p> | ●         | NHS Kent and Medway ICB and all Provider trusts represented on NHS England Programme Oversight Group |

| Goal  | Actions   | Timescale   | Owner(s)                     |
|---|---|---|------------------------------|
| <p><b>Continue to develop centres of excellence for specialised services – Stroke</b></p>                             | <p>We will reconfigure acute stroke services. The Kent and Medway Stroke Review was instigated in 2014 by local healthcare professionals, including senior doctors, nurses and care professionals. National guidance states that the quality of a stroke unit is the single biggest factor that can improve a person's outcome following a stroke. Successful stroke units, both hyper-acute stroke units (HASUs) and acute stroke units (ASUs), are built around a multi-disciplinary team that is able to meet the collective needs of the patient. The plan is to establish HASUs and ASUs operating 24 hours a day, 7 days a week, to care for all stroke patients across Kent and Medway. This will deliver many benefits for patients, most notably improved survival rates and have improved quality of life and independence.</p> <p>Following the development of options, options appraisal and public consultation, the Joint Committee for stroke agreed that three HASU/ASUs would be established at Darent Valley Hospital, Maidstone Hospital and William Harvey Hospital. The programme is to be delivered in two phases, with MTW and DGT going live in phase 1 and EKHUFT in phase 2. Works on phase 1 are due to start by July 2023 for completion in 2024.</p> | <p>Phase 1:<br/>Maidstone Hospital and Darent Valley.</p> <p>Phase 2:<br/>William Harvey.</p> | <p>Provider trust boards</p> |
| <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>Percentage of patients receiving thrombectomy</li> </ul> | <p>Thrombectomy is a procedure which can significantly reduce the severity of disability caused by an ischaemic stroke. Modelling suggests that up to 10% of patients with stroke may be appropriate for treatment with thrombectomy and current levels across the NHS are low – around 2.2%. The Getting it Right First Time (GIRFT, 2022) aims for 8% of all patients with a stroke accessing thrombectomy by 2025.</p> <p>Currently all Kent and Medway patients are transferred to the Royal London Hospital (RLH) to receive their thrombectomy. EKHUFT will provide the thrombectomy service for stroke patients within east and west Kent. Patients at DGT will continue to be transferred to the RLH, due to shorter transit times but will access the Kent and Medway service at Canterbury when the RLH is not accepting patients.</p> <p>Preparation and enabling works for the development have started. The main building works for the thrombectomy suite are due to start in April 2023 and be completed by March 2024.</p>  |   |                              |

## Chapter 6

### How we will make Kent and Medway a great place for our colleagues



Shared Outcome 6: We  
will make Kent and  
Medway a great place  
for our colleagues to  
live, work and learn

## Integrated Care Strategy Summary



**Kent and Medway**

**Growing our workforce and skills** The demand for staff is outstripping supply and, along with an ageing workforce, this is putting increased pressure on our teams. We will create an attractive employment proposition for health and care. One that develops and retains our exceptional local workforce and attracts people into careers in health and care from within and beyond Kent and Medway, reducing the need for expensive agency workers. To do this, organisations within the ICS will work together to attract and retain professionals, work with education and training providers to develop exciting and diverse careers and training opportunities, provide talented and capable leadership and offer flexible and interesting careers.

**Championing inclusive teams** There are over 80,000 health and care colleagues across a range of services based in Kent and Medway. We will work with all our partner organisations to embed cultures that promote civility, respect and inclusion, providing shared talent and development opportunities and education for leaders and teams, with shared action to grow and celebrate our diversity and be representative of our communities including systematically addressing bias, empowering and developing colleagues from underrepresented groups and celebrating diversity at all times.

**Looking after our people** Wherever you work in health and care in Kent and Medway, we want it to be a great place to work and learn. We will develop wrap-around wellbeing services for our workforce. These will support those with illnesses as well as empowering colleagues to proactively manage their wellbeing. We will identify specific interventions that align with our population health priorities, particularly with colleagues who are experiencing health inequalities.

**Shared Outcome 6: We will make Kent and Medway a great place for our colleagues to live, work and learn**

We will build on our Kent and Medway health and care academy by working in partnership with local employers, schools, careers services and education partners to create a robust pipeline of local workforce for future years, developing new roles such as apprenticeships, new ways of working such as cross-organisational portfolio roles with the skills and digital capability to be ready for the modern workplace.

We want to develop programmes that help to reduce long term and youth unemployment, bring young people into work and support carers as part of our wider workforce.

**Building 'one' workforce at place** Working across health and care partnerships, we will use our anchor institutions to develop one workforce at place, create integrated neighbourhood teams with embedded flexible working, mobility and enabled through digital technology and capabilities. Through this, we hope to reduce unnecessary commuting and reduce our carbon footprint. We also have a vital and valued volunteer workforce - we will ensure that that we celebrate their invaluable work but also seek their input to shape, improve and deliver services.

The Kent and Medway People Strategy is being developed alongside the Integrated Care Strategy and Five Year Joint Forward Plan and is being led by the Chief People Officers across Kent and Medway with engagement of a range of partners. The strategy development will be overseen by the Integrated Care Board's People Committee.

## How we're working with partners across the system

To realise our ambition of Kent and Medway being a great place to work, live and learn we are working on a Kent and Medway People Strategy. This strategy is being developed alongside the Interim Integrated Care Strategy and Joint Forward Plan and led by the Chief People Officers across Kent and Medway with engagement of a range of partners. The strategy development has been overseen by the Integrated Care Board's People Committee.

We will deliver this strategy and delivery plan through collaboration with our Health and Care Partnerships, through Provider Collaboratives and through shared workforce programmes.

Workforce is often recognised as a key challenge to the delivery of our ambitions. Our short term workforce priorities include:

- Developing our Health and Care Academy hub and spoke model with a range of activities to grow workforce skills, partnership working with colleges, schools, voluntary organisations and providers to promote careers, hold joint recruitment events and attract to hard to recruit roles
- A range of developmental opportunities that support inclusive cultures and compassionate, inclusive leadership including shared talent and mentoring programmes, debiasing recruitment, cultural intelligence and leadership development programmes across Kent and Medway
- Maximising our health and wellbeing offers including a range of offers to health and care colleagues and shared programmes to improve retention, such as a menopause programme, flexible working programme, new starter champions, legacy nurse programme, talking wellness hub and an increase in TRiM (trauma risk management) practitioners and mental health first aiders to support workforce wellbeing
- Programmes to support integrated care workforce models including planning and organisational development and a workforce efficiency programme to maximise existing resources and reduce temporary staffing cost

**Key to timescales**

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+

**Kent and Medway**

| Goal  | Actions  | Timescale | Owner(s)                |
|---|--|-----------|-------------------------|
| <b>Make Kent and Medway a great place to live, work and learn</b> | Develop the Kent and Medway People Strategy.   | ●         | NHS Kent and Medway ICB |
|   | Academy Hub and Spoke Pilot - To create a greater presence and influence with the Academy, we are planning that each Health and Care Partnership (HCP) will “host” a skills and employability coordinator placed within their workforce to influence the HCP to ensure they are working towards the outcomes of the Academy. The Academy will be piloting the initial “Hub & Spoke” model with East Kent initially until March 2023 with a view to create equivalent arrangements in all of the H&CP’s across Kent & Medway. | ●         | NHS Kent and Medway ICB |
| <b>Champion inclusive teams</b>                                   | Deliver a Kent and Medway talent development programme, focused on staff groups where intervention is needed to assist colleagues to progress, starting with Band 5 nurses pilot.  | ●         | NHS Kent and Medway ICB |
|   | Deliver a Kent and Medway mentoring programme to support colleagues with protected characteristics (reciprocal and reverse mentoring).   | ●         | NHS Kent and Medway ICB |
|   | Develop a debiasing recruitment programme to systematically de bias recruitment processes as part of the Overhauling recruitment programme. Commenced across health, opportunities in social care are being explored.  | ●         | NHS Kent and Medway ICB |
|   | Develop a culture and inclusion plan and Kent and Medway commitment to levelling up staff experience across health, including cultural dashboard and metrics for the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and gender pay.   | ●         | NHS Kent and Medway ICB |
|   | Develop cultural intelligence through the pilot and rollout of the Cultural intelligence development programme to improve leadership, culture and behaviours   | ●         | NHS Kent and Medway ICB |

| Goal   | Actions  | Timescale | Owner(s)                                     |
|--|--|-----------|--|
| <b>Champion inclusive teams</b><br>(continued) | Deliver Kent and Medway leadership and management development programmes built to deliver consistency and high quality development as part of our response to the Messenger review (including our international colleagues)                    | ●         | NHS Kent and Medway ICB                      |
|  | Scoping of how just learning restorative justice practice can be embedded in all organisations, following development programme  | ●         |  |
|  | Shared calendar of cultural events, with Equality, Diversity and Inclusion (EDI) networks working together on key events such as PRIDE, Black History Month, Disability Month etc  | ●         | NHS Kent and Medway ICB                      |
| <b>Look after our people</b>                   | Review all health and wellbeing services, including growing occupational health review, to develop one wellbeing approach, and improve access to our wider health and care workforce.  | ●         |  |
|  | Identify health and wellbeing interventions that address inequalities and reflect population need within our own health and care workforce.  | ●         | Health and Care Partnership Workforce Groups |
|  | Promote our collective commitment to zero tolerance to violence, aggression, discrimination and abuse. This is also a priority for Medway and Swale Health and Care Partnership Workforce Group.   | ●         |  |
|  | Promote our collective cost of living and benefits of working within Kent and Medway.  | ●         |  |
|  | Implement local and system wide retention activities to improve our retention of our valued colleagues, including promoting flexible working, generational needs and key interventions evidenced from colleague feedback and workforce metrics | ●         | NHS Kent and Medway ICB                      |

**Metrics:**

- Sickness rate 4.32%
- Turnover: 12.4%



| Goal  | Actions   | Timescale | Owner(s)   |
|---|---|-----------|--|
| <b>Grow our workforce and skills</b><br><br><b>Metrics:</b> <ul style="list-style-type: none"> <li>Substantive workforce growth: 1683 WTE, 5.31%</li> <li>Vacancy: 7.22%</li> </ul> | Develop the Kent and Medway health and care academy workforce plan to grow our local workforce pipeline and develop high quality education and skills as part of the People Strategy. This is also a priority for Medway and Swale Health and Care Partnership Workforce Group.   | ●         | NHS Kent and Medway ICB  |
|   | Launch the Kent and Medway Academy website which will be the central repository for Kent and Medway education, development and skills. Promote careers and development through our Academy website and through our educational partnerships. Access to quality training is also a priority for Medway and Swale Health and Care Partnership Workforce Group.  | ●         |  |
|   | Focus on Kent and Medway hard to attract areas to deliver system wide recruitment campaigns and events with programme in place for 23/24 and rotations i.e. GP attraction campaign, system International Recruitment.   | ●         |  |
|   | Create an attractive and holistic employment proposition.   | ●         |  |
|   | Create employment programmes to address long term and youth unemployment opportunities for individuals with learning disabilities and neurodiversity and carers and widen participation from under-represented groups,  | ●         |  |
|   | Focus on new role development, expand placements for transformation priorities and hard to recruit areas to improve experience and explore role and team redesign.  | ●         |  |
|   | Kent and Medway careers framework developed for professional groups. This is also a priority for Medway and Swale Health and Care Partnership Workforce Group.  | ●         |  |
|   | Work collaboratively to expand skills development to include digital skills and leadership (clinical and technical) and support professionalism and career development (for example engaging with the Skills Development Network). Priorities will include cyber, information governance and clinical safety, where there are limited skills available and opportunities to create shared functions | ●●        | Provider Trust Boards, System oversight by the Digital and Data Board, NHS Kent and Medway |

| Goal   | Actions  | Timescale | Owner(s)   |
|--|--|-----------|--|
| <b>Build one workforce at place</b>  | Create integrated neighbourhood teams, with supporting team based OD and leadership development.   | ●         | Health and Care Partnership Boards,<br>NHS Kent and Medway ICB |
|  | Engage volunteer workforces in shaping, improving and delivering services. Pilot underway in East Kent HCP   | ●         |  |
|  | Refresh local workforce sharing agreements and work together to address any HR barriers and opportunities for collaboration and new ways of working (to be inclusive of social care, primary care and voluntary sector).   | ●         | NHS Kent and Medway ICB  |
|  | Create place based workforce plans to address local population needs and promote local employment and careers, including expanding local volunteering opportunities.   | ●         | Health and Care Partnership Boards                             |
|  | Increase opportunities for shared roles and place based learning opportunities (building on the bank models for primary care, trusts and social care).   | ●         |  |
| <b>Using our current teams efficiently and reducing high agency costs</b><br><br><b>Metrics:</b><br>• Bank reduction: -862 WTE, -31/28%<br>• Agency reduction: -442 WTE, -45.34% | Temporary staffing and workforce efficiency plan in place to deliver workforce productivity and attractive ways of working for our flexible workforce.   | ●         | Provider Trust Boards,<br>NHS Kent and Medway ICB              |
|  | Exploring opportunities to collaborate on temporary staffing across health and social care, building on Trust, primary care and social care bank arrangements.   |           |  |
|  | Advance levels of attainment programme to review e-rostering and e-job planning for expansion to support reduction in temporary staffing and enhance clinical productivity (working with digital, finance and operational colleagues). Diagnostic to be undertaken in Q1 23 to inform scoping and plan for 23/24 | ●●        | NHS Kent and Medway ICB  |

## Chapter 7

# How we will drive research, innovation and improvement across the system

**Integrated Care Strategy Enabler:** We will drive research, innovation and improvement across the system

We will achieve this through:

- Establishing ways to better collaborate on research across our system;
- Unlocking additional capacity by empowering our workforce to take part in research and improvement in their everyday work;
- Championing innovation and being open to trying new ideas;
- Sharing and using data safely and effectively to achieve better outcomes, and;
- Embracing digital transformation as a system.

**Key to timescales**

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+

**Kent and Medway**

| Goal   | Actions  | Timescale | Owner(s)  |
|--|--|-----------|---|
| <b>Promote and facilitate research, and improve research collaboration across the system</b> | To embed research collaboration through the Joint Research Collaborative (JRC), and utilise the JRC to engage with its membership to design and implement appropriate prioritisation activities  | ●         | NHS partners, Local Authority and VCSE Supported by National Institute for Health and Care Research/ Kent Surrey and Sussex Clinical Research Network Academic Health Science Network collaborative |
|  | We will increase research and innovation leadership capacity within NHS, local government (particularly district councils) and Primary Care (particularly General Practice).<br>Integrated Care Boards leads to collaborate and inform National Institute for Health and Care Research Kent Surrey and Sussex Infrastructure partners and Universities of system investment priorities to build capacity.  | ●         |   |
|  | We will ensure citizens are well informed and understand it's their right and choice to participate in research by: <ul style="list-style-type: none"> <li>• Integrating research messaging into everyday public and professional communication including patient emails, clinic letters, organisational websites (NHS and local authority)</li> <li>• Engaging the Integrated Care Partnership in a Social Movement Pilot around research awareness, and a priority</li> <li>• Promoting <a href="https://bepartofresearch.nihr.ac.uk/">https://bepartofresearch.nihr.ac.uk/</a> through all channels in order to facilitate awareness and direct (digital) access to opportunities.</li> </ul> | ●         | NHS Kent and Medway NHS partners, Local Authority   |

| Goal  | Actions   | Timescale | Owner(s)   |
|---|---|-----------|--|
| <b>Promote and facilitate research, and improve research collaboration across the system</b><br>(continued) | Engage with the research community on appropriate methods when commissioning new evidence-based interventions.<br>Enable system wide capability to access and synthesise evidence, and create/utilise existing communication systems to alert the workforce to new evidence, including integrating, signposting messages from different agencies.   | ●         | NHS partners, Local Authority and VCSE Supported by National Institute for Health and Care Research (NIHR) / Kent Surrey and Sussex (KSS) Clinical Research Network (CRN) Academic Health Science Network (AHSN) collaborative |
|   | We will also: <ul style="list-style-type: none"> <li>• Map and prioritise evidence gaps, and match need against local Research and Innovation Leadership strengths in Kent and Medway</li> <li>• Co-develop new research and innovation studies/trials to address local evidence gaps and in line with local strengths, and</li> <li>• Accelerate evaluations and implementation with the NIHR Applied Research Collaborations to tackle specialist themes and topics linked to local priorities</li> </ul> | ●         | NHS partners, supported by NIHR / KSS CRN AHSN collaborative   |
|   | We will reduce disparities in citizens' research opportunities and benefit from proven innovation.<br>The Integrated Care Partnership and Regional NIHR partners will identify a community with whom all partners can systematically and collectively engage in health and research promotion. We will develop a pilot programme to engage under-served communities to better understand their needs and to support equitable access to research opportunities  | ●         | NHS partners, supported by NIHR / KSS CRN AHSN collaborative   |

| Goal   | Actions  | Timescale | Owner(s)   |
|--|--|-----------|--|
| <b>Empower our workforce to take part in research and improvement in their everyday work</b> | Educate and support the health and care workforce to be confident, competent, and afforded the time to talk about research and innovation opportunities as an integral part of the delivery of care.   | ●         | NHS Research and Development Leads, reporting to NHS Boards and NIHR/ KSS CRN AHSN collaborative |
|  | Promote <a href="#">Research as a career</a> option for all disciplines, enabled through integrated care and research workforce planning and development.  | ●         |  |
|  | Empower the workforce to contribute to research and innovation every day and in diverse ways including: leading research programmes, delivering research, providing opportunities to articulate challenges that can be addressed through innovative solutions.   | ●         |  |
|  | Build protected time within job plans/roles to lead research and innovation activities, for example as a site base principal investigator, chief investigators and Innovation Fellows leading studies nationally, regionally and locally.  | ●         |  |
|  | Where capability building programmes exist e.g. Kent Community Health NHS FT Innovation Fellowship we will evaluate their impact and support spread across the system.   | ●         |  |
|  | Develop a mentorship and coaching network on the application of innovation principles and approaches in the 'real world'.  | ●         |  |
|  | Provide opportunities to learn, develop skills, capability and confidence in the adoption and spread of innovation e.g. scale and spread of KSS AHSN Digital and Innovation Fellowship programmes.   | ●         |  |
|  | Build a diverse and inclusive research and innovation workforce in terms of all health and care disciplines. NIHR/AHSN and system partners to implement organisational EDIB (Equality Diversity Inclusion and Belonging) plans, across all business functions to support increased diversity in research and innovation workforce. | ●         |  |

| Goal   | Actions  | Timescale | Owner(s)   |
|--|--|-----------|--|
| <b>Empower our workforce to take part in research and improvement in their everyday work</b> (continued) | Promote research and innovation activities across boundaries, within the system, to enable flexibility and choice as well as making the most of connections to regional and national networks with innovation, insights and expertise. We will create a multi-disciplinary peer support network across Kent and Medway.  | ●         | NHS Research and Development Leads, reporting to NHS Boards and NIHR/ KSS CRN AHSN collaborative |
| <b>Champion innovation and be open to trying new ideas</b>   | We will generate a rich pipeline of demonstrably useful, evidence-based innovations by connecting commercial and clinical innovators to health and care organisations, providing advice and bespoke support at every stage of the innovation pathway and matching proven technologies to NHS challenges.<br>KSS NIHR AHSN will collaborate to horizon scan for innovations that can provide solutions to local challenges and list of technologies that the ICS is seeking to scale  | ●         | NIHR/ KSS CRN AHSN collaborative   |
|  | We will promote a culture and design activities and processes so people are encouraged and empowered to try, test and learn from new ways of doing things, including: <ul style="list-style-type: none"> <li>• Learning from and spreading local excellence in innovation</li> <li>• Understanding the needs of the person, or the care provider or commissioner and prioritising the most important challenges;</li> <li>• Searching for relevant innovation and enabling testing innovation within the ICS; and</li> <li>• Supporting and facilitating the spread of innovation where it is successful</li> </ul> Kent and Medway will become a Learning Health System by partnering with research stakeholders that can help with clinical evaluation and the establishment of evidence bases to ensure interventions are effective | ●         | NHS Research and Development Leads, reporting to NHS Boards and NIHR/ KSS CRN AHSN collaborative |

| Goal  | Actions  | Timescale | Owner(s)                |
|---|--|-----------|-------------------------|
| <b>Share and use data safely and effectively to achieve better outcomes</b> | Build a 'Trusted Research Environment' based on national guidance. This will allow a safe secure computing environment for linked data research and other complex analytics locally.   | ●●●       | NHS Kent and Medway ICB |
|   | Develop and agree a communications and engagement plan to promote use of linked data for secondary uses to the wider public.   | ●         | NHS Kent and Medway ICB |
|   | Discuss with councils signing up to the Shared Health and Care Analytics Board (SHcAB) Joint Controller Agreement and single operating model for approving data access and data integration, where appropriate.  | ●         | NHS Kent and Medway ICB |
|   | Simplify governance and decision making arrangements for Kent and Medway Care Record (KMCR) to be made available for linked data access requests for secondary uses by aligning with existing SHcAB arrangements.                                      | ●         | NHS Kent and Medway ICB |
|   | We will create a Data Ethics Board to review data requests for pure research, building on our vision to become a 'Trusted Research Environment' and complementing SHcAB.   | ●         | NHS Kent and Medway ICB |
|   | The ICB will agree and implement a funding model for the new linked dataset called Kent Research Network for Education and Learning (KERNEL) being developed by the Kent & Medway Data warehouse. KERNEL development is expected to last next 4 years. | ●●●       | NHS Kent and Medway ICB |



| Goal  | Actions  | Timescale | Owner(s)                |
|---|--|-----------|-------------------------|
| <b>Share and use data safely and effectively to achieve better outcomes</b> (continued) | Incentivise and promote GP engagement and training in SHcAB related and analytical activities e.g. GP Fellowship programme in Public Health and Population Health Management.  | ●         | NHS Kent and Medway ICB |
|   | Review how to participate in other data integration activities such as Financial Hardship programme by KCC and Kent districts where integrated council data is used for case finding to support work around homelessness and falls prevention. | ●         | NHS Kent and Medway ICB |
|   | Transfer hosting arrangements and historical data for Optum / Mede analytics tool to the Kent & Medway Data warehouse in 2024 for advanced analytical projects similar to the Kent Integrated Dataset (KID).                                   | ●●        | NHS Kent and Medway ICB |
| <b>Embrace digital transformation as a system</b>                                       | Establish a Digital and Data Board to deliver the ICS Digital and Data Strategy. A number of the actions included in this strategic plan are referenced over the following slides.   | ●         | NHS Kent and Medway ICB |
|   | Electronic Patient Record Optimisation to ensure that all organisations across Kent and Medway ICS have an EPR in line with National Standards   | ●●        | NHS Kent and Medway ICB |
|   | Convergence Programme that works with EPR to the next stage of being a fully digitally integrated health and care system   | ●●●       |                         |
|   | A Digital First programme to enable multidisciplinary and extended practice teams to work collaboratively  | ●●        | NHS Kent and Medway ICB |
|   | Continue to build share care records and care plans with the contribution of multi-disciplinary teams and patients   | ●●●       | NHS Kent and Medway ICB |

| Goal   | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Embrace digital transformation as a system</b><br>(continued) | Convergence of Diagnostics across ICS through development of single Pathology, Radiology and imaging systems.  | ●●●       | NHS Kent and Medway ICB |
|  | Develop an ICS shared systems, data and technical architecture that delivers What Good Looks Like and enables cross organisational patient pathways, high quality information for direct care, planning and research, integrated working, reduces costs and increase operational and cyber resilience.   | ●         | NHS Kent and Medway ICB |
|  | Work in partnership with Kent County Council and Medway Council to deliver a provide access to basic technologies and promote digital literacy to allow citizens to successfully use digital tools to access health and care services. This includes digital hardware loan scheme, a WiFi voucher scheme and citizen digital champions scheme to improve digital literacy, patients' confidence and skills to access digital services. | ●         | NHS Kent and Medway ICB |
|  | Support the General Practice workforce, as the first point of contact with the NHS, to adopt digital technologies to support citizens navigate digitally enabled health and care pathways.   | ●         | NHS Kent and Medway ICB |
|  | Support practices to accelerate patient prospective access to their GP records   | ●         | NHS Kent and Medway ICB |

| Goal   | Actions   | Timescale | Owner(s)                |
|--|---|-----------|-------------------------|
| <b>Embrace digital transformation as a system</b><br>(continued) | Work with CQC registered adult social care providers to promote the implementation of Digital Social Care Records (DSCR) to meet the adoption target of 80% by March 2024   | ●         | NHS Kent and Medway ICB |
|  | Sensor based falls prevention and detection technologies, such as acoustic monitoring, will be in use in Care Homes for the residents identified as most at risk of falls, reaching at least 10% of residents by March 2023; 20% by 2024  | ●         |                         |
|  | Improve NHS App functionality by linking local patient engagement portals (PEPs) with the NHS App under the Wayfinder programme.  | ●●        | Provider Trust Boards   |
|  | Support General Practice in Kent and Medway adopt online registration processes.  | ●         | NHS Kent and Medway ICB |
|  | Support General Practice in Kent and Medway optimise routine administrative and clinical workflows through the use of automated tools.  | ●●●       |                         |
|  | Meet the objectives set out in Sustainable ICT and Digital Services Strategy (2020 to 2025).  | ●●        | NHS Kent and Medway ICB |
|  | Implement an electronic referral optimisation system (EROS). Deploy a digital solution which will enhance and optimise referral processes. Enable timely decision making, support, care, and access to treatment for patients throughout the healthcare system in Kent and Medway. Ensures that the right patients are seen in the most appropriate service with appropriate clinical workup and information. | ●●        | NHS Kent and Medway ICB |

## Chapter 8

# How we will provide system leadership and make the most of our resources

**Integrated Care Strategy Enabler:** We will provide system leadership, and make the most of our collective resources

We will achieve this through:

- Playing our part as 'anchor institutions', using our assets and resources to benefit the communities around us, including embedding sustainability in everything we do through our Green Plan
- Championing our values. We will continue to build partner leadership and commit to tackling the wider determinants of health
- Monitoring quality and providing governance; for example holding each other to account and developing core metrics that encompass health and social care
- Guiding resource allocation; By understanding each other better we can reduce duplication and make the most of our collective resources, pooling resources where appropriate, and removing obstacles to operational teams working together
- Interfacing with national bodies; The ICS will act as the voice of Kent and Medway, advocating on behalf of our population to influence policy
- Building resilience and preparing for emergencies; Continuing to coordinate our Covid-19 response at ICS level, and being prepared for other emergencies
- Working with our Places and Neighbourhoods to align priorities and develop implementation plans.

**Kent and Medway**

## Our financial duties

The current financial climate for the NHS is challenging, with ever increasing demand and limited financial resources, both revenue and capital. This has made achieving the revenue breakeven duty challenging across the NHS in 2022/23. The Kent and Medway system is forecasting achieving a deficit at the end of 2022/23 of £25.3m.

Looking forward, each system partner has focused on balancing delivery across the national recovery objectives for 2023/24 with a focus on recovering our core services and productivity. It is in this context that the 2023/24 financial plan has been developed. The initial system financial plan for 2023/24 is an unbalanced plan and whilst the system is working hard to balance this for final plan submission it is highly likely that there will be a planning deficit within some organisations in the system.

The system is committed to achieving financial sustainability but also recognises that this may be over a longer time period than one year. There are two Trusts, Medway Foundation Trust (MFT) and East Kent Hospitals University Hospital Foundation Trust (EKHUFT) which are in the NHS England, Recovery Support Programme. They are also in Single Oversight Framework (SOF) 4 which has a requirement for mandated intensive support as these Trusts face very difficult challenges. The Integrated Care Board (ICB) is in SOF 3. This means that NHSE work collaboratively with the ICB to provide support to understand the needs and agree improvement actions.

There are key factors that have in, 2022/23, impacted upon the system's financial performance. These factors will continue, to some degree, to influence the system's productivity and financial performance in 2023/24 and are all evidenced and addressed in this, our Draft Joint Forward Plan.

The system recognises that it will be challenging to deliver a fully recurrent CIP programme. There will be an element of non-recurrent delivery as in previous years. The CIP percentage is between 8% to 10% across the system. This is a challenging ask but the system is working towards strengthening its CIP programme which will support the system's ambition to become financial sustainable.

Whilst capital is constrained nationally, the system, as a whole, invests c.£73m annually, in Board approved capital plans, on maintenance and additional improvements to the estate infrastructure, replacement of medical and IT equipment. We spend c.£14m of our system capital allocation on digitalisation to improve how we deliver patient care and supporting the transformation of services which is improving patient outcomes.

**Key to timescales**

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+


**Kent and Medway**

| Goal   | Actions  | Timescale   | Owner(s)   |
|--|--|-------------|--|
| <b>Play our part as ‘anchor institutions’, including embedding sustainability in everything we do through our Green Plan</b> | Implement the Kent and Medway Integrated Care System Green Plan to embed sustainability in everything we do and meet our statutory duties.<br><br>In the medium term we will: <ul style="list-style-type: none"> <li>• Calculate ICB staffs' commuting footprint and promote lower carbon alternatives such as active transport or greener transport methods.</li> <li>• Measure system partners' annual footprints, both for travel to and from work and when travelling for work, to promote lower carbon alternatives.</li> <li>• Promote vehicle sharing schemes (when safe to do so post Covid) amongst system partners, reducing the number of vehicles on the road.</li> </ul>  | ●<br><br>●● | NHS Kent and Medway ICB<br><br>NHS Provider Boards |
|  | In the longer term we will: <ul style="list-style-type: none"> <li>• Ensure that all new cars leased by staff through NHS Kent and Medway are either Ultra Low Emissions vehicles or Zero Emission Vehicles, and we will vigorously promote active and greener forms of transport to all staff.</li> <li>• Engage with public transport providers to identify options for subsidised or free access to public transport for ICS staff when travelling to and from work.</li> <li>• Develop a program that supports the establishment of anti-idling zones in and around all system partner's infrastructure to improve local air quality.</li> <li>• Engage with suppliers to identify economies of scale and shared specifications in the phased replacement of existing system partner fleet vehicles with electric alternatives.</li> <li>• Establish a campaign with all system partners to implement the clean air framework methodology for measuring and planning to reduce the impacts of air pollution in their sites.</li> </ul> | ●●●         | NHS Kent and Medway ICB<br><br>NHS Provider Boards |

**Metrics**

- Included in Green Plan
- Reach net zero on our emissions by 2038-40.

| Goal   | Actions   | Timescale | Owner(s)                   |
|--|---|-----------|----------------------------|
| <b>Champion our values, continue to build partner leadership and commit to tackling the wider determinants of health</b>   | Repeat the Symposium event first held in October 2022 which brought together over 100 leaders from across the system as an opportunity to create space to continue to build a culture of collaboration and trust and to develop our interim Integrated Care Strategy. | ●         | NHS Kent and Medway ICB    |
|  | Continue to develop single specialty or clinical support service networks to ensure dedicated commitment to and transformation of services in line with the NHS Long Term Plan and relevant national or local strategies.   | ●         | NHS Kent and Medway ICB    |
| <b>Monitor quality</b><br><br><b>Metrics</b><br><ul style="list-style-type: none"> <li>Integrated Quality and Performance Report</li> <li>Get It Right First Time reports</li> </ul> | Deliver the National Quality Board's shared commitment to quality which focuses on ensuring care is: safe, effective, response and personalise, caring, well-led, sustainably resourced and equitable.  | ●         | NHS Kent and Medway ICB    |
|  | Share data and intelligence through the System Quality Group, following National Quality Board guidance on metrics. Also to develop quality monitoring using a standardised set of quality metrics.   | ●         |                            |
|  | Reduce variation across the system as defined by the Get It Right First Time Programme  | ●         |                            |
|  | Reduce the number of providers rated as Requires Improvement or Inadequate by the CQC   | ●         | NHS Kent and Medway ICB    |
|  | Establish cross system learning and quality improvement programmes focusing on key quality priorities set by the system   | ●         | NHS provider trust boards, |

| Goal   | Actions  | Timescale   | Owner(s)   |
|--|--|-------------|--|
| <b>Guide resource allocation, make the most of collective resources, pool resources where appropriate and remove obstacles to operational teams working together</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>Patients with LoS 21+ days who no longer meet the criteria to reside</li> <li>A reduction in super stranded patients (LoS 21+ days) of 2% of bed base</li> <li>Increase patient initiated follow up take-up to 5% of OPA activity</li> <li>Number of requests for pre referral specialist advice (including Advice &amp; Guidance models)</li> </ul> | Meet our statutory requirement to remain financially viable and commit to achieve financial sustainability and a break even position.  | ●●●         | NHS Kent and Medway ICB                              |
|  | Deliver our cost improvement plan. This includes actions around workforce, outpatient transformation, theatre utilisation, procurement, length of stay, corporate, Getting it Right First Time (GIRFT), and medicines optimisation. This work supports the financial performance and the efficiency and productivity of the system. Some of the CIP schemes are cross-cutting programmes of work and multi-year.                                       | ●<br><br>●● | Provider Trust Boards                                |
|  | Through the work of the System Productivity and Efficiency Team identify, evidence and implement programmes of work that contribute to financial and operational recovery across the system, for example focusing on areas such as estates, medicines optimisation and transportation.   | ●●●         | NHS Kent and Medway ICB                              |
|  | Continue to use value for money audits and benchmarking tools such as Model System Hospital, NHS England benchmarking (including corporate services), GIRFT, service line reporting and patient level information costing to review opportunities for focus, efficiencies and productivity improvements.   |             | NHS Kent and Medway ICB                              |
|  | Deliver key system capital transformation priorities referenced earlier in this plan to support the delivery of improved patient outcomes, including: <ul style="list-style-type: none"> <li>Stroke units to support the Hyper and Acute Stroke Service</li> <li>Electronic Health Records</li> <li>Invest in the eradication of mental health dormitories</li> <li>Edenbridge Memorial Health Centre</li> <li>Community Diagnostic Centres</li> </ul> | ●●●         | Provider Trust Boards<br><br>NHS Kent and Medway ICB |
|  |  |             |  |




| Goal   | Actions  | Timescale | Owner(s)  |
|--|--|-----------|---|
| <b>Guide resource allocation, make the most of collective resources, pool resources where appropriate and remove obstacles to operational teams working together</b> (continued)           | Produce a full business case for the Kent and Medway Elective Orthopaedic Centre   | ●         | NHS Kent and Medway ICB<br><br>Provider Trust Boards, |
|  | Implement the Procurement Transformation Operating Model, which includes establishment of system lead and oversight board, an agreed MOU for collaborative working, review of key data sets, ongoing use of tools to review variation in contracts, and confirmation of the future structure of procurement services.  | ●●        | NHS Kent and Medway ICB                               |
|  | Build on the informal and formal joint working arrangements to deliver more joined up care by establishing three provider collaboratives and agreeing priorities for 2023/24:  | ●         | NHS Kent and Medway ICB                               |
| <b>Metrics</b> (continued) <ul style="list-style-type: none"> <li>Financial stability : variance from break :even</li> <li>Financial efficiency : variance from efficiency plan</li> </ul> | <ul style="list-style-type: none"> <li>Mental Health, Learning Disabilities &amp; Autism - building on the current collaborative and it's work programme (this includes work on commissioning specialised services, quality improvement and sharing best practice)</li> <li>Acute Services - a new Collaborative focusing on diagnostics and pathology.</li> <li>Primary, Community and Social Care (predominantly dealing with out of hospital pathway of care) - a new collaborative.</li> </ul> |           |   |

| Goal   | Actions  | Timescale | Owner(s)  |
|--|--|-----------|---|
| <b>Guide resource allocation, make the most of collective resources, pool resources where appropriate and remove obstacles to operational teams working together</b> (continued) | In 2023/24 we will invest £22.8m with Medway Council and £125.7m with Kent County Council through the Better Care Fund. The services in the BCF are mainly focused on discharge support, admittance avoidance and carers support, such as community equipment, carers breaks and reablement services. These are areas where the ICB and social care are pushing for greater integration and have worked well together in the past. This greater integration will free up beds in our hospitals and supports us, as an integrated system, to provide the right care in the right location at the right time.  | ●         | NHS Kent and Medway ICB                               |
|  | Establish Kent and Medway system Estates strategy. The Estates and Infrastructure Strategy for the ICS will set out the ICS's shared estates and infrastructure commitments and will provide a roadmap to support integrated working between teams across partner organisations. The strategy will also include information about the ICS's Sustainability programme and how this will support the estates and infrastructure priorities (such as the public sector decarbonisation schemes (PSDS) and future intentions). It will also need to link closely with the ICS's Digital Strategy, identifying how estate may be better utilised and supported by improved digital utilisation. | ●         | NHS Kent and Medway ICB                               |
| <b>Build resilience and prepare for emergencies; Continuing to coordinate our Covid-19 response at ICS level, and being prepared for other emergencies</b>                       | Work closely with our partners cross the ICS to develop a system-wide Adaptation Strategy to address the effects of climate change that are already being observed and to respond to anticipated climate change impacts in the future. This may include improving our infrastructure to ensure it is stronger and safer, replanting trees, developing green spaces and supporting ecosystems, and working with partners to develop innovative solutions to prevent and manage natural catastrophes.  | ●         | NHS Kent and Medway ICB,<br><br>Provider Trust Boards |



## Kent and Medway

| Goal  | Actions  | Timescale   | Owner(s)   |
|---|--|---|--|
| <b>Work with our Places and Neighbourhoods to align priorities and develop implementation plans</b> | Support the principle of subsidiarity, delegating decisions from NHS Kent and Medway to Health and Care Partnerships to ensure services are co-designed, commissioned and delivered in partnership with local communities, as close to the service user as possible. Operating models and Memorandums of Understanding to be developed and agreed. |  | NHS Kent and Medway ICB<br><br>Provider Trust Boards |

## Chapter 9

# How we will engage our communities

**Integrated Care Strategy Enabler:** We will engage our communities on this Forward Plan and in co-designing services

We will actively engage our communities on the Interim Integrated Care Strategy and our Joint Forward Plan through:

- Involving people from all walks of life to have their voice heard;
- Utilising multiple channels to ensure accessibility, and;
- Refreshing our Strategy, Joint Forward Plan and developing supporting documents.

| Goal   | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Involve people from all walks of life and through multiple channels</b> | Continue to listen to the voice of those with lived experience of our services, including those unable to access what they perceive they need through a mixture of engagement tools and activities. Ensure accessibility is key to what we do.   | ●●●       | NHS Kent and Medway ICB |
|  | Further develop the Communications and Engagement Oversight Group to lead joint working across the Integrated Care System using the strategy and forward plan as the starting point in partnership working.  | ●         |                         |
| <b>Refresh the Interim Integrated Care Strategy and Joint Forward Plan</b> | Deliver the communications and engagement strategy for the Interim Integrated Care Strategy by attending in-person and virtual events across Kent and Medway to engage on the content of the Strategy and Joint Forward Plan. Arrange strategy and forward plan-specific events and roadshows to engage across all our communities. Use digital and print material developed for this purpose. Campaign to also include use of social media, stories in digital e-bulletins, stories in printed materials – with all partners across the system. Potential interviews and short videos. Provide feedback to the strategic oversight group to inform changes. | ●         |                         |
|  | Deliver online survey on 'Have Your Say' platform to support engagement listed above. Opportunities provided for paper-based response via dedicated print materials.   | ●         |                         |
|  | Support communication and engagement for large-scale change, projects and activities within the Strategy and Joint Forward Plan to ensure visibility of activities under way, achieved and completed.  | ●         |                         |
|  | Plan and deliver a second symposium event in October 2023 to hear from all stakeholders on the development of the strategy.  | ●         | NHS Kent and Medway ICB |



## Kent and Medway

### Have your say

We need everyone to help us do things differently; it's time to make positive, long-term change to the way we plan and deliver services so that we can make meaningful changes to the health and wellbeing of Kent residents.

We want to prevent ill-health wherever possible. This Forward Plan outlines some of the work we are planning – we want to know what you think and your ideas.

There are lots of ways for you to have your say to help us plan for the future.

Your views will be listened to and will help shape our plans and strategies for the future.

You can share your thoughts on our Interim Integrated Care Strategy and our Forward Plan or on wider issues relating to health and wellbeing by registering for our online platform:

[Have Your Say in Kent and Medway](#)

<https://www.haveyoursayinkentandmedway.co.uk/>

Here you will also find out more about some of the exciting projects underway and examples of how we are demonstrating our new future.

- Alternatively, you can write to us at:

[Kmicb.engage@nhs.net](mailto:Kmicb.engage@nhs.net) or

The Engagement Team

Kent and Medway ICS

Kent House

81 Station Road

Ashford

TN23 1PP

|                                    |   |
|------------------------------------|---|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)   |
| <b>Date of Meeting:</b>            | 19 April 2023   |
| <b>Agenda Number:</b>              | 9   |
| <b>Agenda Item Title:</b>          | 2023/24 Operating Plan (including budget and Cost Improvement Programme)  |
| <b>Presenting Officers:</b>        | Mairead McCormick, Chief Executive and Gordon Flack, Chief Finance Officer  |
| <b>Action – this paper is for:</b> | <input checked="" type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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

The purpose of the paper is to present the budgets for 2023/24 for ratification in public which were previously approved by the Trust Board on 31 March 2023.

**Summary of key points**

The Trust has set budgets, building on 2022/23 budgets, using the methodology described in the budget setting framework which was agreed by the FBI Committee. Budgets have been adjusted in-line with the block funding included in the system funding assumptions for 2023/24.

The budget shows a deficit plan of £2.26m with income of £284.4m and expenditure budgets of £286.6m. This deficit represents excess inflation over and above the funded levels and the Trust has a challenging cost improvement plan of £13.9m (5%) in order to deliver this position. The capital expenditure plan totals £13.1m of which £9.7m is allocated to Edenbridge health centre including a £2m contribution from the Trust allocation. The Trust is also holding the system capital contingency of £5.1m for later allocation for system priorities. The working capital position remains strong and the Trust remains a going concern having made surpluses in previous years.

A number of funding decisions remain outstanding at the ICB which have been excluded from the budgets and some of those decisions may improve the position. The pay award is expected to be fully funded but current guidance is to include within plans at the 2% funded level rather than the current offer of 5%. The system is also anticipating additional inflation funding from NHSE for excess inflation although this is not expected to cover the full extent of pressures identified. These items will likely require revisions to the budget in year.





## PLANNING APPROACH AND BUDGETS – 2023/24

### 1. Summary



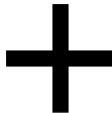
This paper presents the Board with the 2023/24 budgets for ratification in public. The budget shows a deficit plan of £2.26m with income of £284.4m and expenditure budgets of £286.6m. The deficit is due to increases in non-pay costs above the 5.5% inflation funding included in the 2023/24 tariff for non-pay costs; in particular for energy increases (£1.4m) and continence products (£0.6m). There may be national funding available for above inflation price rises but for energy and PFI costs only, the value is to be confirmed but headline figures indicate this could be around £0.2m.









Final funding decisions and allocations are still to be made by the ICB for virtual wards, early supported discharge stroke services and East Kent stroke inpatient beds.

The capital expenditure plan totals £13.1m of which £9.7m is allocated to Edenbridge health centre. The working capital position remains strong.

### 2. NHS England Planning guidance for 2023/24

The NHS priorities and operational planning guidance for 2023/24 was published on 23 December 2022 and encompasses the 2023/24 priorities and operational planning guidance. The guidance set out the following priorities:

| Priorities                                | Detail                                    | Comment  | Included in Plan/Budget   |
|---|---|--|---|
| Recovering core services and productivity | Recovering productivity                   | Budget productivity +2.0% on 19-20 levels  |  |
|   | Improving whole system flow               | Awaiting discharge scheme approvals  |  |
|   | Self-referral for many community services | To be developed but not constrained by the budget. Self-referral services are in place for some services in some localities including MSK, Podiatry and Health Improvement |  |

|   |   |   |   |
|---|---|---|---|
|   | Increase capacity in beds   | Awaiting ICB funding agreement to stroke beds   |    |
| Delivering the key NHS Long Term Plan ambitions | Improve services for people with a learning disability and autistic people                                  | Additional funding for reducing backlog   |    |
|   | Embedding measures to improve health and reduce inequalities  | The Trust has restructured to prioritise health inequalities work and HCPs have resources for schemes |    |
|   | Ensure that the workforce is put on a sustainable footing   | The Trust has low reliance on agency staff  |    |
|   | Level up digital infrastructure   | Digital capital monies secured of £1.2m   |    |
| Funding and planning assumptions                | Develop robust plans to deliver efficiency savings  | CIP plan  |  |
|   | Reduce agency spending across the NHS to 3.7%   | Agency plan of £3.5m or 1.6% of pay bill  |  |
|   | Reduce procurement and supply chain costs by realising the opportunities for specific products and services | CIP plan  |  |

### 3. Budget setting approach

The Trust has set budgets following the methodology set out in the budget setting framework which was approved by the Finance Business and Investment Committee in October 2022.

### 4. Draft budgets for 2023/24

Table 4.1 shows the summary income and expenditure budgets for 2022/23 and 2023/24

|                          | Closing Budget<br>2022/23 | Start Budget<br>2023/24 |
|--------------------------|---------------------------|-------------------------|
| Income                   | -279,202                  | -284,381                |
| Pay                      | 208,856                   | 213,984                 |
| Non Pay                  | 55,759                    | 58,555                  |
| Depreciation and Finance | 14,586                    | 14,103                  |
| <b>Grand Total</b>       | <b>0</b>                  | <b>2,260</b>            |

*Table 4.1: Summary Income and Expenditure Budgets*

Table 4.2 sets out the WTE and income and expenditure budgets for 2022/23 and 2023/24 by directorate:

| Directorate                            | Closing WTE<br>2022/23 | Start WTE<br>2022/23 | Closing Budget<br>2022/23 | Start Budget<br>2023/24 |
|--|------------------------|----------------------|---------------------------|-------------------------|
| Operations                             | 4,166                  | 4,148                | 186,280                   | 192,085                 |
| Adult Clinical Services                | 2,038                  | 2,008                | 93,072                    | 94,106                  |
| Dental and Planned Care                | 512                    | 497                  | 22,692                    | 25,216                  |
| Medicines Management                   | 56                     | 59                   | 3,172                     | 3,342                   |
| Operations Management                  | 10                     | 11                   | 967                       | 1,169                   |
| Specialist and Public Health Services  | 1,551                  | 1,574                | 66,377                    | 68,253                  |
| Clinical, Care and Quality Directorate | 66                     | 61                   | 3,983                     | 3,727                   |
| Corporate Services                     | 59                     | 62                   | 6,001                     | 5,972                   |
| Medical Director                       | 10                     | 9                    | 723                       | 655                     |
| IT                                     | 142                    | 146                  | 10,268                    | 10,717                  |
| Estates                                | 213                    | 209                  | 15,859                    | 18,480                  |
| Finance Directorate                    | 101                    | 101                  | 4,648                     | 4,433                   |
| People, OD & Communications            | 121                    | 113                  | 5,213                     | 3,705                   |
| Depreciation                           | 0                      | 0                    | 7,967                     | 8,333                   |
| Reserves                               | -119                   | -60                  | -4,391                    | 11,403                  |
| Central Income                         | 0                      | 0                    | -236,550                  | -257,250                |
| <b>Grand Total</b>                     | <b>4,760</b>           | <b>4,790</b>         | <b>0</b>                  | <b>2,260</b>            |

*Table 4.2: Income and Expenditure Budgets by Directorate*

The budgets for 2023/24 include the following changes from the 2022/23 budgets:

- Removal of £1.9 million from Adult Clinical Services for East Kent for Pathway 1 as funding has not been confirmed to continue to 2023/24.
- Removal of the non-recurrent funding for stroke beds (£0.9m) and reducing the Central Income ICB income target.
- Removal of non-recurrent funding for London community dental services (£0.6m) and reducing the Central Income ICB income target.
- Centralisation of all the Kent and Medway ICB income targets to Central Income from directorates where targets were either activity based or offsetting variable expenditure, reflecting the ongoing block payment arrangement. This includes transfers of £4.8m from Adult Clinical Services mainly relating to Folkestone and Deal UTCs as these were originally to be paid on a tariff basis, £3.9m from Dental and Planned Care which was largely AQP income for Physiotherapy Services and £3.7m from Estates which was market rent income.
- Within Central Income, income targets for Kent and London Community Dental Services have transferred from NHSE to ICBs reflecting the change in commissioner.
- Removal of non-recurrent funding for international recruitment (£1.0m) from People & OD back to Trust Reserves.

There were CIP adjustments of £2.0m that were not delivered recurrently in 2022/23. For Adult Clinical Services and Corporate Services CIPs of £1.9m and £0.1m respectively have been removed from the directorate positions permanently and achieved by reducing reserves. CIP of £0.1m for Specialist Services and £0.03m for CCQ has been added onto the 2023/24 CIP target.

The CIP target for 2023/24 is £13.9m. This includes the assumption of a vacancy factor of 2% or £3.6m and this plus £0.9m Public Health vacancy factor will be added together to the CIP to present consistently with other trusts such as KMPT in agreement with the ICB and take the CIP total to £13.9m or 5%.

Contracting changes and service developments incorporated into budgets are:

- £0.7m for the Neurodiversity Service, which is a non-recurrent return of the 2022/23 underspend to contribute to waiting lists.
- £1.5m additional non-recurrent funding from Kent and Medway ICB which has been transferred to reserves for cost pressures.
- £3.7m of KCC service development funding of which £3.5m is non-recurrent, mainly to support the transition of Health Visiting to a new service delivery model. The funding has not yet been agreed, however there are KCC reserves available to fund this from underspends accumulated from previous financial years. Income targets and expenditure budgets are both held within Public Health services.
- £0.1m reduction in funding following the end of the Marie Curie night nursing service from Adult Clinical Services.
- £0.1m removal of the balance of the Buurtzorg project from People & OD.

The following services developments have not been incorporated into budgets but are in negotiation with Kent and Medway ICB:

- £1.5m – Virtual wards East Kent
- £0.6m – Virtual ward West Kent
- £1.7m-£1.9m – Additional funding for East Kent pathway 1
- £1.0m – East Kent stroke beds
- £0.8m – Stroke Early Support Discharge funding (expenditure is incorporated into budgets following the decision to recruit to posts substantively at risk).

There is growth funding of £1.2m which is made up of 0.6% Covid funding on ICB contracts (£1.1m) and NHSE contracts which also include some additional growth (£0.1m).

## Productivity Analysis

Planned productivity for 2023/24 is showing as 2.0% above the 2019/20 baseline. This is a result of cost weighted activity growth of 3.46% compared to the inflation adjusted cost growth of 1.43% funded levels of inflation have been used to calculate the productivity, actual inflation is likely to be higher which will increase the productivity performance percentage.

The activity within the productivity calculation is as included within the Patient Level costing (PLICS) submission. This activity is then weighted using 2019/20 reference costs to mitigate the impacts of changes in low cost, high quantity services. The planned expenditure for 2023/24 is then compared to the 2019/20 levels, which have been adjusted to account for the inflation seen between the two periods. The combination of the weighted activity growth

and the inflation adjusted expenditure growth produce the productivity metric, this process being in line with the work NHS England have been conducting within the Acute sector

Further work is currently being undertaken to improve on this analysis, and to provide it at a more granular level. The graph below shows the actual productivity performance up to M10 2022/23 compared to the 2019/20 baseline, an estimate for February and March and the planned productivity metric for 2023/24. The red line shows the trusts 2019/20 baseline productivity which subsequent years are being compared against.

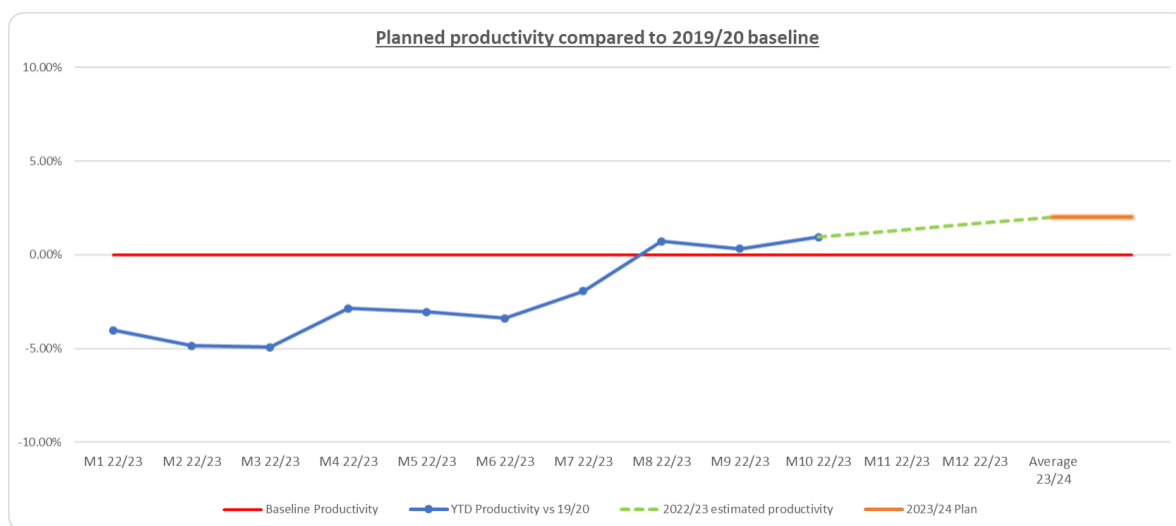


Chart 4.3: Productivity changes 2022/23 to 2023/24 against the 2019/20 baseline

This shows that following the reduction in productivity in 2020/21 due to Covid-19, there has been a gradual improvement throughout 2022/23 with the trust achieving the 2019/20 levels in month 8. This level has been maintained and is planned to increase to an average of 2% above baseline levels during 2023/24.

## 5. Draft Capital Plan

The Trust's draft operational capital allocation for 2023/24 was advised in December 2022 by Kent & Medway ICB following an agreed methodology to be applied for Kent & Medway system partners, with the final 2023/24 capital allocation set-out in table 5.1 below:

| 2023/24 Capital Allocation              | £000s         |
|---|---------------|
| Provider Operational Capital Allocation | 3,953         |
| <b>Add System Allocation:</b>           |               |
| KMCR System                             | 250           |
| Edenbridge                              | 7,723         |
| <b>Total Capital Allocation</b>         | <b>11,926</b> |

Table 5.1: Operational Capital Allocation

The Trust has also been requested to hold £5,141k ring-fenced monies on behalf of the K&M system, which represents the expected remaining revenue capital allocation to be issued to the K&M system on confirmation of the final 2022/23 revenue position. This expected additional funding will then be reallocated in line with agreed K&M system capital priorities during 2023-24.

The Trust has also received confirmation of £1.2m external funding allocation for 2023/24 as follows:

| 2023/24 External Funding Commitments | £000s        |
|--------------------------------------|--------------|
| Frontline Digitisation – EPR         | 1,200        |
| <b>Total</b>                         | <b>1,200</b> |

Table 5.2: External Funding Allocation

The Trust's capital plan for 2023/24 has been drafted following engagement with Estates, IT and Operational leads. The plan has been prepared following a review of capital spend requirements with each scheme scored against a prioritisation matrix and the total programme tested in terms of affordability against the funding allocations outlined above. The plan has undertaken review and approval from the Capital Steering Group and been approved by the IMM and executive.

The 2023/24 capital plan is summarised in table 5.3 below:

| 2023/24 Capital Plan - Summary |   |                              |
|--------------------------------|---|------------------------------|
| Plan Area                      | Priority Focus  | 2023/24 Full Year Plan £000s |
| Estates                        | Backlog Maintenance incl. Health, Safety & Security Compliance Measures | 744                          |
| Estates                        | Capitalisable Responsive Maintenance incl. Leasehold Improvements       | 443                          |
| Estates                        | Estates Developments  | 17                           |
| Estates                        | Energy Efficiency   | 0                            |
|                                | <b>Estates - Total</b>  | <b>1,204</b>                 |
| IT                             | K&M Digital Priority Scheme - Kent & Medway Care Record                 | 250                          |
| IT                             | IT Developments - Innovation and Strategy                               | 297                          |
| IT                             | IT Developments - Clinical Systems                                      | 942                          |
| IT                             | IT Developments - EPMA System   | 528                          |
| IT                             | IT Infrastructure and Networks  | 70                           |
| IT                             | IT Rolling Replacement - Hardware                                       | 35                           |
| IT                             | IT Rolling Replacement - Software                                       | 0                            |
| IT                             | Cyber Security  | 0                            |
|                                | <b>IT - Total</b>   | <b>2,122</b>                 |
| Other                          | Other Minor Schemes & Equipment Purchases (IMM)                         | 77                           |
| Other                          | Edenbridge Health and Wellbeing Centre (RoU Asset)                      | 9,723                        |
| Other                          | K&M Capital - Ring-fenced for K&M System Priorities                     | 5,141                        |
|                                | <b>Other - Total</b>  | <b>14,941</b>                |
|                                | <b>Total 2023/24 Capital Expenditure</b>                                | <b>18,267</b>                |

| Affordability Check                                 | £000s         |
|---|---------------|
| Provider Operational Capital Allocation             | 3,953         |
| <b>Add External Funding:</b>                        |               |
| Frontline Digitisation - EPR                        | 1,200         |
| <b>Add System Allocation:</b>                       |               |
| KMCR System   | 250           |
| Edenbridge  | 7,723         |
| K&M Capital - Ring-fenced for K&M System Priorities | 5,141         |
| <b>Total Funding</b>                                | <b>18,267</b> |

Table 5.3: Capital Plan 2023-24

## 6. Cashflow

The cash position for 2023/24 is expected to remain strong, with a planned closing cash balance as at 31 March 2024 of £35.0m.

| Statement of Cash Flows   | 2023/24<br>Plan<br>31/03/2024<br>Year Ending<br>£'000 |
|---|---|
| <b>Cash flows from operating activities</b>                       |   |
| Operating surplus/(deficit)                                       | -1,750  |
| <b>Non-cash income and expense:</b>                               |   |
| Depreciation and amortisation                                     | 13,593  |
| (Increase)/decrease in receivables                                | 951   |
| Increase/(decrease) in trade and other payables                   | -511  |
| Increase/(decrease) in other liabilities                          | -1,415  |
| Increase/(decrease) in provisions                                 | -160  |
| <b>Net cash generated from/(used in) operations</b>               | <b>10,708</b>   |
| <b>Cash flows from investing activities</b>                       |   |
| Interest received   | 1,382   |
| Purchase of intangible assets                                     | -1,298  |
| Purchase of property, plant and equipment and investment property | -4,306  |
| <b>Net cash generated from/(used in) investing activities</b>     | <b>-4,222</b>   |
| <b>Cash flows from financing activities</b>                       |   |
| Public dividend capital received                                  | 1,200   |
| Capital element of lease payments                                 | -5,238  |
| Interest element of lease payments                                | -426  |
| Interest paid   | 0   |
| PDC dividend (paid)/refunded                                      | -1,465  |
| <b>Cash flows from (used in) other financing activities</b>       | <b>-5,929</b>   |
| <b>Increase/(decrease) in cash and cash equivalents</b>           | <b>557</b>  |
|   |   |
| <b>Cash and cash equivalents at start of period</b>               | <b>34,470</b>   |
| <b>Cash and cash equivalents at end of period</b>                 | <b>35,027</b>   |

Table 6.1: Cash Flow Statement

## Working Capital

The Trust's planned monthly cash position reflects a cash level sufficient for liquidity purposes and indicates no requirement to request financial assistance from the Department of Health and Social Care.

## 7. Recommendation

The Trust Board is recommended to ratify the budget plan of £2.26m deficit.

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 10   |
| <b>Agenda Item Title:</b>          | Board Assurance Framework  |
| <b>Presenting Officer:</b>         | Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer  |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><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

The BAF (Appendix 1) was last reviewed by the Executive Team at its meeting on 4 April 2023 and will be considered by the Audit and Risk Committee at its next meeting. All updates are shown in blue font for ease of reference.

Changes since previous report:

- BAF Risk 123 (KCC funded social care risk) – the description has been updated and two actions added. The risk score has remained unchanged.
- The following two new risks have been added on the BAF in March 2023 following the request of the Quality Committee:  
 BAF Risk 127 Special Educational Needs and Disability (SEND) with risk rating 15  
 BAF Risk 128 Adult Neurodevelopmental (autism and ADHD) service with risk rating 20
- BAF Risk 126 (winter pressures & system surge risk) was agreed as tolerated and removed
- BAF Risk 122 (equity & inclusion) – the actions have been updated. The risk score has remained unchanged.

The BAF will be refreshed following the approval of the strategic objectives 2023/24



|  |
|--|
|  |
|--|

**Proposal and/or recommendation to the Board**

The Board is asked to review and approve the updated Board Assurance Framework (Appendix 1)

**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:             | Georgia Denegri | Job title: | Interim trust secretary |
| Telephone number: |                 | Email      | georgia.denegri@nhs.net |

Last updated 4 April 2023



Kent Community Health  
NHS Foundation Trust

## Appendix 1 Board Assurance Framework 2022/23

### Definitions:

**Initial Rating:** The risk rating at the time of identification

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

**Confidence Assessment:** This represents the confidence level of the risk being mitigated by the target completion date. High confidence/medium confidence/low confidence

**Risk Appetite score:** This reflects the appetite towards the risk in line with the trust's position: 1 Minimal/2 Cautious/3 Open/4 Seek/5 Pro-active

**Target Rating:** The risk can be removed from the BAF (and if appropriate onto the directorate risk register) once this score is achieved.

**Target Date:** Month end by which all actions should be completed

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

**Action status key:**  
Actions completed G  
On track but not yet delivered A

| Strategic Goal  | ID  | Opened        | Executive Risk Owner | Assessing Committee | Risk Description (Simple Explanation of the Risk)  | C | L | Rating | Controls Description   | Top Five Assurances  | C | L | Rating | Planned Actions and Milestones  | Confidence Assessment | Appetite       | C | L | Target |
|-----------------|-----|---------------|----------------------|---------------------|--|---|---|--------|--|--|---|---|--------|---|-----------------------|----------------|---|---|--------|
| Integrated Care | 126 | May 2022      | Pauline Butterworth  | Board               | <b>KCC Funded Social Care Risk</b><br><br>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<br><br>Then system flow will continue being impacted<br><br>Resulting in greater delays in hospitals discharges, further increase in NFR numbers and reduction in capacity to support the virtual ward and other community based admission avoidance work.  | 4 | 5 | 20     | Daily sitrep reporting and system level approach to mutual aid<br>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.<br>This risk is now being managed via the Better Care Fund Committee for east and west Kent jointly chaired by KCC and KCHFT; there are new actions in place to try to increase the use of non framework providers and to speed up the process for assessing and passing packages to both framework and non framework domiciliary care providers. | Internal daily sitrep.<br>System sitrep calls and support from OCC.<br>Shredw reporting.   | 4 | 5 | 20     | <div> <div>Actions to reduce risk</div> <div>Open 30 pathway 1 enablement beds to support winter surge</div> <div>Use the funding allocated via the ASDF to pilot use of additional care agencies including for live in care</div> <div>To agree a joint process between KCC and KCHFT for referrals, assessment and purchasing of a POC for patients referred from ART that reduces the current delays on assessment and purchasing. Signed off by the BCF committee</div> <div>To agree a process for rapidly completing due diligence and using capacity offered in non framework providers signed off by the BCF</div> </div>   | Low                   | 3 - Open       | 3 | 3 | 9      |
|                 | 127 | March 2023    | Pauline Butterworth  | Quality committee   | <b>SEND Risk</b><br>System re-inspection (ICB and KCC) identified significant areas of weakness and the written statement of commissioner action in 2019 has not made sufficient progress.<br><br>If the system does not address the areas of weakness identified by the system inspection<br><br>Then KCHFT will continue to see:<br>1. An increased demand for Education health and care plans above the national average requiring additional Community Paed and Therapy capacity.<br>2. Increased demand for Autistic Spectrum Disorder (ASD) assessments and support outstripping current commissioned capacity<br>3. Increased demand for ADHD assessment, support and medication that outstrip capacity and resources including increased demand for shared care arrangements with GPs<br>4. Continuation of fragmented commissioned pathways for SLT and communication<br><br>Resulting in:<br>Longer waiting lists especially for ASD (current 3.3 years)<br>Variation in provision and access across Kent and Medway for families<br>Increased number of PALs enquires, complaints and MP enquires that are not able to be adequately resolved | 3 | 5 | 15     | There is an understanding both nationally and across the Kent and Medway System of the challenges with SEND and the ASD diagnostic pathway;<br><br>The ICB have set up a strategic group without providers to manage the accelerated action plan required by the Department for Education. The intention is to set up Health SEND review meetings with providers and an action group once the accelerated action plan is written by the ICB.<br><br>KCHFT have developed an internal task and finish group with associated action plan recognising that there is no system action plan.                                      | Internal monitoring through Executive<br>Performance reviews<br>Waiting list sitrep and review<br>Review of action plan<br>Signposting families to support resource such as Therapy POD (website)<br>Established harm review process for any child waiting greater than 52 weeks | 3 | 5 | 15     | <div> <div>Actions to reduce risk</div> <div>1. ICB are developing a case for change to commission an ASD pathway to support parents and children and reduce the need for a diagnosis.</div> <div>2. Services working to improve compliance with the statutory time frame for EHCP health input. Early years support to be commissioned by the system.</div> <div>3. ADHD shared care medication agreement needs an urgent review to ensure equity of provision across Kent and Medway. This needs to be managed by the Pharmacy team in the ICB.</div> <div>4. Review effectiveness of capacity increasing actions including rapid assessment clinics, use 3rd party provider, DR recruitment, review DNA rates</div> </div> | Low                   | 3 - Open       | 3 | 3 | 9      |
|                 | 128 | March 2023    | Pauline Butterworth  | Quality committee   | <b>Adult ND Risk</b><br>KCHFT has been commissioned as the lead provider for the new Kent and Medway Adult neurodevelopmental (autism and ADHD) service that commenced on 1 April 2022.<br><br>If the current commissioner capacity remains at the contract levels of 2,072 patients per annum, the demand that is significantly higher than commissioned capacity.<br><br>Then there will be a 485% over demand against the contract level. ADHD demand would be 742% above the contractual level.<br><br>Resulting in<br>significant unmet need<br>long waits of circa 4 years<br>increased complaints and media/MP enquires   | 4 | 5 | 20     | Executive agreed to write to ICB to close service to referrals from 1st April 2023.<br><br>Work with ICB on managing the pathway and to triage existing backlog for prioritisation or discharge  | Internal monitoring through Executive<br>Performance reviews<br>Weekly monitoring wait list numbers at service level<br>LDA ICB led Strategy group being established to manage at system level for pathway changes   | 4 | 5 | 20     | <div> <div>Actions to reduce risk</div> <div>1. ICB Commissioners<br/>System wide strategy group<br/>Review clinical pathway and alternative support strategies<br/>Review GP impact</div> <div>2. KCHFT<br/>Review Provider capacity<br/>SPA process - triage and harm reviews<br/>Referral and assessment process review including documentation</div> <div>3. Financial control:<br/>Close monitoring of forecast and spend using additional funding to support triage list<br/>Review pathway funding allocation</div> <div>4. Communications<br/>Websites updated<br/>Letters to stakeholders, GPs, Patients</div> </div>  | Low                   | 3 - Open       | 3 | 3 | 9      |
|                 | 115 | February 2021 | Johnson - Collins    | res Committee       | <b>Operational Pressures &amp; Staff Shortages Risk</b><br><br>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.  | 5 | 4 | 20     | Active and bespoke recruitment campaigns for key professions i.e. nursing, facilities<br>Weekly staff rota review and escalation paths<br>Patient Safety & Clinical Risk Group<br>IMM meeting - redeployed staff<br>Bank system in place. Wellbeing initiatives for staff  | Daily Sit rep<br>IMM report to executive<br>Management of vacancy and turnover rates<br>Oversight of recruitment of workforce metrics by strategic workforce committee & board   | 5 | 3 | 15     | <div> <div>Actions to reduce risk</div> <div>G1 review of skill mix to ensure full use of MDT i.e. therapists, and over establishment of assistant grades to support registered professionals.</div> </div>   | Low                   | 6 - Pro-active | 2 | 3 | 6      |

Page 1 of 5

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

**Confidence Assessment:** This represents the confidence level of the risk being mitigated by the target completion date. High confidence/medium confidence/low confidence

**Risk Appetite score:** This reflects the appetite towards the risk in line with the trust's position: 1 Minimal/2 Cautious/3 Open/4 Seek/5 Pro-active

**Target Rating:** The risk can be removed from the BAF (and if appropriate onto the directorate risk register) once this score is achieved.

**Target Date:** Month end by which all actions should be completed

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

| Strategic Goal     | ID | Opened | Executive Risk Owner      | Assessing Committee | Risk Description<br>(Simple Explanation of the Risk)   | C | L | Rating | Controls Description  | Top Five Assurances  | C | L | Rating | Planned Actions and Milestones  |                           |         |   | Confidence Assessment | Appetite | C | L | Target |
|--------------------|----|--------|---------------------------|---------------------|--|---|---|--------|---|--|---|---|--------|---|---------------------------|---------|---|-----------------------|----------|---|---|--------|
|                    |    |        |                           |                     |  |   |   |        |   |  |   |   |        |   |                           |         |   |                       |          |   |   |        |
| Prevent Ill Health |    |        | Victoria Robinson-Collins | Strategic Workforce | <b>Then</b> 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.<br><br><b>Resulting in</b> the ongoing pressure described impacting on staff stress levels, fatigue and morale to an extent that the delivery of services to patients is compromised. |   |   |        | Bank system in place<br>Wellbeing initiatives for staff<br>Reimagine Team Working and Flex for the Future Projects<br>Wellbeing conversations and inclusion of wellbeing and career conversation in appraisal process<br>Retention steering group<br>KCHFT academy and recruitment to further cohorts with assessment to consider expansion. Regular review of skill mix to ensure full use of MDT i.e. therapists, and over establishment of assistant grades to support registered professionals. | Monthly quality report<br>Twice weekly safer staffing review |   |   |        | Q1 Recruitment of staff during via range of supply streams including international, national and local recruitment. Utilising pipelines including Step into Health, Return to Practice  | Victoria Robinson-Collins | June 23 | A |                       |          |   |   |        |
|                    |    |        |                           |                     |  |   |   |        |   |  |   |   |        | Q1 advertising additional staff support and wellbeing mechanisms utilising regional initiatives and funding streams to maximise benefits  | Victoria Robinson-Collins | June 23 | A |                       |          |   |   |        |
|                    |    |        |                           |                     |  |   |   |        |   |  |   |   |        | Q1 review of staff turnover, vacancy rates and stability metrics with interventions/ recovery plans tracked through EPR and IPR processes   | Victoria Robinson-Collins | June 23 | A |                       |          |   |   |        |
|                    |    |        |                           |                     |  |   |   |        |   |  |   |   |        | Q1 task and finish activity of promotion and utilisation of flexible working options, opportunities for reasonable adjustments and access to career conversations to enable staff to work for longer whilst balancing carer, health and family commitments whilst increasing engagement | Victoria Robinson-Collins | June 23 | A |                       |          |   |   |        |

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

**Confidence Assessment:** This represents the confidence level of the risk being mitigated by the target completion date. High confidence/medium confidence/low confidence

**Risk Appetite score:** This reflects the appetite towards the risk in line with the trust's position: 1 Minimal/2 Cautious/3 Open/4 Seek/5 Pro-active

**Target Rating:** The risk can be removed from the BAF (and if appropriate onto the directorate risk register) once this score is achieved.

**Target Date:** Month end by which all actions should be completed

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

| Strategic Goal   | ID  | Opened      | Risk Owner   | Risk Description<br>(Simple Explanation of the Risk)  | C | L | Rating | Controls Description   | Top Five Assurances  | C | L | Rating | Planned Actions and Milestones  |                           |                                |                             | Confidence Assessment | Appetite | C | L | Target |
|--|-----|-------------|--|---|---|---|--------|--|--|---|---|--------|---|---------------------------|--------------------------------|-----------------------------|-----------------------|----------|---|---|--------|
| Deliver High Quality Care at Home and in the Community | 122 | May 2022    | Victoria Robinson - Collins<br>Strategic Workforce Committee | <b>Equity &amp; Inclusion Risk</b><br><br>If the Trust does not achieve the level of equity and inclusion aspired to in our strategy.<br><br>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.<br><br><b>Resulting in</b> undermining our aim to be the best employer.  | 5 | 3 | 15     | Use of data.<br>Increased drive on equality monitoring.<br>Workforce equality steering group.<br>Veteran programme group.  | Data from ESR and Power BI.<br>EDI strategy with oversight from execs and assurance via Strategic workforce committee and Board.   | 4 | 3 | 12H    | <b>Actions to reduce risk</b>   | <b>Owner</b>              | <b>Target Completion (end)</b> | <b>Status</b>               | Medium                | 3 - Open | 2 | 3 | 6      |
|  |     |             |  |   |   |   |        |  |  |   |   |        | Development of leadership framework and supporting development aligned to EDI charter and pledges. <i>This was delayed but should be complete by Q2 23/24</i> | Victoria Robinson-Collins | September 23                   | A                           |                       |          |   |   |        |
|  |     |             |  |   |   |   |        |  |  |   |   |        | Development of EDI dashboard for inclusion in IPR   | Victoria Robinson-Collins | June 23                        | A                           |                       |          |   |   |        |
|  |     |             |  |   |   |   |        |  |  |   |   |        | Completion of EDI action plan refresh   | Victoria Robinson-Collins | September 23                   | A                           |                       |          |   |   |        |
|  |     |             |  |   |   |   |        |  |  |   |   |        | Continued Q1 support for staff networks   | Victoria Robinson-Collins | June 23                        | A                           |                       |          |   |   |        |
| Deliver High Quality Care at Home and in the Community | 124 | August 2022 | Victoria Robinson - Collins<br>Strategic Workforce Committee | <b>Strike Action Risk</b><br><br>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.<br><br>Then the level of disruption created will detrimentally impact on capacity and capability to deliver services.<br><br><b>Resulting in</b> the potential of inadequate care for patients and reduce staff engagement and morale. | 5 | 3 | 15     | Monthly Staff Partnership Forum with local TU reps. Attendance at regional Staff Partnership Forum with regional TU reps.<br>Regular review of staffing levels in line with Safer Staffing and Roster good practice recommendations.<br>Regular communication and engagement with colleagues either face to face via service visits or using Flo to offer wellbeing support and ensure visibility.<br>Weekly staff rota review and escalation paths<br>Patient Safety & Clinical Risk Group<br>IMM meetings and daily StRep<br>Bank system in place<br>Wellbeing initiatives for staff<br>Wellbeing conversations<br>Regular review of skill mix to ensure full use of MDT<br>Shared comms/ FAQ's with colleagues<br>Published strike protocol on Flo and support for managers | Twice weekly strike tactical response group made up of core IMM members.<br>Regular regional professional lead, HR and operational meetings taking place both at exec and deputy director level to prepare the K&M response.<br>Daily St rep<br>IMM report to executive<br>Twice weekly safer staffing review Weekly staff rota review and escalation paths<br>Regular review of skill mix to ensure full use of MDT | 4 | 3 | 12H    | <b>Actions to reduce risk</b>   | <b>Owner</b>              | <b>Target Completion (end)</b> | <b>Status</b>               | Medium                | 3 - Open | 4 | 3 | 12     |
|  |     |             |  |   |   |   |        |  |  |   |   |        | Safer staffing reviews for community hospitals and hot spot areas weekly  | Mercia Spare              | March 23                       | complete for Q4 and         |                       |          |   |   |        |
|  |     |             |  |   |   |   |        |  |  |   |   |        | Local oversight of the delivery of quality matrix and escalation via PSCRG as indicated   | Mercia Spare              | March 23                       | complete for Q4 and ongoing |                       |          |   |   |        |

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 11   |
| <b>Agenda Item Title:</b>          | Quality Committee Chair's Assurance Report   |
| <b>Presenting Officer:</b>         | Pippa Barber, Chair of Quality Committee   |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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

The reports summarise the Quality Committee meetings held on 19 January, 16 February and 16 March 2023.

**Summary of key points**
**Proposal and/or recommendation to the Board**

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

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

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

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

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

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

☐ Yes (please attach)

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

**Highlights relating to protected characteristics in paper**

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

|                   |              |            |                        |
|-------------------|--------------|------------|------------------------|
| Name:             | Pippa Barber | Job title: | Non-Executive Director |
| Telephone number: |              | Email      | Pippa.barber1@nhs.net  |

## QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee meeting held on 23 January and Extraordinary Quality Committee held on 16 February 2023.

| Agenda item   | Assurance and key points to note  | Further actions and follow up                   |
|---|---|---|
| Non-executive director feedback on the clinical effectiveness group | Ms Taylor observed the Clinical Effectiveness Group meeting on 12 December. The group is meeting its terms of reference and providing a good level of discussion and assurance.   | Schematic diagram of sub groups to be provided. |
| Infection prevention and control board assurance framework          | The Committee received the latest iteration of the framework. There have been a number of changes to it since last received and the Trust remains compliant with its regulatory requirements. It is noted that the Trust's response in extremis has been added to the actions and the chief nursing officer confirms that there have been no trends in increases of transmission. |   |
| Monthly quality report  | The Trust remains on track with the delivery of its Quality Strategy.<br>There has been an increase in avoidable medication incidents from the previous period. The patient safety team and medication safety officer are promoting the use of PREPARE as part of the patient safety day. All medicines related incidents are reviewed by the                                     |   |

| Agenda item | Assurance and key points to note  | Further actions and follow up  |
|-------------|---|--|
|             | <p>pharmacist and local learning is shared with teams. Medicines incident themes and trends are discussed at the SafeMeds subgroup meeting. Learning is then shared with the teams.</p> <p>Due to the size of the organisation and the amount of patients on the Trust caseload, the British Heart Foundation has recommended that the Trust appoints a resuscitation officer. The role will provide clinical leadership and promote safe and effective practice in relation to cardiopulmonary resuscitation procedures and establish learning and development programmes to support this.</p> <p>Compliance remains below target across all risk levels of medical devices, however work is underway to improve this position. There has been a change in how the compliance data is calculated which has produced this negative effect but more accurate compliance data can now be extracted. Team leads are undertaking further validation work which will lead to assets being retired that have been confirmed as no longer in service.</p> <p>The Trust continues to offer staff flu and Covid vaccinations through its peer vaccination offering. With</p> | <p>The executive is taking forward the appointment of this role.</p> |



| Agenda item | Assurance and key points to note   | Further actions and follow up  |
|-------------|--|--|
|             | <p>the peak of the programme having passed, the numbers coming forward for vaccination are dropping off. The Trust had benchmarked above the national average but the aspiration remains that all staff who are clinically able take up the offer of vaccination.</p> <p>Between April and December 2022, there has been a significant increase in complaints in relation to community paediatrics. The majority of these relate to waiting times. This is due to a reduction in face to face appointments during the pandemic. Referral rates have also increased. All new referrals into the service are seen by longest wait unless clinically prioritised. There has been active recruitment and new models of working have been introduced. The wait for ADHD diagnosis once seen by the service is currently well managed. The service is investing in support to assist families while they wait and patient facing website is being upgraded.</p> <p>An update on the latest We Care visits was provided. These covered urgent treatment centres (UTCs) and minor injuries units (MIUs). Generally good outcomes with Required Improvements (RI) for two safe domains. Sheppey scores were discussed. RI overall and the Committee was advised on the actions being taken.</p> | <p>The Committee will continue to monitor complaints and will monitor to see if actions being taken in community paediatrics will help to reduce the increase in complaints received.</p> <p>Further discussion will be undertaken by the executive on the Trust's UTC strategy and will include both the Trust's quality and workforce plans for these units which we provide as part of wider system partners.</p> |

| Agenda item   | Assurance and key points to note  | Further actions and follow up   |
|---|---|---|
| Operational deep dive<br>– dietetics                            | <p>The Dietetic Service has seen a significant increase in the number of referrals per month. This coupled with some staffing shortages had led to an increase in average waiting times. In response, the service continues to have targeted prioritisation of waiting lists with all urgent patients triaged and seen within four weeks. Weekly allocation meetings are in place to prevent patients waiting more than 30 weeks. All nutrition support patients are provided with dietetic resources on receipt of referral and whilst they are on the waiting list. From January 2023 all staff vacancies will have been recruited to. We will need to see the impact on wait numbers in the integrated performance report.</p> |   |
| Patient safety and clinical risk group chair's assurance report | <p>The report presented services' top risks noting if the risk was new, static, escalating or reduced. As previously agreed, only risks with a rating of 8 or above are included.</p> <p>Long-term services have been escalating workforce risks around skills and competencies, but the risk is reducing now that new staff from the international cohort are in post.</p> <p>The minor injuries units and urgent treatment centres continue to escalate a risk around the lack of emergency</p>   | <p>The length of time the risk had been a concern will be included in future reports.</p> <p>Thought is being considered by the executive on how quality risks at health care partnerships are being considered, where appropriate, in the Trust's process.</p> |

| Agenda item   | Assurance and key points to note  | Further actions and follow up  |
|---|---|--|
|   | nurse practitioners (ENPs). The Trust does train its own but needs to consider how to scale this up.  |  |
| Clinical effectiveness group chair's assurance report | <p>Good progress reported on Wound Matrix 5. It is now in use on smartphones and tablets and teams are being supported in learning how to use it. Challenges with connectivity and iPads are being considered.</p> <p>The CQUINs for 2023/24 have been published. They remain the same, although the targets have increased. The teams are considering these now.</p> <p>An update on the QI internal collaborative programme involving IMSK Physiotherapy and Adult Community Nursing teams was presented. Information was also provided on the second workshop and the parallel coaching stream for the QI buddies working closely with the clinical teams. The programme continues to progress well.</p> | The Committee will receive an overview at its May meeting on the bigger issues and risks around Rio of which Wound Matrix 5 was one element. |
| Patient and carer council chair's assurance report    | Engagement with patients and families/carers who are on virtual wards has been undertaken through co-design work and an evaluation survey of their experiences. The people's network continues to be active, focussing on the impact of patient and carer involvement on Trust governance and highlighting the valuable role of participation partners in governance groups.  | The Committee will receive a report on the PLACE inspections once the Trust receives its results from the national report.                   |

| Agenda item                                | Assurance and key points to note  | Further actions and follow up   |
|--|---|---|
|  | Twenty participation partners, public governors and volunteers have been involved in the patient-led assessments of the care environment (PLACE) assessments at the Trust's community hospitals in quarter two and three.   |   |
| Population health group terms of reference | The formation of a Population Health group to replace the current Health Inequalities Programme Board has been proposed. The Committee reviewed the group's terms of reference and agreed them in principle, subject to further development. Areas that needed further refinement were around how the group would engage with communities and patient groups, the group's objectives and its workplan. The Patient and Carer Council will not continue in its current form. | The Committee supported the formation of the group in principle but asked for further clarification in the terms of reference. The group's workplan will be shared at the next Committee meeting. Assurance is needed on how the excellent work of the Patient and Carer Council will be continued. |
| Quality priorities quarter three report    | An update was provided on the 12 quality priorities that the Trust has previously agreed. Three may not be achieved this year, although there has been significant input to improve quality for patients. The final year end position will be reflected in the final account. One of the priorities, the tongue tie project has had considerable increase in demand. Further health visiting training is being considered.  | The Committee will receive the full year output on the Quality Account at its meeting in May.   |

| Agenda item                               | Assurance and key points to note  | Further actions and follow up  |
|---|---|--|
| Falls report                              | <p>Assurance received. The Trust continues to participate in the national audit for inpatient falls (NAIF) and is implementing its recommendations through the multi-factorial falls risk assessment (MFRA).</p> <p>The falls prevention assurance group (FPAG) meets quarterly and has oversight of falls incidents, training and the falls prevention standard operating procedure.</p> <p>Monthly falls data is discussed at the regular Matrons meetings. Falls champions regularly meet. A full suite of activities is undertaken to highlight falls awareness week.</p> <p>The FPAG has ongoing actions to implement the NAIF recommendations. The Bed Rail Policy review is underway. There is a QI project focussing on the MFRA recording of lying/standing blood pressure. A proposal has been submitted for the purchase of Mangar Rhino lifting cushions for all community hospitals.</p> | A falls slide is included regularly in the quality report to the Committee. Future reporting will cover the elements of the audit and how the Trust is performing against the recommendations. |
| Learning from deaths report quarter three | <p>Assurance received on quarter three data. Of the deaths reviewed, there were no deaths considered more likely than not due to problems in care. There was evidence of good practice in all three phases of care – admission and initial assessment, ongoing, and related to end of life care. A number of themes of areas for improvement were identified in quarter three with specific learning. These included elements of assessment and investigation of</p>  |  |

| Agenda item  | Assurance and key points to note   | Further actions and follow up   |
|--|--|---|
|  | diagnosis; medication including the administration of oxygen; and areas within the treatment and management plan. For the community hospitals, learning from quarter two around improving the verification of death process and training for all appropriate hospital staff has shown an improvement. This issue was not identified in the reviews conducted in quarter three. The Learning Disability (LD) mortality reviews did not identify any specific learning for the Trust this quarter. |   |
| Extraordinary Quality Committee meeting – Quality Impact Assessments of the 2023/24 Cost Improvement Programme schemes | The Committee had considered approved schemes to a total value of £1,330k. No non-executive deep dives had been identified.  | The executive was giving further thought to the remaining schemes that needed to be identified before year end. As the quality impact assessments of schemes were approved, they would be submitted to the Quality Committee for consideration at its regular meetings. |

**Pippa Barber**  
**Chair, Quality Committee**  
**17 February 2023**

## QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee meeting held on 16 March 2023.

| Agenda item   | Assurance and key points to note   | Further actions and follow up  |
|---|--|--|
| Non-executive director led deep dive of 2022/23 cost improvement programme (CIP) scheme CS 0108 | Ms Taylor and Ms Barber, Non-Executive Directors conducted a deep dive into a scheme from the Adult Learning Disability Service which sought to enhance multi-disciplinary working and clinical skill mixing. The total overall quality impact assessment score is low and no equality impact concerns have been identified. Mitigation has been put in place through caseload monitoring and patient experience feedback and complaints will capture concerns from clients. Assurance was received that the reduction in the WTE will not affect how people access the service. | The deep dive recommended oversight of the developed health equalities framework (HEF), and any shared learning that may be useful for other teams and recommended a workforce plan for the service is considered. |
| Quality Improvement (QI) collaborative event  | Ms Barber attended the third QI internal collaborative workshop held in January 2023 attended by community nursing teams and IMSK Physiotherapy services. Teams were using QI methodology to improve services including how patients came into the service and were triaged. The aim was to avoid duplication and improve productivity.  |  |

| Agenda item  | Assurance and key points to note   | Further actions and follow up  |
|--|--|--|
|  | The event was very successful in identifying improvement areas such as working to improve local relationships with primary care; changes in clinical diary management and associated data collection; increased awareness of and links with automation and Rio; and the intention to pursue broader opportunities jointly and include other services.  |  |
| Thanet Long Term Service visit feedback                    | Mrs Lowe, Non-Executive Director and Dr Spare, Chief Nursing Officer visited the Ramsgate Community Nursing team on a triangulation visit, following the patient story to the Board in September 2022. The focus was on how the team had made improvements around delivering end of life care. A new manager is in post and this has had a positive impact on the way the team works together and has improved morale. |  |
| Infection Prevention and Control Board Assurance Framework | Received assurance. No new risks have been identified.   |  |
| 2023/24 Infection Prevention and Control Declaration       | Received assurance. The Trust meets its statutory requirements in relation to compliance with the Health and Social Care Act 2008, Code of Practice on the Prevention and Control of Infections and related guidance.  | The Committee recommends the governance statement to the Board for approval. |



| Agenda item   | Assurance and key points to note  | Further actions and follow up   |
|---|---|---|
| Monthly quality report  | <p>There was a helpful discussion around the patient/carer experience, bringing together the data from the report and the Patient and Carer Partnership Team Quarter Three Report which shows that there has been an increase in requests to the PALS service for the Health Visiting Service contact details to confirm children's two-year checks. The Committee discussed how the Trust could learn from other NHS trusts in employing digital solutions to empower patients to receive and access information such as appointment times and sending reminders.</p> <p>The Committee suggested that themes from the after-action reviews (that form part of the Patient Safety Incident Response Framework) could be shared across the system (where appropriate) and identify where actions are being taken in the system, how learning is shared with partners, and using the Place based quality groups for further learning.</p> | The Executive will investigate introducing a digital solution such as the Patient Knows Best app in response to the demand for information around appointments.           |
| Operational deep dive – Adult Neurodevelopment Assessment Pathway | <p>The Trust (KCHFT) became the lead provider for the new Kent and Medway Adult Neurodevelopmental (autism and ADHD) Service on 1 April 2022. However, demand has far outstripped the expectation, increasing by 485% in 11 months which is greater than was anticipated. Annual contract contacts were set at 2072 but in 11 months the service has received in excess of 9000</p>   | The operational team is working on this further and will provide an update to the Committee in May. As part of the process, an update on harm reviews will be considered. |

| Agenda item   | Assurance and key points to note   | Further actions and follow up   |
|---|--|---|
|   | <p>referrals for diagnosis. Although KCHFT has sub-contracted with other providers, due to the demand the service has advised the commissioners that it cannot take any more referrals at this point. The following mitigations have been put in place: all booked appointments for initial assessments continue; those who are currently part way through the assessment process will continue to be offered appointments; those awaiting medication review to be offered appointment as a priority; those who are awaiting assessment to be offered an appointment date by end of March 2023 to start treatment in new financial year.</p> | <p>The Committee will also receive an update on the diagnostic processes for ASD and ADHD for children.</p>   |
| Patient safety and clinical risk group chair's assurance report | <p>The report is being developed and the Committee will receive further iterations over the next quarter which will provide assurance on the impact on quality from the estates risks.</p> <p>The risks around the urgent treatment centres (UTC) remain and are being linked to the UTC strategy from the commissioners.</p>  | <p>Further assurance is needed from the Executive around the actioning of the estates risks.</p> <p>The Executive will be discussing the UTCs with partners and a further update will be received in July by either the Quality Committee or Strategic Workforce Committee.</p> |
| Clinical effectiveness group chair's assurance report           | <p>The Trust has committed to a number of CQUINS in 2022/23 (Commissioning for Quality and Innovation). Although, there has been good progress on most, the</p>  | <p>Assurance will be provided at the Committee's May meeting on the outcome of the discussion on CQUINS and also an</p>   |

| Agenda item   | Assurance and key points to note  | Further actions and follow up   |
|---|---|---|
|   | current data indicates that the Trust will not achieve the CQUIN – Assessment, diagnosis and treatment of lower leg wounds (community nursing only). The Executive will be discussing the implications for CQUINS in the future.  | update on progress with delivering on the assessment, diagnosis and treatment of lower leg wounds.  |
| Quality impact assessments (QIAs) of the 2023/24 cost improvement programme (CIP) schemes | The Committee received further QIAs of 2023/24 CIP schemes. All had been approved by the Chief Nursing Officer and the Chief Medical Officer. All higher risk schemes were discussed and assurance received. This included CS0116 which relates to a pay and efficiency scheme in the Community Paediatric Service. | The Committee agreed that there would be a non-executive director led deep dive on the impact of scheme CS0116 in view of the service that it related to. The deep dive will consider patient and staff experience. |
| 2023/24 Quality Priorities  | The Committee received the long list of quality priorities. The list has gone out for consultation.   | The short list will be brought back to the Committee once the consultation has been completed.  |

**Pippa Barber**  
**Chair, Quality Committee**  
**March 2023**

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 12   |
| <b>Agenda Item Title:</b>          | Infection Prevention and Control Board Assurance Framework   |
| <b>Presenting Officer:</b>         | Dr Mercia Spare, Chief Nursing Officer   |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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

The Infection Prevention and Control Board Assurance Framework (IPC BAF) is presented to provide assurance to the Board on compliance with Health and Social Care Act (2008) Code of Practice and other related guidance.

The IPC BAF was reviewed by the Quality committee at its meetings in January and March 2023 who agreed to recommend it to the Board for noting and assurance that the Trust remains compliant with the relevant regulatory requirements.

### Summary of key points

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

There have been no changes to the assurance framework from NHSE since September 2022. The following changes have been made to the Trust's evidence since January 2023:

- Mandatory training programme – current compliance 95%
- The Standard Operating Procedure (SOP) for the Management of Respiratory Viruses has now been ratified and published on Flo.
- FFP3 mask fit testing compliance reported monthly at the Patient Safety and Clinical Risk Group (PSCRG) and bi-monthly at IPCAS (Infection Prevention and Control Antimicrobial Stewardship) group and no longer reported weekly at the integrated management meeting (IMM).

The full document can be found in the supporting papers that accompany the Board meeting board pack. All changes made by NHSE England in the latest version are highlighted in yellow. All updates in the Trust's evidence are highlighted in blue.

**Proposal and/or recommendation to the Board**

The Board is asked to note the report and assurances provided.

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

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

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

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

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

☐ Yes (please attach)

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

**Highlights relating to protected characteristics in paper**

|                   |                 |            |                       |
|-------------------|-----------------|------------|-----------------------|
| Name:             | Dr Mercia Spare | Job title: | Chief Nursing Officer |
| Telephone number: | 07384878317     | Email      | mercia.spare@nhs.net  |

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 13   |
| <b>Agenda Item Title:</b>          | Learning from deaths report Q3   |
| <b>Presenting Officer:</b>         | Dr Sarah Phillips, Chief Medical Officer   |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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

In line with national guidance on learning from deaths, since April 2021, KCHFT has collected and published mortality data quarterly via a paper to Quality Committee and Public Board, which must include mortality data and learning points. Guidance states this data should include the total number of the Trust's inpatient deaths and those deaths that the Trust has subjected to case record review. Of those deaths reviewed, the Trust must report how many deaths were judged more likely than not to have been due to problems in care. The Board is asked to note Quarter 3's data and learning points described in this report, for assurance. The Quality Committee received the report at its meeting on 23 January 2023 and the report has subsequently been published on the Trust's public website.

### Summary of key points

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

This report reminds the Committee of the evolution of these processes and presents learning and actions from mortality reviews carried out in Quarter 3. Areas for improvement emerging from reviews include advance care planning and missed opportunities to identify end of life, medicines issues, and general documentation and team communication. The age, gender and ethnicity of all patients dying with COVID-19 are now collected and this quarter's data is included in the report although this data set is not of sufficient size or breadth to be statistically significant on its own. All our mortality and ethnicity data feeds into larger national and regional data sets.

All Trust HCAI Covid-19 inpatient deaths will be reviewed in line with national guidance with a focus on generating insights to underpin effective and sustainable improvements in care to reduce future risks to patients and engagement of duty of candour.



## Learning from Deaths Report 2022-2023 Quarter 3 (October - December 2022)

### 1. Introduction

The Trust Mortality Review and Learning from Deaths process adheres to the National Learning from Deaths Guidance (2017). All inpatient deaths in East Kent have been scrutinised by the Medical Examiner since Q1 2021-22 and scrutiny for inpatient deaths in West Kent is in place for deaths occurring after Q2 2022-23. Where internal review is indicated in accordance with the learning from deaths and mortality review policy, this is conducted using a structured judgement review (SJR) method.

In line with the national guidance, mortality data is published quarterly and learning points recorded. This data includes the total number of community inpatient deaths and those deaths the Trust has subjected to review. Of those deaths reviewed, the Trust reports how many deaths were judged more likely than not to have been due to problems in care.

### 2. Community Inpatient Deaths Reported during Quarter 3 2022-2023:

| Community Hospital Inpatient Deaths Dashboard – (Including Deaths Occurring <28 days post Transfer of Care (ToC)) Q3 |      |           |   |      |           |  |      |           |
|--|------|-----------|---|------|-----------|--|------|-----------|
| Number of Inpatient Community Hospitals Deaths   |      |           | Inpatient Community Hospitals Deaths Reviewed |      |           | Number of deaths considered more likely than not due to problems in care |      |           |
| Dec.   | Nov. | Oct.      | Dec.  | Nov. | Oct.      | Dec.   | Nov. | Oct.      |
| 5  | 8    | 5         | 4   | 4    | 3         | 0  | 0    | 0         |
| Quarter 3  |      | Prev. Q2  | Quarter 3                                     |      | Prev. Q2  | Quarter 3  |      | Prev. Q2  |
| 18   |      | 13        | 11  |      | 13        | 0  |      | 0         |
| Year to Date   |      | Last Year | Year to Date                                  |      | Last Year | Year to Date   |      | Last Year |
| 40   |      | 54        | 40  |      | 60        | 0  |      | 0         |

| Community Hospital Inpatient Mortality Data Q3                    |                                   |
|---|-----------------------------------|
| Deaths selected for review by Structured Judgement Review (SJR) % | 27.78% (60% completed and closed) |
| Gender (%) Female   | 61.11                             |
| Male  | 38.89                             |
| Age range (years)   | 47 - 105                          |
| Mean Age (years)  | 91.06                             |
| Ethnicity (%) White British                                       | 83.33                             |
| Not Stated  | 5.55                              |
| Other   | 11.11                             |
| Length of stay range (days)                                       | 1 - 50                            |
| Length of stay mean (days)  | 21.78                             |



| Community Hospital Inpatient Mortality Data Q3                                  |    |
|---|----|
| Number of cases where resuscitation documentation not in place at time of death | 0  |
| COVID-19 deaths recorded  | 6  |
| Nosocomial deaths Recorded  | 2  |
| Cause of Deaths including Frailty and Advanced Frailty                          | 14 |

During Q3 the coroner was consulted for one death, which has been concluded and closed. The East and West Kent Medical Examiners did not make any recommendations for a structured judgement review in Q3 2022-23 Four compliments from a patient's family regarding care by the community hospital team were received via the East Kent Medical Examiner.

Five inpatient deaths were selected for review by SJR process in accordance with Trust policy. One case was due to the patient acquiring a Clostridium difficile infection. Two were nosocomial Covid 19 cases. No lapses in care were identified related to the Covid 19 infections. The assessment process to consider whether these cases met the threshold for a significant incident was followed, neither case met SI criteria.

Primary causes of death included; Frailty of Old Age, Adenocarcinoma of Pancreas, Pneumonia, Upper gastrointestinal haemorrhage, Acute decompensated alcoholic liver disease, Bronchopneumonia, Cerebrovascular Disease, COVID infection, Metastatic Papillary Renal Carcinoma, Lower Respiratory Tract Infection, Clostridium difficile diarrhoea and Covid 19, Congestive cardiac failure, Coronary artery disease, Acute Kidney Injury and Sepsis.

There was no evidence that any patient death was contributed to by unsafe practice arising from mismanagement or misuse of controlled drugs.

| Spread of Scores Awarded for the Phases of Care of The Community Hospital Deaths & Reviews completed in Q3 |           |      |          |      |           |
|--|-----------|------|----------|------|-----------|
| Phase of care  | Grading   |      |          |      |           |
|  | Very Poor | Poor | Adequate | Good | Excellent |
| Admission and Initial  | -         | -    | 2        | 8    | 1         |
| Ongoing  | -         | -    | 1        | 9    | 1         |
| End of Life (EoL)  | -         | 1    | -        | 6    | 4         |
| Overall  | -         | 2    | 2        | 5    | 2         |
| Patient record quality   | -         | 1    | 3        | 6    | 1         |

### 3. Evidence of Good Practice recognised in Community Hospital reviews

56 elements of good practice have been recorded from the 11 reviews completed in Q3, with the comments spread between the three phases of care; Admission and Initial Assessment – 13 comments, Ongoing – 18 comments and 23 comments relating to End of Life Care.

**Admission:** All assessments were completed within the time frame required in 2 cases. The need for SGA consultation was documented early and care plan for the

DoLS was completed and in place. Documentation to say that patient had a grade 2 pressure was also added to datix. Clear clerking documented stating patient was eligible for fast track and that symptom control was the priority. Good thorough holistic assessment. Acknowledgement of dementia and confusion – staff trying to engage with patient. Ensuring patient was comfortable and pain free, assessment of mobility. Review of Advanced Care Planning involving family and patient. Review of non-essential meds. Prescribing of JIC meds. Therapeutic worker completed THIS IS ME with patient. TEP appropriately revised for community hospital-based care on admission just in case medicine prescribed and next of kin informed.

**Ongoing:** Good communication with family. Clear explanations are given. Staff sitting with the patient during final days. Regular documented review of the condition by both HCA and trained staff – GP also involved with the family from an early stage. Rescue medication prescribed. Clear documentation of discussion with GP and spouse around treating the patient for comfort with pain relief and stopping unnecessary medication, and swapping to a long acting insulin. Nutritional needs identified. Early identification of EOL. Communication and support for family. Patient involved in discussions about medical care and patient choices were respected and documented. Appropriate escalations for review and treatment for COVID started. Advance care planning and patient wishes reviewed. Target saturations documented when prescribed oxygen. Regular reviews of medical problems and TEP by ACPs and Consultants. Rapid referral to SALT on identification of signs of aspiration.

**EOL:** Excellent care and record keeping. Timely initiation of EOL Meds. Good communication with family throughout. Recognised that patient's condition was deteriorating and documented in notes. Family were aware of coroner's referral needed. Documented that positional regime was maintained. Pressure ulcer was photographed using the wound matrix. Clear documentation for breakthrough pain, and repositioning. All oral medications and observations stopped as patient is end of life in two cases. Documented no VTE as end of life. Symptom management monitored. Implementation of syringe driver and last days of life identified and discussed with family. Patient's wishes for after death documented and spiritual needs discussed. Evidence that family kept informed throughout the last days of life. Pain free and dignified death surrounded by family. Oral care and pressure care given. Last days of life assessment completed the day after deterioration noted. Rapid treatment of distress and secretions. Holistic and patient centered care; staff acted in accordance with patient's wishes

**Compliments:** Received Via MEO in four cases; family were happy with the care received, family very pleased with the care received on the ward. Next of Kin, very happy with all care received. Patient's relatives said the care was phenomenal, exemplary and absolutely fantastic. They are very grateful for the care and will be taking a letter and chocolates to the hospital.

#### 4. Learning from Mortality Reviews for Community Hospital Deaths

Two cases reviewed in Q3 had aspects of care that were judged as poor or very poor. The first case (a death in March) was judged as poor overall care and probably avoidable but not very likely due to three problems in care identified.

**Problems in assessment, investigation of diagnosis Including assessment of pressure ulcer risk, VT risk, history of falls –**

- Poor management of constipation (Probable Harm). **Action:** Need for better bowel management, delirium etc in view of patients advanced frailty and dementia with bowel charts completed daily.

**Problems identified in the treatment and management plan;**

- No effective exploration of bowel obstruction (Probable Harm) **Action:** To promptly and effectively review patients when returning back from short acute transfers and take appropriate action for exploration of possible bowel obstructions findings.

**Problems in clinical monitoring**

- 21 Day delay in medical review (Probable Harm) **Action:** Timely face to face medical review, earlier review of patient's wishes and TEP. To flag up with colleagues to cover when Doctor not able to physically review a patient because of covid restrictions.

The second case was judged as poor end of life care and poor recording keeping since the patient transferred to the acute shortly before dying and the patient record lacked the details of the transfer of care.

The following problems in care were identified.

**Problems identified in the treatment and management plan;**

- Elderly pt. who did not do well after her fractured neck of femur and deteriorated rather than rehabilitated. Noticed on the ward and were planning discharge but did not consider advanced care planning. No mention of medical involvement on the ward. In this case it was clear that the pt. was becoming increasingly frail so would have really benefitted from advanced care planning. (Probable Harm) **Action:** Earlier Advanced care planning needed at the stage deterioration noted, by any member of ward staff.

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

**Themes of Areas for Improvement Identified for Learning from Deaths Reviewed in Q3**

A total of 35 areas of improvement were identified from the 11-community hospital inpatient deaths reviewed during Q3 that have been collated and closed.

| Themes of Areas for Improvement Identified for Learning from Deaths Reviewed in Q3 |   |
|--|---|
| 1.   | Problems in assessment, investigation of diagnosis<br>Including assessment of pressure ulcer risk, Ventricular Tachycardia (VT) risk, history of falls  |
|  | <ul style="list-style-type: none"> <li>Consider stopping observations when at end of life</li> <li>Need for better bowel management, and delirium management in view of advanced frailty and dementia.</li> <li>Waited 13 days for SALT to visit and assess (however management generally did not change after assessment) as thickeners already prescribed.</li> <li>Need for continuity of care by team in two cases.</li> </ul>  |
| 2.   | Problems with medication including administration of oxygen   |
|  | <ul style="list-style-type: none"> <li>Care plans around end-of-life care and medication could have been completed to inform staff. strategies</li> <li>No documentation whether pain relief was offered/ administered as pt. calling out in pain on movement but settling when movement stops. <b>Action:</b> Discussed with staff; encourage nurses to complete EOL care plan.</li> <li>Timely face to face medical review.</li> <li>Need for earlier review of TEP and JIC meds</li> <li>Exploration when patient was reluctant to accept pain relief including clearer documentation of encouragement strategies.</li> <li>Assessments needed before use of thickener and to be added to drug chart when appropriately assessed and prescribed.</li> <li>Oral medication declined in last days; this should trigger medical review of oral medication.</li> <li>To consider referencing all observations including oxygen saturation as guide to support the management plan in context of waiting for the CRP results before prescribing commencing antibiotics for respiratory tract infection.</li> </ul>  |
| 3.   | Problems related to treatment and management plan   |
|  | <ul style="list-style-type: none"> <li>Best interests' decisions around medication/personal care.</li> <li>MCA for personal care and medication should have been completed. Even when DoLs in place.</li> <li>To follow up samples that are taken and discussed with the MDT.</li> <li>Earlier review of patient's wishes and TEP.</li> <li>Care Planning from admission to act a reference point for staff to deliver patient focused care; detailing patient's needs, preferences and what's important.</li> <li>Pain monitored but need for better bowel care.</li> <li>Arrangements for covering doctors leave and handover of administration tasks such as MCCDs that may need completing as patients nearing last days of life to avoid coroners' referrals. <b>Action:</b> Raised with Head of Clinical Services Urgent care and hospitals Operational Lead to discuss with staff.</li> <li>When care planning is not possible in the first few days of admission; perhaps due to waiting for patient to settle in their new surroundings, noting this in the care plan is best practice to support evidence of good care planning documentation.</li> </ul> |
| 6.   | Problems in clinical monitoring   |
|  | <ul style="list-style-type: none"> <li>The need for full and correct documentation of fluid charts, including for patient's receiving intravenous fluids in two cases.</li> </ul>   |
| 8.   | Problems of any other type not fitting other categories   |
|  | <b>Improved documentation –</b> <ul style="list-style-type: none"> <li>More detail and regular updates needed for Last days of life section. In two cases.</li> <li>Completing a datix for all patients transferred to the acute.</li> </ul>  |

## Themes of Areas for Improvement Identified for Learning from Deaths Reviewed in Q3

### 8. Problems of any other type not fitting other categories

#### Improved documentation –

- Board round notes that have actions need to include updates when and how actions have been completed. Board Round and Ward Round Notes on Rio are very difficult to find and are almost 'hidden', possible patient safety issue - clinicians completing rapid assessments at critical times - information has the potential to be over looked. **Action:** Raised at PSS and flagged with RiO working group about the possibility of an alert for Board Round and Ward Round Notes on River View.
- Documentation within the patient record to be robust and reflective of the care including uploading of ward notes following a patient being transferred or discharge from the unit.
- Recording the correct code on RiO following a patient transfer to prevent incorrect data being included in the Trust performance information
- Updated TEPs & DNACPR status must be uploaded to RIO to avoid potential risk of inappropriate actions.
- Body map needs uploading to RIO so it can be reviewed when new skin issues are found to confirm is it a new or old lesion. Patient may have developed the grade 1 sore on the ward but not clear.

#### Patient related communication Issues –

- Unclear from documentation within the electronic patient record if EoL care and dying was discussed with patient. **Action:** Discussed with staff; link nurse to arrange teaching session with staff who are not familiar with last days of life on Rio how to complete. Encourage timely and accurate documentation regarding holistic support offered to NOK.
- To document conversations about spiritual needs, and information given to family following death.
- Discussions needed with patient about preferred place to die and spiritual needs. **Action:** Discussed with staff; encourage timely and accurate documentation regarding holistic support offered to NOK.

**Learning update from Q2 report:** VoD training for all appropriate hospital staff to avoid pull staff from community services. Action: there has been a big drive for VOED training throughout community hospitals in the trust. The sign off for this competency has been reduced from needing 3 witnessed VOEDs to 1 witnessed VOED post online training. This issue has not been identified in review conducted during Q3.

| Number of themes identified from mortality reviews of deaths occurring in each month (in line with Royal College of Physicians (RCoP) categories) |           |          |          |          |            |
|---|-----------|----------|----------|----------|------------|
| Areas of Improvement Categories   | Aug-22    | Sep-22   | Oct-22   | Nov-22   | Total YTD  |
| <b>Problems in assessment, investigation of diagnosis including assessment of PU risk, VT risk, history of falls</b>                              |           |          |          |          | <b>12</b>  |
| Ineffective recognition of end of life  | 0         | 0        | 0        | 0        | <b>4</b>   |
| Issues relating to physical needs   | 1         | 0        | 0        | 1        | <b>8</b>   |
| <b>Problems with medication including administration of oxygen</b>  |           |          |          |          | <b>28</b>  |
| Issues relating to medications and/or symptom control   | 2         | 1        | 0        | 3        | <b>28</b>  |
| <b>Problems related to treatment and management plan</b>  |           |          |          |          | <b>49</b>  |
| Lack of involvement in care decisions   | 0         | 1        | 0        | 0        | <b>3</b>   |
| Lack of respect of patient and family wishes in decision making   | 0         | 0        | 0        | 0        | <b>0</b>   |
| Lack of documentation around capacity and best interests  | 2         | 0        | 0        | 0        | <b>4</b>   |
| Issues relating to Personalised Care Plans and other documentation  | 5         | 2        | 0        | 2        | <b>41</b>  |
| Issues relating to Fast Track and palliative care support   | 0         | 0        | 0        | 0        | <b>1</b>   |
| <b>Problems with infection management</b>   | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b>   |
| <b>Problems related to invasive procedures</b>  | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b>   |
| <b>Problems related to clinical monitoring</b>  |           |          |          |          | <b>1</b>   |
| Reversible causes of deterioration not considered/excluded and/or documented  | 0         | 0        | 0        | 0        | <b>1</b>   |
| Issues relating to nutrition and hydration  | 0         | 0        | 0        | 0        | <b>0</b>   |
| <b>Problems in resuscitation following cardiac or respiratory arrest</b>  | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b>   |
| <b>Problems of any other type not fitting other categories</b>  |           |          |          |          | <b>13</b>  |
| Issues relating to emotional, psychological, social, spiritual, cultural and religious needs  | 2         | 0        | 0        | 1        | <b>4</b>   |
| Issues relating to support of families and those important to the dying person  | 0         | 0        | 0        | 0        | <b>3</b>   |
| Patient related communication issues  | 1         | 0        | 0        | 0        | <b>4</b>   |
| Team related communication issues   | 0         | 0        | 0        | 0        | <b>2</b>   |
| <b>Total number of issues arising by month</b>  | <b>13</b> | <b>4</b> | <b>0</b> | <b>7</b> | <b>103</b> |
| <b>No. deaths with completed SJRs</b>   | <b>3</b>  | <b>2</b> | <b>0</b> | <b>2</b> | <b>24</b>  |

## 5. Community Deaths Mortality Data

| Community Deaths Dashboard Q3                  |      |           |                                  |      |           |  |      |           |
|--|------|-----------|----------------------------------|------|-----------|--|------|-----------|
| Community Deaths Reported for Mortality Review |      |           | Community Deaths Reviewed by SJR |      |           | Number of deaths considered more likely than not due to problems in care |      |           |
| Dec.   | Nov. | Oct.      | Dec.                             | Nov. | Oct.      | Dec.   | Nov. | Oct.      |
| 14   | 6    | 7         | 2                                | 7    | 2         | 0  | 0    | 0         |
| Quarter 3                                      |      | Prev. Q2  | Quarter 3                        |      | Prev. Q2  | Quarter 3  |      | Prev. Q2  |
| 27   |      | 27        | 11                               |      | 15        | 0  |      | 0         |
| Year to Date                                   |      | Last Year | Year to Date                     |      | Last Year | Year to Date   |      | Last Year |
| 78   |      | 79        | 32                               |      | 30        | 0  |      | 0         |

| Community Mortality Data                        | Current Quarter Q3 | Q3 Previous Year |
|---|--------------------|------------------|
| Community Deaths referred for full SJR          | 6                  | 10 of 22 Deaths  |
| Number of complaints                            | 2                  | 2                |
| Number of Patient safety raised SI's/AAR        | 2                  | 0                |
| Number with Safeguarding investigations         | 2                  | 3                |
| Number referred for SJR by the Medical Examiner | 0                  | N/A              |

In September 2021 the Medical examiner (ME) process began its phased induction for all community deaths in East Kent. During this quarter, the ME did not make any recommendations for further review of community patient deaths. Four deaths were referred via the legal team due to the coroner's requests for statements; Two cases were selected for review through the SJR process, one case had historical involvement from trust services this did not meet the threshold for an inquest, and the fourth case is open with the Patient Safety Team for the learning and actions for the trust to be overseen.

Since the last report 11 SJRs for community deaths have been completed and closed. No cases reviewed were judged to be potentially avoidable due to problems in care and there was no evidence that any patient death was contributed to by unsafe practice arising from mismanagement or misuse of controlled drugs.

## 6. Learning from Community Deaths Completed in Q3.

All deaths have been reviewed against the RCP problem categories. Three of the 11 cases reviewed in Q3 have had problems identified.

The first case identified problems in care from three categories however these problems were not contributable to KCHFT care and the community teams worked well together to quickly identify these problems and resolve them delivering excellent care.



**Problems in assessment, investigation of diagnosis: Including assessment of pressure ulcer risk, VT risk, history of falls:**

- Patient assessment was required much sooner in the context of a Nursing Home patient needing HTS care (Harm Cased). **Action:** Raised with Clinical services manager for Adult long-term care about the possibility of forums available for raising the problems of community nursing teams having to step in to support nursing home services.

**Problems with medication including administration of oxygen:**

- Organisation around medication supply in the context of the HTS stepping in to bridge gap and only carrying small amounts of drugs (Harm Cased). **Action:** Raised with Clinical services manager for Adult long-term care about the possibility of forums available for raising the problems of community nursing teams having to step in to support nursing home services.

**Problems related to treatment and management plan:**

- Nursing home slow to involve specialists and/or seek specialist advice – exacerbated by the need for the DN to step-in reducing the clarity of who was leading on the care (Harm Cased). **Action:** Raised with Clinical services manager for Adult long-term care about the possibility of forums available for raising the problems of community nursing teams having to step in to support nursing home services.

The second case was judged as poor in ongoing, end of life and overall care and quality of record keeping, with the following problem identified in care;

**Problems related to treatment and management plan:**

- No evidence of MCA for this episode of care. Later declared by paramedic not to have capacity and in best interests admitted to acute (Probable Harm). **Actions:** To regularly be explicit about capacity when services are declined. If the patient continues to decline care and support, consideration should be given to the patient's mental capacity, and explanation or reiteration of the benefits/ risks to the patient to be reflected on the patient's notes. Capacity should also be reassessed and documented if there is a change in circumstances, such as deterioration in mental health.

The third case was judged as adequate care for the Initial, ongoing, end of life and overall phases of care with the following problem in care identified;

**Problems of any other type not fitting other categories**

- Interorganisational communication, recognition and cognitive bias - patient referred to incorrect pathway on discharge (Probable Harm). **Action:** Added to Monthly Team Meeting agenda to discuss the findings of the case and how TEP's will be reviewed as a whole team.



| <b>Areas for Improvement Identified from Community Mortality Reviews (including; SJRs, Datix, Complaints, Patient Safety Learning and Safeguarding Adult Reviews) Mapped to the RCoP problem categories</b> |   |
|---|---|
| 1. Problems in assessment, investigation of diagnosis including assessment of PU risk, VT risk, history of falls  | <ul style="list-style-type: none"> <li>• Baseline observations, medication lists, Holistic overview of activities of daily living and impact on self-care when spiralling.</li> <li>• Patient had a low blood pressure and NEWS score 2. There was no evidence of repeating the observations or a request for the GP to review the patient's antihypertensive medication.</li> <li>• Little evidence that the patient's deterioration was recognised and that the priorities of care for end of life care followed. (The patient was very frail on discharge from hospital and initial discussions with the patient when possible and the family about her wishes could have been commenced.)</li> <li>• To ensure timely completion of the lower limb assessment for patients by the appropriate service.</li> </ul>   |
| 2. Problems with medication including administration of oxygen  | <ul style="list-style-type: none"> <li>• Minimal follow ups such as the inco assessment and dressing provision.</li> <li>• Observations not reviewed and/or followed up with GP regarding observations.</li> <li>• Plan needed for supply of dressings.</li> <li>• Pain assessments and addressing of increasing difficulty with swallow could have supported consideration of planned revisit when JIC medicines available – however multiple services did provide urgent input and were available to revisit on request</li> <li>• No evidence on RiO if the patient was being supported in using the Oralieve mouth gel (though her family may have been administering this.)</li> <li>• A review of the patient's regular medication may have prompted the discontinuation of medication apart from analgesia, and led to prescribing of anticipatory medication.</li> <li>• By completing the community medication chart as part of advance care planning and recognition of deterioration of the patient, medication could have been used to manage the patient's agitation and anxiety.</li> </ul>   |
| 3. Problems related to treatment and management plan  | <ul style="list-style-type: none"> <li>• Clear plan needed for incontinence assessment.</li> <li>• Clear referrals needed to other services regarding; known self-neglect, concerns around decline of bandages, concerns around potential for deterioration.</li> <li>• Follow up with Hospice to check completion of JIC &amp; DNACPR when absent at transfer</li> <li>• Clear documentation of location of DNACPR and new EOL chart.</li> <li>• Purpose T was incorrectly completed. MUST was not completed due to the patient not being able to stand, though MUAC was not completed.</li> <li>• The need for robust documentation when communication with external providers re shared care.</li> <li>• Sudden collapse of Patient, Emergency Services Unavailable by phone. Staff members to be aware of patient's DNAR status before visit. <b>Action:</b> All HCAS have been asked to prepare for their patient visits thoroughly. Especially, to know the patient's DNAR status.</li> <li>• No record of any conversations about the changes in the patient with her family and what this may mean.</li> <li>• The need for TORS when there is MDT to support care planning when there is a long history of self-neglect and declining care and ensure actions are reviewed and followed up.</li> </ul> |

- **Areas for Improvement Identified from Community Mortality Reviews (including; SJRs, Datix, Complaints, Patient Safety Learning and Safeguarding Adult Reviews) Mapped to the RCoP problem categories**

#### 8. Problems of any other type not fitting other categories

##### **Patient and Family related communication issues**

- Clearer communication needed in the initial phase of care
- Initial assessments including EOL windows plus care plan completion would aid ability to meet all patients wishes.
- The need for staff to feel empowered and supported when faced with verbally aggressive behaviour that impacts the confidence to hold difficult conversations around the risk of death when declining care and the need for a DNACPR and TEPs.
- Staff to identify type of ICD devices though professional means (not family). Where there is ambiguity on the record direct contact with cardiology is needed. **Action:** End of life care facilitator to raise the proposal of refresher training at community practice meeting.

##### **Issues relating to emotional, psychological, social, spiritual, cultural & religious needs**

- A named nurse or persistence in trying to gain access to the property.
- Joint visits with the social worker who the patient trusted.
- To Clearly and Effectively communicate with the spouse/next of kin to aid trust especially where differing opinions are presented.

##### **Team related communication issues**

- Better Communication between GPs and HTS staff needed.
- To document MDT discussion notes on the patient's electronic notes on RIO under the MDT window.
- The need to escalate when there is no support or follow up from external providers when concerns are raised. **Action:** This will be reviewed by the ICB and actions requested via KCHFTs Patient Safety Team.
- With an elderly deteriorating patient with complex issues seeking senior oversight may have aided recognition and management of approaching end of life.
- Identified that no contact numbers for community team supplied on discharge **Action:** Liaison with acute regarding discharge issues also addressed by complaints team.

A total of **35** areas of improvement were identified from the **9** community deaths that have been collated from reviews closed at the time of report.

| Number of themes identified from mortality reviews (including Datix investigations, After Action Reviews (AARs) and Coroner Inquests) of deaths occurring in each month in line with RCoP categories |           |          |          |          |            |
|--|-----------|----------|----------|----------|------------|
| Areas of Improvement Categories  | Aug -22   | Sep -22  | Oct-22   | Nov -22  | Total YTD  |
| <b>Problems in assessment, investigation of diagnosis including assessment of PU risk, VT risk, history of falls</b>   |           |          |          |          | <b>18</b>  |
| Ineffective recognition of end of life   | 1         | 0        | 0        | 0        | <b>7</b>   |
| Issues relating to physical needs  | 2         | 1        | 1        | 0        | <b>11</b>  |
| <b>Problems with medication including administration of oxygen</b>   |           |          |          |          | <b>28</b>  |
| Issues relating to medications and/or symptom control  | 4         | 0        | 1        | 0        | <b>28</b>  |
| <b>Problems related to treatment and management plan</b>   |           |          |          |          | <b>71</b>  |
| Lack of involvement in care decisions  | 0         | 0        | 0        | 0        | <b>2</b>   |
| Lack of respect of patient and family wishes in decision making  | 0         | 0        | 0        | 0        | <b>1</b>   |
| Lack of documentation around capacity and best interests   | 0         | 1        | 0        | 0        | <b>6</b>   |
| Issues relating to Personalised Care Plans and other documentation   | 7         | 3        | 2        | 1        | <b>61</b>  |
| Issues relating to Fast Track and palliative care support  | 1         | 0        | 0        | 0        | <b>1</b>   |
| <b>Problems with infection management</b>  | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b>   |
| <b>Problems related to invasive procedures</b>   | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b>   |
| <b>Problems related to clinical monitoring</b>   |           |          |          |          | <b>2</b>   |
| Reversible causes of deterioration not considered/excluded and/or documented   | 0         | 0        | 0        | 0        | <b>2</b>   |
| Issues relating to nutrition and hydration   | 0         | 0        | 0        | 0        | <b>0</b>   |
| <b>Problems in resuscitation following cardiac or respiratory arrest</b>   | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b>   |
| <b>Problems of any other type not fitting other categories</b>   |           |          |          |          | <b>20</b>  |
| Issues relating to emotional, psychological, social, spiritual, cultural and religious needs   | 0         | 0        | 0        | 0        | <b>2</b>   |
| Issues relating to support of families and those important to the dying person   | 2         | 0        | 0        | 0        | <b>3</b>   |
| Patient related communication issues   | 1         | 1        | 0        | 0        | <b>6</b>   |
| Team related communication issues  | 1         | 1        | 1        | 0        | <b>9</b>   |
| <b>Total number of issues arising</b>  | <b>19</b> | <b>7</b> | <b>5</b> | <b>1</b> | <b>139</b> |
| <b>Number of deaths with completed SJR reviews</b>   | <b>4</b>  | <b>4</b> | <b>2</b> | <b>0</b> | <b>29</b>  |

## 7. Evidence of Good Practice recognised in Community Patient reviews

56 elements of good practice have been recorded from the 11 reviews completed in Q3, with the comments spread between the three phases of care; Admission and Initial Assessment – 24 comments, Ongoing – 14 comments and 19 comments relating to End of Life Care.

**Initial:** Prompt response to the call with thorough medical assessment completed & comprehensive plan given in two cases. Good Communication with relatives in two cases. Continued support, provision of equipment, education and advice given to the patient and family by the HEN team for more than 10 years. Evidence on electronic patient record of responsive care, considering the patients and spouses

need to be as independent as possible. Good clinical overview of patient presenting condition, preferences on care and current issues along with agreed plan of action documented. Good assessments which identified bowel movements not been assessed in acute, and appropriate action of finding taken. Identification of deteriorating patient. Holistic assessment and a care plan for personal care completed, including clinical observations. Initial patient reviews by the Complex Care Nurses, Dietician and Health and Social Care Coordinator who listened to the patient, and quickly arranged extra support for patient to remain living in own home; demonstrating an effective multidisciplinary approach to patient care. Patient wishes adhered to, as a result put a DNACPR and TEP in place as well as treating immediate needs with palliative medication prescribed in anticipation of further deterioration.

**Ongoing:** Regular medical assessments. Comprehensive referral, included patient's wishes. Nurses quickly understood the patient's wish not to keep answering questions about condition and symptoms as patient found this tiring and depressing. Nurses found ways to do communicate with family and the care plan for symptom control included this agreement. Good information sharing from hospice, good symptom control and evidence of appropriate discussions on PPOC PPOD, TEP and DNACPR. Community. Problems dealt with quickly once identified. Evidence of exploration to support the patient and good summarising within record. Consideration given to link up with other organisations for support in two cases. Holistic and patient centred care. Evidence of team safeguarding actions to protect patient. Barriers regarding consultant decisions for medicines were challenged and barriers regarding failed criteria for housing was appealed.

**EOL:** Early detection of deterioration, allowing ceiling of care identified, DNACPR completed and palliative care medications prescribed in advance in two cases. Patient was able to be involved in decision making. Advice sort from the Hospice Consultant in two cases. Nurse discussed symptoms of opioid toxicity with family and asked them to monitor for these. Administration of EOL medicines by informal carer was discussed and agreed with risk assessment and competency completed as per policy. Clear communication between MDT in two cases. Care altered when symptoms changed and problems identified and interventions carried out so patient could have a peaceful end of life experience. Excellent cross organisational working by involving the HTS team to facilitate TEP and DNAR documentation enabling to support patient's wishes of being treated at home. **Action:** Feedback sent to SECAMb staff to acknowledge the excellent cross organisation working and communication which supported patient's care.

## 8. Learning Disability (LD) Mortality Reviews Report



LeDeR Internal Q3  
Report 2022.docx.pc

**Dr Lisa Scobbie – Deputy Medical Director**  
**Tatum Mallard – Mortality Review Project Lead**  
**Jan 2023**

# LeDeR Review Programme

## Quarter 3 Report

October - December 2022  
(reporting on deaths April - June 2022)

Written By

Mandy Setterfield – Senior Reviewer

Renée Fenton – LeDeR Business Support

### Contents

---

|   |   |
|---|---|
| LeDeR Review Programme .....                  | 1 |
| Quarter 3 Report .....                        | 1 |
| 1. Quarterly Update .....                     | 2 |
| 2. Personal Demographic Trends.....           | 3 |
| 3. Causes of Deaths .....                     | 5 |
| 4. Place of Death .....                       | 6 |
| 5. Open to KCHFT Services.....                | 7 |
| 6. Best Practice & Learning from Reviews..... | 8 |

## 1. Quarterly Update

We are now able to provide quarterly updates comparatively to last year as our Learning Dashboard and reports have been in place since end of 2020. In this report, we will compare the current Q3 data in 2022 to the data produced in Q3 in 2021, deaths recorded in April – June 2021 and identify the key differences from last year to this year.

The process for Focused Reviews continues to develop with external services being involved and offering advice and ideas to support the LeDeR team.

There are currently 2 reviews breaching from August 2022, 1 is awaiting a further coroner's inquest in February 2023 and the other is awaiting the initial inquest in March 2023. There is also 1 review breaching from October 2022 awaiting a Focused Review Panel.

### Completion of Reviews

To date we have completed a total of 213 reviews for the time frame October 2020 – December 2022, 24 of these were in Q3, deaths recorded between April - June 2022, with a staff capacity of 100% and the trajectory being overachieved every month (with the exception of 3 reviews breaching as stated above).

In Q3 this year, there were 24 reviews completed with the exception of 1 review awaiting a Focused Review Panel after being on hold.

In Q3 last year, we had a lower number of deaths with 19.

| Apr-21 | May-21 | Jun-21 |
|--------|--------|--------|
| 13     | 4      | 8      |
| 10     | 3      | 4      |
| 0      | 0      | 0      |
| 0      | 0      | 0      |
| 0      | 0      | 0      |
| 1      | 0      | 1      |
| 2      | 1      | 3      |
| 1      | 0      | 1      |
| Oct-21 | Nov-21 | Dec-21 |

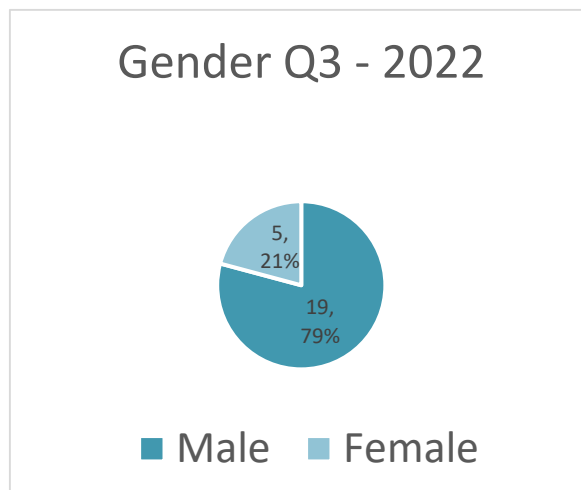
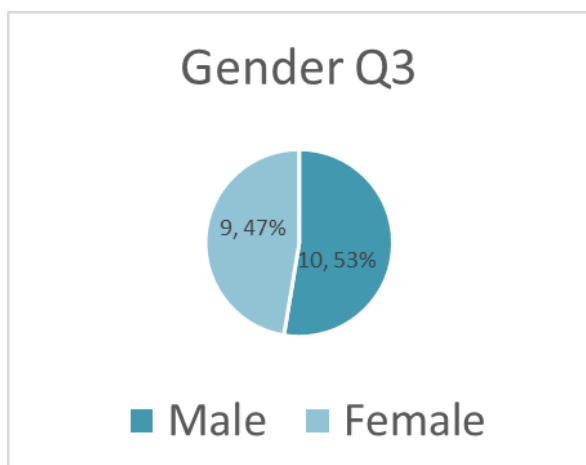
| Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|
| 11     | 8      | 5      |
| 10     | 8      | 5      |
| 0      | 0      | 0      |
| 0      | 0      | 0      |
| 0      | 0      | 0      |
| 1      | 0      | 0      |
| 1      | 0      | 0      |
| 0      | 0      | 0      |
| 1      | 0      | 0      |
| Oct-22 | Nov-22 | Dec-22 |

## 2. Personal Demographic Trends

### Gender

The tables below display Q3 2021 on the left and Q3 2022 on the right.

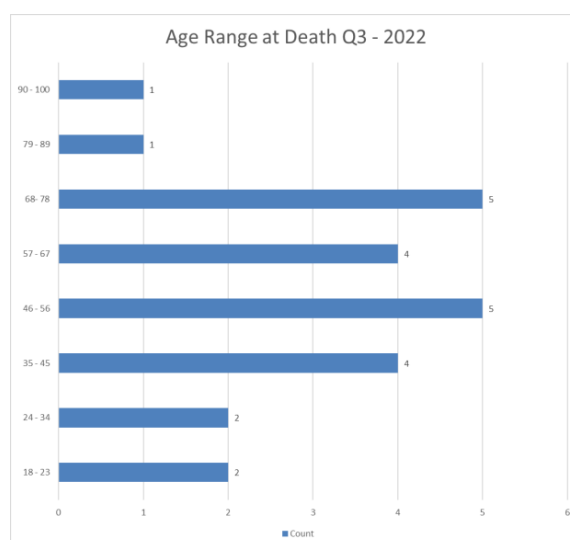
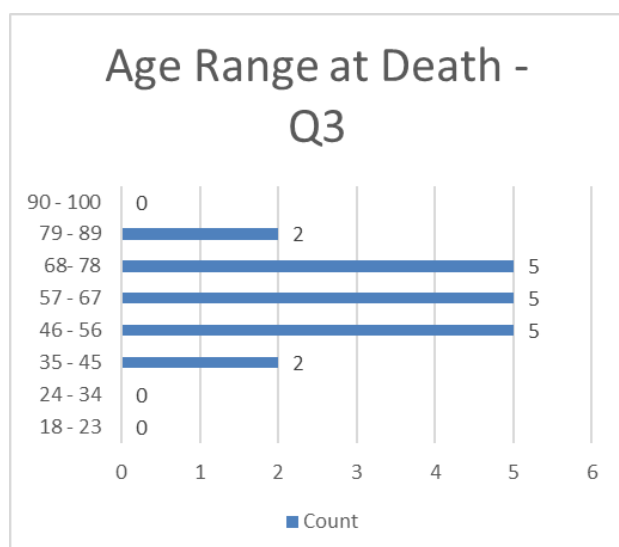
In Q3 for 2021, there were 9 female deaths and 10 male deaths. In Q3 this year, the numbers have increased with 19 male deaths and just 5 female deaths.



### Age

In Q3 this year, the graph on the right shows there were 2 highest age range at death with 68-78 and 46-56 years old, both with 5. Age range 46-56 is the youngest age range we have had as our highest range since Q3 last year.

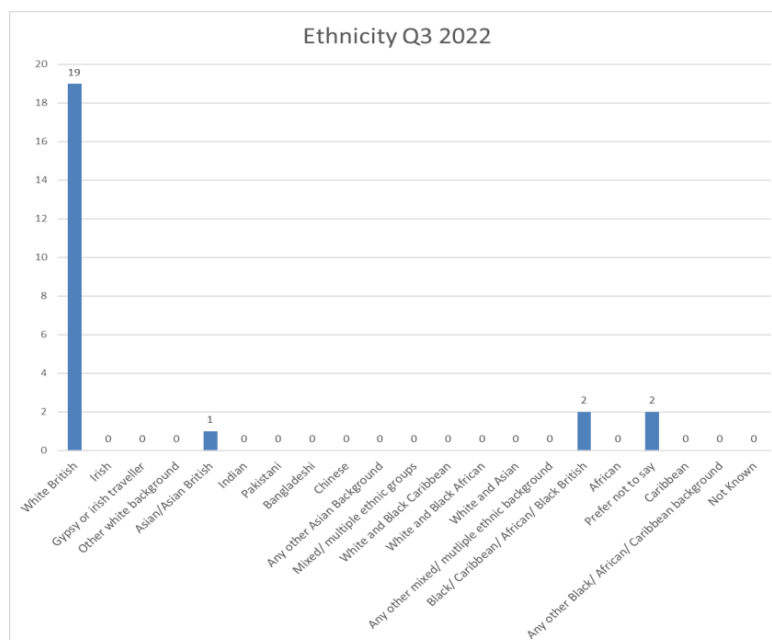
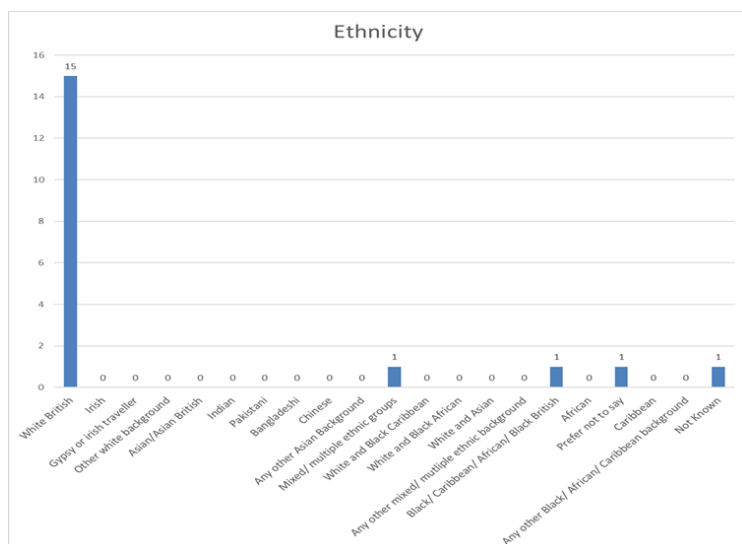
In Q3 last year, we saw an equal split between 3 age ranges; 68-78-year olds, 57-67-year olds and 46-56-year olds.



## Ethnicity

Out of the 24 notifications in Q3 2022, 19 people were recorded as White British, 1 recorded as Asian/ Asian British, 2 as Black/ Caribbean/ African/ Black British and the other 2 preferred not to say.

In Q3 2021, there were 15 people recorded as White British, 1 as mixed/ multiple ethnic groups, 1 Black/ Caribbean/ African/ Black British, 1 preferred not to say and the other was not known. The high volume of White British recordings has continued through the quarters, whilst seeing some recordings from BAME backgrounds and a slight increase in people not wanting to disclose their ethnicity.

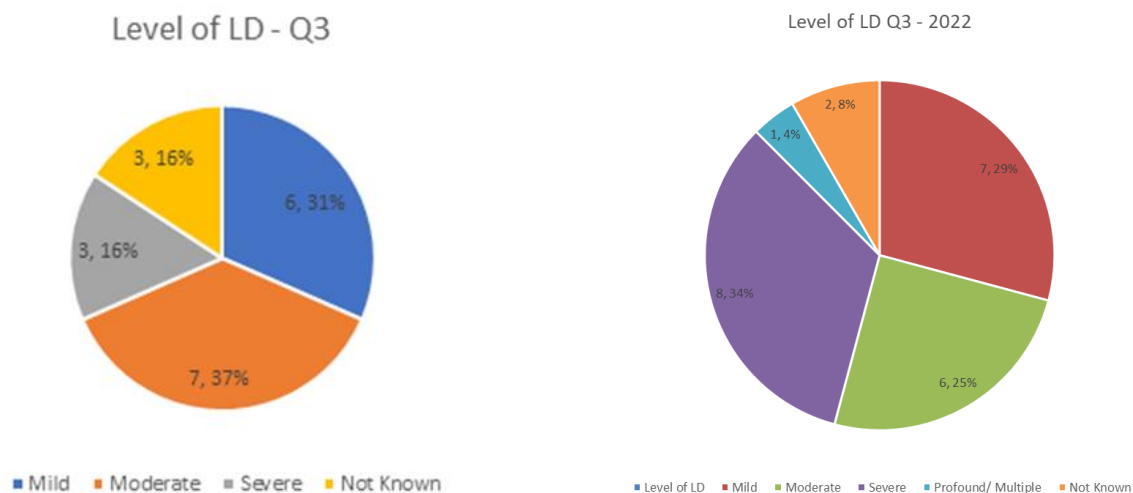




## Severity of LD

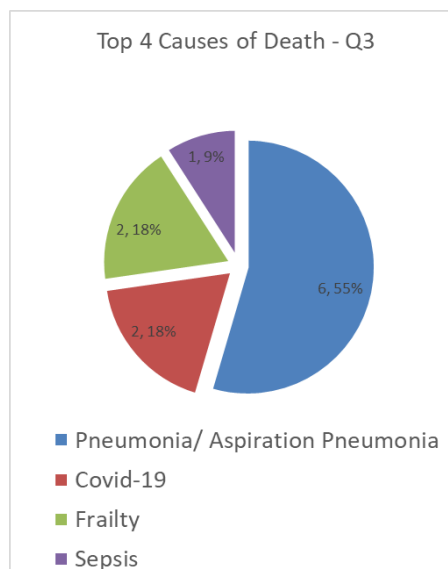
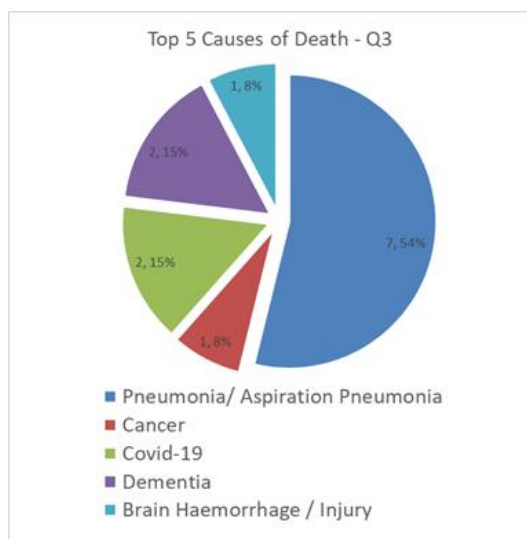
In Q3 this year (right), the highest level of LD was Severe with 34%, followed by Mild at 33%.

In Q3 2021, Moderate was recorded as the highest level of LD with 37%, followed by Mild with 31%.



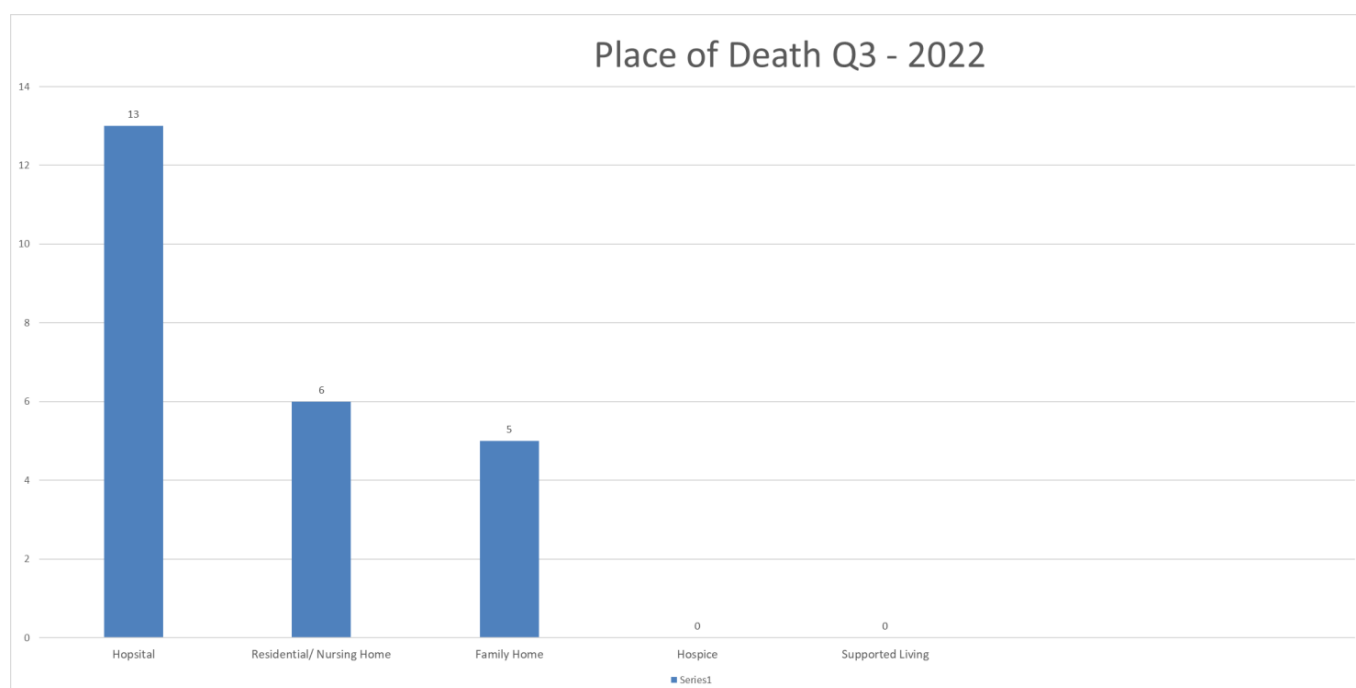
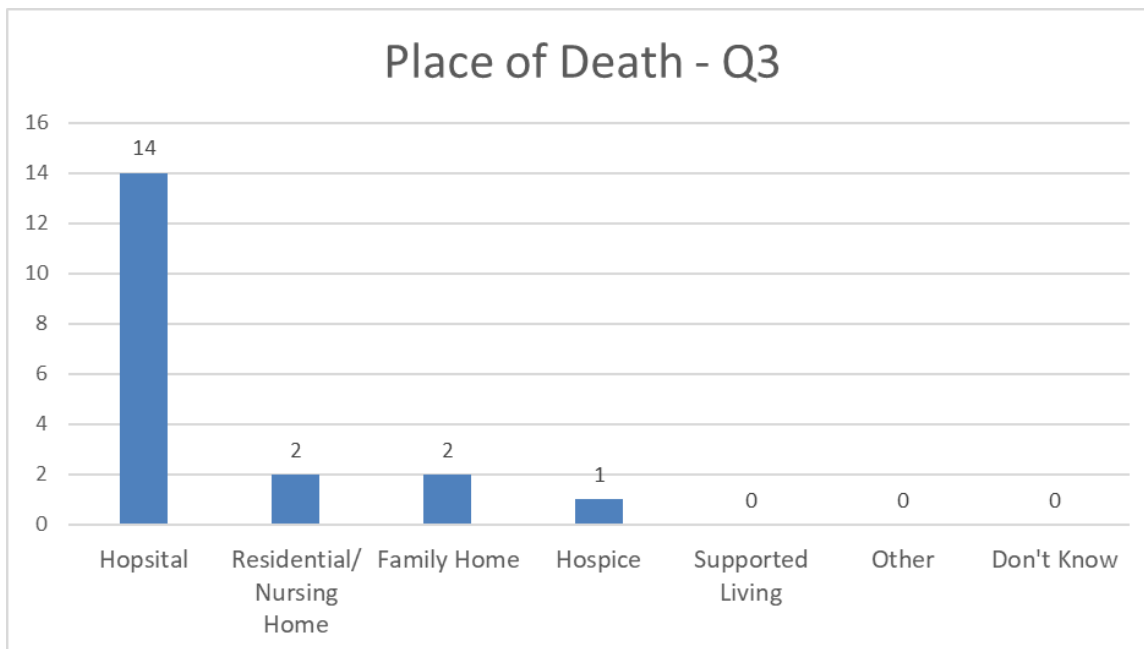
## 3. Causes of Deaths

In Q3 this year, the graph on the right shows that Pneumonia (including Aspiration and Broncho) still remains the highest cause of death, with 55%. Similarly, to Q3 in 2021, Pneumonia was the highest cause of death with 54%. All other deaths in Q3 this year had 1 recording so we have only included a top 4 for this reason.



## 4. Place of Death

In Q3 this year (second below), the highest place of death was in Hospital with 13 out of 24 deaths, followed by 6 in Residential/ Nursing Homes, then 5 in family/ the person's home. Q3 in 2021 (first below) was very similar with 14 deaths in Hospital as the highest place of death, followed by an equal number of deaths in Residential/ Nursing Homes and family/ the person's home with 2 recordings, then 1 in Hospice.



## 5. Open to KCHFT Services

The graph shows those open to KCHFT at the time of death for reviews completed in Q3 (April - June 2022 deaths)

We can see that the Adult Learning Disabilities team had the highest number of people open to them with 9 recorded plus 2 were open to Nursing and another open to Speech and Language Therapy.

There was also 2 for the Community Speech and Language Therapy Team, 1 for the Continence Team, 1 for Epilepsy Service, 1 for Respiratory Team and 13 were recorded as not open to KCHFT.

Some people were open to more than 1 service, which is why the figures are higher than those who died in Q3.

We did not record those open to KCHFT in Q3 2021 so are unable to provide a comparison however we can see more people were open to different services across KCHFT compared to those mostly only known to the Learning Disabilities Team in Q2 2022.

| Open to KCHFT                |    |
|------------------------------|----|
| LD Team                      | 9  |
| LD Team - Nursing            | 2  |
| LD Team - OT                 | 0  |
| LD Team - SLT                | 1  |
| LD Team - Physio             | 0  |
| Dietetics                    | 0  |
| Community SALT Team          | 2  |
| Community Adult Nursing Team | 2  |
| Continence Team              | 1  |
| Dental Services              | 0  |
| Epilepsy Service             | 1  |
| Falls Prevention Service     | 0  |
| Frailty Service              | 0  |
| Lymphoedema Service          | 0  |
| One You Service              | 0  |
| Podiatry                     | 0  |
| Public Health Service        | 0  |
| Respiratory Team             | 1  |
| Sexual Health                | 0  |
| Urgent Treatment             | 0  |
| Not open to KCHFT            | 13 |

## 6. Best Practice & Learning from Reviews

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

### Learning and Actions

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

### Positive Practice

- The LeDeR team have attended Provider Conferences and held workshops.
- Offered presentations to private providers, outside agencies and services within KCHFT.
- The Outpatient Action is progressing at different rates in each individual Hospital.
- One of our reviewer's links in with other groups, for example STOMP and STAMP Steering Group, Annual Health Check Steering Group, End of Life Care (EOL) and Respect Group.
- From May, an individual reviewer will be a link person for each CLDT.

- Deep Dives will include members of the CLDT and other relevant services within KCHFT.
- Deep Dives will occur on themes and trends that have been identified in the initial reviews.
- A Task & Finish Group will be held at QEQM regarding DNACPR's.
- There will be promoting LD Champions in GP Practices.
- Bulletins now go out to CLDT's GP's and Safeguarding Boards.
- The Locality Clinical Managers will now sit on the focused review panels, local learning will be passed on and actioned more efficiently.

## 7. Key findings for Q3 2021 vs. Q3 2022:

- The number of Male deaths remains considerably higher than Female deaths across the quarters.
- The age range at death for 46-56-year olds is higher in Q3 for both 2021 and 2022, unlike some of quarters where the age range at death is older.
- White British remains the highest ethnicity recording across the quarters.
- The highest place of death has remained the same in Q3 2021 and 2022.
- The severity of LD in Q3 this year was Severe, whereas Q3 2021 we had Moderate LD as the highest recording. We are seeing more recordings of Severe LD across the quarters.

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 15   |
| <b>Agenda Item Title:</b>          | Audit and Risk Committee Chair's Assurance Report  |
| <b>Presenting Officer:</b>         | Peter Conway, Chair of Audit and Risk Committee  |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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

The report summarises the Audit and Risk Committee meeting held on 6 February 2023 and provides assurance to the Board.

**Summary of key points**

**Proposal and/or recommendation to the Board**

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

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

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

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

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

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

☐ Yes (please attach)

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

**Highlights relating to protected characteristics in paper**

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

|                   |              |            |                        |
|-------------------|--------------|------------|------------------------|
|                   |              |            |                        |
| Name:             | Peter Conway | Job title: | Non-Executive Director |
| Telephone number: |              | Email      | peter.conway2@nhs.net  |

## AUDIT AND RISK COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Audit and Risk Committee meeting held on 6 February 2023.

| Agenda item                      | Assurance            | Items for Boards consideration and/or next steps   |
|----------------------------------|----------------------|--|
| Financial reporting              | Reasonable assurance | The outline timetable was agreed for March 2023 year end. No significant changes to reporting/auditing/value for money (VfM) at this stage. The Quality Account is still required (but not audited) and will be produced under a separate process/timetable overseen by the Quality Committee. The Audit and Risk Committee will oversee sustainability reporting (within the Annual Report) and its future development. Charitable Funds' independent examination also under separate process/timing and consideration being given to alternative provider to Grant Thornton because of the cost. |
| Financial controls               | Reasonable assurance | Assurance received regarding losses and special payments, single tender waivers and retrospective requisitions. Third party payroll provider (Kent County Council) performance under review.   |
| (1) Internal controls – auditors | Reasonable assurance | 1) TIAA: The Healthcare Financial Management mandated review of the Trust was successfully completed. 1x Reasonable Assurance report (Digital Solutions**). Annual plan on track and 2 x priority two audit recommendations outstanding (evidence awaited to close).   |



| Agenda item                   | Assurance            | Items for Boards consideration and/or next steps  |
|-------------------------------|----------------------|---|
|                               |                      | <p>2) Anti-Crime: Employment Agency Fraud Guidance from NHS Counter Fraud Authority requires further clarification of the Trust's management response</p> <p><i>**Digital Solutions audit was to assess that the Trust had a documented plan in place, a map of digital equipment and systems needs for all roles created, and always on solution implemented, trial use of roaming SIMs in mobile devices, telephony solutions in place, devices were controlled and monitored, paper records were transferred to digital securely and effectively, support was in place and capex was allocated and sufficient.</i></p>   |
| (2) Internal controls – Trust | Reasonable assurance | <p>1) Corporate Assurance and Risk Management Group report: (1) 1 x serious incident reported to the Information Commissioner's Office (ICO) (address of domestic abuse victim revealed to father), (2) verbal abuse towards staff incidents increasing (particularly phone/virtual conversations with patient/carers) so Strategic Workforce Committee asked to put on their radar and (3) new triangulation report in development which brings together incidents, patient safety incident investigation (PSII), risks, complaints, claims and inquests.</p> <p>2) Legal report: claims, inquests and trends all stable. Documentation quality remains a concern although this needs to be proportionate with the parallel concerns of staff regarding "feeding" Rio.</p> |

| Agenda item   | Assurance            | Items for Boards consideration and/or next steps  |
|---|----------------------|---|
| Risk management and Board assurance framework (BAF) | Limited assurance    | <p>1) Board assurance framework (BAF): Risk management strategy, policies, appetite, processes and terminology all being refreshed with the next checkpoint being the Well-Led Review (1 March Board meeting) with a subsequent Board seminar to consider risk appetite in the light of the refreshed strategic goals.</p> <p>2) Risk processes within the Trust are effective</p> <p>3) All risks greater than 12+ need reviewing for inclusion on the BAF per existing risk policy</p> <p>4) Integrated Care System (ICS) Risk register – reviewed. No surprises in terms of content.</p> |
| Risk deep dive                                      | Reasonable assurance | Cyber security – for confidentiality reasons, I will cover this verbally.   |
| Governance  | Reasonable assurance | Governors have approved the extension of the external audit contract 2024 so we can re-tender in conjunction with Kent and Medway NHS and Social Care Partnership Trust (KMPT) and Maidstone and Tunbridge Wells NHS Trust (MTW).   |

**Peter Conway**  
**Chair, Audit and Risk Committee**  
**8 February 2023**

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 16   |
| <b>Agenda Item Title:</b>          | Finance, Business and Investment Committee Chair's Assurance Report  |
| <b>Presenting Officer:</b>         | Paul Butler, Chair of Finance, Business And Investment Committee   |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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

The paper summarises the Finance, Business and Investment Committee meetings held on 1 December 2022, 2 February and 23 March 2023 and provides assurance to the Board.

**Summary of key points**

**Proposal and/or recommendation to the Board**

The Board is asked to receive the Finance, Business and Investment Committee Chair's Assurance Report.

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

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

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

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

*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)

|  |             |                                  |                        |
|--|-------------|----------------------------------|------------------------|
|  |             | <i>highlights in your paper)</i> |                        |
| <b>Highlights relating to protected characteristics in paper</b>   |             |                                  |                        |
| The committee has asked authors to consider their papers through the equality and diversity lens and highlight any issues in their papers. |             |                                  |                        |
| Name:  | Paul Butler | Job title:                       | Non-Executive Director |
| Telephone number:  |             | Email                            | paul.butler9@nhs.net   |

## FINANCE, BUSINESS AND INVESTMENT COMMITTEE CHAIR'S ASSURANCE REPORT

This report is based on the Finance, Business and Investment Committee meeting held on Thursday 1 December 2022

| Issue   | Committee review and assurance  | Matters for Board awareness and/or action |
|---|---|---|
| Board assurance framework                         | Latest report was presented and noted.  |   |
| Focus items                                       | Discussion on system current deficit.   |   |
| Business development and service improvement item | Latest report was presented and noted.  |   |
| Terms of reference progress report                | Gordon Flack, Chief Finance Officer gave a verbal update on visibility to the Committee of progress on strategic initiatives - sustainable services, digital and service integration.<br>Appropriate assurance on the first two have been received by the Committee but integration work would now be covered by the strategic planning work on services which was now being covered as part of Board development sessions. |   |
| Finance report including service line             | Latest report presented and noted.  |   |

| Issue                                 | Committee review and assurance   | Matters for Board awareness and/or action |
|---------------------------------------|--|---|
| and cost improvement programme (7/12) | A discussion on productivity led to the proposal that an initial paper would be presented at the next Committee meeting.   |   |
| Capital plan review and forecast      | <p>The review of the current forecast was received and challenged. The Executive were of the view that the full year budget would be spent by the end of the year.</p> <p>A request was made for a presentation of progress on the Edenbridge project. It was agreed that a report on the current contractual and financial position would be presented at the next Committee meeting.</p> |   |
| Feedback from other committees        | The Committee received feedback from the Audit and Risk Committee and Strategic Workforce Committee. This covered updates of the board assurance framework (BAF), delivery of IT initiatives and thoughts on different approaches to the cost improvement programme (CIP).   |   |
| Committee effectiveness               | The Committee was advised that the effectiveness review output would be presented to the Committee in February.  |   |

**Paul Butler, Non-Executive Director**  
**Chair, Finance, Business and Investment Committee**  
**2 December 2022**

## FINANCE, BUSINESS AND INVESTMENT COMMITTEE CHAIR'S ASSURANCE REPORT

This report is based on the Finance, Business and Investment Committee meeting held on Thursday 2 February 2023.

| Issue   | Committee review and assurance   | Matters for Board awareness and/or action |
|---|--|---|
| Board Assurance Framework                           | Latest reported was presented and noted.   |   |
| Focus items   | Discussion on the system's current financial deficit.<br>An update on the submission of the Healthcare Financial Management Association (HFMA) checklist was received. The Committee agreed that progress of actions should be presented to the Committee in due course. |   |
| Business Development and Service Improvement report | The latest position was reported and noted.  |   |
| NHS Productivity report                             | A paper on the Trust's productivity analysis presented and noted. It was suggested that the budget for 2023/24 should be compared to the base year 2019/20 and a summary should be included in the 2023/24 budget documentation.   |   |

| Issue  | Committee review and assurance   | Matters for Board awareness and/or action |
|--|--|---|
| Agency costs report  | <p>The Executive was encouraged to develop the analysis further and share it with other community trusts as appropriate. A further 'drill down' analysis would be presented to the Committee in due course.</p> <p>A paper on agency costs for 2022/23 ytd was presented. Explanations were provided for costs exceeding the original budget and NHS England's ceiling figure based on a 30 per cent reduction year on year. The report was noted.</p> |   |
| <p>Finance report including service line and cost improvement programme (9/12)</p> <p>Financial planning assumptions 2023/24</p> | <p>The latest report was presented and noted.</p> <p>A paper was presented regarding NHS priorities and operational planning assumptions for 2023/24. The Executive was asked to summarise details of Trust planned performance for 2023/24 and hence potential achievement against these planning assumptions as part of the budget document for 2023/24.</p>   |   |



| Issue                               | Committee review and assurance   | Matters for Board awareness and/or action |
|-------------------------------------|--|---|
| Business planning approach 2023/24  | A paper setting out the planned cost improvement programme (CIP) target for 2023/4 was presented and noted.  |   |
| Integrated Musculoskeletal Services | A further presentation was included but not discussed. It was agreed that a further update should be made to the Committee subsequent to discussions with the Executive and service commissioners.   |   |
| Edenbridge capital project          | A presentation on project progress and a financial update of the project was given. It would appear that the project is on schedule and the developer's capital costs are in line with expectations and very similar to the position previously reported. The Committee asked that a presentation on the reconfigured usage of the building and associated cost detail should be made in due course. |   |

**Paul Butler, Non-executive director**  
**Chair of Finance, Business and Investment Committee**  
**3 February 2023**

## FINANCE, BUSINESS AND INVESTMENT COMMITTEE CHAIR'S ASSURANCE REPORT

This report is based on the Finance, Business and Investment Committee meeting held on Thursday 23 March 2023.

| Issue   | Committee review and assurance  | Matters for Board awareness and/or action   |
|---|---|---|
| Board Assurance Framework                           | Latest reported was presented and noted.  |   |
| Focus items   | Further discussion on the system's current financial deficit and approach to the 2023/24 budget.                                  |   |
| Business Development and Service Improvement report | The latest position was reported and noted.   | The Committee was informed that the Medway Sexual Health Services tender documentation would be presented to the Committee at its next meeting in advance of submission.  |
| 2023/24 Draft Annual Budgets                        | The draft budgets were presented to the Committee which supported onward inclusion at forthcoming Board meeting on 31 March 2023. | The Committee supported the budget as presented but requested that the Executive make clear in its presentation to the Board, key assumptions regarding the additional pay award for 2022/3, the pay award for 2023/4, and the size, challenges and |
| 2023/24 Capital Plan Review and Forecast            | The key assumptions and risks were highlighted.   |   |

| Issue   | Committee review and assurance   | Matters for Board awareness and/or action  |
|---|--|--|
| 2023/24 Cost Improvement Programme (CIP) Plan<br><br>2023/24 Going Concern Review including Working Capital       | It was also noted that the budget to be approved on 31 March would change thereafter as a result of various clarifications and agreement at system level.<br>In reviewing the CIP programme for 2023/24 the Committee asked for a future presentation of work currently being undertaken on estates optimisation.<br><br>The paper on the latest assessment of going concern and associated working capital was presented and noted. The Committee supported the assessment and that no commercial working capital facility is currently required. | achievability of the cost improvement programme as included.<br><br>Also, to highlight the positive productivity assumed in the budget as compared with 2019/20. |
| Finance report including service line and cost improvement programme (9/12)<br><br>Digital Strategy update report | The latest report was presented and noted.<br><br>The latest report was presented and noted.   |  |
| Terms of Reference review and approval  | The copy of the existing terms of reference was included. Committee members have been asked to feedback to the Committee Chair /Assistant Trust Secretary any comments regarding any amendments required in advance of the next Committee meeting.   |  |

| Issue                          | Committee review and assurance  | Matters for Board awareness and/or action  |
|--------------------------------|---|--|
|                                | The status of the existing strategic initiatives assigned to the Committee would be raised at the forthcoming Board meeting.  |  |
| Committee Effectiveness Review | The committee effectiveness review feedback was noted and it was agreed that the Committee should have some additional time to discuss matters arising further.   | This has now been scheduled for 8 June.  |
| Physical Security Matters      | A paper was included under Any Other Business covering initial meetings held by Paul Butler in his capacity as the non-executive director (NED) lead for security management (non-IT) and executive responses to the issues raised. The paper was received and a request made that the Executive review the existing lone worker policy and prepare a paper on progress against delivery across the Trust. This should be presented to the Committee in due course. | Whilst a lone worker policy is in place, it is important for the Board to have sight of progress against how the Trust is meeting policy requirements. |

**Paul Butler, Non-executive director**  
**Chair of Finance, Business and Investment Committee**  
**9 April 2023**

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 17   |
| <b>Agenda Item Title:</b>          | Strategic Workforce Committee Chair's Assurance Report   |
| <b>Presenting Officer:</b>         | Kim Lowe, Chair of Strategic Workforce Committee   |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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

The report summarises the Strategic Workforce Committee meeting held on 21 February 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 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)

|  |  |
|--|--|
|  |  |
| <b>Highlights relating to protected characteristics in the paper</b> |  |
|  |  |

|                   |              |            |                        |
|-------------------|--------------|------------|------------------------|
| Name:             | Kim Lowe     | Job title: | Non-Executive Director |
| Telephone number: | 01622 211900 | Email      | kim.lowe3@nhs.net      |

## STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on Tuesday 21 February 2023.

| Agenda items  | Notes | Assurance status.<br>Actions and follow up |
|---|-------|--|
| <ul style="list-style-type: none"> <li>• Industrial action</li> <li>• Retention task and finish group conclusion report</li> <li>• Workforce report</li> <li>• Recruitment key performance indicators (KPI's)</li> <li>• Staff incidents – violence and aggression</li> <li>• Operational workforce report</li> <li>• Equity, diversity and inclusion – EDI action plan refresh</li> <li>• Resourcing of emergency nurse practitioners (ENP's) and urgent treatment centres (UTC)</li> <li>• Workforce performance report</li> <li>• Benefits reward package</li> <li>• Staff Survey</li> </ul> |       |  |

| Agenda items  | Notes  | Assurance status.<br>Actions and follow up  |
|---|--|---|
| <b>Staff network – staff story<br/>Neurodiversity network</b> | New staff network, already 140 members. Strong Chair. Main challenges include line managers' understanding of the wide number of issues this condition displays e.g. dyslexia to autism. Supporting people to feel safe to declare their condition.  |   |
| <b>Industrial action</b>                                      | Very challenging situation – on hold as I write.   | Solid plans in place but assurance remains Limited as to impact.  |
| <b>Retention task and finish group conclusion report</b>      | This piece of work has been ongoing for many months into reasons people are leaving. Flexibility / line manager/ feeling valued are key. A number of work streams look like they are having a positive impact on retention numbers worth more to come. Particularly revisiting the exit interview process. | Substantial Assurance on approach.<br><br>Limited Assurance on effectiveness of actions. Review in six months.  |
| <b>Workforce report</b>                                       | Positive improvements in a number of metrics, particularly in recruitment. Discussed possible increase in board assurance framework risk regarding industrial action (on hold).  | No change to board assurance framework ratings until sustained improvement in place.  |
| <b>Recruitment key performance indicators (KPI's)</b>         | Good progress embedding new team. The KPIs are moving in right direction.  | Actions - gather feedback from customers. Communicate continuous improvement feedback loops and share user improvements. Significant Assurance on the approach. |



| Agenda items   | Notes  | Assurance status.<br>Actions and follow up   |
|--|--|--|
| <b>Staff Incidents – Violence and Aggression</b>                 | Referred by the Audit and Risk Committee. National issue. Particularly high in telephone and virtual interactions. Incidents have not increased but still too high.  | New training and approach being worked up in tandem with national response. Looking into black, Asian and minority ethnic (BAME) statistics. Limited Assurance until we receive an update.               |
| <b>Operational Workforce report</b>                              | Ongoing challenges and service hot spots e.g. community hospitals  | Limited assurance as recruitment is still a big challenge.   |
| <b>Equity, Diversity and Inclusion – EDI action plan refresh</b> | Excellent piece of engagement work in progress. Significant numbers of stakeholders included. Still living with the mistrust from staff over the previous Red Quadrant work. Building trust and maintaining transparency of the work is key. | Substantial Assurance. Detail will come to the Board through the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standards (WRES). Need to keep this high on the Board agenda. |
| <b>Benefits reward package</b>                                   | Excellent piece of work. Positive aid to recruitment. Sets the Trust apart in its offer e.g. free tea and coffee and parking on all sites.   | Substantial Assurance.   |
| <b>Staff Survey</b>  | Reduced participation rates. Little movement in scores. Movement is in line with national results. Quality of appraisal - low score. This is already being refreshed based on last year's survey results.                                    | The Executive Team to own improvement plan and targets for participation. Breakthrough objectives  |

| Agenda items | Notes | Assurance status.<br>Actions and follow up                 |
|--------------|-------|--|
|              |       | linked to improved engagement and line manager capability. |

Kim Lowe, Non-Executive Director  
Chair, Strategic Workforce Committee  
21 February 2023

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 18   |
| <b>Agenda Item Title:</b>          | Charitable Funds Committee Chair's Assurance Report  |
| <b>Presenting Officer:</b>         | Nigel Turner, Chair of Charitable Funds Committee  |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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

The paper summarise the Charitable Funds Committee meeting held on 8 March 2023.

**Summary of key points**

**Proposal and/or recommendation to the Board**

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

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

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

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

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

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

☐ Yes (please attach)

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

**Highlights relating to protected characteristics in paper**

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

|                   |              |            |                        |
|-------------------|--------------|------------|------------------------|
|                   |              |            |                        |
| Name:             | Nigel Turner | Job title: | Non-Executive Director |
| Telephone number: |              | Email      | nigel.turner3@nhs.net  |

## CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Charitable Funds Committee meeting held on Wednesday 8 March 2023.

| Agenda item            | Assurance and key points to note  | Further actions and follow up  |
|------------------------|---|--|
| Fund Managers Workshop | A re-scheduled workshop aimed at exploring the fund manager role and associated processes with a view to improving effectiveness was held on 10 March.  | There were a number of actions that came out of the workshop including priority actions from the Charitable Funds Committee effectiveness review.  |
| Matters Arising        | The scheduled update from representatives from Heron Ward, Queen Victoria Memorial Hospital, Herne Bay to discuss the post-opening of the new facilities was postponed.   | The Heron Ward staff to present at the July Committee meeting.   |
| Marketing Report       | Jo Treharne, Head of Campaigns and Digital shared a busy marketing report covering key areas which included: <ul style="list-style-type: none"> <li>a reconfigured text-giving capability</li> <li>bid ideas for an application to the NHS Charities Together 'post-covid recovery grant</li> </ul> | <ul style="list-style-type: none"> <li>Committee supported new proposal.</li> <li>Jo Treharne would report on the final selection.</li> <li>There would be a comms message to the services including the community hospital ward matrons.</li> </ul> |

| Agenda item   | Assurance and key points to note  | Further actions and follow up   |
|---|---|---|
|   | <ul style="list-style-type: none"> <li>local support for services for Coronation Day (6 May)</li> <li>A re-licence to enable running raffles.</li> </ul>  | <ul style="list-style-type: none"> <li>Options would be explored.</li> </ul>  |
| Quarterly Finance Report  | The report was presented and noted.   | None  |
| Financial Health and Wellbeing Update – including Hardship Fund | <p>Victoria Robinson-Collins, Chief People Officer updated the Committee as follows:</p> <ul style="list-style-type: none"> <li>Hardship Fund procurement has been completed.</li> <li>A provider is in-place - North and West Kent Citizens Advice Bureau.</li> <li>Core duties will be triage, administration and counselling</li> <li>Minor matters of data protection and confidentiality assurance is in process prior to the launch.</li> </ul> | Launch – in conjunction with the Citizens Advice Bureau (CAB) and Jo Treharne, KCHFT Head of Campaigns and Digital. |
| Any Other Business<br>Audit fees                                | The Committee discussed the fact that fees had increased x4 over the past five years. A decision to procure a better value, perhaps local provider, was agreed.   | Refer to Kent and Medway and seek a better value proposal and provider for next year.                               |






**Nigel Turner**  
**Chair, Charitable Funds Committee**  
**8 March 2023**

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 19   |
| <b>Agenda Item Title:</b>          | Integrated Performance Report  |
| <b>Presenting Officer:</b>         | Gordon Flack, Chief Finance Officer  |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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


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

### Summary of key points

There are currently 8 KPIs (22.2%) showing either a high  or low  positive trend (7 or more points above/below the mean or in a positive direction, or outside of the control limits), 10 (27.8%) showing a high  or low  negative trend whilst 18 (50%) are in normal variation .

Of the 10 showing a negative trend, only 2 are also currently failing to achieve target consistently. KPI 4.5 (remotely delivered activity) is experiencing a negative trend and has just dipped below target although the target is still positively above the lower control limit.

7 of the KPIs were in positive variation in the last report, KPIs 4.1 and 4.3 have moved into positive variation this month, while KPI 4.4 has moved to normal variation.

There are 5 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 had been consistently higher since 2020, impacted by increased virtual appointments (which have shown to carry higher DNA rates). However, showing positive variation downwards.
- 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 3.3 Acute discharge flow challenges have resulted in a sustained increase in this metric.
- KPI 5.6 Stability – Now in normal variation, however target is above the upper control limit.

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

### Quality

- Six pressure ulcer lapses in care occurred with patients on our caseload that were identified during December 2022 and January 2023. Four were low harm and two were moderate harm incidents.
- During December 2022 and January 2023, 200 falls were reported across the trust with an increase of 11.1% (20) compared to the last period October and November 2022. Of the 200 falls, there were seven avoidable incidents, one resulted in no harm to the patient, five resulted in low harm to the patient and one resulted in severe harm to the patient
- 107 reported medication incidents were considered avoidable to KCHFT during December 2022 and January 2023 compared to 117 incidents in October and November 2022, this represents an 8.5% decrease.

### Workforce

- At 9.86% the organisation's turnover rate (voluntary turnover is 8.67%) is reporting below the target of 14.47% and the lowest point over the reference period and continues on a downward trajectory. A deep dive of reporting this metric has been completed by the workforce team and a paper shared with Executives for decision.
- At 4.09% the in-month sickness absence rate for February is reporting below the Mean and the Target, however the absence rate has continued to reduce since the peak experienced in December 2022.
- The Vacancy rate has reduced once again this month to below the target level at 5.14% with this being the lowest rate since March 2022 – prior to the significant increase in budgeted establishment across the organisation at the beginning of the financial year.



## Finance

- The Trust is in a breakeven position to the end of February after excluding £296k charitable donations for the purchase of capital equipment. The cumulative financial performance including these items is comprised underspends on pay and depreciation/interest of £6,413k and £596k respectively offset by an overspend on non-pay of £1,865k and an under-recovery on income of £4,848k. The actual costs for depreciation and interest has reduced in-month following a re-review of IFRS 16 calculations and assumptions, which in turn has been offset in part by an increase in non-pay costs due to the reclassifications of rent management fees associated to lease arrangements with NHSPS and CHP.
- The Trust achieved CIPs of £6,236k to the end of February against a plan of £6,140k which is £96k (1.6%) ahead of target. The forecast is for the target of £6,698k to be exceeded by £85k at the end of the financial year.
- Capital: Spend to February was £3,889k, against a YTD plan of £6,427k (61% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes, which are now to be completed in March. At M11, the full year forecast is £6,900k, and following a review of the forecast by Project Leads, the Trust expects to utilise the forecast in full.
- Temporary staff costs for February were £1,393k, representing 8.1% of the pay bill. Of the temporary staffing usage in February, £279k related to external agency and locums, representing 1.6% of the pay bill. The agency target has been tightened and is based on a 30% reduction from 2021/22 outturn. Our amber RAG rating reflects this with a 14.1% variance to date excluding covid vaccinations expenditure.
- Contracted WTE increased by 40 to 4,537 in post in February which includes 14 posts funded by capital projects. Vacancies decreased to 246 in February (from 286 in January) which was 5.1% of the budgeted establishment. Budgeted establishment reduced by 1 WTE in February due to a reduction in the capital plan.

## 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 11.
- The 4-week quit rate YTD at M10 is 89.8% of target – target to have quit at M10 is 2431, and the actual quits at M10 is 2184. While performance is stable, the main challenge continues to be the lack of third-party provision.
- Performance against the % of new birth visits completed by the Health Visiting Service has, as predicted, increased back comfortably above 90%, to 95.2% for M11 22/23. All district teams met target.
- During Month 11 (February 2023) KCHFT carried out 176,823 clinical contacts. For the financial year to February 2023, KCHFT is 2.1% above plan

for all services (some services have contractual targets, some are against an internal plan). The main negative variance remains within Dental and Planned Care Services (-20%), although this area had the highest planned growth for 22/23. Activity plans have been drawn up for 23/24 and growth of 1.6% is predicted compared to 22/23 levels.

- 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 11 position being at 98.2%, with 71 patients out of 4,035 currently waiting longer than 18 weeks.
- Diagnostics waits compliance for Month 11 has seen an improvement in performance and compliance is reported at 98.3% with all school health referrals completed.
- The TB Service is currently achieving 100% offer to the eligible cohort. The trajectory for BCG vaccinations delivered within timeframe is an improving position however the position for babies born in January was adverse to trajectory driven by a reduction in the performance within East Kent reported at 46.5% with 29 babies vaccinated outside of timeframe. Compliance in North Kent was higher at 50.8%.
- In Month 11, 82.4% of Looked After Children IHAs were completed within the statutory time frame which is on an upward trajectory. In order to support KCHFT KCC has a target to send the request for an IHA within 5 days of a CYP entering care. KCC has struggled to meet this standard, although performance has improved in month 10, with 70.6% of IHA referrals received within 5 days. Oversight of KCC performance is managed at the Corporate Parenting Board and is supported by the ICB designated nurse.
- In KCHFT, there are currently 2,492 children on the ASD pathway, with an average of an additional 65 children being referred to the caseload each month. The average wait for a diagnosis is 3 years.
- 2-hour urgent responses - Performance has continued to show monthly achievement against the target of 70%, with the month 11 position above the trajectory at 83.3% and now showing normal variation. There is still some geographical variation with west Kent performing at 87.8% currently and east Kent at 76.1%.
- 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 M10 is at 71%.
- No Longer Fit to Reside - 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 around the mean and increased in M11 to 24.5%.

- Bed Occupancy continues to show a varying trend, with current performance stable around the mean and within the target threshold of 87-92% (90.1% at month 11).

**Proposal and/or recommendation to the Board**

The Board is asked to receive this report.

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

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

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

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

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

☐ Yes (please attach)

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

**Highlights relating to protected characteristics in paper**

High level position described and no decisions required






|                   |               |            |   |
|-------------------|---------------|------------|---|
| Name:             | Nick Plummer  | Job title: | Assistant Director of Performance and Business Intelligence |
| Telephone number: | 07823 777 854 | Email      | nick.plummer@nhs.net  |

# Integrated Performance Report 2022/23

## April 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

## Contents

|            |                               |
|------------|-------------------------------|
| Page 3     | Glossary of Terms             |
| Page 4     | Assurance on Strategic Goals  |
| Page 9-14  | Quality Report                |
| Page 15-20 | Workforce Report              |
| Page 21-24 | Finance Report                |
| Page 25-43 | Operational Report            |
| Page 44-46 | Patient Inequality Monitoring |
| Page 47-52 | Appendix 1 – SPC Charts       |



## Glossary of Terms

**SPC** – Statistical Process Control

**LTC** – Long Term Conditions Nursing Service

**ICT** – Intermediate Care Service

**Quality Scorecard** – Weighted monthly risk rated quality scorecards

**CDI** – Clostridium Difficile Infection

**MRSA** – Meticillin Resistant Staphylococcus Aureus Bloodstream Disorder

**UTC** – Urgent Treatment Centre

**RTT** – Referral to Treatment

**GUM** – Genitourinary Medicine

**CQUIN** – Commissioning for Quality and Innovation

**MTW** – Maidstone and Tonbridge Wells NHS Trust

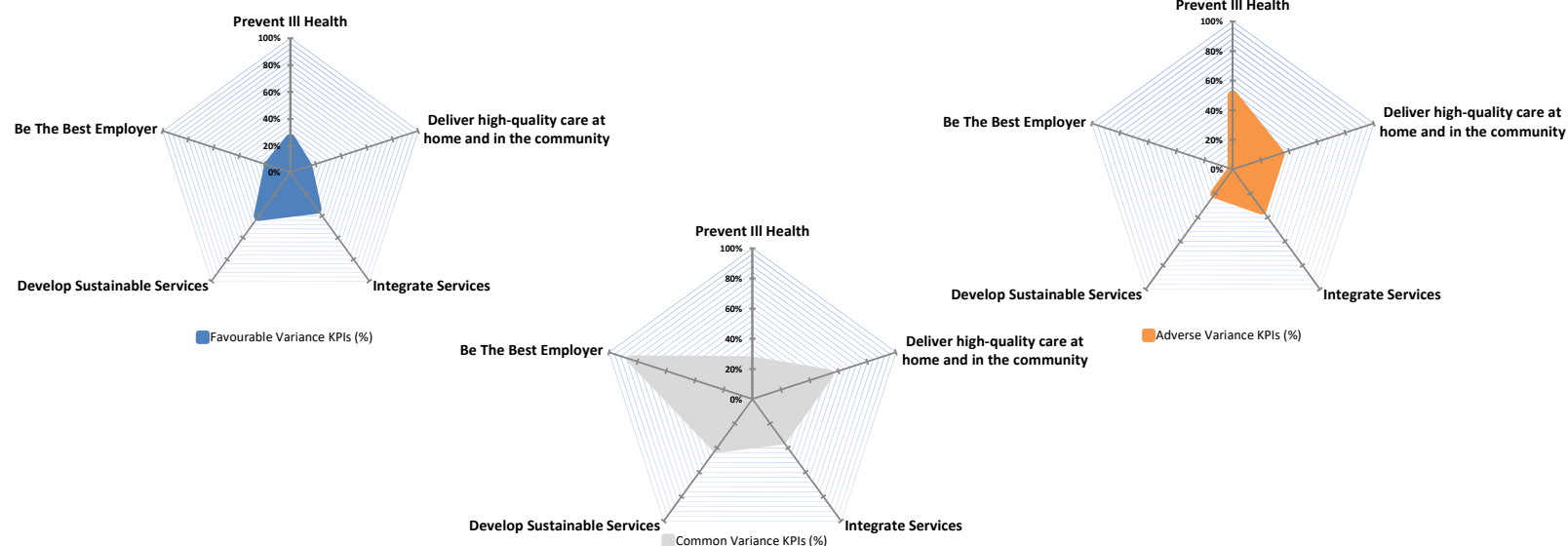
**WTE** – Whole Time Equivalent

**UTI** - Urinary tract infection

**CAUTI** - Catheter-associated urinary tract infection



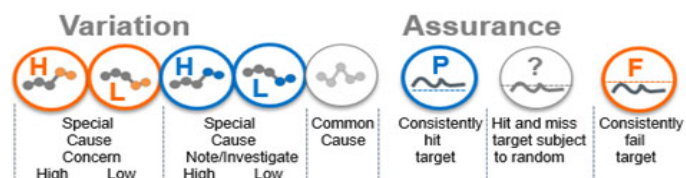
## 1.0 Assurance on Strategic Goals



Overall, of the 36 indicators that we are measuring on a statistical process control (SPC) chart, **22.2% are experiencing either a high or low positive trend** (8, KPIs 1.5, 2.8, 2.10, 3.2, 3.4, 4.1, 4.3 and 5.3), **27.8% are showing a high or low negative trend** (10, KPIs 1.1, 1.2, 2.7, 2.9, 2.11, 2.14, 2.16, 3.1, 3.5 and 4.5) and the remaining **50.0% (18) are showing normal variation**.

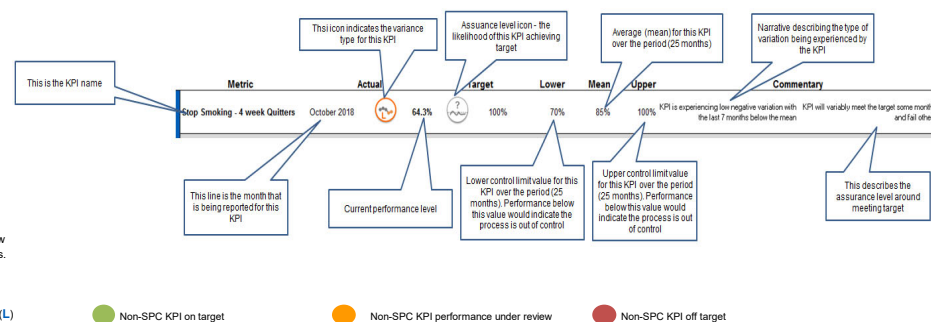
**30.6%** of the KPIs are expected to consistently achieve target as the target is positively outside the control limits (11 KPIs 1.5, 2.5, 2.11, 2.12, 2.13, 2.15, 2.17, 2.18, 3.2, 3.4 and 5.4), **13.9% (5, KPIs 2.8, 2.9, 2.14, 3.3 and 5.6)** are unlikely to be achieved in the near future without a process or target change (as the target is outside control limits negatively), with the remaining **55.6% 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  | January 2023  |  | 89.8%  |  | 100%           | 82%  | 97%   | 112%       | Month 10 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   | February 2023 |  | 115.6% |  | 100%           | 79%  | 116%  | 154%       | Strong performance with overachievement against target, although in slight negative variation. Both KCHFT core checks and third party checks are exceeding trajectory                                     |
|                       | KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days                      | February 2023 |  | 95.2%  |  | 90%            | 89%  | 93%   | 98%        | The new birth visit performance is in normal variation with performance back above target following a dip in M10  |
|                       | KPI 1.4 (N) School Health - Year R and Year 6 Children Screened for Height and Weight | February 2023 |   | 16.1%  |  | 90% (year end) |      |       |            | The 22/23 programme has begun in Jan-23 and is on trajectory  |
|                       | KPI 1.5 Admissions Avoidance (2 Hour Crisis Responses)                                | February 2023 |  | 723    |  | 326            | 406  | 575   | 743        | 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                 | January 2023  |   | 49.5%  |  | 95.0%          |      |       |            | Data currently available from January 2022. Current low performance, however capacity is being increased and an improvement trajectory has been implemented which has seen performance increase to 49.5%. |

|   | 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 | February 2023 | 0      |   | 1      | 3                | 11               | Target achieved for the month  |
|   | KPI 2.2 (N) Never Events  | January 2023  | 0      |  | 0      | 0                | 0                | Target achieved for the month. 0 Never Events recorded this year   |
|   | KPI 2.3 (N) Infection Control: CDI                                    | January 2023  | 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   | January 2023  | 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                      | January 2023  0.00         | 0.19   | -0.11  | 0.03   | 0.16   | 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   | January 2023  3            | 1      | -3.7   | 3.1    | 9.8    | The data is showing normal variation with no change this month and performance remaining below the mean.  |
|   | KPI 2.7 Community Activity: YTD as % of YTD Plan   | February 2023  102.1%      | 100.0% | 97.7%  | 103.1% | 108.5% | Negative variation although with performance marginally above target. Some variation at service and division level but no significant areas of concern. Plans have been drafted for 23/24 with a small amount of growth expected (1.6%) |
|   | KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity                               | February 2023  3.8%        | 4.0%   | 4.0%   | 4.5%   | 4.9%   | DNA levels are showing an improved picture, with performance below the mean for a sustained period and therefore in positive variation  |
|   | KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)                           | February 2023  81.2%       | 95.0%  | 79.1%  | 82.1%  | 85.1%  | Metric showing negative variation as performance has dropped below the mean, although relatively stable.  |
|   | KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance | February 2023  83.3%       | 70.0%  | 58.6%  | 70.6%  | 82.6%  | Metric currently showing positive variation following continued improvement. 9 consecutive months achieving the 70% national target   |
|   | KPI 2.11 (N) Total Time in MIUs: Less than 4 hours   | February 2023  98.3%       | 95.0%  | 98.7%  | 99.4%  | 100.2% | Metric currently performing with slight negative variation with M11 marginally below the lower control limit. No current realistic risk to failing target   |
|   | KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways              | February 2023  98.2%     | 92.0%  | 98.1%  | 99.4%  | 100.7% | Normal variation with current performance below the mean. 71 current 18+ weeks waits.   |
|   | KPI 2.13 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks)    | February 2023  71      | 532    | -35    | 25     | 84     | Normal variation with current performance below the mean. 71 current 18+ weeks waits.   |
|   | KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)                            | February 2023  54.6%   | 92.0%  | 62.1%  | 68.2%  | 74.2%  | Continued negative trend performance this month (sustained period below the mean), although starting to show improved performance. Metric shows access waiting times (month end waiting list within 12 weeks)                           |
|   | KPI 2.15 (N) Access to GUM: within 48 hours  | February 2023  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)                              | February 2023  26.4    | 21.0   | 17.2   | 24.6   | 32.0   | In negative variation, 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       | January 2023  |  | 97.7%  |  | 95.0%  | 97.4%  | 98.4%  | 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 | January 2023  |  | 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  | February 2023 |  | 98.2%  |  | 99.0%  | 86.6%  | 95.8%  | 105.0%     | Metric showing normal variation, with performance above the mean and above 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           | February 2023 |    | 24.5% |    | 15.0% | 12.6% | 21.6% | 30.7%      | Negative variation as continues to be above target in-month, and the mean, predominantly as a result of social care availability hampering patient flow. |
|                       | KPI 3.2 Home First impact - reduction in average excess bed days (West Kent)                      | February 2023 |    | 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) | February 2023 |    | 89    |    | 75    | 78    | 115   | 153        | Metric in normal variation with levels showing a decrease to below the mean.   |
|                       | KPI 3.4 Rapid Transfer impact - reduction in average excess bed days (East Kent)                  | February 2023 |  | 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)            | February 2023 |  | 159   |  | 100   | 93    | 119   | 146        | 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                | February 2023 |  | 24.4  |  | 30    | 23.3  | 26.9  | 30.5       | Below the target and the mean for Month 11 although in normal variation with performance currently 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   | February 2023  90.1%    |  92.0%    | 81.9%    | 88.0%    | 94.2%    | Position is in positive variation with performance above the mean for a sustained period and currently sitting within the target range of 87-92%.   |
|                                 | KPI 4.2 Income & Expenditure - Surplus (%)                              | February 2023  0.0%     |  0.0%     | -0.29%   | 0.0%     | 0.3%     | The Trust is in a breakeven position to the end of February after excluding £296k charitable donations for the purchase of capital equipment. The cumulative financial performance including these items is comprised underspends on pay and depreciation/interest of £6,413k and £596k respectively offset by an overspend on non-pay of £1,865k and an under-recovery on income of £4,848k. |
|                                 | KPI 4.3 Cost Improvement Plans (CIP) Achieved against Plan (%)          | February 2023  101.6%   |  100.0%   | 41.9%    | 72.7%    | 103.4%   | The Trust achieved CIPs of £6,236k to the end of February against a plan of £6,140k which is £96k (1.6%) ahead of target. The forecast is for the target of £6,698k to be exceeded by £85k at the end of the financial year   |
|                                 | KPI 4.4 External Agency spend against Trajectory (£000s)                | February 2023  £279,000 |  £255,797 | £130,459 | £353,521 | £576,584 | Currently showing normal variation with performance below the mean, although above the target for M11. Agency costs were £279k for February against a target of £256k   |
|                                 | KPI 4.5 Percentage of Activity Delivered Remotely (Telephone or Online) | February 2023  24.4%    |  25.0%    | 24.8%    | 27.1%    | 29.3%    | Currently performing below target and below the mean as a result of decreased levels of virtual appointments. In negative variation as performance has a sustained period below the mean, although this is expected.  |
|                                 | KPI 4.6 Estates Statutory Compliance (All properties)                   | February 2023 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   | February 2023  4.09%   |  4.20%    | 3.56%  | 4.24%  | 4.92%  | Above the target but below the mean for the month, and therefore in normal variation as performance continues to fluctuate around the mean. |
|                         | KPI 5.2 Sickness Rate (Stress and Anxiety)  | February 2023  1.18%  |  1.15%   | 0.93%  | 1.27%  | 1.62%  | 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)  | February 2023  9.86% |  14.47% | 13.34% | 14.72% | 16.10% | Showing positive variation with performance below the lower control limit following a positive trend downwards.                             |
|                         | KPI 5.4 Mandatory Training: Combined Compliance Rate                                  | February 2023  95.4% |  85.0%  | 94.9%  | 95.7%  | 96.4%  | Performing within the control limits and above the mean currently. Failure to achieve 85% remains highly unlikely.                          |
|                         | KPI 5.5 Gross Vacancy Factor (% of the budgeted WTE unfilled by permanent workforce)  | February 2023  5.1%  |  6.0%   | 4.6%   | 5.9%   | 7.2%   | Now in normal variation following a decrease this month to below the mean and below target  |
|                         | KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more) | February 2023  85.7% |  87.0%  | 84.5%  | 85.5%  | 86.5%  | Showing normal variation with sustained performance around the mean level   |

## 2.0 Quality Report

### 2.1 Assurance on Safer Staffing

| 1.1 RN and HCA staffing Community Hospital December 2022 | Day Fill Rate % |               | Night Fill Rate % |               | shifts with 1 RN |
|--|-----------------|---------------|-------------------|---------------|------------------|
|  | RN's            | HCA's         | RN's              | HCA's         |                  |
| Faversham  | 97.09%          | 89.39%        | 100.00%           | 92.47%        | 0%               |
| Deal   | 100.00%         | 100.00%       | 98.81%            | 95.59%        | 12%              |
| QVMH   | 97.73%          | 81.79%        | 98.39%            | 93.55%        | 0%               |
| Whit & Tank  | 100.00%         | 99.05%        | 100.00%           | 100.00%       | 2%               |
| West View  | 99.42%          | 80.22%        | 100.00%           | 94.11%        | 8%               |
| Edenbridge   | 95.98%          | 83.74%        | 89.20%            | 93.85%        | 3%               |
| Hawkhurst  | 100.00%         | 91.43%        | 100.00%           | 98.68%        | 4%               |
| Sevenoaks  | 76.61%          | 79.07%        | 94.87%            | 92.10%        | 6%               |
| Tonbridge  | 94.91%          | 78.56%        | 94.78%            | 92.57%        | 1%               |
| <b>Total</b>   | <b>95.75%</b>   | <b>82.58%</b> | <b>97.34%</b>     | <b>94.77%</b> | <b>5%</b>        |

| 1.1 RN and HCA staffing Community Hospital December 2022 | Day Fill Rate % |               | Night Fill Rate % |               | shifts with 1 RN |
|--|-----------------|---------------|-------------------|---------------|------------------|
|  | RN's            | HCA's         | RN's              | HCA's         |                  |
| Faversham  | 97.09%          | 89.39%        | 100.00%           | 92.47%        | 0%               |
| Deal   | 100.00%         | 100.00%       | 98.81%            | 95.59%        | 12%              |
| QVMH   | 97.73%          | 81.79%        | 98.39%            | 93.55%        | 0%               |
| Whit & Tank  | 100.00%         | 99.05%        | 100.00%           | 100.00%       | 2%               |
| West View  | 99.42%          | 80.22%        | 100.00%           | 94.11%        | 8%               |
| Edenbridge   | 95.98%          | 83.74%        | 89.20%            | 93.85%        | 3%               |
| Hawkhurst  | 100.00%         | 91.43%        | 100.00%           | 98.68%        | 4%               |
| Sevenoaks  | 76.61%          | 79.07%        | 94.87%            | 92.10%        | 6%               |
| Tonbridge  | 94.91%          | 78.56%        | 94.78%            | 92.57%        | 1%               |
| <b>Total</b>   | <b>95.75%</b>   | <b>82.58%</b> | <b>97.34%</b>     | <b>94.77%</b> | <b>5%</b>        |

In December and January, 86% of RN day and night shifts had a fill rate of over 90%, this is the same as the previous reporting period.

HCA day fill rates continue to be the most challenged; in December and January, 82.21% of HCA shifts had a fill rate of over 90%, compared to 83.22% in October and November 2022 and 84.8% in August and September.

There are staffing difficulties in Edenbridge due to its geographical location and the knowledge of its closure next year.

#### Assurance:

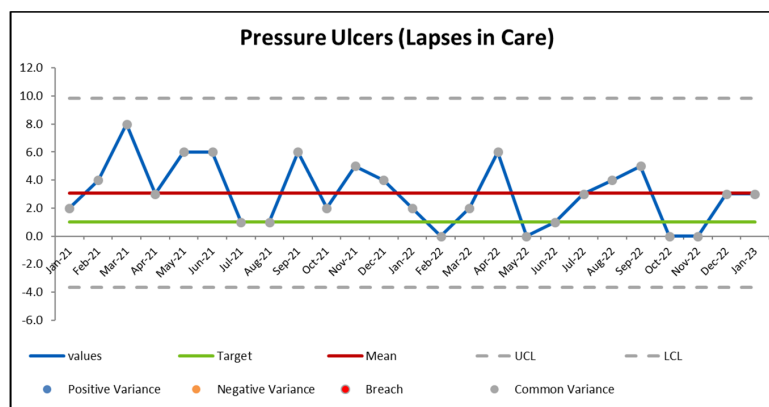
- Rosters completed within set time frames and shifts sent out to bank and agency as early as possible.
- Safecare reviewed by Bed Managers on a shift by shift basis and risks mitigated by moving staff if possible.
- Safer staffing call held weekly by Deputy Chief Nurse to discuss rosters.
- Ongoing recruitment.
- Matron held staffing meeting on a Friday to plan any moves required over the weekend to support low staffing levels.
- Senior nurse on Weekends covering East and West for any escalated issues.
- Bed managers working 8-8, 7 days per week.
- Regular staff update and engagement meetings with Edenbridge staff to reassure them around their job prospects

## 2.2 Assurance on Pressure Ulcers

The data is in normal variation. Six lapses in care occurred with patients on our caseload that were identified during December 2022 and January 2023. Four were low harm and two were moderate harm incidents.

One moderate harm incident was declared as a patient safety incident investigation (PSII) and is being investigated as such.

Further learning was identified via an After-Action Review for the remaining incident, the key themes are shared care across healthcare settings and continuity of care outside of KCHFT and consistent documentation around risk assessments and intervention. Learning is being discussed at local clinical meetings.



We continue to review all moderate harm incidents and there has been a significant decrease in trust attributable pressure ulcers over the past few months and associated lapses in care; demonstrating that all the trust wide pressure ulcer workplan actions implemented are starting to be embedded into practice and business as usual; the data reflects this.

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

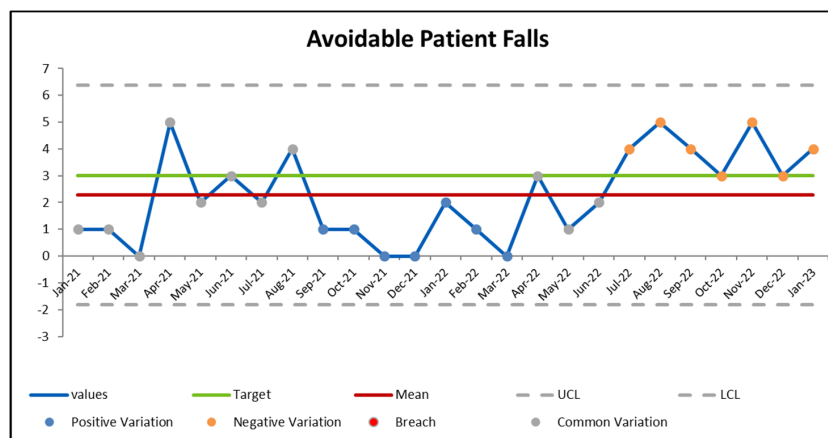
### 2.3 Assurance on Falls

During December 2022 and January 2023, 200 falls were reported across the trust with an increase of 11.1% (20) compared to the last period October and November 2022. Of the 200 falls, there were seven avoidable incidents, one resulted in no harm to the patient, five resulted in low harm to the patient and one resulted in severe harm to the patient.

The severe harm incident related to a patient that sustained a left fracture neck of femur (NOF) and required acute admission for surgical repair after they were found on the floor in their room. This has been declared as a patient safety incident investigation (PSII) and will be investigated as such.

Two of the low harm incidents occurred due to the urgent opening of the winter pressure ward and staff documenting on paper, no risk assessments were completed; a cluster review is being held to look at these incidents.

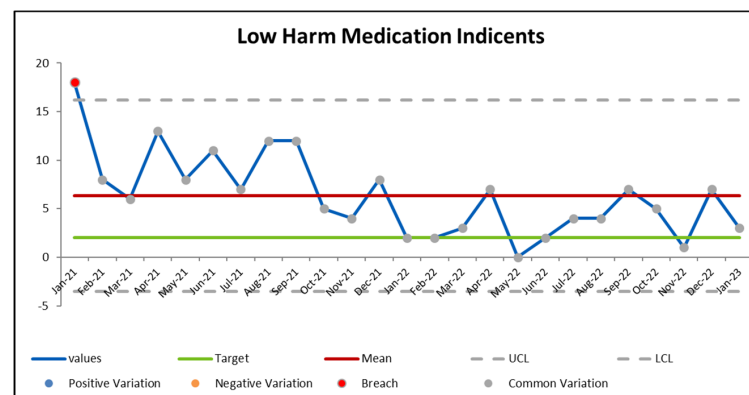
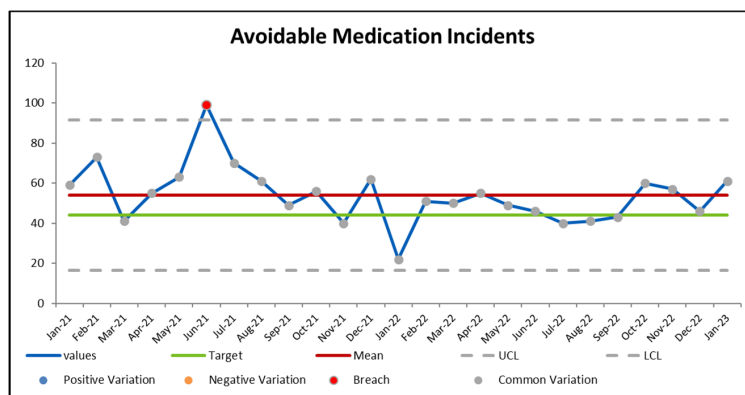
The percentage MFRA completion is being recorded I each community location and areas of improvement have been identified to inform a quality priority for the next year, which is part of the overall improvement plan.



## 2.4 Assurance on Medication incidents

107 reported medication incidents were considered avoidable to KCHFT during December 2022 and January 2023 compared to 117 incidents in October and November 2022, this represents an 8.5% decrease.

9.3% (10) of the reported medication incidents were classed as low harm during December 2022 and January 2023 compared to 5.1% (6) in the previous two months.



### Further analysis showed that;

The data is within common cause variation.

Community Hospitals and Outpatients Services – 25.2% (27) incidents, a decrease compared to 35.9% (42) incidents from the previous period.

Long Term and Specialist Conditions – 40.2% (43) incidents, an increase compared to 31.6% (37) incidents from the previous period.

Omitted medicines - 31.8% (34), a decrease compared to 38.5% (45) from the previous period.

## 2.5 Assurance on Patient Experience

### 2.5.1 Meridian Patient Experience survey results

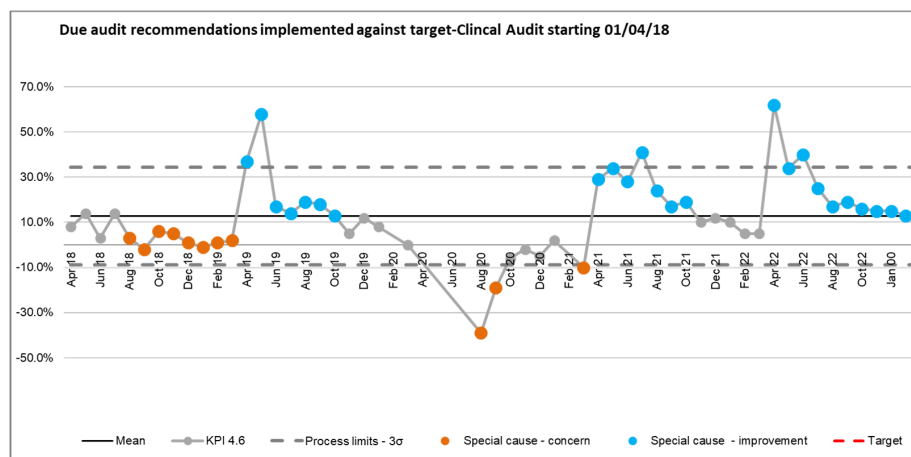
7,507 surveys were completed during December 2022/January 2023, a decrease when compared with the previous two months data, in line with the usual trend seen over the Christmas period.

### 2.5.2 The NHS Friends and Family Test (FFT)

A minimal reduction of 0.5% is seen for the FFT score in December, giving an overall score for the two-month period of 97.5% of people rating their overall experience of the service they received as good or very good.

## 2.6 Assurance on Clinical Audit and Research

### 2.6.1 Clinical Audit Reporting



At 10% above the 90% target for January, completion of audit actions continues within the process limits.

Virtual training and support: The Clinical Audit Guru drop in advice sessions was run on 10 January to support staff who have any questions on clinical audit or need extra support. 2023 dates for the 3 virtual training modules are available through TAPS. Extra sessions will be added if needed. The audit training on action planning is being reviewed to ensure it emphasises the need for strong and effective actions.

Reducing audit workload –We are continuing to work with the RIO operational leads to try and reduce manual data collection from the patient record where possible, although interpretation of the reported data by a clinician is usually still required. Work is starting on extracting data from the new wound matrix



The audit programme for 2023/34 is being finalised. Informed by 2nd principle for clinical audit, leads and directorates are being challenged on the benefits and content of any proposed audits to try reduce the resource impact on clinical staff while being more effective in improving patient care.

## 2.7 Infection Prevention and Control

**MRSA bacteraemia's:** none reported in this reporting period

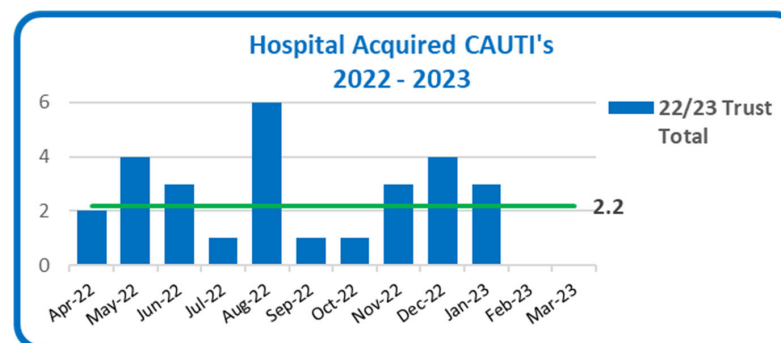
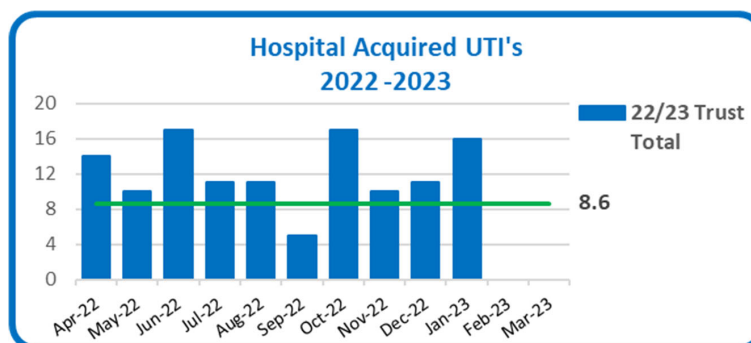
**MRSA screening:** 100% for podiatry surgery. Community hospital November 85%, December 92%. Theme - patients are screened but not within the required 24 hours.

**Clostridioides:** 0 cases in December, 3 cases in January all attributed to the acute. The case in November that was awaiting ribotyping to rule out potential cross infection. Cross infection ruled out.

**UTI's:** 11 cases in December, 16 in January. This is 9.8 cases over trajectory in this reporting period, increasing the overall cases to 36 above trajectory to date. Re-designed the guide on appropriate collection of urine samples including catheter samples. The guide is now easier to read, symptoms focused and promotion of hydration

**CAUTI:** 4 cases December and 3 in January. We are 2.6 cases above trajectory for the reporting period and overall 6 cases above trajectory to date.

**COVID-19:** 12 nosocomial cases in December, across 4 sites. 13 cases in January across 5 sites.

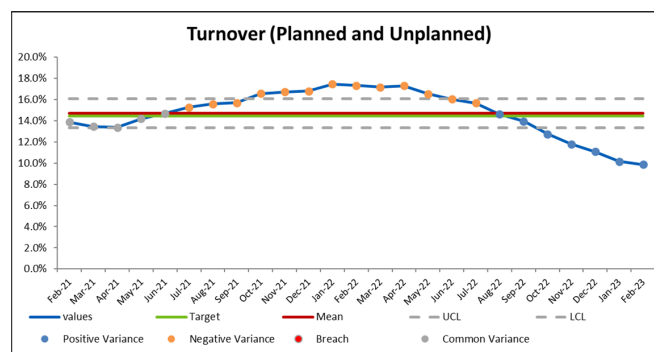


### 3.0 Workforce Report:

#### 3.1 Assurance on Retention

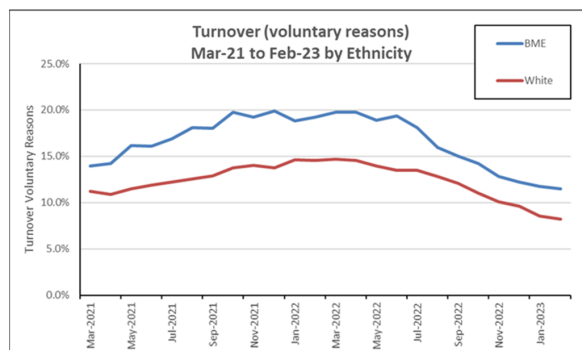
##### 3.1.1 Turnover

At 9.86% the organisation's turnover rate (voluntary turnover is 8.67%) is reporting below the target of 14.47% and the lowest point over the reference period and continues on a downward trajectory. A deep dive of reporting this metric has been completed by the workforce team and a paper shared with Executives for decision



#### Ethnicity:

Although Voluntary Turnover Rate for both BAME and White staff continued to reduce during February-2023, the gap between BAME and white turnover increased to 3.3 percentage points during this month.

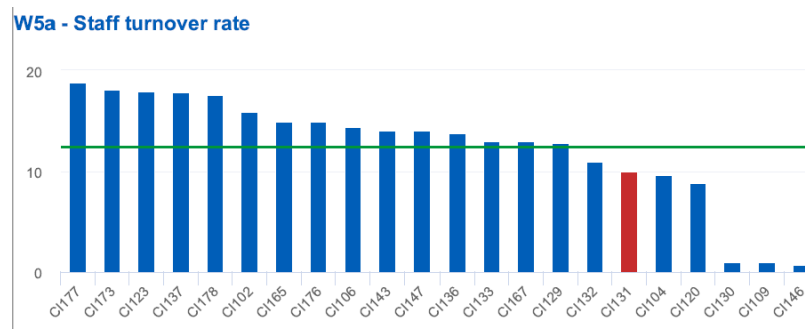


Voluntary Turnover by leaving reason is detailed in the table below, split by Ethnicity. The most common reason for BAME staff to leave is Relocation (2.8%), Promotion (2.5%) and Work Life Balance (2.3%). It should be noted that in the Staff Survey 2022, only 52% of BAME staff believed the Trust provides equal opportunities for career progression and promotion. This is being explored as part of the EDI engagement programme

| Leaving Reason   | Voluntary Turnover Rate<br>Feb-2023 |              | Difference<br>Turnover<br>White- BME |
|--|-------------------------------------|--------------|--------------------------------------|
|  | White                               | BAME         |                                      |
| Retirement Age   | 1.7%                                | 1.6%         | 0.1%                                 |
| Voluntary Resignation - Work Life Balance                          | 1.7%                                | 2.3%         | -0.7%                                |
| Voluntary Resignation - Promotion                                  | 1.3%                                | 2.5%         | -1.2%                                |
| Voluntary Resignation - Relocation                                 | 0.9%                                | 2.8%         | -1.9%                                |
| Flexi Retirement   | 0.7%                                | 0.2%         | 0.5%                                 |
| Voluntary Resignation - Health                                     | 0.5%                                | 0.6%         | -0.1%                                |
| Voluntary Resignation - Better Reward Package                      | 0.4%                                | 0.2%         | 0.3%                                 |
| Voluntary Resignation - To undertake further education or training | 0.4%                                | 0.5%         | -0.1%                                |
| Voluntary Resignation - Lack of Opportunities                      | 0.3%                                | 0.2%         | 0.1%                                 |
| Voluntary Resignation - Incompatible Working Relationships         | 0.2%                                | 0.5%         | -0.3%                                |
| Other Reasons  | 0.3%                                | 0.3%         | 0.0%                                 |
| <b>Total Voluntary Turnover</b>                                    | <b>8.2%</b>                         | <b>11.5%</b> | <b>-3.3%</b>                         |
| <b>Leavers Headcount</b>   | <b>353</b>                          | <b>74</b>    |                                      |

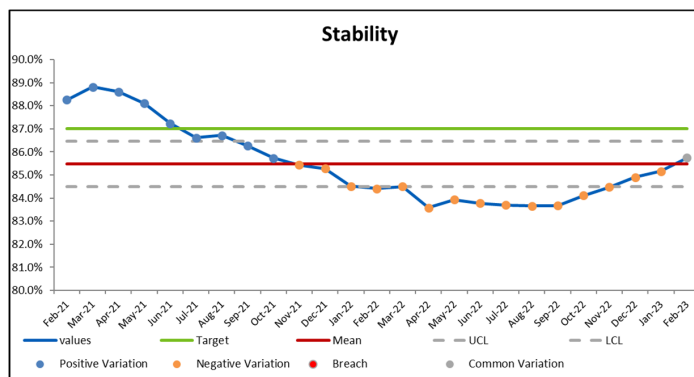
### Benchmarking:

When the full turnover rate is benchmarked against other community trusts KCHFT report below the median and have the 6th lowest turnover rate overall, 2.43% below the average turnover rate for community trusts.



### 3.1.2 Stability

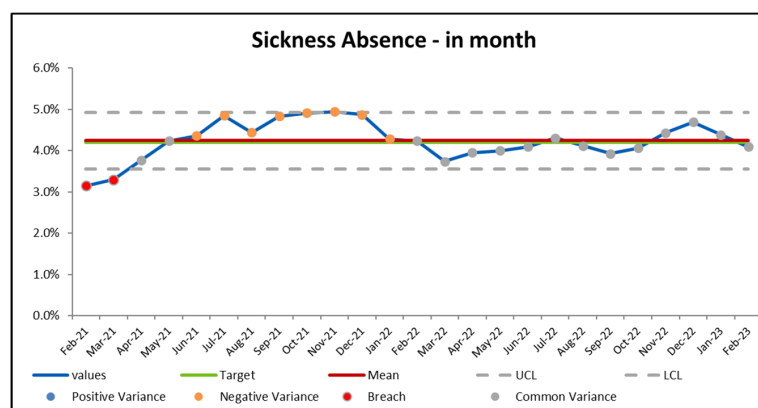
In February 2023 the Stability rate is once again reporting below the target of 87%, however, the last five consecutive months are reporting an increase in stability. February is reporting the highest rate since October 2021.



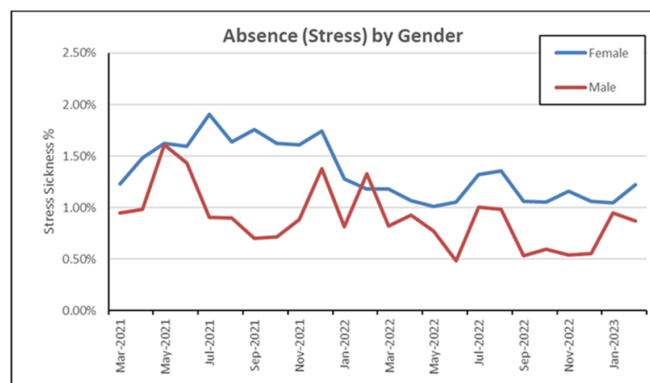
## 3.2 Assurance on Sickness

### 3.2.1 Sickness Absence

At 4.09% the in-month sickness absence rate for February is reporting below the Mean and the Target, however the absence rate has continued to reduce since the peak experienced in December 2022.

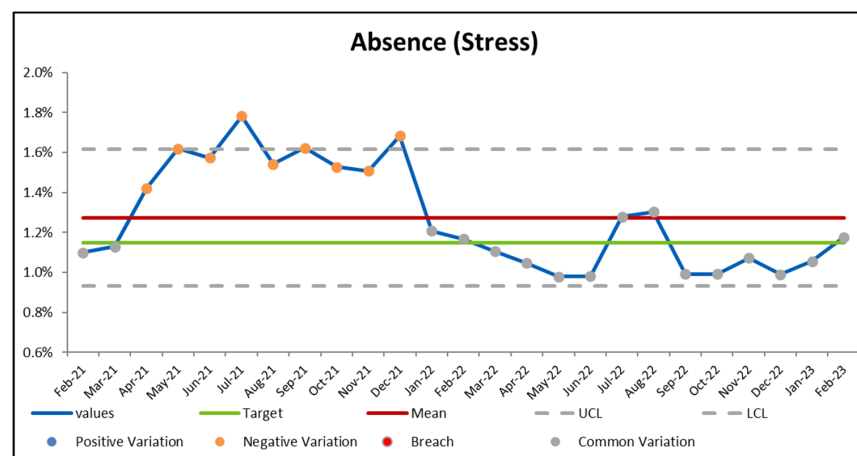


In February 2023, the sickness absence rates for Female and Male were approximately equal at 4.52% and 4.44% respectively. However, stress sickness remains higher in female staff and increased in February 2023 to 1.22% compared to male stress sickness absence of 0.87%. The Wellbeing Lead is discussing mental health offers and bespoke approaches with male colleagues, including consideration of a men's network



### 3.2.2 Stress Absence

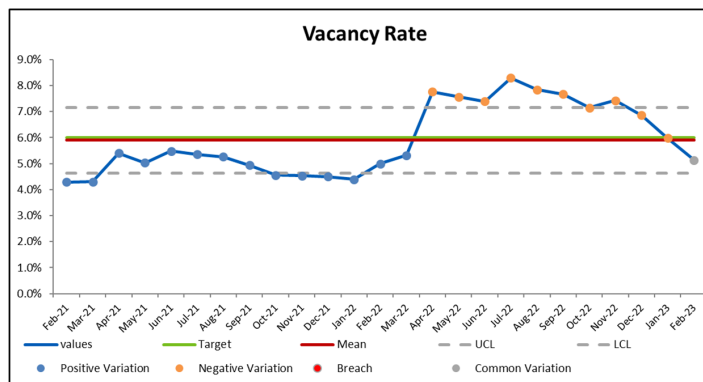
In-month stress absence figures have reported an increase from the reduced levels in September to December 2022. However, at 1.18% the organisation has reported above the target for the first time since September 2022.



### 3.3 Assurance on Filling Vacancies

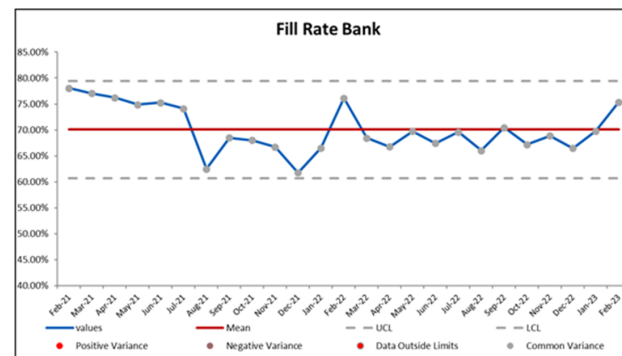
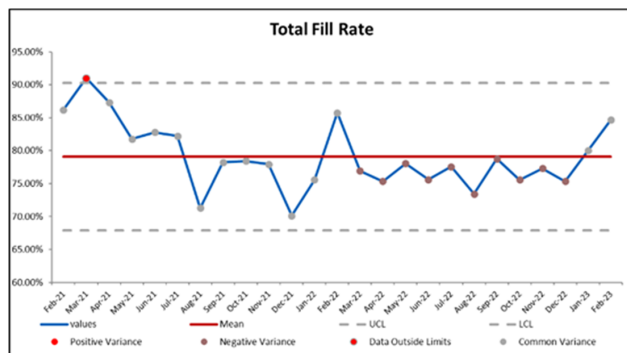
#### 3.3.1 Establishment and Vacancies

The Vacancy rate has reduced once again this month to below the target level at 5.14% with this being the lowest rate since March 2022 – prior to the significant increase in budgeted establishment across the organisation at the beginning of the 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 for the 2nd consecutive month. The bank fill rate is reporting above the target of 70% for the first time in 12 months. The average lead time of bank requests are 16 days in advance, the recommended lead time to cover known gaps such as vacancy would be 40 days, however this is a positive increase since January's report of 1 day.



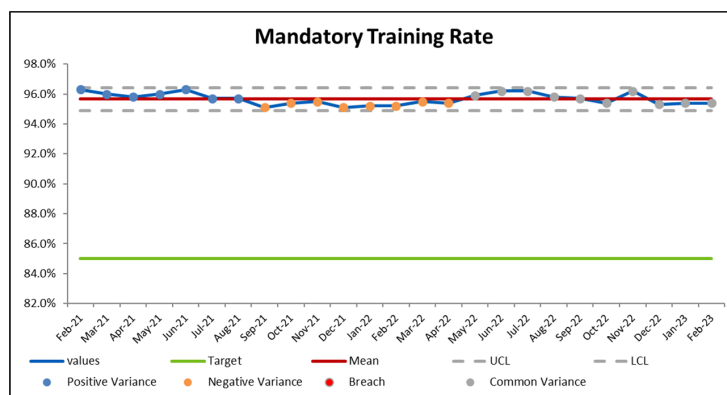
### 3.4 Mandatory Training

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

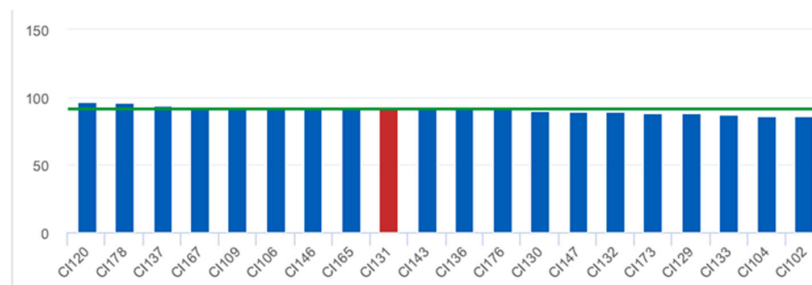
Fire safety for ward staff – has been slightly below target for the last 2 months at around 83.5%. This is a very small target audience so this will only be 2/3 people.

Moving and Handling level 3 has moved to above target for the last 2 months after we identified hotspot services and are targeted specific sessions for them. Moving and Handling level 4 has seen consistently small increases but remains below target. As this is an area which is consistently below target we have agreed to review it as part of a formal QI project.

We have made some significant change to conflict resolution training following feedback and reduced the standard offering with targeted training for specific teams.



When comparing KCHFT Mandatory training compliance with other Community trusts the organisation is reporting above the Mean and the 9th 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 February after excluding £296k charitable donations for the purchase of capital equipment. The cumulative financial performance including these items is comprised underspends on pay and depreciation/interest of £6,413k and £596k respectively offset by an overspend on non-pay of £1,865k and an under-recovery on income of £4,848k. The actual costs for depreciation and interest has reduced in-month following a re-review of IFRS 16 calculations and assumptions, which in turn has been offset in part by an increase in non-pay costs due to the reclassifications of rent management fees associated to lease arrangements with NHSPS and CHP.

**CIP:** The Trust achieved CIPs of £6,236k to the end of February against a plan of £6,140k which is £96k (1.6%) ahead of target. The forecast is for the target of £6,698k to be exceeded by £85k at the end of the financial year.

**Cash and Cash Equivalents:** The cash and cash equivalents balance was £41,189k, equivalent to 58 days expenditure. The Trust recorded the following YTD public sector payment statistics: 94% for volume and 96% for value.

**Capital:** Spend to February was £3,889k, against a YTD plan of £6,427k (61% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes, which are now to be completed in March. At M11, the full year forecast is £6,900k, and following a review of the forecast by Project Leads, the Trust expects to utilise the forecast in full.

**Staff:** Temporary staff costs for February were £1,393k, representing 8.1% of the pay bill. Of the temporary staffing usage in February, £279k related to external agency and locums, representing 1.6% of the pay bill. The agency target has been tightened and is based on a 30% reduction from 2021/22 outturn. Our amber RAG rating reflects this with a 14.1% variance to date excluding covid vaccinations expenditure.

Contracted WTE increased by 40 to 4,537 in post in February which includes 14 posts funded by capital projects. Vacancies decreased to 246 in February (from 286 in January) which was 5.1% of the budgeted establishment. Budgeted establishment reduced by 1 WTE in February due to a reduction in the capital plan.



## 4.2 Dashboard

| Surplus              |        |        | Rag rating: Green | Use of Resource Rating       |                     |                          | Rag rating: Green | CIP                  |        |       | Rag rating: Green |
|----------------------|--------|--------|-------------------|------------------------------|---------------------|--------------------------|-------------------|----------------------|--------|-------|-------------------|
|                      | Actual | Budget | Variance          |                              | Year to Date Rating | Year End Forecast Rating |                   |                      | Actual | Plan  | Variance          |
| Year to Date £k      | 296    | 0      | 296               | Capital Service Capacity     | 1                   | 1                        |                   | Year to Date £k      | 6,236  | 6,140 | 96                |
| Year End Forecast £k | 296    | 0      | 296               | Liquidity                    | 1                   | 1                        |                   | Year End Forecast £k | 6,783  | 6,698 | 85                |
|                      |        |        |                   | I&E margin (%)               | 2                   | 2                        |                   |                      |        |       |                   |
|                      |        |        |                   | Distance from Financial Plan | 1                   | 1                        |                   |                      |        |       |                   |
|                      |        |        |                   | Agency Spend                 | 1                   | 1                        |                   |                      |        |       |                   |
|                      |        |        |                   | Overall Rating               | 1                   | 1                        |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |
|                      |        |        |                   |                              |                     |                          |                   |                      |        |       |                   |

### 4.3 Income and Expenditure Position

There was a breakeven position in-month and YTD after excluding £296k charitable donations for the purchase of capital equipment. The February performance comprised underspends on pay of £438k, non-pay of £239k and depreciation/interest of £590k offset by an under recovery on income of £1,267k. The summary income and expenditure statement is shown in the table below:

|   | FEB<br>ACTUAL<br>£'000 | FEB<br>BUDGET<br>£'000 | FEB<br>VARIANCE<br>£'000 | %<br>VARIANCE | YTD<br>ACTUAL<br>£'000 | YTD<br>BUDGET<br>£'000 | YTD<br>VARIANCE<br>£'000 | %<br>VARIANCE |
|---|------------------------|------------------------|--------------------------|---------------|------------------------|------------------------|--------------------------|---------------|
| Cash donations / grants for the purchase of capital assets        | 0                      | 0                      | 0                        | 0.0%          | 296                    | 0                      | 296                      | 0.0%          |
| Charitable and Other Contributions to Expenditure                 | 0                      | 4                      | -4                       | -100.0%       | 16                     | 39                     | -23                      | -58.5%        |
| Clinical Commissioning Groups & Integrated Care Boards            | 13,840                 | 15,270                 | -1,430                   | -9.4%         | 164,563                | 168,534                | -3,972                   | -2.4%         |
| Department of Health  | 0                      | 0                      | 0                        | 0.0%          | 0                      | 0                      | 0                        | 0.0%          |
| Education and Training  | 283                    | 273                    | 10                       | 3.7%          | 2,989                  | 2,896                  | 93                       | 3.2%          |
| Injury Cost Recovery Scheme                                       | 19                     | 32                     | -13                      | -39.7%        | 211                    | 350                    | -139                     | -39.8%        |
| Income in respect of employee benefits accounted on a gross basis | 55                     | 69                     | -14                      | -20.0%        | 1,011                  | 762                    | 250                      | 32.8%         |
| Local Authorities   | 4,124                  | 4,282                  | -158                     | -3.7%         | 43,793                 | 46,890                 | -3,097                   | -6.6%         |
| NHS England   | 1,944                  | 1,970                  | -26                      | -1.3%         | 23,056                 | 21,975                 | 1,081                    | 4.9%          |
| NHS England - Covid-19 Vaccinations Income                        | -72                    | 0                      | -72                      | 0.0%          | 935                    | 0                      | 935                      | 0.0%          |
| NHS Foundation Trusts   | 242                    | 236                    | 6                        | 2.6%          | 2,287                  | 2,595                  | -308                     | -11.9%        |
| NHS Other   | 18                     | 0                      | 17                       | 4185.5%       | 23                     | 5                      | 18                       | 100.0%        |
| NHS Trusts  | 509                    | 470                    | 39                       | 8.3%          | 4,863                  | 5,180                  | -316                     | -6.1%         |
| Non NHS: Other  | 276                    | 213                    | 63                       | 29.5%         | 2,342                  | 2,348                  | -6                       | -0.2%         |
| Non NHS: Private Patients   | 0                      | 10                     | -10                      | -95.3%        | 50                     | 112                    | -61                      | -54.8%        |
| Non-Patient Care Services to Other Bodies                         | 561                    | 211                    | 350                      | 165.9%        | 3,113                  | 2,270                  | 843                      | 37.1%         |
| Other   | 74                     | 48                     | 26                       | 55.6%         | 689                    | 552                    | 137                      | 24.8%         |
| Rental revenue from operating leases                              | 77                     | 133                    | -56                      | -42.3%        | 846                    | 1,456                  | -610                     | -42.3%        |
| Research and Development  | 13                     | 13                     | 0                        | 3.0%          | 144                    | 139                    | 5                        | 3.6%          |
| CIP Savings - Income  | 0                      | -3                     | 3                        | -100.0%       | 0                      | -38                    | 38                       | -100.0%       |
| <b>INCOME Total</b>   | <b>21,963</b>          | <b>23,231</b>          | <b>-1,267</b>            | <b>-5.5%</b>  | <b>251,227</b>         | <b>256,075</b>         | <b>-4,848</b>            | <b>-1.9%</b>  |
| Allied Health Professionals                                       | 2,385                  | 2,730                  | -345                     | -12.6%        | 26,562                 | 29,588                 | -3,026                   | -10.2%        |
| Apprenticeship Levy   | 67                     | 72                     | -5                       | -7.1%         | 721                    | 796                    | -75                      | -9.4%         |
| Chairman & Non-Executive Directors                                | 14                     | 14                     | 0                        | 0.0%          | 146                    | 160                    | -14                      | -8.5%         |
| Consultants   | 219                    | 274                    | -56                      | -20.3%        | 2,873                  | 3,050                  | -177                     | -5.8%         |
| Health Care Scientist   | 61                     | 70                     | -9                       | -13.0%        | 650                    | 759                    | -109                     | -14.4%        |
| Medical Career/Staff Grades                                       | 593                    | 660                    | -67                      | -10.1%        | 6,061                  | 7,206                  | -1,145                   | -15.9%        |
| Medical Trainee Grades  | 13                     | 20                     | -7                       | -34.7%        | 183                    | 213                    | -30                      | -14.0%        |
| NHS Infrastructure Support  | 4,610                  | 4,555                  | -55                      | -1.2%         | 48,917                 | 49,370                 | -453                     | -0.9%         |
| Non-Executive Directors   | 0                      | 0                      | 0                        | 0.0%          | 0                      | 0                      | 0                        | 0.0%          |
| Other Scientific, Therapeutic and Technical Staff                 | 632                    | 728                    | -96                      | -13.3%        | 6,942                  | 7,771                  | -829                     | -10.7%        |
| Registered Nursing, Midwifery and Health Visiting Staff           | 5,601                  | 5,683                  | -82                      | -1.4%         | 59,053                 | 61,299                 | -2,247                   | -3.7%         |
| Support to Allied Health Professionals                            | 535                    | 515                    | -20                      | -3.9%         | 5,459                  | 5,499                  | -40                      | -0.7%         |
| Support to Nursing Staff  | 2,016                  | 1,935                  | -81                      | -4.2%         | 22,486                 | 21,058                 | -1,428                   | -6.8%         |
| Support to Other Clinical Staff                                   | 435                    | 458                    | -23                      | -5.0%         | 4,475                  | 4,809                  | -333                     | -6.9%         |
| Redundancy Costs  | 8                      | 0                      | 8                        | -100.0%       | 306                    | 0                      | -306                     | -100.0%       |
| Salary Sacrifice  | 0                      | -11                    | 11                       | -100.0%       | 0                      | -123                   | 123                      | -100.0%       |
| CIP Holding Account - Pay   | 0                      | 19                     | -19                      | -100.0%       | 0                      | 190                    | 190                      | -100.0%       |
| CIP Savings - Pay   | 0                      | -91                    | 91                       | -100.0%       | 0                      | -335                   | 335                      | -100.0%       |
| Contract Savings - Pay  | 0                      | -6                     | 6                        | -100.0%       | 0                      | -62                    | 62                       | -100.0%       |
| <b>PAY Total</b>  | <b>17,187</b>          | <b>17,625</b>          | <b>438</b>               | <b>2.5%</b>   | <b>184,835</b>         | <b>191,248</b>         | <b>6,413</b>             | <b>3.4%</b>   |

|   |              |              |             |             |               |               |               |              |
|---|--------------|--------------|-------------|-------------|---------------|---------------|---------------|--------------|
| Audit Fees Payable to the External Auditor                            | 7            | 7            | -1          | -9.1%       | 82            | 72            | -10           | -14.1%       |
| Clinical Negligence - Amounts Payable to NHS Resolution               | 0            | 0            | 0           | 0.0%        | 1,024         | 1,024         | 0             | 0.0%         |
| Consultancy   | 95           | 38           | -57         | -150.7%     | 731           | 409           | -322          | -78.8%       |
| Drugs Costs   | 291          | 288          | -3          | -1.1%       | 3,232         | 3,208         | -24           | -0.7%        |
| Education and Training - Non-Staff                                    | 115          | 127          | -12         | -9.6%       | 1,261         | 1,557         | -296          | -18.0%       |
| Establishment   | -19          | 789          | -808        | -102.4%     | 9,138         | 8,736         | -400          | -4.4%        |
| Increase/(Decrease) in Impairment of Receivables                      | 0            | 0            | 0           | -100.0%     | 0             | 0             | 0             | -100.0%      |
| Lease Expenditure   | 72           | 43           | -29         | -100.0%     | 699           | 606           | -93           | -100.0%      |
| Movement in credit loss allowance on receivables and financial assets | 0            | 0            | 0           | -100.0%     | 0             | 0             | 0             | -100.0%      |
| Operating Lease Expenditure   | 0            | 0            | 0           | 0.0%        | 0             | 0             | 0             | 0.0%         |
| Operating Lease Expenditure (net)                                     | 0            | 0            | 0           | 0.0%        | 0             | 0             | 0             | 0.0%         |
| Other   | 89           | 85           | -4          | -5.1%       | 1,154         | 1,015         | -139          | -13.7%       |
| Premises - Business Rates Payable to Local Authorities                | -66          | 30           | -96         | -319.2%     | 863           | 952           | -88           | -9.3%        |
| Premises - Other  | 781          | 537          | -245        | -66.6%      | 7,939         | 6,762         | -1,177        | -17.4%       |
| Research and Development - Non-Staff                                  | 0            | 0            | 0           | 0.0%        | 0             | 0             | 0             | 0.0%         |
| Supplies and Services - Clinical (excluding drugs costs)              | 2,256        | 1,890        | -366        | -19.3%      | 21,789        | 21,161        | -628          | -3.0%        |
| Supplies and Services - General                                       | 112          | 100          | -12         | -11.7%      | 1,281         | 1,104         | -177          | -16.1%       |
| Transport   | 425          | 384          | -41         | -10.6%      | 4,133         | 4,417         | -284          | -6.4%        |
| CIP Savings - Non Pay   | 0            | 76           | -76         | -100.0%     | 0             | 495           | 495           | -100.0%      |
| CIP Holding Account - Non Pay   | 0            | 15           | -15         | -100.0%     | 0             | 71            | 71            | -100.0%      |
| Contract Savings - Non Pay  | 0            | -10          | 10          | -100.0%     | 0             | -109          | 109           | -100.0%      |
| <b>NONPAY Total</b>   | <b>4,160</b> | <b>4,399</b> | <b>239</b>  | <b>5.4%</b> | <b>53,326</b> | <b>51,461</b> | <b>-1,865</b> | <b>-3.6%</b> |
| EBITDA  | 617          | 1,207        | -590        | -48.9%      | 13,066        | 13,365        | -299          | -2.2%        |
| EBITDA %  | 2.8%         | 5.2%         | 2.4%        |             | 5.2%          | 5.2%          | 6.2%          |              |
| Amortisation  | 114          | 61           | -53         | -87.3%      | 1,466         | 654           | -812          | -124.2%      |
| Depreciation  | 579          | 1,056        | -477        | -45.1%      | 10,913        | 11,694        | -781          | -6.7%        |
| Finance Income  | 128          | 14           | 114         | 828.6%      | 779           | 151           | -628          | -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  | -28          | 33           | 61          | 106.1%      | 318           | 390           | -72           | -18.5%       |
| PFC Dividend Charge   | 78           | 71           | -7          | -9.0%       | 861           | 779           | -82           | -10.5%       |
| PPE Net Impairments   | 0            | 0            | 0           | 0.0%        | 0             | 0             | 0             | 0.0%         |
| <b>SURPLUS/(DEFICIT)</b>  | <b>0</b>     | <b>0</b>     | <b>0</b>    | <b>0.0%</b> | <b>296</b>    | <b>0</b>      | <b>296</b>    | <b>0.0%</b>  |
| <b>SURPLUS %</b>  | <b>0.0%</b>  | <b>0.0%</b>  | <b>0.0%</b> |             | <b>-0.1%</b>  | <b>0.0%</b>   | <b>-0.1%</b>  |              |

### 4.4 Cash and Equivalents

Cash and Cash equivalents totalled £41,189k as at M11 close, equivalent to 58 days expenditure:

Total Cash and Cash Equivalents as at period end:

|   | £'000's       |
|---|---------------|
| Cash with the Government Banking Service                | 41,166        |
| Cash at Commercial Banks and in hand                    | 23            |
| Deposits with the National Loan Fund                    | -             |
| <b>Total Cash and Cash Equivalents as at period end</b> | <b>41,189</b> |

## 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 £2,538k underspend in terms of the year to date plan. The reported underspend is primarily due to the delayed commencement of projects in the Estates and IT areas of the programme, with a number of these schemes now confirmed as to be completed in the last month of the financial year.

As at M11 the full year forecast is £6,900k and this follows the detailed review undertaken by Project Leads in confirming forecast spend.

The £2,295k ring-fenced funding held on behalf of the K&M system for agreed system priorities, was fully reallocated to other K&M system partners in M9.

2022-23 Capital Plan - February 2023 Update

| Plan Area               | Plan Reference  | YTD<br>£000s |              |              | Plan & FOT<br>£000s |                  |              |
|-------------------------|---|--------------|--------------|--------------|---------------------|------------------|--------------|
|                         |   | YTD Plan     | YTD Actual   | YTD Variance | FY Plan             | Forecast Outturn | FY Variance  |
| Estates                 | Backlog Maintenance incl. Health, Safety & Security Compliance Measures | 860          | 174          | 686          | 860                 | 1,072            | - 212        |
| Estates                 | Capitalisable Responsive Maintenance incl. Leasehold Improvements       | 165          | 7            | 158          | 165                 | 211              | - 46         |
| Estates                 | Estates Developments  | 775          | 839          | - 64         | 780                 | 844              | - 64         |
| Estates                 | Energy Efficiency   | 380          | 210          | 170          | 380                 | 589              | - 209        |
|                         | <b>Estates - Total</b>  | <b>2,180</b> | <b>1,231</b> | <b>949</b>   | <b>2,185</b>        | <b>2,716</b>     | <b>- 531</b> |
| IT                      | K&M Digital Priority Scheme - Kent & Medway Care Record                 | 666          | 424          | 241          | 726                 | 474              | 252          |
| IT                      | IT Developments - Innovation and Strategy                               | 572          | 316          | 256          | 597                 | 540              | 57           |
| IT                      | IT Developments - Clinical Systems                                      | 502          | 130          | 372          | 507                 | 226              | 281          |
| IT                      | IT Developments - EPMA System   | 787          | 336          | 451          | 820                 | 480              | 340          |
| IT                      | IT Infrastructure and Networks  | 510          | 302          | 208          | 520                 | 940              | - 420        |
| IT                      | IT Rolling Replacement - Hardware                                       | 500          | 787          | - 287        | 776                 | 879              | - 103        |
| IT                      | Cyber Security  | 360          | 181          | 179          | 360                 | 181              | 179          |
|                         | <b>IT - Total</b>   | <b>3,897</b> | <b>2,475</b> | <b>1,421</b> | <b>4,306</b>        | <b>3,720</b>     | <b>586</b>   |
| Dental and Planned Care | Dental Services   | 150          | 2            | 148          | 150                 | 137              | 13           |
|                         | <b>Dental - Total</b>   | <b>150</b>   | <b>2</b>     | <b>148</b>   | <b>150</b>          | <b>137</b>       | <b>13</b>    |
| Other                   | Other Minor Schemes & Equipment Purchases (IMM)                         | 200          | 181          | 19           | 250                 | 327              | - 77         |
| Other                   | K&M Capital - Ring-fenced for K&M System Priorities                     | -            | -            | -            | -                   | -                | -            |
|                         | <b>Other - Total</b>  | <b>200</b>   | <b>181</b>   | <b>19</b>    | <b>250</b>          | <b>327</b>       | <b>- 77</b>  |
|                         | <b>Total 2022-23</b>  | <b>6,427</b> | <b>3,889</b> | <b>2,538</b> | <b>6,891</b>        | <b>6,900</b>     | <b>- 9</b>   |

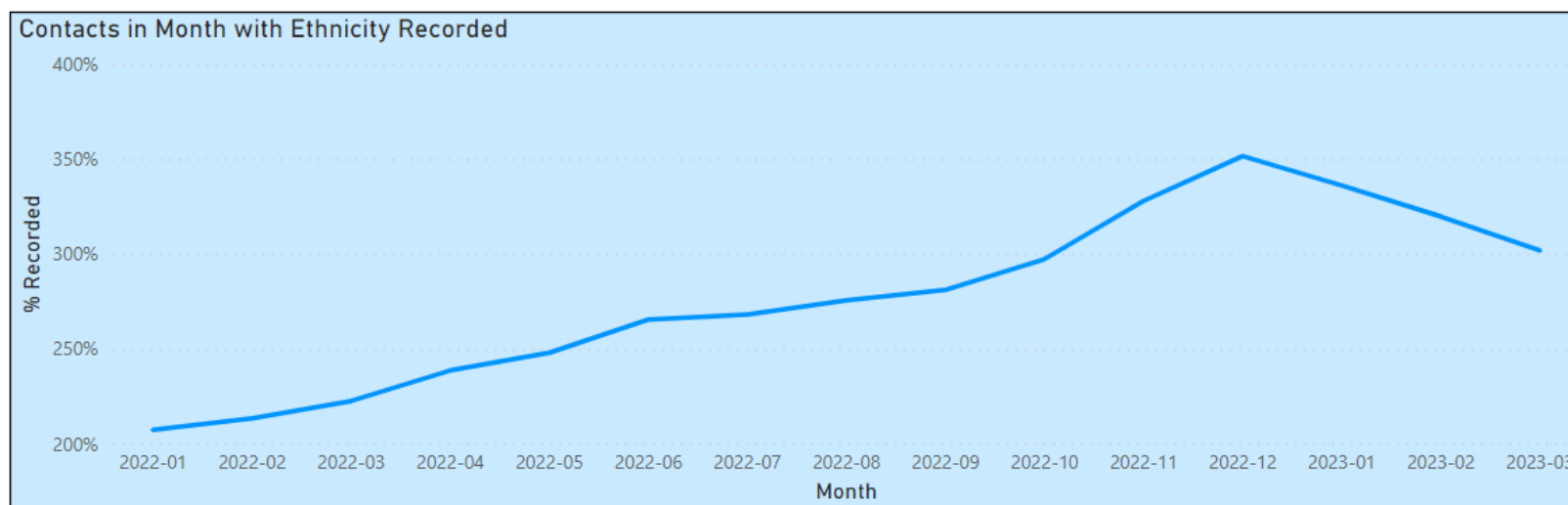
## 5.0 Operational report:

### 5.01 Inequality Summary

KCHFT measures equity by ethnic group and deprivation against 8 key KPIs (See page 44)

#### Ethnicity Analysis

The proportion of activity which does not have an ethnic group assigned and the small numbers of people in some of the ethnic groupings makes it challenging to assess whether there are any inequities. The monthly ethnicity reporting rate continues to increase steadily and is now >75%. 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 – There is some variation in the proportion of new birth visit undertaken by 14 days by ethnic group. Additional analysis shows that these differences are not statistically significantly different.

KPI 2.8 DNA Rate - Despite 25% of activity not having ethnic group assigned, this information does suggest that there could be differences in DNA group by ethnic group. The current data suggests that Any Other White, Mixed White and Black Caribbean and all Black/Black British and Asian/Asian British have significantly higher rates of DNAs compared to the White British Groups. In these groups, the number of DNAs are greatest in the White other group, reflecting the relative population size. As recording continues to improve this should be further investigated, to identify any potential actions.

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

### **Deprivation Analysis**

KPI 1.3 Health Visiting - The deprivation analysis suggests that the % of new birth visit is undertaken within 14 days varies across the deciles; it is lower for those people from the least deprived areas compared to the most deprived. These differences are not significant. This is due to the differing performance in individual districts by month, due to sickness/absence and vacancies, whose population may vary in deprivation profile. This data will be looked at over a longer period of time.

KPI 2.8 DNA rate – The DNA rates are highest in the in the people living in the 20% deprived populations. The differences between the most and least deprived are statistically significantly different. The reduction of this difference is a proposed breakthrough object for the new Trust strategy.

KPI 2.9 LTC/ITC response times met - The proportion of people having their LTC/ITC response times met is lowest in the most deprived deciles. Deciles 1-3 have a statistically significantly lower proportion of people waiting over 4 hours compared to deciles 9 and 10.

KPI 2.11 & KPI 2.12 – There is no statistically significant differences in KPI attainment by deprivation decile.

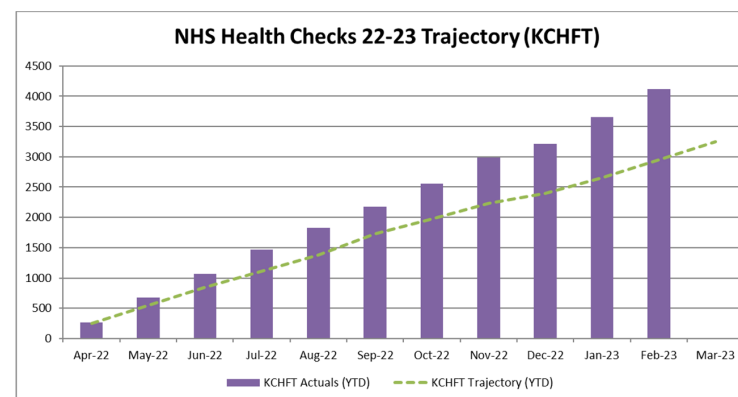
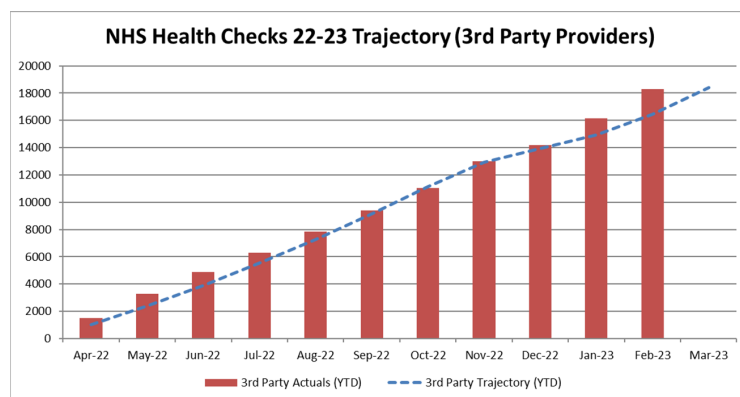
KPI 2.14 AHP 12 week target -The proportion of people meeting the 12 week AHP wait target is lowest in the most deprived areas, the difference is statistically significantly significant when compared to the least deprived.

KPI 2.16 Length of community impatient stay – There is variation in the length of stay by deprivation, however, the number of people in each category is small which may mean the difference is as a result of random variation

## 5.1 Assurance on National Performance Standards and Contractual Targets

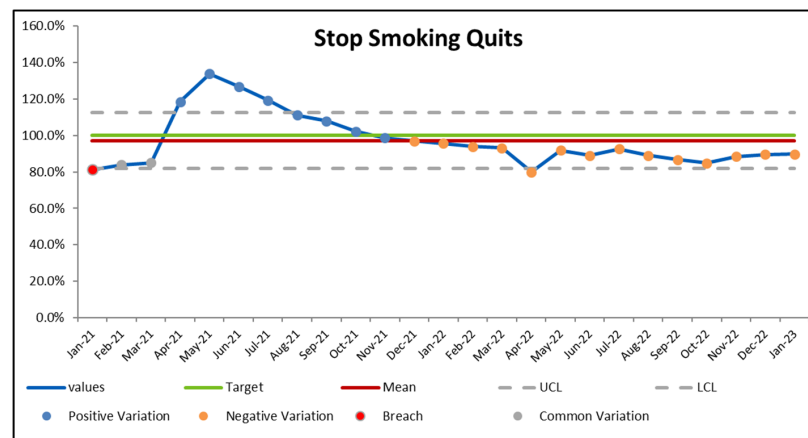
### 5.1.1 Health Checks and Stop Smoking Quits

#### 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



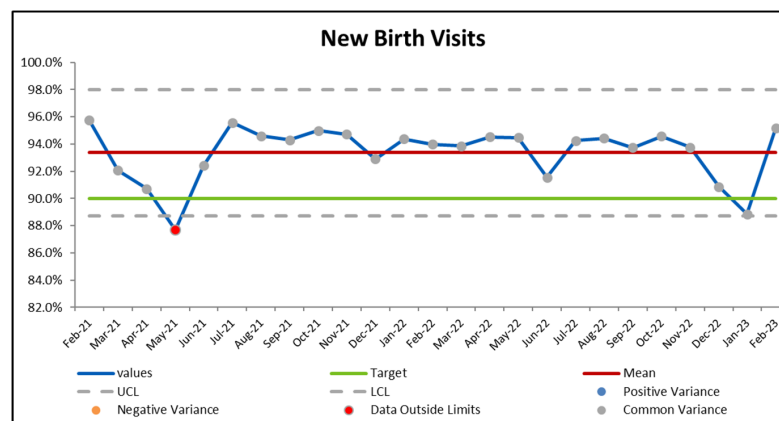
\*Reporting period 1 month behind other metrics due to need to wait for 4-week outcomes

The 4-week quit rate YTD at M10 is 89.8% of target – target to have quit at M10 is 2431, and the actual quits at M10 is 2184. While performance is stable, the main challenge continues to be the lack of third-party provision.

### 5.1.2 Health Visiting

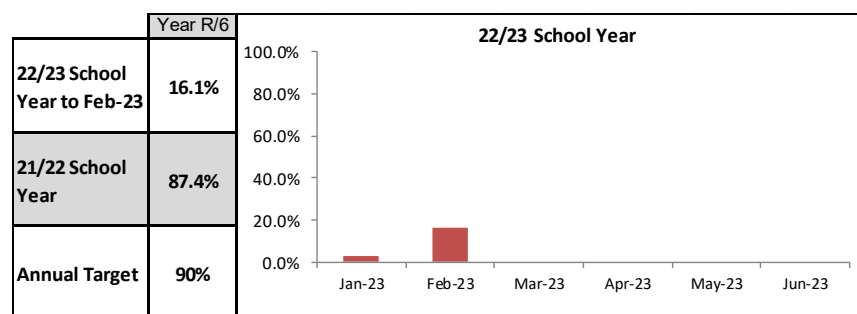
#### New Birth Visits – children seen within 14 days of birth

Performance against the % of new birth visits completed by the Health Visiting Service has, as predicted, increased back comfortably above 90%, to 95.2% for M11 22/23. All district teams met target



### 5.1.3 National Child Measurement Programme (NCMP)

The 2022/23 measurement programme for Year R and 6 pupils commenced from January 2023 and is on trajectory.

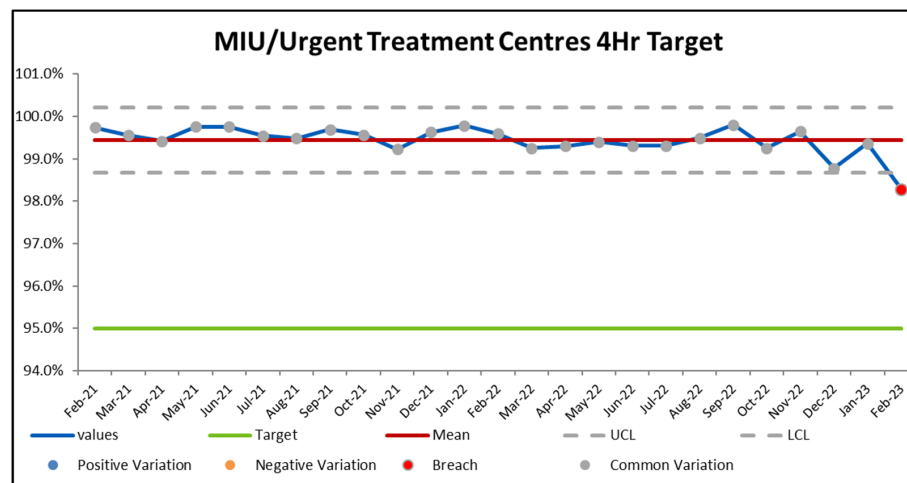


### 5.1.4 GUM 48hr

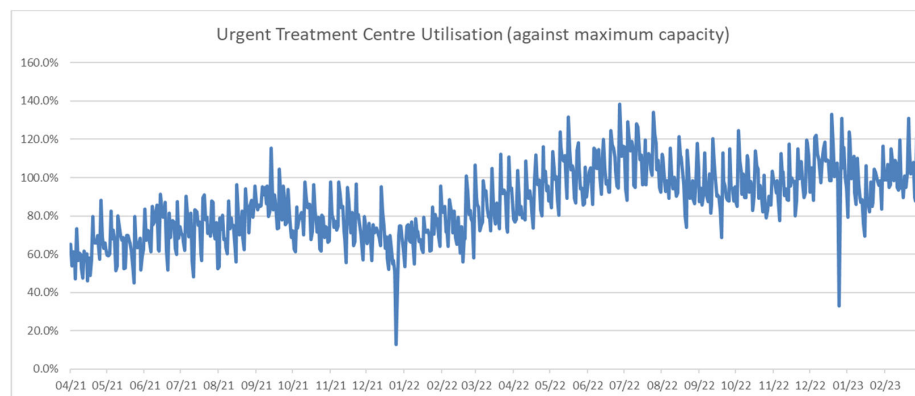
Access to GUM clinics within 48hrs has been consistently 100%, with no reported breaches



### 5.1.5 Urgent Treatment Centres (UTCs) 4 Hour Wait Target



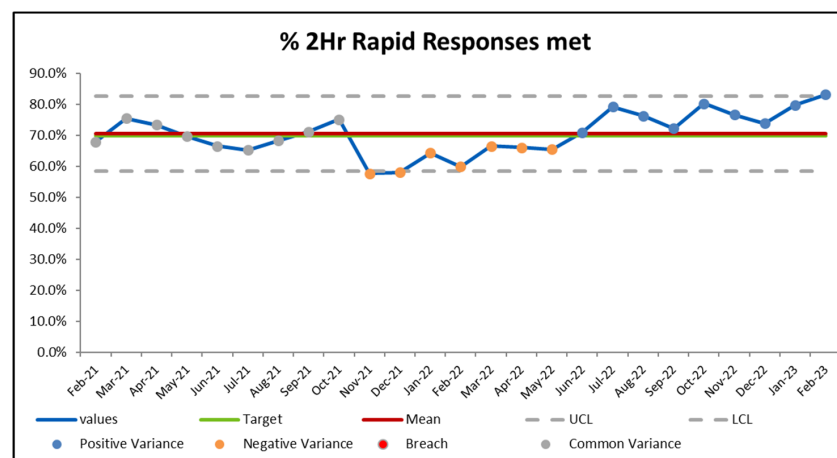
KCHFT's achievement of the 4-hour wait target (95% target) for UTCs and MIUs has consistently been high, with very little variation from the mean, although dipping slightly in M11 to 98.3%. These units continue to form an integral part in managing non-elective demand and activity continues to grow. Utilisation rate for M11 increased to 103% against baseline capacity when considering the UTC delivery model, showing a positive position as we divert activity away from emergency departments.



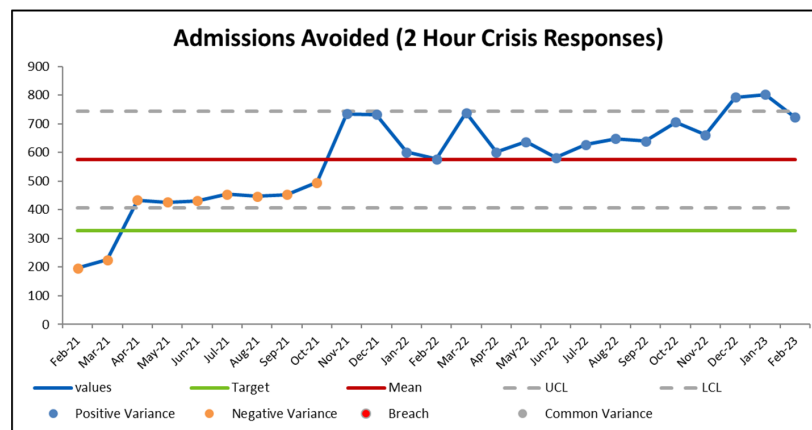
### 5.1.6 Urgent Crisis Response referrals seen within 2 hours

Performance has continued to show monthly achievement against the target of 70%, with the month 11 position above the trajectory at 83.3% and now showing normal variation. There is still some geographical variation with west Kent performing at 87.8% currently and east Kent at 76.1%.

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 have achieved this.



### 5.1.7 Urgent Crisis Response Demand (admission avoidance)



The above chart is showing that there continues to be a demand increase. Demand continues to be above the upper control limit at 700+ 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.

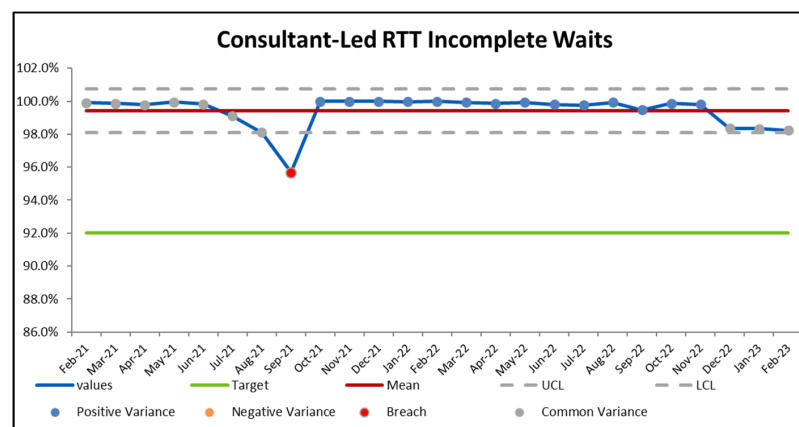
111 referrals are likely to increase overall volumes by 12% over three years. We are now seeing the impact of the 111 increase and estimated a 4% increase in activity this year.

### 5.1.8 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 11 position being at 98.2%, with 71 patients out of 4,035 currently waiting longer than 18 weeks.

|              | 0-12 Wks | 12-18 Wks | 18-36 Wks | 36-52 Wks | 52+ Wks | < 18 Weeks |
|--------------|----------|-----------|-----------|-----------|---------|------------|
| Chronic Pain | 560      | 5         | 2         | 0         | 0       | 99.65%     |
| Orthopaedics | 2577     | 822       | 69        | 0         | 0       | 98.01%     |
| KCHFT Total  | 3137     | 827       | 71        | 0         | 0       | 98.24%     |

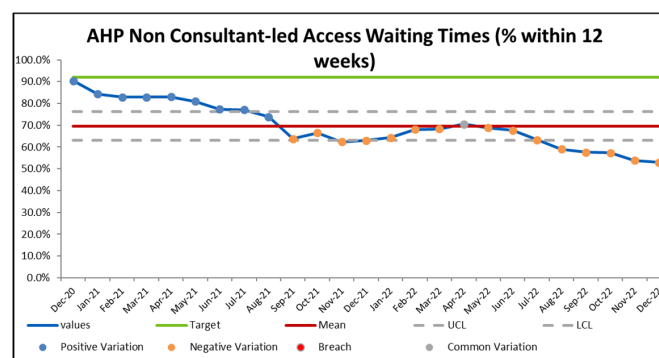
The above table shows the current breakdown of the waiting list for both services on a consultant-led pathway, with both meeting target



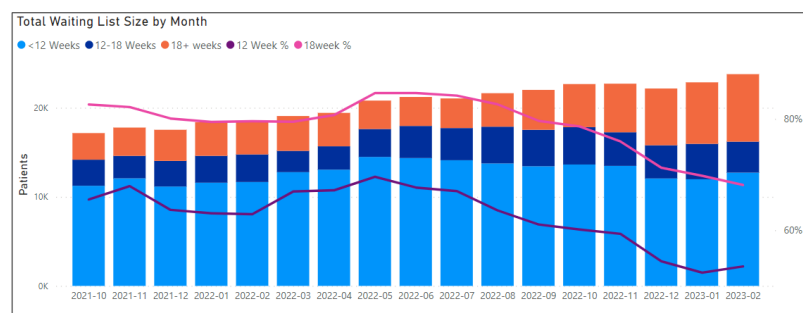
### 5.1.9 Assurance on Local Wait Times

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 Adult Neurodevelopmental Service, MSK Physiotherapy services, Pulmonary Rehab, Neuro Rehab, and Paediatrics.



The chart below shows the total access wait size over time (excludes ASD), by wait banding and % waiting within 12 and 18 weeks. This highlights the increasing demand generally across services as the total waiting list size continues to grow



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

The below summarises the services that currently have 18+ week waits

| Service                              | 18 - 36 weeks | 36 - 52 weeks | 52+ weeks | within 12 weeks |
|--------------------------------------|---------------|---------------|-----------|-----------------|
| Adult Speech and Language Therapy    | 80            | 0             | 0         | 73.96%          |
| Adult MSK Physio                     | 718           | 2             | 0         | 67.48%          |
| Clinical Nutrition and Dietetics     | 192           | 0             | 0         | 74.08%          |
| Community Neuro Rehabilitation: CNRT | 30            | 0             | 0         | 66.67%          |
| Podiatry - Kent                      | 158           | 0             | 1         | 78.10%          |
| Podiatry - Medway                    | 21            | 0             | 3         | 79.74%          |
| Podiatric Surgery                    | 44            | 0             | 0         | 54.87%          |
| Kent Children's Therapies            | 51            | 2             | 4         | 80.70%          |
| East Sussex CITS                     | 13            | 0             | 2         | 81.84%          |
| Children's Hearing Service           | 11            | 0             | 0         | 86.53%          |
| Community Paediatrics                | 785           | 851           | 79        | 25.63%          |

### Breakthrough objective

As part of the "Putting our communities first" breakthrough objective for 2023/24, service level trajectories for improvement are being reviewed and will be closely monitored throughout monthly executive performance reviews

### Service level highlights and actions

MSK Physiotherapy – Delivery of new clinic structures (June 2023 target) is expected to increased bookable capacity by 3% and Blitz clinics target the longer waits. Additionally, the service will be developing initiatives in 2023/24 in response to the NHSE IMSK Framework for community services.

Podiatry – The current improvement in waits is expected to continue and with the expectation that sub-contracting activity will commence in June, this should improve wait times further. It is expected that the 92% target will be reached by end June 2023. Demand has eased and is now in line with last year and remains 8% above pre-COVID volume. Further work to re-balance work plans and appointment slots to support locality teams will be undertaken in Q1. Automation initiatives are also planned to assist patient flow and relieve pressure on review cycles.

Community Paediatrics - Continues to have a backlog of initial assessments that were severely impacted by the increase in referrals and the number of children who were seen virtually during the Covid-19 pandemic who subsequently needed to be seen face to face in 2021/22. This, combined with a reduction in medical capacity has had a significant impact on the service. However, activity has increased and has been aided by a dropping referral rate and DNA/Was Not Brought rate. There is a harm review process in place and to date no children have been assessed to have come to harm. If this reduction in demand remains the case, the service will have capacity to meet the demand of new referrals with a trajectory to clear the longer waits.

Children's Therapies – Performance is on an upward trajectory and this is expected to continue with the measures the service have put in place to reduce the number of children that are on the initial wait pathway and the improvement in turnover and vacancies. Overall capacity for the service is part of the division approach to look at clinic structures, future job planning and caseload allocation.

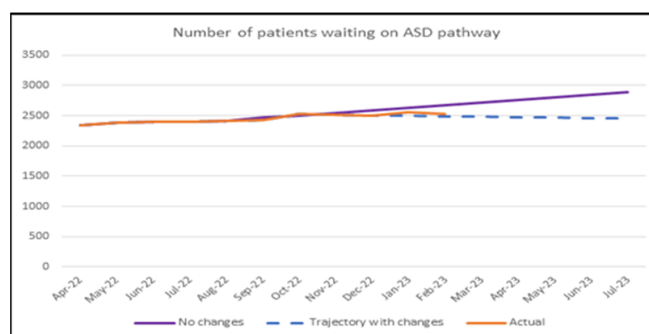
East Sussex Therapies - has managed demand by implementing a QSIR 'OT Task Force' pilot, where families are contacted to complete and score sensory screen, and signpost families to support as directed by OT professional Lead. This is now being extended to SLT provision.

### 5.1.10 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).

#### Children and Young people

In KCHFT, there are currently 2,492 children on the ASD pathway, with an average of an additional 65 children being referred to the caseload each month. The average wait for a diagnosis is 3 years.



There is an understanding both nationally and across the Kent and Medway System of the demand challenges. KCHFT continues to work on a number of initiatives to create some additional assessment capacity; however, if the numbers of referrals continue at the current rate, there will not be a significant impact on waiting times and existing initiatives will only hold the current waiting time position.

The ICB are leading the development of a high-level action plan which involves all providers across Kent and Medway to address CYP ASD pathway demand and waiting list management. A system approach to develop an alternative pathway model will be put in place that will enable children to have their needs met faster. Task and finish groups are currently being set up across the system to undertake this work.

#### Adult Neuro-developmental service

A new adult service was established in April 2022 to take 2,072 new referrals for ASD and ADHD. However, given the current awareness of ADHD and people's desire to have a diagnosis, KCHFT have seen a huge demand and have received over 10,000 referrals to the service in just 11 months. Kent and Medway is not alone with this sudden spike in demand and it is recognised to be a national issue.

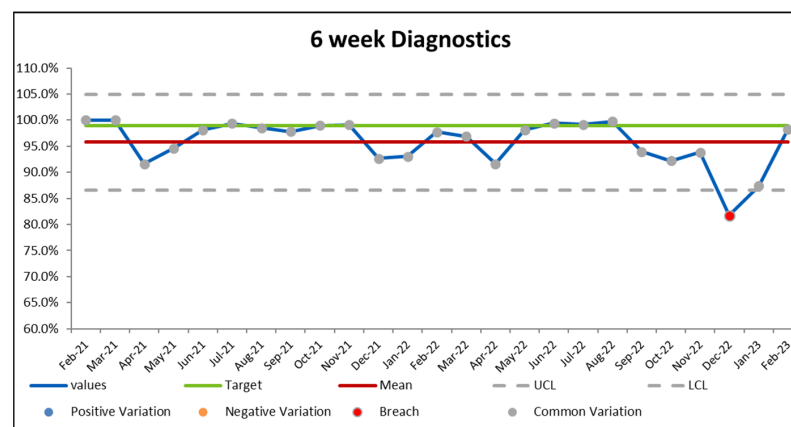
KCHFT are working with provision partners and with the ICB commissioners to support those people who are now on a long waiting list to be seen. In addition, given the extraordinary levels of demand over commissioned capacity, the ICB is establishing a system wide strategy group to review neuro-developmental pathways.

### 5.1.11 6 Week Diagnostics (Audiology)

Audiology service has a requirement for 99% of children to receive a diagnostic assessment within six weeks of referral into the service. (DMO1 National Submission). This is a challenging target as it only takes a very small number of breeches depending on the number of referrals to dip below the KPI.

DMO1 Compliance February has seen an improvement in performance and compliance is reported at 98.3% with all school health referrals completed.

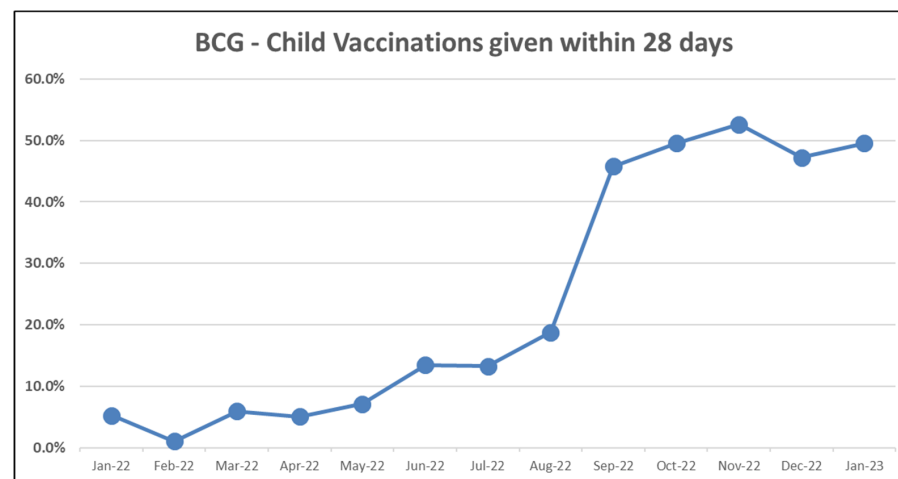
The situation with the School Hearing Programme has moved forward and the software company (Thompson) have identified an issue with the tone settings of the headphones, which would not be identified at calibration. The programme has been paused while this is rectified and, after discussions with Thompson, the screening team have requested to be moved to a different brand of headphones. We are hopeful that this will rectify the high failure rates of the programme, but the audiology team are working closely with the School Health team to pilot the new headphones, prior to restarting the programme. Restarting will be undertaken in a phased way, as the new headphones become available.





### 5.1.12 Child BCG Vaccinations

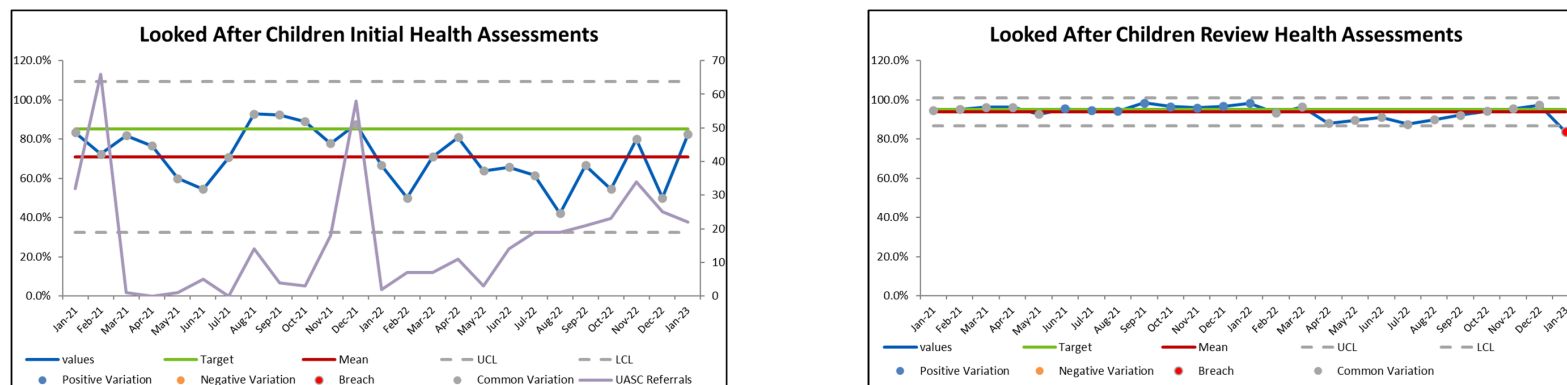
N.B. This is a new metric included in the report, with data currently available from January 2022



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 however the position for babies born in January was adverse to trajectory driven by a reduction in the performance within East Kent reported at 46.5% with 29 babies vaccinated outside of timeframe. Compliance in North Kent was higher at 50.8%.

The position for M12 forecast to improve as the service focuses on driving an overall improvement in performance of vaccination within 28 days. 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.

### 5.1.13 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 within this time frame.

#### IHA January 2023:

Completion of IHA is reported at 82.4% of IHA being completed within 28 days which is on an upward trajectory. In order to support KCHFT KCC has a target to send the request for an IHA within 5 days of a CYP entering care. KCC has struggled to meet this standard, although performance has improved in month 10, with 70.6% of IHA referrals received within 5 days. Oversight of KCC performance is managed at the Corporate Parenting Board and is supported by the ICB designated nurse.

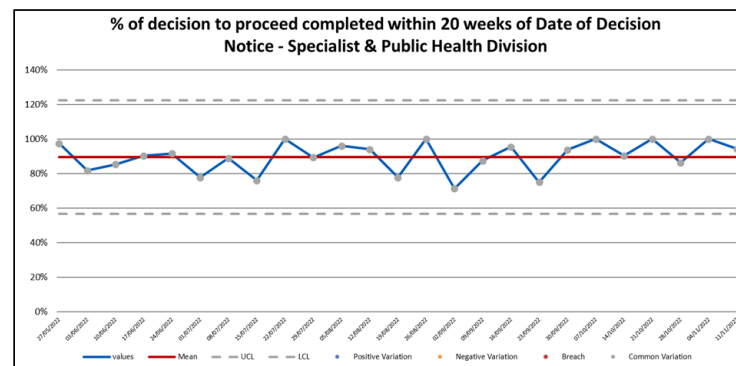
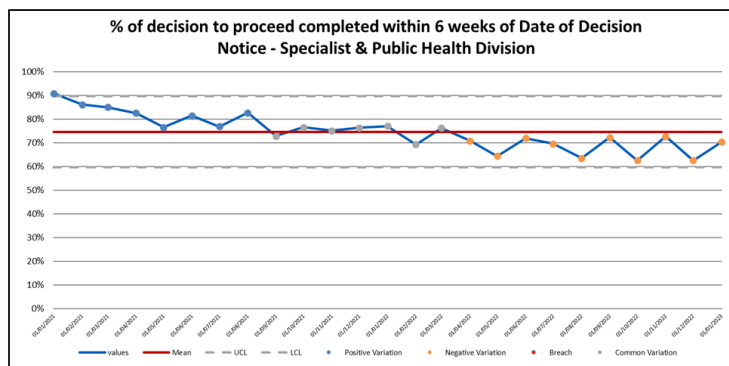
#### Unaccompanied Asylum-seeking Children (UASC)

The compliance for UASC IHA is reported at 9%. The referral process is challenging due to how young people arrive in the UK, therefore no referrals were received from KCC within 5 working days. Access to interpreters often impacts on appointment scheduling.

#### RHA January 23:

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 a RHA completed. In month 10, 87.3% of RHAs were completed within the statutory time frames. In order to improve KCHFT performance a full review of administration process has been undertaken to ensure reports are circulated with in timeframe.

### 5.1.14 Education Health Care Plan (EHCP) Wait Times



Health services are required to provide advice / complete assessment within six-weeks from date of notification by the local authority to proceed with an EHCP assessment. KCHFT is not meeting this timeframe. Kent has a 20% higher rate of children and young people on EHC Plans than the England average. The ICB and KCC have developed an accelerated action plan for improvement.

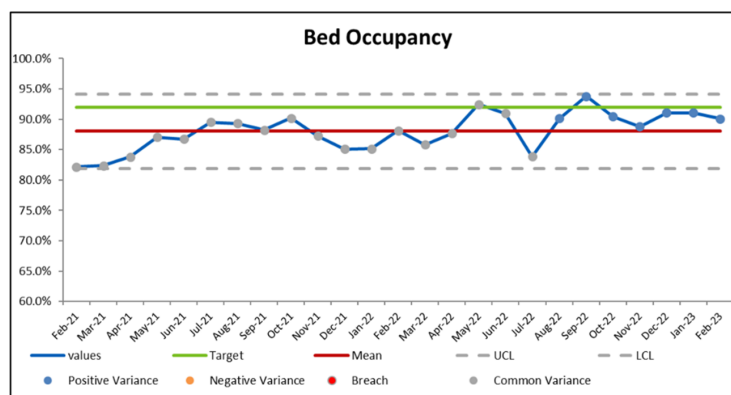
KCHFT has developed an internal action plan which is being mapped against the system action plan. This is monitored internally on a six-weekly basis.

Specialist Children's Compliance against the 6-week statutory response at Month 10 is 71%. An EHCP form is being developed on Rio which will make it simpler to track requests, and will reduce admin time needed to monitor this. Within the services, work is underway to better understand the capacity within the services so that this can be mapped to demand and this allows gaps in service provision to be articulated to commissioners. This work will be completed by November 2023

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 97%

### 5.1.15 Bed Occupancy

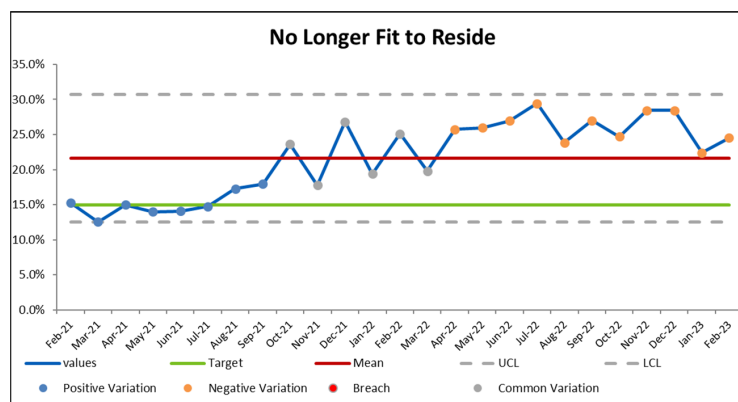
Bed Occupancy continues to show a varying trend, with current performance stable around the mean and within the target threshold of 87-92% (90.1% at month 11).



### 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 around the mean and increased in M11 to 24.5%.

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 are working closely with the ICB and KCC with regards use of Better Care Fund monies to optimise resources and improve patient flow and access to care packages.



### 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 11 (February 2023) KCHFT carried out 176,823 clinical contacts. For the financial year to February 2023, KCHFT is 2.1% above plan for all services (some services have contractual targets, some are against an internal plan). The main negative variance remains within Dental and Planned Care Services (-20%), although this area had the highest planned growth for 22/23. Activity plans have been drawn up for 23/24 and growth of 1.6% is predicted compared to 22/23 levels.

| Service Type                             | M11 Actual     | YTD Actual       | YTD Plan         | YTD Variance | Movement      | Internal BRG | Contract BRG |
|--|----------------|------------------|------------------|--------------|---------------|--------------|--------------|
| Adults - Long Term Care                  | 67,608         | 757,396          | 723,817          | 4.6%         | Negative      |              |              |
| Adults - Urgent Care                     | 26,706         | 322,517          | 300,366          | 7.4%         | Negative      |              |              |
| Adults - Community Hospitals             | 5,165          | 52,689           | 52,326           | 0.7%         | Negative      |              |              |
| Adults - Rehab                           | 14,717         | 168,020          | 171,204          | -1.9%        | Negative      |              |              |
| Dental and Planned Care                  | 14,173         | 158,862          | 198,530          | -20.0%       | Negative      |              |              |
| Specialist and Public Health Services    | 48,454         | 513,991          | 486,455          | 5.7%         | Negative      |              |              |
| <b>Trust Total Activity against plan</b> | <b>176,823</b> | <b>1,973,475</b> | <b>1,932,697</b> | <b>2.1%</b>  | <b>Static</b> |              |              |

Internal >+5%  
 >-5%  
 +/- 2.5-5%  
 <+/- 2.5%  
 No Target

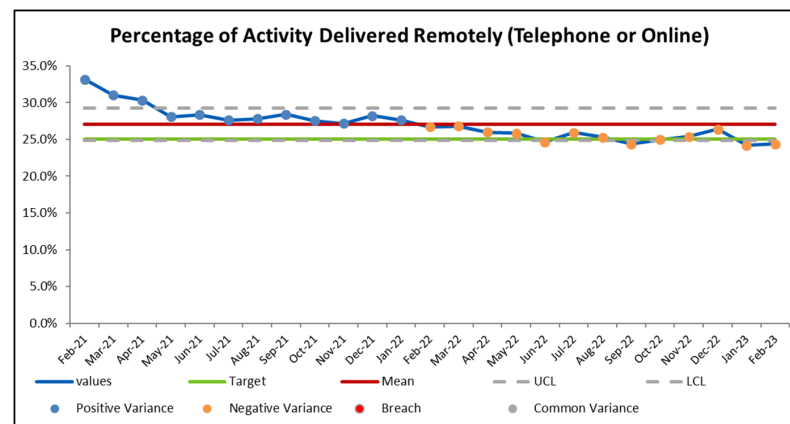
Contract >+10%  
 >-10%  
 n/a  
 <+/- 10%

\*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% deficit against plan are within MSK Physio and New Street Dental. Service modelling and recruitment had predicted much higher activity in 2022/23 in MSK but have not been able to reach these levels. Plans for 23/24 have been drawn up which have reduced the plan to a more realistic and achievable level.

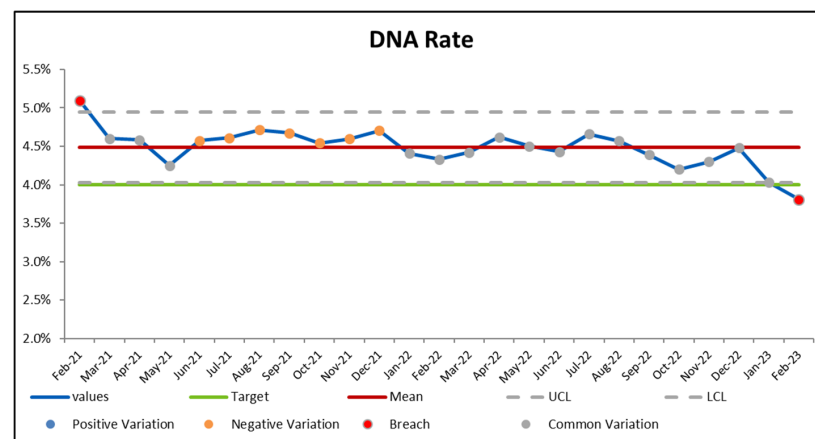
### 5.2.2 Activity Delivery Method

Levels are relatively stable with consistent performance, albeit with a small downward trend. Performance is currently just below the 25% target (24.4%), although with the last 12 months averaging 25.3%.

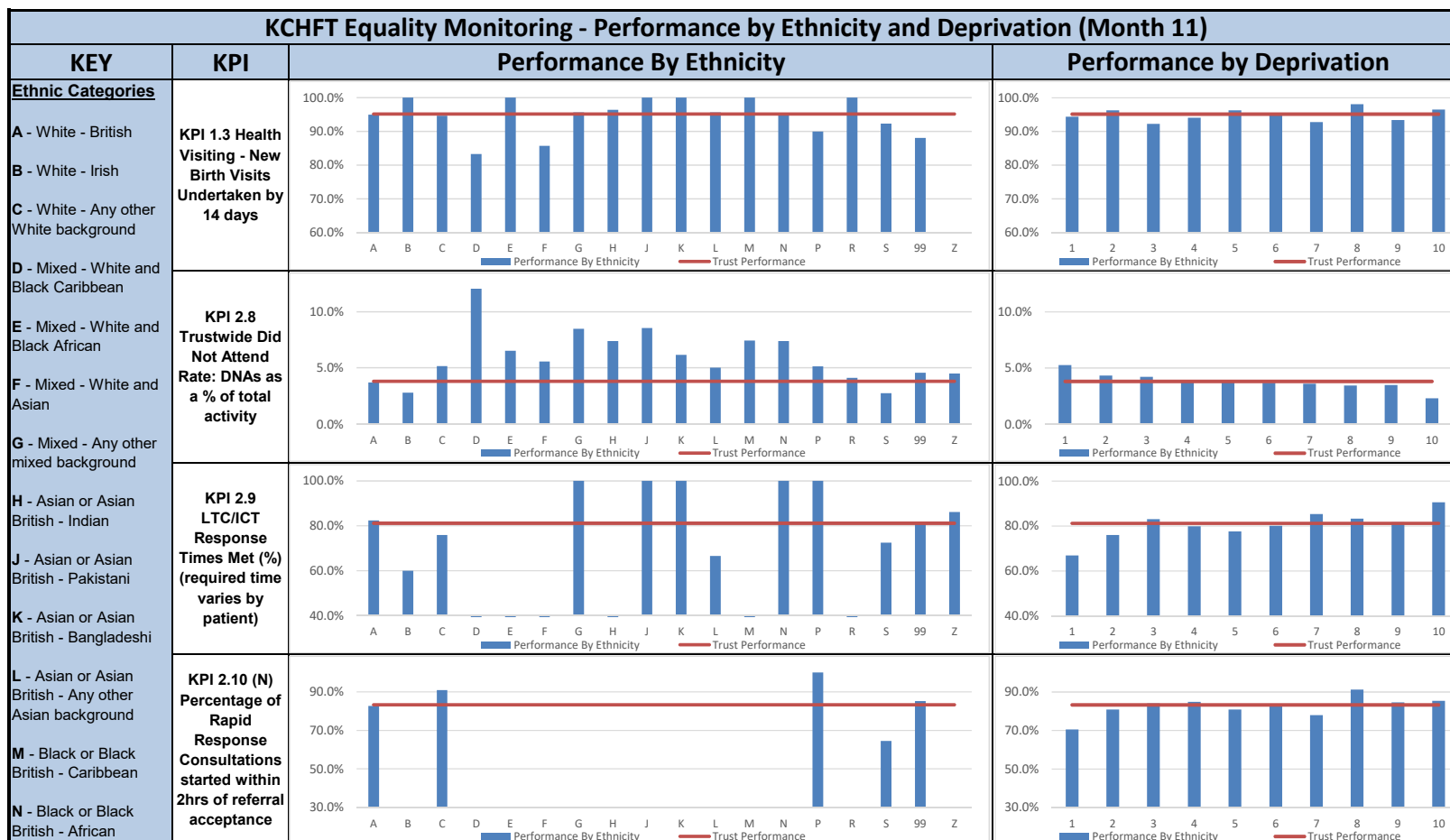


### 5.2.3 DNA rates

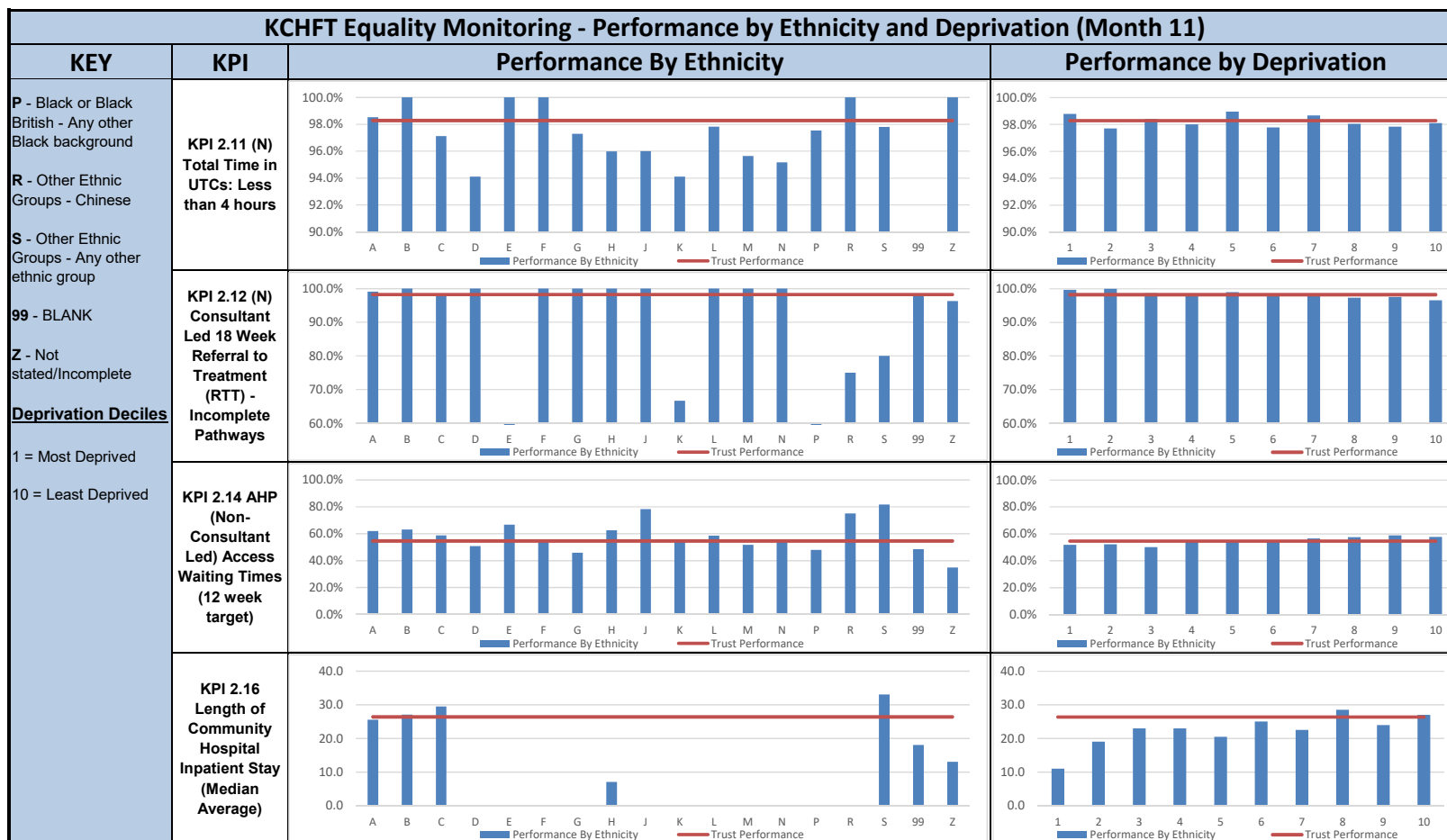
DNA rates are showing a stable position as a result of increased focus and national guideline changes driving levels back down from 2020 levels, and has positively dipped below the lower control limit this month. Increased virtual appointments, which carry a higher DNA rate, have generally increased DNA levels to above the pre-pandemic rate (3-3.5% range).



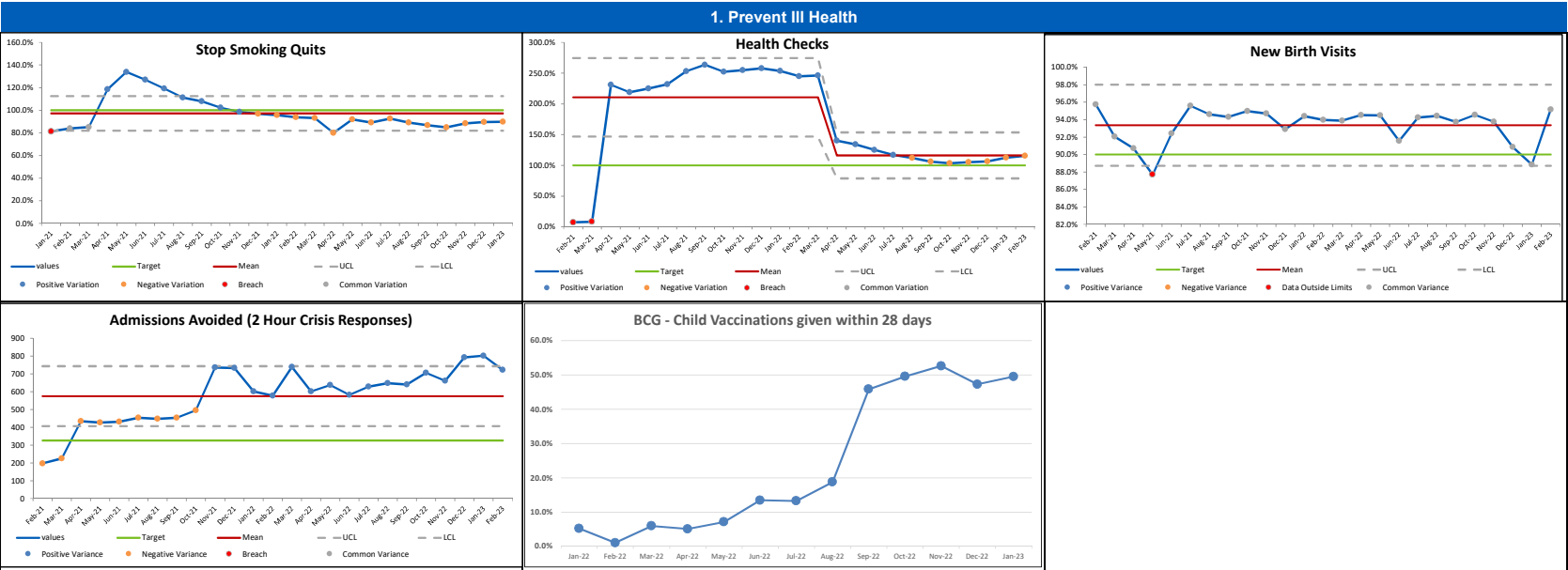
| KCHFT Equality Monitoring - Performance by Ethnicity and Deprivation (Month 11) |  |      |  |      |   |      |  |     |  |       |   |      |   |       |   |     |  |
|---|--|------|--|------|---|------|--|-----|--|-------|---|------|---|-------|---|-----|--|
|   | KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days |      | KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity |      | KPI 2.9 LTC/CT 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   | 95.2%  |      | 3.8%   |      | 81.2%   |      | 83.3%  |     | 98.3%  |       | 98.2%   |      | 54.6%   |       | 26.4  |     |  |
| 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   | 95.0%  | 820  | 3.7%   | 3649 | 82.4%   | 1565 | 82.7%  | 405 | 98.5%  | 11696 | 99.1%   | 1245 | 62.0%   | 10343 | 25.5  | 130 |  |
| B - White - Irish   | 100.0%   | 5    | 2.8%   | 24   | 60.0%   | 10   | N/A  | 0   | 100.0%   | 19    | 100.0%  | 4    | 63.2%   | 57    | 27.0  | 2   |  |
| C - White - Any other White background  | 94.7%  | 113  | 5.2%   | 176  | 76.0%   | 25   | 90.9%  | 11  | 97.1%  | 521   | 98.5%   | 67   | 58.8%   | 427   | 29.5  | 2   |  |
| D - Mixed - White and Black Caribbean   | 83.3%  | 6    | 12.7%  | 43   | 0.0%  | 2    | N/A  | 0   | 94.1%  | 17    | 100.0%  | 1    | 50.8%   | 61    | N/A   | 0   |  |
| E - Mixed - White and Black African   | 100.0%   | 17   | 6.5%   | 23   | N/A   | 0    | N/A  | 0   | 100.0%   | 15    | N/A   | 1    | 66.7%   | 48    | N/A   | 0   |  |
| F - Mixed - White and Asian   | 85.7%  | 14   | 5.6%   | 19   | N/A   | 0    | N/A  | 0   | 100.0%   | 31    | 100.0%  | 5    | 55.1%   | 49    | N/A   | 0   |  |
| G - Mixed - Any other mixed background  | 95.7%  | 47   | 8.5%   | 81   | 100.0%  | 1    | N/A  | 0   | 97.3%  | 74    | 100.0%  | 4    | 45.9%   | 146   | N/A   | 0   |  |
| H - Asian or Asian British - Indian   | 96.4%  | 28   | 7.4%   | 58   | 0.0%  | 1    | N/A  | 0   | 96.0%  | 323   | 100.0%  | 9    | 62.4%   | 157   | 7.0   | 1   |  |
| J - Asian or Asian British - Pakistani  | 100.0%   | 7    | 8.6%   | 12   | 100.0%  | 1    | N/A  | 0   | 96.0%  | 25    | 100.0%  | 3    | 78.3%   | 23    | N/A   | 0   |  |
| K - Asian or Asian British - Bangladeshi  | 100.0%   | 10   | 6.2%   | 11   | 100.0%  | 2    | N/A  | 0   | 94.1%  | 17    | 66.7%   | 3    | 55.0%   | 40    | N/A   | 0   |  |
| L - Asian or Asian British - Any other Asian background                         | 95.7%  | 23   | 5.0%   | 47   | 66.7%   | 3    | N/A  | 0   | 97.8%  | 323   | 100.0%  | 10   | 58.5%   | 118   | N/A   | 0   |  |
| M - Black or Black British - Caribbean  | 100.0%   | 2    | 7.5%   | 12   | 0.0%  | 1    | 0.0%   | 1   | 95.7%  | 23    | 100.0%  | 5    | 51.7%   | 29    | N/A   | 0   |  |
| N - Black or Black British - African  | 95.2%  | 42   | 7.4%   | 59   | 100.0%  | 1    | N/A  | 0   | 95.2%  | 228   | 100.0%  | 8    | 54.2%   | 192   | N/A   | 0   |  |
| P - Black or Black British - Any other Black background                         | 90.0%  | 10   | 5.2%   | 15   | 100.0%  | 2    | 100.0%   | 2   | 97.5%  | 122   | N/A   | 0    | 47.9%   | 48    | N/A   | 0   |  |
| R - Other Ethnic Groups - Chinese   | 100.0%   | 4    | 4.1%   | 5    | N/A   | 0    | N/A  | 0   | 100.0%   | 14    | 75.0%   | 4    | 75.0%   | 32    | N/A   | 0   |  |
| S - Other Ethnic Groups - Any other ethnic group                                | 92.3%  | 13   | 2.8%   | 180  | 72.6%   | 186  | 64.5%  | 31  | 97.8%  | 454   | 80.0%   | 20   | 81.6%   | 348   | 33.0  | 5   |  |
| 99 - BLANK  | 88.1%  | 42   | 4.6%   | 1    | 80.8%   | 745  | 85.2%  | 250 | 80.0%  | 5     | 98.0%   | 2556 | 48.5%   | 10960 | 18.0  | 42  |  |
| Z - Not stated/Incomplete   | N/A  | 0    | 4.5%   | 1511 | 86.2%   | 94   | 93.3%  | 30  | 100.0%   | 16    | 96.3%   | 109  | 34.9%   | 1199  | 13.0  | 4   |  |
| % Completeness  | 96.5%  | 1203 | 74.5%  | 5926 | 68.2%   | 2639 | 61.6%  | 730 | 99.8%  | 13923 | 34.3%   | 4054 | 49.9%   | 24277 | 75.3%   | 186 |  |
| Performance by Deprivation Decile   |  |      |  |      |   |      |  |     |  |       |   |      |   |       |   |     |  |
|   | %  | No.  | %  | No.  | %   | No.  | %  | No. | %  | No.   | %   | No.  | %   | No.   | Days  | No. |  |
| Decile 1 - Most Deprived  | 94.4%  | 72   | 5.3%   | 529  | 67.0%   | 118  | 70.6%  | 17  | 98.8%  | 990   | 99.7%   | 120  | 51.8%   | 1547  | 11.0  | 2   |  |
| Decile 2  | 96.3%  | 136  | 4.3%   | 762  | 76.0%   | 225  | 80.9%  | 47  | 97.7%  | 1483  | 100.0%  | 298  | 52.2%   | 2494  | 19.0  | 11  |  |
| Decile 3  | 92.3%  | 104  | 4.2%   | 565  | 83.1%   | 201  | 84.1%  | 44  | 98.4%  | 1447  | 98.7%   | 289  | 50.1%   | 2098  | 23.0  | 21  |  |
| Decile 4  | 94.1%  | 153  | 3.9%   | 688  | 79.9%   | 309  | 84.9%  | 53  | 98.0%  | 1696  | 98.6%   | 304  | 53.8%   | 2743  | 23.0  | 12  |  |
| Decile 5  | 96.3%  | 135  | 3.8%   | 821  | 77.6%   | 352  | 81.0%  | 84  | 99.0%  | 2115  | 99.0%   | 433  | 55.3%   | 2944  | 20.5  | 18  |  |
| Decile 6  | 95.3%  | 150  | 3.7%   | 681  | 80.1%   | 287  | 83.1%  | 118 | 97.8%  | 1396  | 97.9%   | 512  | 54.2%   | 2859  | 25.0  | 31  |  |
| Decile 7  | 92.8%  | 153  | 3.6%   | 720  | 85.4%   | 355  | 78.0%  | 109 | 98.7%  | 1726  | 97.8%   | 483  | 56.4%   | 2969  | 22.5  | 30  |  |
| Decile 8  | 98.1%  | 107  | 3.5%   | 552  | 83.3%   | 288  | 91.3%  | 80  | 98.0%  | 917   | 97.3%   | 535  | 57.6%   | 2363  | 28.5  | 20  |  |
| Decile 9  | 93.4%  | 91   | 3.5%   | 460  | 81.7%   | 251  | 84.6%  | 65  | 97.8%  | 828   | 97.6%   | 338  | 58.8%   | 1947  | 24.0  | 21  |  |
| Decile 10 - Least Deprived  | 96.5%  | 86   | 2.3%   | 300  | 90.5%   | 243  | 85.5%  | 110 | 98.1%  | 739   | 96.6%   | 329  | 57.8%   | 1858  | 27.0  | 19  |  |



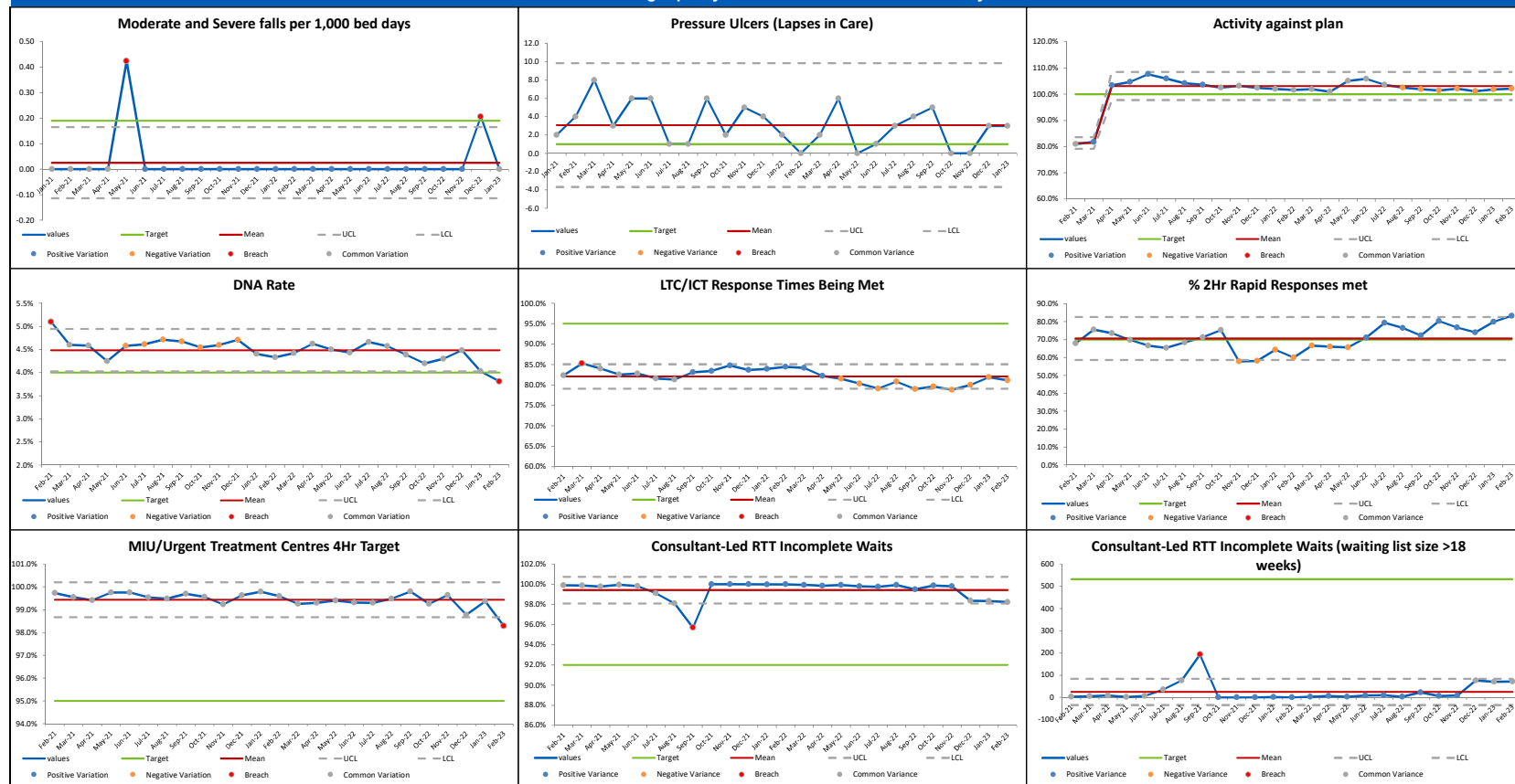




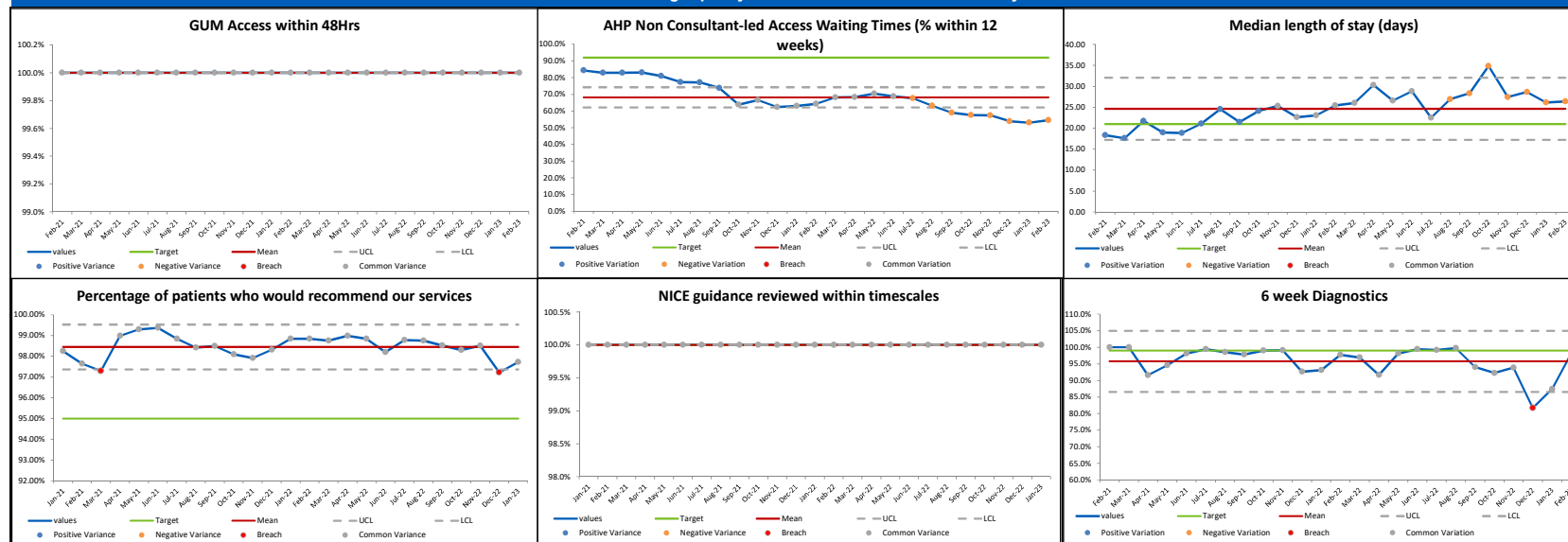
Appendix - Scorecard SPC Charts



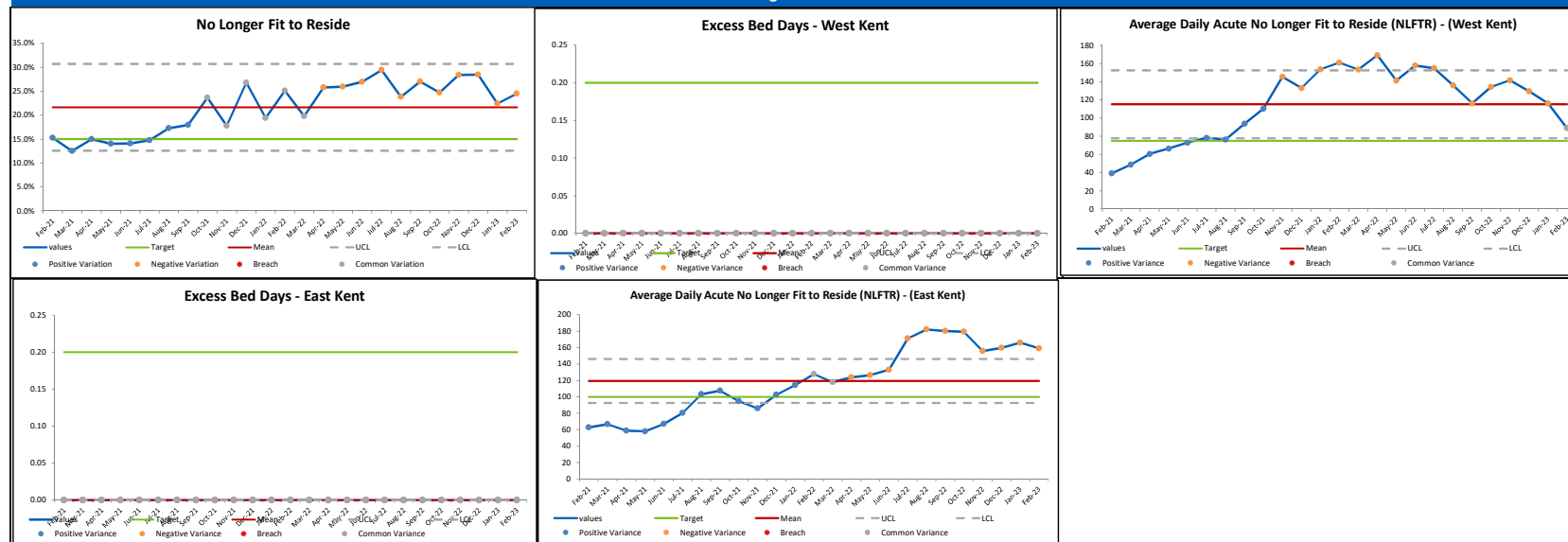
## 2. Deliver high-quality care at home and in the community



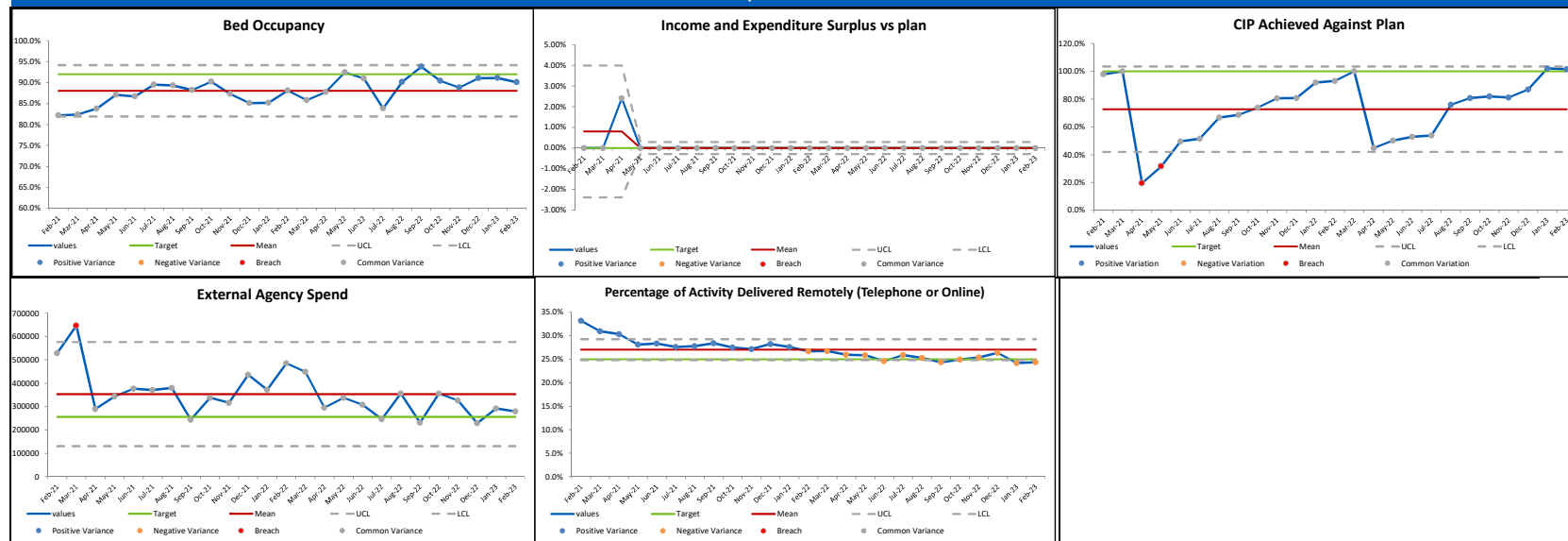
## 2. Deliver high-quality care at home and in the community

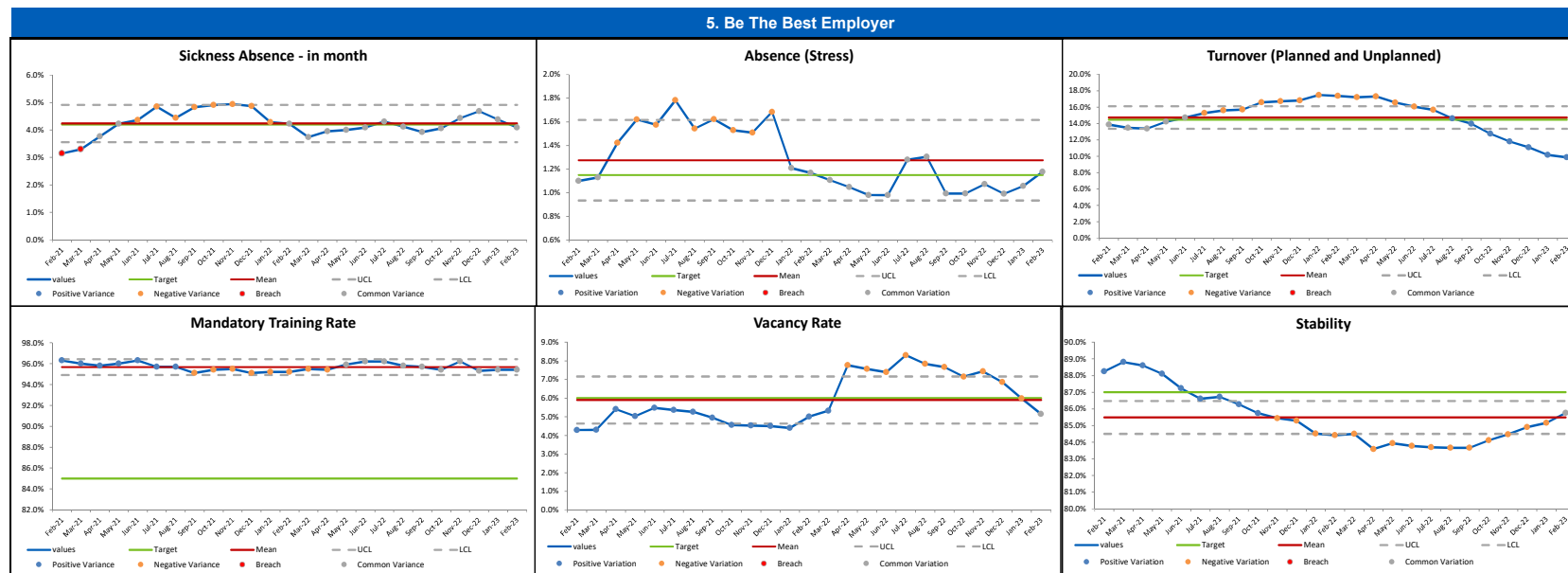


### 3. Integrate Services



#### 4. Develop sustainable services





|                                    |   |
|------------------------------------|---|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)   |
| <b>Date of Meeting:</b>            | 19 April 2023   |
| <b>Agenda Number:</b>              | 20  |
| <b>Agenda Item Title:</b>          | Staff Survey results  |
| <b>Presenting Officer:</b>         | Victoria Robinson-Collins, Chief People Officer   |
| <b>Action – this paper is for:</b> | <input checked="" type="checkbox"/> Decision<br><input checked="" type="checkbox"/> Information<br><input type="checkbox"/> Assurance |

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

This paper summarises the national NHS Staff Survey results for KCHFT including how the Trust benchmarks to comparator organisations. It also offers a progress report on a number of key actions the Trust is taking following receipt of the results, namely approach to appraisals and staff engagement.

Board members are asked to note the national NHS staff survey results and approve the agreed actions together with progress made to date.

### Summary of key points

From the useable sample (4,982), 3,067 questionnaires were completed which is a 61.6 per cent response rate. KCHFT's response rate was 6.8 per cent better than the overall response rate for comparative community trusts, but down on last year's 65.6 per cent.

The results were released for formal publication on Thursday 9th March 2023. The national NHS Staff Survey gives key headlines from the seven people promises, and two theme scores: staff engagement (which includes three sub scores for motivation, involvement and advocacy) and morale (thinking about leaving, work pressure and stressors) and question scores.

### Headline results NHS People Promises and theme scores

The results for the seven People Promises are:

- we are compassionate and inclusive – 7.9
- we are recognised and rewarded – 6.5
- we each have a voice that counts – 7.3
- we are safe and healthy – 6.4
- we are always learning – 5.9
- we work flexibly – 7.0



- we are a team – 7.4
- and two themes:
- staff engagement – 7.3
- morale – 6.2

### Analysis of People Promise Statements

Seven of the seven NHS People Promise measures scored better than the scores for similar organisations surveyed by Quality Health.

Three themes scored significantly better than other similar organisations, these were: we are compassionate and inclusive, we work flexibly and we are a team.

Compared to last year, none of the results were significantly different, however all scores were higher except for 'we are recognised and rewarded', which showed a -0.06 drop on last year's score, reflected in a significant response to the question 'I am satisfied with my levels of pay' (-7.6 per cent).

### Question-level analysis

At question level, most scores are in the intermediate to 60 per cent range of similar organisations (79 out of 104 scores). There are a further 24 scores that are in the top 20 per cent and only one in the bottom 20 per cent. The lower score is in feeling valued by the organisation after appraisal, the higher scores are particularly clustered around immediate line managers, team work and development.

### Significant questions

Of the questions compared to the nine other comparable community trusts: 74 (71 per cent) question(s) scored significantly better than the sector average

- 1 (one per cent) question(s) scored significantly worse than the sector average, which was 'my appraisal/review left me feeling that my work is valued by the organisations'.
- 29 (28 per cent) question(s) showed no significant difference in relation to the sector average or comparisons could not be drawn

These include:

- 94.9 per cent of colleagues said in the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review. This is 4.9 per cent better than the sector.
- My organisation takes positive action on health and wellbeing scored 73.8 per cent, which is 5.6 per cent better than the sector (68.2 per cent).
- We are given feedback about changes made in response to reported errors, near misses and incidents scored 79.8 per cent, which is 8.4 per cent better than the sector (71.5 per cent).

### Negative findings

The appraisal/review left me feeling that my work is valued by my organisation scored 30.2 per cent, which is three per cent less than the sector score.

Of the 98 comparable evaluative core questions:

- 16 (16 per cent) question(s) have shown significant improvement since 2021
- 3 (3 per cent) question(s) have shown significant decline since 2021
- 79 (81 per cent) question(s) have shown no significant movement since 2021 or score is suppressed

These include:

- The last time I experienced physical violence at work, myself or a colleague reported it saw a 10 per cent increase (87.4 per cent) against last year's score (77.4 per cent).
- My organisation is committed to helping me balance my work and home life saw a 4.7 per cent increase (63.4 per cent) against last year's score (58.7 per cent).
- There are opportunities for me to develop my career in this organisation saw a 3.7 per cent increase (58.3 per cent) against last year's score (54.5 per cent)
- 4.3 per cent of colleagues said in the last 12 months, I have personally experienced discrimination are work from patients / service users, their relatives or other members of the public +1 per cent on last year
- 28.7 per cent said they were satisfied with their pay -7.6 per cent on last year
- 83.6 per cent said my organisation acts on concerns raised by patients/service users, -2 per cent on last year

### **Commitment following publication of results**

KCHFT colleagues were reassured their views had been heard. The results were shared and discussed in teams and services, with staff side colleagues, staff networks, via a Flo message from the Chief People Officer. Team Brief and at a webinar where the results were discussed and a workshop took place on conducting a good appraisal.

People & OD Business Partners (PODBPs) have reviewed the service and team-level information to understand hot spots and agree actions which have been endorsed at monthly Executive Performance Reviews with services. Some themes were considered by central teams e.g. EDI, staff engagement, appraisal and fed through to services for local conversations and actions.

The task and finish group has been established to identify areas for improvement:

- Identify any concentrations of staff who feel they have been discriminated against; act to train local managers on the appropriate policies where necessary.
- Assess the way in which appraisals and reviews are conducted to increase their usefulness in supporting staff to develop themselves and their team. Ensure that the appraisal process includes providing clear objectives for

staff and that staff leave the review feeling that their work is valued by their organisation.

A staff survey toolkit presentation has been prepared for leaders which includes a slide deck with headlines results, explanation of the work already being carried out to address these challenges and things already being worked on. This can be adapted by PODBPs for directorate, service team-level information.

Insights from case study reviews and updates from Executive Performance Reviews will be fed back to the Communications Team to ensure the 'we said, we did' loop is closed.

### **Staff Engagement and Voice**

A review of our staff engagement model over the next year is underway as a key part of the 5-year strategy in order to maximise Staff Voice. This is being undertaken via a working group incorporating voices from across the organisation. Early findings are identifying significant commonalities to the work in relation to the EDI engagement and refresh.

From the work completed so far KCHFT benchmarks well in comparison with other organisations, but is always striving to be better and develop our model for listening.

A 'Staff Council' approach is being explored in order to join up approach to listening and act as 'conscience of KCHFT', to listen, interpret the 'big picture', test ideas, unblock changes when needed and to communicate and feedback. Vital to this model is ensuring the Trust does not undermine the legal machinery in place in relation to consultation and negotiation which form our Partnership Agreement with Unions.

The improvement journey aims to achieve a more structured approach to our listening where every voice can be heard and feedback acted upon.

### **Early Progress Update**

KCHFT has established a staff voice working group with early themes developing as follows:

- Really good engagement at a local level that must be built upon
- General agreement that lots of pockets of listening that need to be brought together and we need to triangulate what we are hearing
- People need to feel heard – any new group should be a vehicle to identify themes and issues, 'unblock' and create change
- Recognition that we need to create a 'safe space' and this is different for people
- More support to managers in what good engagement looks like and how to create to safe space

- New engagement group needs a main line to Exec and other Board members
- Staff governors will be central to new model and developing a better understand of role is key.

### Progress Update on Appraisals

In quarters three and four of FY 22/23 the education and development team held focus groups to respond to feedback on the use of TAPs. This included the appraisal form amongst other areas where the system was improved.

The form includes:

- Feedback on objectives
- An optional section directing colleagues to [flo](#) if they haven't had a health and wellbeing conversation with their manager and the option to provide any additional information if they have
- A drop-down choice on colleagues' career aspirations and finally only if they choose that they wish to progress 3 questions to aid that discussion.

The education and development team have also worked with the communications team to ensure that the 22/23 message about the end of year review is one in which the conversation is the most important component.

A webinar led by the Chief People Officer used a workshop approach to support appraisers and appraisees in relation to 'what a good appraisal looks like.' The webinar was extremely well attended and received positive feedback.

### Proposal and/or recommendation to the Board.

Board members are asked to note the national NHS staff survey results and approve the agreed actions together with progress made to date.

**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*

☐ 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> |
|---|----------------------------------|

|  |
|--|
| <b>Highlights relating to protected characteristics in paper</b> |
|  |

|                   |                           |            |                                   |
|-------------------|---------------------------|------------|-----------------------------------|
| Name:             | Victoria Robinson-Collins | Job title: | Chief People Officer              |
| Telephone number: | 01622 211900              | Email      | Victoria.robinson-collins@nhs.net |

## National Staff Survey Results for KCHFT and Progress Report on Actions

This paper summarises the national NHS Staff Survey results for KCHFT including how the Trust benchmarks to comparator organisations. It also offers a progress report on a number of key actions the Trust is taking following receipt of the results, namely approach to appraisals and staff engagement.

### Background

The NHS staff survey was open for 12 weeks from Monday, 12 September to Friday, 25 November 2022.

Questionnaires were sent to a usable sample of 4,982 substantive employees, excluding respondents that were later known to be ineligible.

An internal multi-channel marketing campaign was wrapped around the whole process, including launching the survey with regular reminders to complete. As was the case last year, the majority of colleagues received their survey electronically, with facilities colleagues being sent a paper survey.

From the useable sample (4,982), 3,067 questionnaires were completed which is a 61.6 per cent response rate. KCHFT's response rate was 6.8 per cent better than the overall response rate for comparative community trusts, but down on last year's 65.6 per cent.

The results were released for formal publication on Thursday 9th March 2023.

The national NHS Staff Survey gives key headlines from the seven people promises, and two theme scores: staff engagement (which includes three sub scores for motivation, involvement and advocacy) and morale (thinking about leaving, work pressure and stressors) and question scores.

Overall, when compared to other trusts the results are positive and when compared to last year, the results are not significantly different. There are a number of areas of fragility when undertaking a deep dive into the data at service level and detailed action plans are being progressed within each Directorate or Service.

### Analysis of Results:

KCHFT is benchmarked against nine community trusts that fall in our comparator group. Questions are grouped into:

- seven people promises (marked out of 10)
- two theme scores, morale and staff engagement (marked out of 10)
- individual question scores (expressed as percentage).
- A headline summary of these can be found in appendix 1. In most cases, the higher the number, the more positive the staff experience, however there are some, where a lower score is better.

### Headline results NHS People Promises and theme scores

The results for the seven People Promises are:

- we are compassionate and inclusive – 7.9
- we are recognised and rewarded – 6.5
- we each have a voice that counts – 7.3
- we are safe and healthy – 6.4

- we are always learning – 5.9
- we work flexibly – 7.0
- we are a team – 7.4
- and two themes:
- staff engagement – 7.3
- morale – 6.2

## Analysis of People Promise Statements

Seven of the seven NHS People Promise measures scored better than the scores for similar organisations surveyed by Quality Health.

Three themes scored significantly better than other similar organisations, these were: we are compassionate and inclusive, we work flexibly and we are a team.

Compared to last year, none of the results were significantly different, however all scores were higher except for 'we are recognised and rewarded', which showed a -0.06 drop on last year's score, reflected in a significant response to the question 'I am satisfied with my levels of pay' (-7.6 per cent).

Each of the people promises has a number of sub-themes, e.g. compassionate culture is made up of compassionate culture, compassionate leadership, diversity and equality and inclusion.

All sub-theme level results scored better than the sector scores.

11 subthemes are significantly better than other similar organisations, these were:

- compassionate culture
- compassionate leadership
- diversity and equality
- inclusion
- raising concerns
- support for work-life balance
- flexible working
- team working
- line management
- advocacy
- work pressure.

Ranked People Promise Subscores for your organisation

|    |  | Score |
|----|--|-------|
| 1  | People Promise 1: We are compassionate and inclusive<br>Subscore 3: Diversity and equality   | 8.89  |
| 2  | People Promise 4: We are safe and healthy<br>Subscore 3: Negative experiences                | 8.20  |
| 3  | People Promise 1: We are compassionate and inclusive<br>Subscore 2: Compassionate leadership | 7.66  |
| 4  | People Promise 1: We are compassionate and inclusive<br>Subscore 1: Compassionate culture    | 7.64  |
| 5  | People Promise 7: We are a team<br>Subscore 2: Line management                               | 7.51  |
| 6  | People Promise 1: We are compassionate and inclusive<br>Subscore 4: Inclusion                | 7.50  |
| 7  | People Promise 3: We each have a voice that counts<br>Subscore 2: Raising concerns           | 7.30  |
| 8  | People Promise 3: We each have a voice that counts<br>Subscore 1: Autonomy and control       | 7.26  |
| 9  | People Promise 7: We are a team<br>Subscore 1: Team working                                  | 7.20  |
| 10 | People Promise 6: We work flexibly<br>Subscore 2: Flexible working                           | 7.05  |
| 11 | People Promise 6: We work flexibly<br>Subscore 1: Support for work-life balance              | 6.96  |
| 12 | People Promise 5: We are always learning<br>Subscore 1: Development                          | 6.77  |
| 13 | People Promise 4: We are safe and healthy<br>Subscore 1: Health and safety climate           | 5.77  |
| 14 | People Promise 4: We are safe and healthy<br>Subscore 2: Burnout                             | 5.28  |
| 15 | People Promise 5: We are always learning<br>Subscore 2: Appraisals                           | 5.08  |

The people promise sub-scores are ranked from 1 to 15 and are shown above right, these are summary scores for groups of questions which when looked at together can give more information about an area.



## Themed questions analysis

The themes of morale and staff engagement remain key performance indicators for organisations. Morale (+0.18) and staff engagement (+0.15) scored better than the sector scores for similar organisations and compared to last year, but not significantly.

|                          | 2022 Score | 2021 Score | Diff             | Sector Score | Diff             |
|--------------------------|------------|------------|------------------|--------------|------------------|
| Motivation               | 7.27       | 7.26       | +0.01 (Not sig.) | 7.20         | +0.07 (Not sig.) |
| Involvement              | 7.20       | 7.08       | +0.12 (Not sig.) | 7.04         | +0.16 (Not sig.) |
| Advocacy                 | 7.45       | 7.47       | -0.02 (Not sig.) | 7.22         | +0.23 (Sig.)     |
| Overall Staff Engagement | 7.31       | 7.27       | +0.04 (Not sig.) | 7.16         | +0.15 (Not sig.) |

|                        | 2022 Score | 2021 Score | Diff             | Sector Score | Diff             |
|------------------------|------------|------------|------------------|--------------|------------------|
| Thinking about leaving | 6.39       | 6.31       | +0.07 (Not sig.) | 6.21         | +0.18 (Not sig.) |
| Work pressure          | 5.51       | 5.49       | +0.02 (Not sig.) | 5.29         | +0.22 (Sig.)     |
| Stressors (HSE index)  | 6.79       | 6.70       | +0.10 (Not sig.) | 6.66         | +0.14 (Not sig.) |
| Morale                 | 6.23       | 6.17       | +0.06 (Not sig.) | 6.05         | +0.18 (Not sig.) |

Morale is measured across three sub scores: Thinking about leaving, work pressure and stressors. All three measures showed an increase compared to the 2021 survey.

Staff engagement is measured across three sub scores: Motivation, involvement and advocacy. The score for motivation stayed the same as last year, advocacy had a small decline of 0.02 per cent against last year's score and involvement saw a 0.13 per cent increase. Compared to other sector scores, there are significantly better scores in the subthemes of 'advocacy' and 'work pressure'.

In most cases, questions report on a positive aspect of staff experience.

## Question-level analysis

At question level, most scores are in the intermediate to 60 per cent range of similar organisations (79 out of 104 scores). There are a further 24 scores that are in the top 20 per cent and only one in the bottom 20 per cent. The lower score is in feeling valued by the organisation after appraisal, the higher scores are particularly clustered around immediate line managers, team work and development.

## Significant questions

Of the questions compared to the nine other comparable community trusts:

74 (71 per cent) question(s) scored significantly better than the sector average

- 1 (one per cent) question(s) scored significantly worse than the sector average, which was 'my appraisal/review left me feeling that my work is valued by the organisations'.
- 29 (28 per cent) question(s) showed no significant difference in relation to the sector average or comparisons could not be drawn



These include:

- 94.9 per cent of colleagues said in the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review. This is 4.9 per cent better than the sector.
- My organisation takes positive action on health and wellbeing scored 73.8 per cent, which is 5.6 per cent better than the sector (68.2 per cent).
- We are given feedback about changes made in response to reported errors, near misses and incidents scored 79.8 per cent, which is 8.4 per cent better than the sector (71.5 per cent).

### Negative findings

The appraisal/review left me feeling that my work is valued by my organisation scored 30.2 per cent, which is three per cent less than the sector score.

Of the 98 comparable evaluative core questions:

- 16 (16 per cent) question(s) have shown significant improvement since 2021
- 3 (3 per cent) question(s) have shown significant decline since 2021
- 79 (81 per cent) question(s) have shown no significant movement since 2021 or score is suppressed

These include:

- The last time I experienced physical violence at work, myself or a colleague reported it saw a 10 per cent increase (87.4 per cent) against last year's score (77.4 per cent).
- My organisation is committed to helping me balance my work and home life saw a 4.7 per cent increase (63.4 per cent) against last year's score (58.7 per cent).
- There are opportunities for me to develop my career in this organisation saw a 3.7 per cent increase (58.3 per cent) against last year's score (54.5 per cent)
- 4.3 per cent of colleagues said in the last 12 months, I have personally experienced discrimination are work from patients / service users, their relatives or other members of the public +1 per cent on last year
- 28.7 per cent said they were satisfied with their pay -7.6 per cent on last year
- 83.6 per cent said my organisation acts on concerned raised by patients/service users, -2 per cent on last year

### Commitment following publication of results

KCHFT colleagues were reassured their views had been heard. The results were shared and discussed in teams and services, with staff side colleagues, staff networks, via a Flo message from the Chief People Officer. Team Brief and at a webinar where the results were discussed and a workshop took place on conducting a good appraisal.

People & OD Business Partners (PODBPs) have reviewed the service and team-level information to understand hot spots and agree actions which have been endorsed at monthly Executive Performance Reviews with services. Some themes were considered by central teams e.g. EDI, staff engagement, appraisal and fed through to services for local conversations and actions.

The task and finish group has been established to identify areas for improvement. IQVIA recommends that focus is placed on areas which are important, such as scores relating to health and wellbeing, discrimination, bullying and harassment, and violence at work and in particular:

- Identify any concentrations of staff who feel they have been discriminated against; act to train local managers on the appropriate policies where necessary.
- Assess the way in which appraisals and reviews are conducted to increase their usefulness in supporting staff to develop themselves and their team. Ensure that the appraisal process includes providing clear objectives for staff and that staff leave the review feeling that their work is valued by their organisation.

A staff survey toolkit presentation has been prepared for leaders which includes a slide deck with headlines results, explanation of the work already being carried out to address these challenges and things already being worked on. This can be adapted by PODBPs for directorate, service team-level information.

Insights from case study reviews and updates from Executive Performance Reviews will be fed back to the Communications Team to ensure the 'we said, we did' loop is closed.

## **Progress Update on Key Actions**

### **Staff Engagement and Voice**

A review of our staff engagement model over the next year is underway as a key part of the 5-year strategy in order to maximise Staff Voice. This is being undertaken via a task and finish group incorporating voices from across the organisation. Early findings are identifying significant commonalities to the work in relation to the EDI engagement and refresh.

Four key ambitions form the backbone of our new strategy, one of which is making KCHFT a great place to work. Underpinning this ambition are two targets, both of which are essential to achieving delivery of the ambition. They are measured by making a significant improvement (0.2) in staff engagement and morale, as measured through the NHS Staff Survey.

Understanding, assessing and improving levels of staff engagement involve much more than a survey. The NHS Staff Survey offers a way of measuring progress at a point in time in order to understand the move from transactional engagement towards more of a two-way conversation where colleagues feel empowered, heard and involved.

### **Key enablers to good engagement:**

- Visible and empowering leadership – providing a strong strategic narrative
- Engaging managers – who focus on their people and give them scope to treat their people as individuals and coach them
- Organisational integrity – making sure the values on the wall, are reflected in the day-to-date behaviours and there is no say-do gap
- Strong employee voice – employees are seen not as the problem, rather as central to the solution, to be involved, listened to and invited to contribute their experience, expertise and ideas.

From the work completed so far KCHFT benchmarks well in comparison with other organisations, but is always striving to be better and develop our model for listening.

In order to achieve this, the Trust needs to shift from an approach of broadcasting and transactional engagement to improved two-way and meaningful conversations where feedback is heard, acted on and the loop is closed so colleagues feel and believe they have been listened to.

As part of the improvement journey, KCHFT is learning from other public and private sector organisations, for example John Lewis Partnership, and CSH approach called Surrey's 'The Voice'.

A 'Staff Council' approach is being explored in order to join up approach to listening and act as 'conscience of KCHFT', to listen, interpret the 'big picture', test ideas, unblock changes when needed and to communicate and feedback. Vital to this model is ensuring the Trust does not undermine the legal machinery in place in relation to consultation and negotiation which form our Partnership Agreement with Unions.

The improvement journey aims to achieve a more structured approach to our listening where every voice can be heard and feedback acted upon.

### **Early Progress Update**

KCHFT has established a staff voice working group with early themes developing as follows:

- Really good engagement at a local level that must be built upon
- General agreement that lots of pockets of listening that need to be brought together and we need to triangulate what we are hearing
- People need to feel heard – any new group should be a vehicle to identify themes and issues, 'unblock' and create change
- Recognition that we need to create a 'safe space' and this is different for people
- More support to managers in what good engagement looks like and how to create to safe space
- New engagement group needs a main line to Exec and other Board members
- Staff governors will be central to new model and developing a better understand of role is key.

The activities planned for FY 23/24 include developing a map of current staff engagement forums, opportunities to dovetail the work of staff voice, EDI and the staff survey working group given the level of synergy within the programmes of work. It is envisioned that the new staff council approach or shadow council will go live in quarter two, with opportunities to refine learn and embed across quarters three and four. Work will include the co-production of an internal listening strategy for KCHFT.

### **Progress Update on Appraisals**

In quarters three and four of FY 22/23 the education and development team held focus groups to respond to feedback on the use of TAPs. This included the appraisal form amongst other areas where the system was improved.

As a result of this and discussions with the People and OD Business Partners the appraisal form was significantly reduced and for many now only includes feedback on objectives to encourage focus on the conversation rather than the process or paperwork sitting behind it.

The form includes:

- Feedback on objectives
- An optional section directing colleagues to flo if they haven't had a health and wellbeing conversation with their manager and the option to provide any additional information if they have
- A drop-down choice on colleagues' career aspirations and finally only if they choose that they wish to progress 3 questions to aid that discussion.

The education and development team have also worked with the communications team to ensure that the 22/23 message about the end of year review is one in which the conversation is the most important component.

This includes messaging in Flomail, the development of an appraisal flo page with updated resources, reminders at every opportunity that this year the conversation is the most important element not the form and a manager's bulletin and toolkit. The team have also created an animation for busy appraisers and appraisees to watch or listen to which captures the intent of the revised approach.

A webinar led by the Chief People Officer used a workshop approach to support appraisers and appraisees in relation to 'what a good appraisal looks like.' The webinar was extremely well attended and received positive feedback.

### **Recommendations**

Board members are asked to note the national NHS staff survey results and approve the agreed actions together with progress made to date.

**Victoria Robinson-Collins**  
**Chief People Officer**  
**April 2023**

|                                    |   |
|------------------------------------|---|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)   |
| <b>Date of Meeting:</b>            | 19 April 2023   |
| <b>Agenda Number:</b>              | 21  |
| <b>Agenda Item Title:</b>          | Update on Nobody Left Behind Strategy   |
| <b>Presenting Officer:</b>         | Victoria Robinson-Collins, Chief People Officer   |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input checked="" type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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

This report outlines the key findings from engagement activity to date and areas to be considered in the next stage of the review.

Board colleagues are asked to note the progress made in relation to the equity, diversity and inclusion (EDI) engagement programme to refresh the action plan associated with the Nobody Left Behind strategy.

Colleagues are also asked to endorse the approaches planned for the next stages of the programme as well as the natural development and cementing of synergies across programmes as part of a broader culture change agenda.

### Summary of key points

The Public Engagement Agency (PEA) - an independent organisation with long experience in stakeholder engagement - is working with the Trust in designing and facilitating a range of staff engagement activities. This includes conducting staff telephone interviews, undertaking virtual workshops, joining existing network, team and service meetings, face to face world café events, anonymous survey.

Detailed themes are included within the paper with colleagues sharing positive and negative experiences evidencing variance at team level, describing line managers as the key conduit to staff experience with the success of corporate messaging dependent on effectiveness of communication flows.

20 telephone interviews have been undertaken with a range of clinical and non-clinical staff, in different roles, bands and localities. The primary purpose of these interviews was to test the key areas that might be used to underpin future discussions and start to gather initial feedback, relevant personal experiences and suggestions to be considered in the review.

Three of the four planned virtual workshops have taken place with full attendance of 20 delegates at each session. Sessions have been co-facilitated with a member of PEA, the Chief People Officer, a member of the Task and Finish or Critical Friend Group.

Workshops have allowed for free-flowing feedback and discussion within a safe space before moving into fictional scenarios describing various 'employees' and the related experiences or issues, for delegates to consider and respond.

As part of encouraging the task and finish group into a space of ownership and empowerment rather than silent or passive participation, members have been tasked with talking to their colleagues and generating a momentum for change at team and service level.

Colleagues are actively feeding back from conversations and learning opportunities as well as using the blog facility in Flo to generate wider discussion, awareness for the programme and feedback from colleagues to incorporate into the engagement exercise.

As work has commenced in relation to staff engagement and voice, and actions relating to the NHS Staff Survey key synergies across programme boundaries are developing. Stakeholders including staff governors, staff networks and critical friends are increasingly working across programme boundaries to share themes and learning as part of a broader cultural change agenda.

The EDI team are currently reviewing the most up to date Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data in conjunction with the emerging themes from the EDI engagement exercise. The themes and suggestions gleaned so far do not principally change the WRES and WDES action plans that are currently in publication, with progress being made in advance of the conclusion of the engagement exercise in key areas including paid disability and carer leave, support for colleagues embarking on fertility treatment, review of recruitment to streamline processes and consider introduction of inclusion ambassadors.

Colleagues have shared a range of experiences, concerns and suggestions for improvement and some have fed back feeling pleased that this engagement programme was happening.

A key concern however, based on previous experience, was that this should be more than a tick box exercise and that the feedback should be used to make a real difference and to ensure that nobody is left behind.

The next stage in the programme of engagement i.e. the face to face world cafes and Task & Finish Group progress updates have been shared widely with KCHFT colleagues as part of a strategy of communication so colleagues can see the key themes that are emerging, how these will be used in further engagement activities

and in creating the refreshed action plan, particularly any early actions emerging from the suggestions for improvement.

### Proposal and/or recommendation to the Board

Board colleagues are asked to note the progress made in relation to the EDI engagement programme to refresh the action plan associated with the Nobody Left Behind strategy.

Colleagues are also asked to endorse the approaches planned for the next stages of the programme as well as the natural development and cementing of synergies across programmes as part of a broader culture change agenda.

**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:             | Victoria Robinson-Collins | Job title: | Chief People Officer              |
| Telephone number: | -                         | Email      | victoria.robinson-collins@nhs.net |



**UPDATE ON NOBODY LEFT BEHIND STRATEGY**  
**EQUITY, DIVERSITY AND INCLUSION (EDI) ENGAGEMENT PROGRAMME**  
**UPDATE****1. Context**

In November 2021 KCHFT published its People Equity Diversity and Inclusion Strategy called “Nobody Left Behind”, setting out its intention that all staff experience fairness and equity at work, feel able to bring their full self to work and have the confidence to challenge when this isn’t achieved. The Trust is now in the process of reviewing the actions that came out of this strategy and is committed to hearing people’s views and ideas, so that the review truly involves and engages its staff.

The Public Engagement Agency (PEA) - an independent organisation with long experience in stakeholder engagement - is working with the Trust in designing and facilitating a range of staff engagement activities. This includes conducting staff telephone interviews, undertaking virtual workshops, joining existing network, team and service meetings, face to face world café events, anonymous survey.

This report outlines the key findings from engagement activity to date and areas to be considered in the next stage of the review.

**2. Telephone Interviews**

20 telephone interviews have been undertaken with a range of clinical and non-clinical staff, in different roles, bands and localities. The primary purpose of these interviews was to test the key areas that might be used to underpin future discussions and start to gather initial feedback, relevant personal experiences and suggestions to be considered in the review.

PEA attended a meeting of the Trust’s Business Partners, to outline the programme and involve them in identifying early scoping interviewees from their respective localities. A list of 38 potential interviewees was compiled and, from this, a random sample of 20 were selected to cover a range of roles, bands and localities, with a particular emphasis on speaking to middle managers, in recognition of their significant role in this. Individual emails were sent to each of the 20 selected participants, with a follow up email sent a week later to those who had not responded. After a short interval, further emails were sent to others on the list. In all, 34 potential interviewees were approached to meet the target of 20 interviews.



### 3. Key findings from interviews

The majority of interviewees were aware of the EDI Strategy, although two weren't sure. Most interviewees who were aware of it mentioned that it was part of their appraisal, although two weren't aware of this and one knew it should be but that their appraisal hadn't included it. There was also mention of how appraisal was a lost opportunity to spend time talking through the issues in more detail rather than a 'tick box' exercise.

When asked what 'Nobody Left Behind' meant to them, responses included:

- Being treated with respect, being included, valued listened to and heard
- Providing the same opportunities for everybody, irrespective of differences
- Being treated fairly, not just equally

Responses varied when asked how successful they thought the Trust was in ensuring nobody was left behind, from very little to 75%. Comments included that the Trust was dynamic and forward thinking but, for some, there was lack of clarity regarding the strategy's intentions or how the ambitions are promoted and built into the culture throughout the organisation.

There were concerns that while there was training around EDI, including at leadership conferences, this was more about awareness-raising rather than practical help on what to do, how to communicate or behave in treating people fairly, equitably and respecting difference.

Many interviewees voiced concern about putting people 'in boxes' and whether this in itself causes problems, such as:

- Reinforcing that certain groups of people are 'different'; being compartmentalised
- Excluding people (example: white cisgender males)
- Clustering different people under one label
- Not recognising that every individual is unique, with unique characteristics and needs

There were mixed views concerning the role of the networks, with two references to them being only for people with the particular characteristic of the network, whilst the majority stated that anyone can attend, to build understanding and awareness.

A key recurring theme in every interview - generally and in response to each of the six ambitions was the significant role line managers have in ensuring everyone is treated equitably and individual differences and particular needs considered.

Most interviewees spoke of positive relationships with their line managers, involving open, honest discussions and flexibility in having their particular needs met. However, there were also opposing views of managers not understanding EDI, not treating everyone equitably, not listening, being inflexible and unwilling to support individual needs.

There was a general lack of confidence in speaking up. There were concerns that if people with protected characteristics spoke up they would be labelled as trouble-makers. Conversely others were afraid of inadvertently saying or doing the wrong things and being accused of being discriminatory. There was also concern that if a manager confronted someone about poor performance this would be met with accusations of being discriminatory. However, an opposing view was that managers could use poor performance as an excuse for their negative views of particular characteristics.

The majority stated there was flexibility regarding working hours and patterns, where manageable, though more difficult in clinical settings. Hybrid and home working were particularly appreciated by family carers and people with certain conditions. However, again, some managers were seen to be inflexible and not addressing particular staff needs.

Interviewees had mixed views regarding development and career progression. Some felt KCHFT offers good development opportunities, some mentioned these were being discussed currently, through appraisal. A big stumbling block mentioned by a few was needing a degree to move up at a certain point and/or taking a management role being the only option. It was also noted that there is very little ethnic representation at senior levels.

There was some recognition that the culture of the organisation was improving regarding recognition of differences, but others thought the culture needed to be reviewed and shortfalls addressed. There was a concern about BAME people being over-represented in disciplinary cases and of discrimination because of unconscious bias.

Concern was also expressed regarding the lack of recognition of cultural differences, using white British values as the norm and making no effort to understand from the other person's perspective. There was also an observation that there was little recognition of the difference between ethnic and cultural diversity. There is an inclination to cluster everyone who is non-white into one box of BAME as a 'one size fits all'. Also, consideration may not always be given to the different needs of someone newly arrived in the UK and/or someone whose first language isn't English.

There was a view that Trust leaders can be innovative and champion change but there were concerns that leadership EDI values weren't cascaded through the organisation.

The Trust was considered to be successful in recruiting from diverse backgrounds but many expressed concerns about how long and slow the recruitment process is, that people with, for example, autism or dyslexia are disadvantaged when completing application forms and that there's perceived bias (both positive and negative) at interview. There was mention of jobs being given to managers' friends and also of managers with entrenched values and beliefs favouring people with similar values when recruiting.

**Examples of personal experiences included:**

- Colleagues going through difficult life experiences, others feeling depressed/suicidal but unable to share with work colleagues until the crisis had passed, then wishing they'd felt able to share earlier as colleagues were so supportive and understanding
- Being accused of being racist because of asking someone to do something
- Colleagues being referred to in derogatory terms and being given 'pet' names
- Being treated badly and differently to others in the team and having to move to a different team
- Needing counselling because of being micromanaged, not trusted or valued
- Feeling that disclosing their difficulties has caused problems rather than helped

**Key suggestions for improvement included:**

- Conducting a review of how people are supported to access networks and other EDI and health and wellbeing support systems
- Reviewing Trust policies and procedures, to reflect the needs of diverse groups (not just protected characteristics) and ensuring consistency in how these are interpreted and used
- Being clearer and more consistent in promoting the role and purpose of the networks
- Reviewing communication regarding Nobody Left Behind and EDI; to be briefer, easier to understand, more accessible for those without IT, accessible easy read versions
- Creating a safe place to speak up and raise concerns, such as a named person or specific online site
- Providing more EDI training, through a range of methods to reflect different learning styles
- Raising the profile of mental health and its impact - recognising this as a separate 'characteristic'
- Working with line managers to raise their awareness and understanding of EDI and to look at the impact of their attitudes and behaviours on the experiences of the individuals they manage (through training, interactive workshops, mentoring from induction onwards) and management training, mentoring and coaching when moving into a management role
- Focusing on and providing support in succession training
- Looking at how to use HR data to randomly select employees with protected characteristics to ask how it's affected them, whether they've been able to discuss with manager/team and what support they've had/would like
- Working with staff to explore how to build confidence to speak up
- "Being able to feel OK to say it's not OK, in a safe place, in a way that I won't feel I'll be judged or my career impacted"

#### 4. Virtual Workshops

Three of the four planned virtual workshops have taken place with full attendance of 20 delegates at each session. Sessions have been co-facilitated with a member of PEA, the Chief People Officer, a member of the Task and Finish or Critical Friend Group.

Workshops have allowed for free-flowing feedback and discussion within a safe space before moving into fictional scenarios describing various 'employees' and the related experiences or issues, for delegates to consider and respond.

Emergent themes from the workshops to date include:

- Consideration of a culture that is less hierarchical and management led but more 'triumvirate' co-design
- Ensuring all colleagues including senior managers, HR colleagues and directors' part of the engagement
- Ensuring that willingness to change and improve is led by those doing the work rather than imposed by colleagues who aren't connected to the tasks
- Messages spread on Flo in relation to valuing colleagues regardless of grade aren't felt across the organisation and do not feel authentic
- An element of culture where information is not fully shared and element of secrecy and creation of power
- Use colleagues and staff rather than admin or clinician
- Open and transparent approach to recruitment including advertising timeframes, approach to interviews
- Consider diverse approach to training i.e. not only virtual to ensure different needs considered
- Consider rotational or 'day in the life of' opportunities for senior colleagues to experience roles of colleagues in lower bands
- Review of whistleblowing processes
- Support managers to be trained to support colleagues in difficulty or crisis
- Use the 'lessons learned' approach to patient incidents and adopt for use relating to staff incidents
- Consider compilation of guiding principles of line management role
- Creation of a culture where colleagues naturally check in with each other
- Encourage authenticity and vulnerability as a leader or manager
- Managers asking for feedback on how they are doing from their reports and teams
- Consider how to share and learn from good practice in the organisation

#### 5. Role of Task & Finish Group and Synergies to other Projects

As part of encouraging the task and finish group into a space of ownership and empowerment rather than silent or passive participation, members have been tasked with talking to their colleagues and generating a momentum for change at team and service level.

Colleagues are actively feeding back from conversations and learning opportunities as well as using the blog facility in Flo to generate wider discussion, awareness for the programme and feedback from colleagues to incorporate into the engagement exercise.

As work has commenced in relation to staff engagement and voice, and actions relating to the NHS Staff Survey key synergies across programme boundaries are developing. Stakeholders including staff governors, staff networks and critical friends are increasingly working across programme boundaries to share themes and learning as part of a broader cultural change agenda.

## **6. WRES and WDES Action Plans**

The EDI team are currently reviewing the most up to date WRES and WDES data in conjunction with the emerging themes from the EDI engagement exercise. The themes and suggestions gleaned so far do not principally change the WRES and WDES action plans that are currently in publication, with progress being made in advance of the conclusion of the engagement exercise in key areas including paid disability and carer leave, support for colleagues embarking on fertility treatment, review of recruitment to streamline processes and consider introduction of inclusion ambassadors.

## **7. Conclusion**

Colleagues have shared a range of experiences, concerns and suggestions for improvement and some have fed back feeling pleased that this engagement programme was happening.

A key concern however, based on previous experience, was that this should be more than a tick box exercise and that the feedback should be used to make a real difference and to ensure that nobody is left behind.

The next stage in the programme of engagement i.e. the face to face world cafes and Task & Finish Group progress updates have been shared widely with KCHFT colleagues as part of a strategy of communication so colleagues can see the key themes that are emerging, how these will be used in further engagement activities and in creating the refreshed action plan, particularly any early actions emerging from the suggestions for improvement.

## **8. Recommendations**

Board colleagues are asked to note the progress made in relation to the EDI engagement programme to refresh the action plan associated with the Nobody Left Behind strategy.

Colleagues are also asked to endorse the approaches planned for the next stages of the programme as well as the natural development and cementing of synergies across programmes as part of a broader culture change agenda.

**Victoria Robinson-Collins**  
**Chief People Officer**  
**April 2023**

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 22   |
| <b>Agenda Item Title:</b>          | Public Sector Equality Duty  |
| <b>Presenting Officers:</b>        | Ali Carruth, Executive Director Health Inequalities and Prevention<br>Victoria Robinson-Collins, Chief People Officer      |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input type="checkbox"/> Information<br><input checked="" type="checkbox"/> Assurance |

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

This report provides a summary of the progress to date against our workforce and patient equality objectives set.

The Board is asked to note the update and receive assurance that work continues to meet our PSED requirements.

### Summary of key points

- As an NHS Trust, we are subject to the general Public Sector Equality Duty (PSED). The PSED is a duty that requires all public authorities to consider how their policies or decisions affect people who are protected under the Equality Act 2010.
- Within the Equality Act there is a statutory requirement for the Trust to publish information to demonstrate compliance within the PSED.

### The objectives for 2021-2024 and progress summarised here:

#### The three workforce objectives are:

Objective 1: To promote fair Recruitment, Promotion and Retention of staff

- Colleagues applying for acting up positions follow the same process as those applying for any other role, the shortlisting and interview processes are conducted in a similar way to other forms of recruitment with selection assessments being determined by what is required for the role
- The Trust has published career pathways for many of the staff groups within the organisation and is in the process of developing these for its Administrative colleagues. All colleagues have a career conversation at their annual appraisal and complete a Personal Development Plan (PDP).



For those individuals looking to progress, talent boards are available to identify training and development opportunities for them that can't be provided with the support of their manager in their service

Objective 2: To Improve wellbeing of staff by eliminating discrimination and victimisation

- KCHFT have participated in the "Flex for the Future" programme and include a statement in all of its job adverts inviting applicants to talk to the recruiting manager about flexible working
- KCHFT are signatories to the Kent and Medway commitment statement that all colleagues, regardless of their role, level, background or status can work in a way which enables a work life balance and effective delivery of our organisational objectives
- Discussions about flexible working take place during the appraisal process and colleagues are asked specifically what their manager can do to assist them to work flexibly
- Flexible working information is gathered through the national staff survey, quarterly pulse surveys, exit questionnaires and the electronic staff record (ESR) and monitored by a dedicated working group

Objective 3: To improve the experience and career progression of staff with protected characteristics

- Staff survey results for 2022/2023 have yet to be published but work has been started across the Kent and Medway system to look at violence reduction for our colleagues. KCHFT have also made a suite of EDI training available to colleagues including Cultural Awareness, Upstander and being inclusive in the way you lead.
- Development opportunities for colleagues from a diverse background have been widely promoted included a Kent and Medway supported Mentoring programme and more recently an Aspiring Development Programme for nurses looking to move from a Band 5 to Band 6 role.

**The two patient related objectives are:**

Objective 1: To increase equality monitoring across all services

- A bank of resources has been produced to support staff including 'how to guides', relating to how to ask sensitive questions and a guide to new ethnicity categories for our patient electronic record.
- Ethnicity recording month on month increased between September 2021 and October 2022 from 61.6% to 67.9% organisation wide.

Objective 2: All relevant procedural documents identify equality related impacts including risks, and how risks will be managed.





- The new EqlA process is now established within policy development processes and development of guidelines and services.
- Toolkit and range of resources and videos to support staff are in place and have been widely promoted.
- Staff have access, as part of the process, to request advice and support directly from the Health Inequalities Team.
- An audit of our progress against our equality objectives.as part of the trust annual audit programme will be conducted in Q4.
- The Business and Performance Team are working with the Health Inequalities Team to ensure EqlA is embedded into the business planning and cost improvement programme (CIP).

#### Proposal and/or recommendation to the Board

To note the report for assurance.

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

This report relates to equality of patients and meeting our PSEDs therefore covers our due regard to the duty.

☐ Yes (please attach)

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

#### Highlights relating to protected characteristics in paper

All protected characteristics as the paper provides our PSED for the Equality Act (2010)

|                   |                       |            |  |
|-------------------|-----------------------|------------|--|
| Name:             | Adam Lott/ Hasan Reza | Job title: | Head of Health Inequalities/<br>Head of Workforce EDI  |
| Telephone number: | 01233 552834          | Email      | <a href="mailto:Adam.lott@nhs.net">Adam.lott@nhs.net</a><br><a href="mailto:hasan.reza@nhs.net">hasan.reza@nhs.net</a> |



## Equality Objectives Public Sector Equality Duty (PSED) Report 2022

### 1.0. Introduction

As an NHS Trust, we are subject to the general Public Sector Equality Duty (PSED). The PSED is a duty that requires all public authorities to consider how their policies or decisions affect people who are protected under the Equality Act 2010. Within the Equality Act there is a statutory requirement for the Trust to publish information to demonstrate compliance within the PSED.

The NHS uses several frameworks to support evidencing due regard for the PSED. These include the Workforce Race Equality Standard (WRES); Workforces Disability Equality Standard (WDES) and the refreshed Equality Delivery System (EDS2). These reports provide assurance to the commissioners, partners, public, staff and patients that the Trust has due regard to the needs of those whom the frameworks relate. The Trust reports on these separately from this paper.

This report explains how Kent Community Health NHS Foundation Trust (KCHFT) has regard for the Public Sector Equality Duty and what steps are being taken to ensure the Trust is reducing Health Inequalities and address workforce inequities evidence due regard to the three aims of the General Duty.

### 2.0. Background

The equality duty consists of a general equality duty, supported by specific duties which are imposed by secondary legislation.

Those subject to the equality duty must, in the exercise of their functions, have due regard to the three aims of the general equality duty:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Specific Duties require public authorities to:

- Publish information to demonstrate compliance with the three aims of the public sector equality duty.
- Publish data on those affected by policies and procedures
- Set equality objectives, at least every four years

### 3.0 2021-2024 Workforce focused Equality Objectives

Equality is at the heart of everything KCHFT does and the Equality Objectives already set will continue to be a focus. The Trust will look to identify wider areas in healthcare planning and delivery where early targeted intervention may support reducing workforce inequalities. The objectives are underpinned by national frameworks, standards and policies and have been developed to demonstrate the Trust's ongoing commitment to provide a fairer, more inclusive organisation for all who work within it. These objectives support the Trust in meeting its legal obligations as a public organisation (The Equality Act 2010, Public Sector Equality Duties) and have been aligned to the Trust Quality Strategy and the outcomes and metrics that make up the Workforce Equality Standard Reports (WRES, WDES, GPG).

The three objectives are:

Objective 1: To promote fair Recruitment, Promotion and Retention of staff

Objective 2: To Improve wellbeing of staff by eliminating discrimination and victimisation

Objective 3: To improve the experience and career progression of staff with protected characteristics

| Objective 1:       | To promote fair Recruitment, Promotion and Retention of staff  |
|--------------------|--|
| EDS2 Goal 3        | A representative and supported workforce   |
| EDS2 Goal 4        | Inclusive leadership   |
| Objective Aim      | To attract and recruit colleagues who represent the communities we serve by having diverse recruitment panels.<br>To ensure the recruitment process is driven by the Trust values.<br>To appoint the best candidates for the post through a bias-free process.   |
| Rationale          | Fair recruitment leads to a more representative workforce at all levels. Staff stay with employers that treat them fairly, support their professional development and make them feel valued.   |
| Impact             | Employment and retention of staff that are fully supported and professionally developed, results in high quality services for all service users. It also increases the Trust's reputation as the best employer.  |
| Aims 2021-2022     | Increased transparency around shortlisting, appointments, acting up and internal promotions.<br>Embedded monitoring system of external and internal recruitment.<br>Completed Equality Impact Assessment of the recruitment process  |
| Progress 2021-2022 | <ul style="list-style-type: none"> <li>All acting up or internal promotions must be advertised to give all colleagues across the organisation an equitable opportunity to apply</li> <li>Recruitment is monitored using the report functionality within the Trusts Recruitment Tracking system and reported in its annual WRES report</li> </ul> |
| Aims 2022-2023     | A just and fair culture of recruitment across the organisation is embedded with clear processes for colleagues applying for acting up positions<br>Established pathways and defined personal and professional objectives that support colleagues to apply for stretch opportunities within the organisation.                                     |
| Progress 2022-2023 | <ul style="list-style-type: none"> <li>Colleagues applying for acting up positions follow the same process as those applying for any other role, the shortlisting and interview processes are conducted in a similar way to other forms of recruitment</li> </ul>  |

|                              |  |
|------------------------------|--|
|                              | <p>with selection assessments being determined by what is required for the role</p> <ul style="list-style-type: none"> <li>The Trust has published career pathways for many of the staff groups within the organisation and is in the process of developing these for its Administrative colleagues. All colleagues have a career conversation at their annual appraisal and complete a Personal Development Plan (PDP). For those individuals looking to progress, talent boards are available to identify training and development opportunities for them that can't be provided with the support of their manager in their service</li> </ul> |
| Aims<br>2023-2024 and beyond | <p>Improved recruitment practice by service managers and leaders.</p> <p>Colleagues are confident there is transparency in Trust processes and are clear on the opportunities available for growth</p> <p>Increased number of stretched opportunities created and offered to staff through an auditable process</p>  |

|                       |  |
|-----------------------|--|
| <b>Objective 2:</b>   | <b>Improve wellbeing of staff by eliminating discrimination and victimisation</b>  |
| EDS2 Goal 3           | A representative and supported workforce   |
| EDS2 Goal 4           | Inclusive leadership   |
| Objective Aim         | To have a workforce that is well supported and have the flexibility and adjustments they need to support their health or caring needs. To have a workforce that enjoys a healthy work-family balance.  |
| Rationale             | Mental and Physical illness caused by stress at work is the cause of staff unhappiness and absence from work. Staff that are well looked after can deliver high quality services to the population they serve.   |
| Impact                | Cultural change in the organisation. Improved staff performance and job satisfaction will result in less staff turnover.   |
| Aims<br>2021-2022     | <p>Promotion of flexible working options to all staff.</p> <p>Conversations about access to flexible working take place and are encouraged.</p> <p>Flexible working is encouraged and fairly allocated by managers. It is recorded, reported and monitored.</p>  |
| Progress<br>2021-2022 | <ul style="list-style-type: none"> <li>KCHFT have participated in the "Flex for the Future" programme and include a statement in all of its job adverts inviting applicants to talk to the recruiting manager about flexible working</li> <li>KCHFT are signatories to the Kent and Medway commitment statement that all colleagues, regardless of their role, level, background or status can work in a way which enables a work life balance and effective delivery of our organisational objectives</li> <li>Discussions about flexible working take place during the appraisal process and colleagues are asked specifically what their manager can do to assist them to work flexibly</li> <li>Flexible working information is gathered through the national staff survey, quarterly pulse surveys, exit questionnaires and the electronic staff record (ESR) and monitored by a dedicated working group</li> </ul> |
| Aims<br>2022-2023     | Health and wellbeing conversations are embedded and extend to the impact discrimination and bullying and harassment can have on physical and mental health   |
| Progress<br>2022-2023 | <ul style="list-style-type: none"> <li>Health and wellbeing conversations are part of the annual appraisal and ask a range of questions related to health and wellbeing, what support the individual needs from their manager, team and the</li> </ul>   |

|                              |  |
|------------------------------|--|
|                              | organisation and what more can be done to make their area of work more inclusive and one where their diversity is recognised |
| Aims<br>2023-2024 and beyond | Cultural and religious needs of staff are taken into consideration when allocating leave and benefits packages.              |

|                              |   |
|------------------------------|---|
| <b>Objective 3:</b>          | <b>To improve treatment, experience and career progression of staff with protected characteristics</b>  |
| EDS2 Goal 3                  | A representative and supported workforce  |
| EDS2 Goal 4                  | Inclusive leadership  |
| Objective Aim                | Increased proportion of staff with protected characteristics access career progression opportunities and improve their working lives and lived experience.  |
| Rationale                    | Trusts that score high on the WRES, WDES and Gender Pay Gap results are those that score highly in the staff survey results. The Trusts' aim is that all staff recommend the services it provides to family and friends as a place to work and receive treatment.   |
| Impact                       | Better engagement of staff with protected characteristics and improved WDES, WRES and Gender Pay Gap results.   |
| Aims<br>2021-2022            | Published Equality, Diversity and Inclusion communications to: <ul style="list-style-type: none"> <li>re-assure staff of their rights under the Equality Act 2010 and</li> <li>inform of the work being done by the Trust to improve work experience</li> </ul> Supported Staff networks with increased membership number that is actively engaged and contributing to the delivery of the EDI strategy<br>Published Pulse analysis of relevant data showing improvement  |
| Progress<br>2021/2022        | <ul style="list-style-type: none"> <li>The Trust has a Workforce Equality, Diversity and Inclusion policy, accessible via the Trust intranet</li> <li>In quarter 3 of 2021/2022 the Trust launched its EDI strategy "Nobody left behind" and this has been promoted on a regular basis through the year in Flomail, the Trusts weekly bulletin, and by Executive Directors in Personal Messages sent to all colleagues</li> <li>Staff networks have been supported with the creation of the Menopause network, an Armed Forces network and most recently a Neuro-diverse network</li> <li>Results from the Pulse surveys have been published along with updates in respect of what action the Trust is taking to address the feedback received</li> </ul> |
| Aims<br>2022-2023            | Improved results of staff survey with a reduced number of staff with protected characteristics reporting bullying, harassment and who feel they have been denied development opportunities.   |
| Progress<br>2022-2023        | <ul style="list-style-type: none"> <li>Staff survey results for 2022/2023 have yet to be published but work has been started across the Kent and Medway system to look at violence reduction for our colleagues. KCHFT have also made a suite of EDI training available to colleagues including Cultural Awareness, Upstander and being inclusive in the way you lead.</li> <li>Development opportunities for colleagues from a diverse background have been widely promoted included a Kent and Medway supported Mentoring programme and more recently an Aspiring Development Programme for nurses looking to move from a Band 5 to Band 6 role.</li> </ul>   |
| Aims<br>2023-2024 and beyond | Leaders and managers support staff to work in a culturally competent environment by encouraging colleagues who have participated in the Talent  |

|  |   |
|--|---|
|  | Programme to join the KCHFT aspire programme. Leaders' performance is measured against their contribution to EDI. |
|--|---|

#### 4.0 Patient Equality Objectives

Equality is at the heart of everything KCHFT does and Equality Objectives set will continue to focus on the areas that will enable the Trust to identify wider areas in healthcare planning and delivery where early targeted intervention may support reducing health inequalities. The two objectives are underpinned by national frameworks, standards and policies and have been developed to demonstrate the Trust's ongoing commitment to provide a fairer, more inclusive organisation for all who use it. The Trust has been ensuring implementation of these objectives and use the outputs of these objectives to identify, engage and reduce health inequalities across services. These objectives support the Trust in meeting its legal obligations as a public organisation (The Equality Act 2010, Public Sector Equality Duties) and have been aligned to the Trust Quality Strategy and the outcomes and metrics that make up the refreshed Equality Delivery System (EDS2).

#### The objectives for 2021-2024 are:

Objective 1: to increase equality monitoring across all services

EDS2 Goal 1: Better Health Outcomes

EDS2 Goal 2: Improved patient access and experience

| Objective 1:   | Increase equality monitoring across all services   |
|----------------|--|
| EDS2 Goal 1    | Better Health Outcomes   |
| EDS2 Goal 2    | Improved patient access and experience   |
| Objective Aim  | <ul style="list-style-type: none"> <li>To ensure the information we hold on our patients accurately reflect how a patient identifies</li> <li>Use the data outputs to develop our services according to patient need, directing resources where they are needed most</li> <li>Develop targeted interventions where health inequalities and barriers are identified</li> </ul>                                  |
| Rationale      | Health inequalities can exist in all aspects of healthcare. Over the years research has highlighted many disparities in patient outcomes across several protected groups such as people with learning disabilities, Deaf people or specific ethnic groups. Evidence suggests there are many communities and protected groups at risk of poorer health outcomes and/or experience of healthcare and even death. |
| Impact         | We want to ensure no one is left behind and healthcare is accessible to all. By understanding local communities and cultures we will develop our services to meet the needs of those communities. We will use collated patient data to ensure services and information about services is accessible to all communities.  |
| Aims 2021-2022 | We will review service level patient equality information to identify how services identify and record protected characteristics. Services will be supported to ensure patient equality data is accurate and regular progress will be fed back to the services. Services will then consider how access to services reflect their local communities.  |



|                              |  |
|------------------------------|--|
| Progress<br>2021 – 2022      | <ul style="list-style-type: none"> <li>Established processes, campaigns, advice for services to monitor and see status of ethnicity monitoring of active caseloads. Where recording is low or not improving support is targeted to these services as a priority.</li> <li>Two e-learning modules have been created and are available to staff: 'Understanding Culture in Healthcare' and 'Cross-Cultural Communication'. The first explores the broad meaning of culture and its impact in healthcare, and will replace current mandatory Equality, Diversity and Inclusion (EDI) training. The second focusses on achieving effective cross-cultural communication.</li> <li>A bank of resources has been produced to support staff including 'how to guides', relating to how to ask sensitive questions and a guide to new ethnicity categories for our patient electronic record.</li> <li>Ethnicity recording month on month increased between September 2021 and October 2022 from 61.6% to 67.9% organisation wide.</li> </ul>  |
| Aims<br>2022-2023            | Working with Public Health data, the national 2021 Census and robust patient equality data, we will explore how reflective patient access to services is. Where gaps and barriers are identified, services we will engage with local communities, vulnerable and Inclusion Health Groups to explore Quality Improvement (QI) projects and changes to improve access and experience through a Healthy Communities Steering Group.   |
| Progress<br>2022 - 2023      | <ul style="list-style-type: none"> <li>Senior Trust staff have built relationships with public health colleagues in the HCP and ICB to develop early discussion around partnership working and await the latest census data release by protected groups in October 2022 to inform our planning to reduce health inequalities.</li> <li>Work is already underway towards next year's aim by developing our Health Inequality data workspaces on PowerBI. This will enable profiling of services data as an evidence base for improvement.</li> <li>in terms of access, DNA's, waiting times and caseload for example by deprivation, age, sex and ethnicity.</li> <li>The Health Communities Steering Group is renamed as the Health Inequalities Community Steering Group. This group is currently focussing on patient experience by ethnicity, hospital food choices, improving interpreting services, advice on recruitment and opportunities for partnership working in the future.</li> <li>The Trust has begun its plans toward an agreed Health Inequalities Programme for the next three years.</li> </ul> |
| Aims<br>2023-2024 and beyond | By monitoring missed and delayed appointment rates, patient feedback, surveys, complaints and contacts to PALS, we will identify where QI projects and changes have had the greatest impact and share learning outcomes across services to embed those changes.  |

**Objective 2:** All relevant procedural documents identify equality related impacts including risks, and how risks will be managed

EDS2 Goal 1: Better Health Outcomes  
EDS2 Goal 4: Inclusive Leadership

|                           |   |
|---------------------------|---|
| <b>Objective 2:</b>       | <b>All relevant procedural documents identify equality related impacts including risks, and how risks will be managed</b>   |
| EDS2 Goal 1               | Better Health Outcomes  |
| EDS2 Goal 4               | Inclusive Leadership  |
| Objective Aim             | <ul style="list-style-type: none"> <li>To have an Equality Impact Assessment (EqIA) that highlights where in a process, due regard to protected characteristics and Inclusion Health Groups has been given, any mitigations made and how equality related risk is being managed.</li> <li>All relevant KCHFT procedural documents, policies, strategies and business plans will have a completed EqIA</li> <li>Reduce health inequalities; improve access, health outcomes and patient experience</li> </ul>  |
| Rationale                 | Having due regard for the Public Sector Equality Duty (PSED) is a legal obligation. Proactively working to identify and mitigate health inequalities before a decision is made not only supports the Trust in meeting its legal obligations, it can also prevent unequal distribution of resources, improve access and experience as well as having a positive impact on trust resources.   |
| Impact                    | We want to ensure health inequalities are identified and mitigated wherever possible, before a decision is made or a policy is approved. Where inequalities are identified and cannot immediately be mitigated, people and local communities can be confident there are effective mechanisms and robust governance procedures in place to manage these risks.   |
| Aims 2021-2022            | Conduct a deep dive into the current processes for conducting EqIAs and work with governance groups to identify best practice. Develop and test new process.  |
| Progress 2021 – 2022      | <ul style="list-style-type: none"> <li>EqIA tested and governance processes proposed and agreed.</li> </ul>   |
| Aims 2022-2023            | EqIAs will be built into all policy templates. Policy development protocols and guidance will reflect the new process. Support sessions to be made available to policy developers and decision makers responsible for EqIAs.  |
| Progress 2022-2023        | <ul style="list-style-type: none"> <li>The new EqIA process is now established within policy development processes and development of guidelines and services.</li> <li>Toolkit and range of resources and videos to support staff are in place and have been widely promoted.</li> <li>Staff have access, as part of the process, to request advice and support directly from the Health Inequalities Team.</li> <li>An audit of our progress against our equality objectives as part of the trust annual audit programme will be conducted in Q4.</li> <li>The Business and Performance Team are working with the Health Inequalities Team to ensure EqIA is embedded into the business planning and cost improvement programme (CIP).</li> </ul> |
| Aims 2023-2024 and beyond | Assessing impact on equality and managing equality related risk will be an integral part of decision making. Regular support sessions will contribute to continued improvement for policy development and decision making processes.  |



## 5.0 Publish information so that it is accessible

All KCHFT publications are made available online and can be requested in alternative and accessible formats. Where information is designed specifically to reach a particular group or community, additional measures are taken to ensure it is delivered in an appropriate format. We have digital inclusion software on our public website which makes our content more accessible with reading and translation support.

We provide alternative formats of all patient information and have contracts in place to deliver written translation, audio, Braille and support for Deaf people. We create Easy Read and autism-friendly documents in-house and have a monthly learning disability focus group to test and produce Easy Read.

In September 2022 we secured a new license for digital inclusion software on our public website which has additional accessibility functions and a scanning tool to identify any gaps in our accessibility provisions.

## 6.0 Healthy Communities Project

The Healthy Communities Project Kent (HCPK) was intended as a two-year project which commenced in July 2022 aiming to reduce health inequalities and barriers experienced by migrant communities and ethnic minorities within Kent Community Health NHS Foundation Trust's (KCHFT's) population. This project was using funds remaining from the preceding Healthy Communities Programme Kent.

Growing focus on inequalities has enabled the project's activities to instead be incorporated into the ongoing Health Inequalities programme of work, allowing foundations established by the HCPK to be built upon further. This report summarises the HCPK's progress, focussing on ethnicity recording, cultural awareness and the development of a Steering Group, alongside identifying the next steps which will be taken forward within the wider inequalities workstreams. With the project's work being incorporated into the Health Inequalities programme, the Healthy Communities Project Kent as a stand-alone initiative ceased in August 2022.

## 7.0 Engagement

Last year we reported that establishing working together groups was a priority for the Patient & Carer Partnership Team to understand the experiences of our patients and carers using our services during the Pandemic. A number of Working Together groups took place:

- Adult Epilepsy Nursing Team
- Community Paediatrics Service
- Community Adult Diabetes Nursing Service
- Podiatry/Community Nursing
- Lymphoedema Service
- Pulmonary Rehab Service
- Cardiac Rehab Service
- Speech and Language Therapies

Working together groups have now been established as a method for involving patients, families and service users in their care. The following have taken place 2021-2022:

- Kent Continence service - Explore patient opinion and experience of care across the gender spectrum.
- Musculoskeletal Service – Explore veteran access, experience and outcomes

- Learning Disability Services - Explore support for LGBTQ+ patients and their family or carers
- Rehabilitation therapy services – Explore 7-day therapy and support
- Virtual Wards – Explore patient/carers views for respiratory virtual wards

## 8.0 Conclusion

In 2022 the Trust recruited a Head of Workforce Equity, Diversity and Inclusion as a commitment to its continued engagement to the work it has been doing and will continue doing towards equity and equality in its workforce. Alongside this, the Trust has also recruited a Head of Health Inequalities. Collectively, these two teams are at the beginning of establishing a relationship through which both staff and patient equalities will be central to the Trusts programme of work in the years to come – with a collective understanding that when our workforce equality is properly managed our patient inequalities is given the time and attention it requires and vice versa.

As of October 2022, the Trust's Workforce Equalities team have been working to establish themselves and begin to undertake the refresh of the existing EDI agenda. This landmark piece of work will enable the team to then deliver on a much larger EDI strategy. A number of existing initiatives and Trust projects are being carried forward such as a planned Mentoring Programme designed to further develop the Trust Executives understanding of the realities of working in the organisation as an individual from an underrepresented group.

Further, the department is supporting the Staff Networks to develop, enabling them to continue to be foundational corner stones of the Trusts ways of working – contributing to the development of Trust on policy and consult with teams on practice/operational needs.

As of November 2022, the Trusts Health Inequalities Programme Board as reviewed and initiated a programme focused on delivering equitable services, embedding prevention and partnerships and place. Core to this is building health inequalities into our business planning process and support with patient and population data.

We intend to further develop our partnership working across the health and care system in Kent and Medway as the Integrated Care Board (ICB) and the governance around it embeds. While this occurs, we are also focussing internally working closely with our clinical colleagues to understand and improve our provision of services and how they are currently contributing towards specific health inequalities and how we can grow this and align to our business planning processes. Our plans going forward are to ensure we have the resources in place to support our staff and services to address the health of our local population as it pertains to health inequalities.

The Trust is at a very exciting juncture in its EDI journey of the last few years. It is expected a lot of activity will be taking place in Q4 of 2022/23 and Q1 of 2023/24.

Hasan Reza  
Head of Workforce Equity, Diversity & Inclusion

Adam Lott  
Head of Health Inequalities

|                                    |  |
|------------------------------------|--|
| <b>Committee / Meeting Title:</b>  | Board Meeting - Part 1 (Public)  |
| <b>Date of Meeting:</b>            | 19 April 2023  |
| <b>Agenda Number:</b>              | 26   |
| <b>Agenda Item Title:</b>          | Confirmed minutes of committees – for noting   |
| <b>Presenting Officer:</b>         | John Goulston, Trust Chair   |
| <b>Action – this paper is for:</b> | <input type="checkbox"/> Decision<br><input checked="" type="checkbox"/> Information<br><input type="checkbox"/> Assurance |

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

**Summary of key points**

- Quality Committee meetings of 17 November 2022, 19 January 2022 and 16 February 2023
- Audit and Risk Committee meeting of 21 November 2022
- Finance, Business and Investment Committee meetings of 1 December 2022 and 2 February 2023
- Strategic Workforce Committee meeting of 9 January 2023
- Charitable Funds Committee meeting of 24 November 2022

**Proposal and/or recommendation to the Board**

The Board is asked note the approved minutes of the committees

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

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

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

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

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

☐ Yes (please attach)

☒ No  
(please provide a summary of the protected characteristic)

|  |                                  |
|--|----------------------------------|
|  | <i>highlights in your paper)</i> |
| <b>Highlights relating to protected characteristics in paper</b> |                                  |
|  |                                  |

|                   |             |            |   |
|-------------------|-------------|------------|---|
| Name:             | Gina Baines | Job title: | Assistant Trust Secretary/<br>Committee Secretary |
| Telephone number: |             | Email      | gina.baines@nhs.net                               |

**CONFIRMED minutes of the Quality Committee meeting**  
**held on Thursday 17 November 2022**  
**Room 6, Trinity House, 110-120 Upper Pemberton, Ashford TN25 4AZ**

**Present:** Pippa Barber, Non-Executive Director (Chair)  
 Paul Butler, Non-Executive Director  
 Pauline Butterworth, Chief Operating Officer  
 Ali Carruth, Director of Participation, Experience and Patient Engagement  
 Dr Sarah Phillips, Medical Director  
 Dr Razia Shariff, Associate Non-Executive Director  
 Dr Mercia Spare, Chief Nurse  
 Karen Taylor, Non-Executive Director

**In attendance:** Gina Baines, Assistant Trust Secretary and Committee Secretary (minute-taker)  
 Georgia Denegri, Interim Trust Secretary  
 John Goulston, Trust Chair  
 Jacqueline Griffin, Assistant Director Infection Prevention and Control (agenda item 1.7)  
 Harbens Kaur, Trust Lawyer (agenda item 2.9)  
 Sue Mitchell, Assistant Director of Participation and Involvement (agenda item 2.10)  
 Louise Thatcher, Assistant Director of Clinical Standards and Patient Safety (agenda items 1.8 and 2.10)

**139/22      Welcome and apologies for absence**

Pippa Barber welcomed everyone to the Quality Committee of the Kent Community Health NHS Foundation Trust Board.

Apologies were received from Sive Cavanagh, Deputy Chief Nurse and Gerard Sammon, Director of Strategy and Partnerships.

The meeting was quorate.

**140/22      Declarations of interest**

There were no declarations of interest other than those formally recorded.

## 141/22 Minutes of the meeting held on 22 September 2022

The minutes were read for accuracy.

The following amendments were suggested.

119/22 Matters arising – The matters arising table was renamed as the action log.

119/22 Matters arising: 095/22 operational deep dive – to read: ‘... Currently, the health inequalities programme board (of which Razia Shariff was a member) reported to the patient and carer council...’

120/22 Relevant feedback / updates from other committees and service visits, paragraph 6 – to read: ‘...but with regards to lack of staff empathy...night staff had worked well with a patient’s carer...’

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

## 142/22 Action log and matters arising

Paul Butler commented that although some actions had been closed there was a lack of feedback about the outcomes. It was agreed that future updates would be more explicit.

With regards to the closed action point 065/22 which referred to further discussions with Prof. Paula Kersten, Mercia Spare confirmed that she had met with Chris Burton. They had discussed the plan for allied health professional student intakes and speech and language therapists and the need to ensure that the places offered met the workforce demand projections.

The action log actions closed was **AGREED**.

The following open actions were discussed and updated.

038/22 Monthly Quality report – Action open.

095/22 Operational deep dive – Ali Carruth reflected that health inequalities was also an important agenda for the health and care partnerships and the Trust would seek to reflect this. After some debate, it was agreed that the actions would remain open while the executive team did further work on how it would deliver on health inequalities across the Trust. A view from Razia Shariff would be sought. This in turn would help to determine the supporting governance arrangements. Draft terms of reference would be shared with the Committee when it was ready. Action open.

097/22 Patient Safety and Clinical Risk Group chair’s assurance report – Action open.

098/22 Clinical Effectiveness Group chair’s assurance report – This remained a risk and would be kept open.

120/22 Relevant feedback/updates from other committees and service visits – The Committee sought further assurance that this was happening and requested the action remained open until that was confirmed. Action open.

120/22 relevant feedback/updates from other committees and service visits – Sarah Phillips reported that she had spoken to Lisa Sharrett, Health and Safety Manager who had confirmed that several members of the health and safety team had done their Quality Improvement (QI) training and were looking to see how it could be deployed as part of their work. Action closed.

122/22 Update on legislation/regulations – Update on the Care Quality Commission (CQC) approach to inspection and ratings – A trial was underway at the moment. It was agreed that a paper would come to the March Committee meeting. Action open.

129/22 Quality impact assessment of 2022/23 cost improvement programme schemes – Mark Gray, Assistant Director ICT had reported that there were no issues around reliability. Two areas for the Committee to note were that an automatic receipt report had to be generated manually and there was no sender ID with the text message. The latter point was outside of the Trust's control. The feedback was that the approach was running smoothly. Ali Carruth confirmed that there had been no reported complaints directly to the service or through the Patient Advice and Liaison service (PALS). Action closed.

All other actions were closed.

### Matters arising

Mercia Spare provided an update on the patient story which had come to the Board's September meeting (in public) on the theme of end of life care delivered by the Thanet Long Term service.

Pippa Barber confirmed that Kim Lowe would be visiting the service in January 2023 and it was agreed that an executive director would accompany her on the visit. Pauline Butterworth or Mercia Spare would make the necessary arrangements. The executive would be asked to feedback to the Committee.

**Action** – Pauline Butterworth / Mercia Spare

Paul Butler welcomed the briefing paper and indicated that he would expect it to be circulated to the Board before hearing the story. It was agreed that this would be discussed between John Goulston and Mercia Spare outside of the meeting and the Committee informed of the agreed approach in future.

**Action** – Mercia Spare

Pauline Butterworth added that there was work underway about



behaviours across the long-term services and in the wider context. It was agreed that the Committee would receive a paper on how that was progressing.

**Action** – Pauline Butterworth

With regards to the non-executive director deep dives, Mercia Spare reflected that she took confidence from the pressure ulcer plan deep dive. Pippa Barber highlighted that the issue around Rio and the ability for staff to identify when assessments had taken place was still an issue and had not been resolved satisfactorily. Paul Butler commented that the use of Rio had been discussed at the patient safety and clinical risk group (PSCRG) meeting he had attended. His observation was that Rio continued to present challenges and he would welcome the opportunity for Rio to have more visibility with the Board. Sarah Phillips commented that there were cultural and historical issues around forms versus progress notes on Rio. Some work had been done to understand this and it had become clear that the powers of conservatism continued to dominate amongst staff as to how patient notes were completed. She and Mercia Spare intended to show professional leadership on this via a series of communications to signpost what was required. A change to a new approach was being trialled in some teams. The patient information would be there but would be less auditable and less structured. In making such a change, she suggested that it would impact the Board's risk appetite. It was suggested that this could be discussed at the Board development session on 1 March or at the Quality Committee's March meeting.

**Action** – Sarah Phillips/Mercia Spare

143/22

#### **Relevant feedback / updates from other committees and service visits**

Paul Butler had attended the patient safety and clinical risk group meeting on 31 October. It had been a virtual meeting, well attended and with good participation. His observations were that it seemed a reactive group rather than taking ownership of what was reported to it. Much depended on how good the risk assessment was. Pauline Butterworth was concerned that the Risk team had stopped reviewing the risk score on risks that were scrutinised by the PSCRG which had led to a lack of sense checking the risks. This change in process appeared to be recent and Georgia Denegri agreed to investigate the decision. Pippa Barber indicated that she would report this to the Audit and Risk Committee meeting the following week.

**Action** – Georgia Denegri

Razia Shariff had attended the patient and carer council meeting. She had been surprised that within the agenda items there had been more information sharing and less scrutiny and challenge. With



regards to membership, the balance between staff, carers and voluntary organisation representation needed further work if the council's terms of reference and the diversity agenda were to be met. She would like to see the council much more user-led. Ali Carruth, the chair of the council, responded that the dynamics of the meeting had not reflected previous meetings. Unusually, the patient representatives had been less vocal than usual. With regards to membership, there was a constant aim to increase diversity and patient representation. Because of the strategic nature of the agenda, it was important that the council consisted of the right individuals who could look at issues through a particular lens.

The Committee **RECEIVED** the relevant feedback / updates from other committees and service visits.

#### 144/22 **Board assurance framework (BAF)**

Mercia Spare presented the report to the Committee for assurance.

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

#### 145/22 **Infection prevention and control board assurance framework (IPC BAF)**

Mercia Spare presented the report to the Committee for assurance.

In response to a question from Paul Butler as to whether the Trust was doing enough to get its staff vaccinated, Mercia Spare explained that all the local trusts were reporting similar compliance levels. Pauline Butterworth responded that the vaccinators were targeting service hotspots in the first instance. Sarah Phillips reflected that vaccine fatigue amongst staff was more pervasive this time. John Goulston reflected that the compliance rate at the Trust and more generally in the South East was below that of the national figure and urged that more effort was put in to improve the uptake of the vaccinations. Mercia Spare confirmed that the data at service level was reviewed by the integrated management meeting each week which allowed the group to drill down to the service hotspots. Mercia Spare would update the Committee on progress with the staff flu and Covid vaccination programme at the January meeting.

**Action** – Mercia Spare

Following a summary of the IPC BAF, it was agreed that Jacquie Griffin and Mercia Spare would meet with Paul Butler to discuss the framework in more detail and answer any particular questions he might have around gaining assurance. Mercia Spare would co-ordinate the meeting.

**Action** – Mercia Spare

Georgia Denegri would work on the front sheet that accompanied the IPC BAF to ensure that it highlighted key assurance information.

**Action** – Georgia Denegri

Razia Shariff commented that she would find it helpful if the document was more streamlined. A condensed summary of the Trust's position in response would be helpful as well.

The Committee **RECEIVED** the infection prevention and control board assurance framework.

146/22

### **Update on legislation / regulations**

Louise Thatcher presented the reports to the Committee for assurance.

Louise Thatcher had drafted a late paper on the patient safety incident response framework (PSIRF) and would circulate it to the Committee following the meeting.

**Action** – Louise Thatcher

Serious Incidents and the root cause analysis process would now be replaced by the PSIRF and system-based after-action reviews. Patient safety specialists and heads of quality in each organisation would implement the framework and plan alongside other partner organisations; Ali Carruth and Sue Mitchell were involved in identifying who these would be in the Trust. With regards to external reporting arrangements, Datix was being reviewed to ascertain whether it was still the most appropriate system. The new framework would require all staff – clinical and non-clinical - to complete level one training. The syllabus for the level two training was ready and would be rolled out from January 2023. To support the implementation of the new framework, the language that was used was being incrementally changed. System partners were also keeping in touch with one another to learn from each other and how to investigate incidents together and in a consistent manner. Pippa Barber suggested that she and possibly her non-executive director colleagues on the Committee should complete the level one training. It was agreed that Louise Thatcher would share the details with her in the first instance.

**Action** – Louise Thatcher

The Committee **RECEIVED** the update on legislation / regulations - Patient safety incident response framework report.

Mercia Spare presented the report on the Kent and Medway SEND re-inspection to the Committee for information.

In response to a question from Pippa Barber as to which elements of

the pathway was the Trust's services responsible for, Pauline Butterworth explained that this was set out in a paper that Clive Tracey, community services director had written. In summary, the Trust owned the preschool age health visiting, the education health care plans, parts of the autism spectrum disorders (ASD) pathways and attention deficit hyperactivity disorder (ADHD) pathways, and the speech and language therapy pathway. These were integral to a bigger system pathway. Looking at the internal improvement trajectory, it was important to understand what was driving the requirement for obtaining a formal diagnosis. Essentially, until the formal diagnosis had been completed, parents were unable to get help at school, particularly at the transition points in the child's school life; that would be the area that the services would focus on first. It was agreed that Pauline Butterworth would circulate Clive Tracey's paper to John Goulston and the Committee. She and Mercia Spare would also bring a report to the January committee meeting.

**Action** – Pauline Butterworth

**Action** – Pauline Butterworth/Mercia Spare

Pippa Barber suggested that more could be done around strengthening and improving the Trust's service offering, particularly through coproduction and using families to measure improvements. Mercia Spare indicated that the national direction was to improve skill mix and competencies. This would require some work with the inspectors.

Razia Sharif questioned why the system had failed to bring about any significant change since the original inspection in 2019. This needed to be addressed to ensure that it was not repeated in the future. Mercia Spare suggested that people had been working in silos and as a result a specialist programme manager was being introduced to help the system to work more collaboratively.

In response to a question from Paul Butler as to whether there were any specific areas in which the Trust could improve, Pauline Butterworth confirmed that there were. It was suggested that the next report should highlight these alongside the larger system pieces that needed to be done. This could be included in a paper to the Board.

**Action** – Pauline Butterworth

In response to a question from John Goulston as to whether the SEND service's performance had been on the Board's radar, Pippa Barber confirmed that it had. The Committee had previously had deep dives on the various elements and had raised its concern to the Board. Performance around the number and timeliness of the education health care plans was included in the integrated performance report but the quality of the reports was not.

John Goulston suggested that the report to the Board set out the

context and explain what the Trust had done - the improvements, the impact of any actions, what the system was doing and who would be responsible for doing it, and what the Trust would do differently to get the right impact. He supported the use of coproduction as a way to improve the service offering. Fundamentally, there needed to be a change in culture.

The Committee **NOTED** the update on legislation / regulations - Kent and Medway SEND inspection.

Karen Taylor joined the meeting.

147/22

### Monthly quality report

Mercia Spare presented the report to the Committee for assurance.

In response to a question from Pippa Barber regarding progress with the resuscitation officer, Mercia Spare confirmed that progress was being made and how that would be put in place in the Trust.

In response to a comment from Pippa Barber regarding the Trust's performance around falls, it was agreed that the Committee would receive a paper from Mercia Spare at its January meeting.

**Action** – Mercia Spare

In response to a comment from Pippa Barber regarding the embedding of actions from the end of life care audit, it was agreed that Sarah Phillips would provide evidence that the end of life care steering group was monitoring this. Pippa Barber had shared the audit report with Karen Taylor who was now a member of the steering group.

**Action** – Sarah Phillips

In response to a comment from Pippa Barber that a high number of complaints had been reported about the community paediatrics service, Sue Mitchell explained that the complaints related to the length of waiting times for ASD and ADHD appointments. Although the increase in numbers was recent, the Complaints team and the service were aware and were addressing it. It was agreed that Pauline Butterworth would provide an update to the Committee on progress at the January meeting.

**Action** – Pauline Butterworth

In response to a question from Razia Sharif regarding maintaining staffing levels at community hospital hot spots, particularly as the winter pressures and strike action impacted, Pauline Butterworth responded that despite having in place escalation for surge and winter alongside a managed care contract, the Trust did still struggle with staff. The executive team was considering a proposal which

might support the band three and four health care assistant workforce and attract more people into these roles. For the associate practitioner role, applicants needed to have a university qualification which was a barrier for some. The Trust was looking to see if there were alternative ways that this could be overcome. The Board and Strategic Workforce Committee were aware that there was strong competition in the tight labour market.

In response to a question from Razia Shariff about the non-completion of Datix for 38 per cent of patients transferred to the acute, Louise Thatcher explained that she would like to see an improvement. She was arranging for a communications message to be sent out to remind staff to complete Datix. In response to a question from Sarah Phillips as to why a Datix needed to be completed, Louise Thatcher explained that it was done so that the organisation was alerted to learn from what had and had not gone well. Sarah Phillips questioned whether there was a better way to have the information, bearing in mind the time given by the clinician. It was agreed that Louise Thatcher would check the current process that monitored patient pathways and to discuss her findings with Sarah Phillips.

**Action** – Louise Thatcher

The Committee **RECEIVED** the monthly quality report.

#### **148/22 Operational deep dive**

Pauline Butterworth presented the report to the Committee for assurance.

The Committee **RECEIVED** the operational deep dive report.

#### **149/22 Patient and carer council chair's assurance report**

Ali Carruth presented the report to the Committee for assurance.

In response to a question from Pippa Barber as to how the voice of the carer could be heard for those patients being cared for on the virtual wards, Sue Mitchell explained that there were equal numbers of patients and carers giving feedback on their experience. It was agreed that Ali Carruth would bring a report to the Committee.

**Action** – Ali Carruth

In response to a question from Pippa Barber as to whether the Public Sector Equality Duty report would be brought to a Board meeting in public, it was agreed that it would. Ali Carruth would present it at the next board meeting (in public) in December or January.

**Action** – Ali Carruth

The Committee **RECEIVED** the patient and carer council chair's assurance report.

#### 150/22 **Patient safety and clinical risk group chair's assurance report**

Mercia Spare presented the report to the Committee for assurance.

In response to a question from Pippa Barber about the resourcing of emergency nurse practitioners (ENPs) for the Trust's urgent treatment centres, it was agreed that Pauline Butterworth would take a paper to the Strategic Workforce Committee.

**Action** – Pauline Butterworth

The Committee **RECEIVED** the patient safety and clinical risk group chair's assurance report.

#### 151/22 **Clinical effectiveness group chair's assurance report**

Sarah Phillips presented the report to the Committee for assurance.

In response to a request from Pippa Barber, Sarah Phillips agreed to provide an update to the Committee on the medicines management audit in community hospitals where the recommendation was Requires Improvement and the Mildmay Community Nursing service which had been reported as Inadequate.

**Action** – Sarah Phillips

In response to a comment from Sarah Phillips that the Medicines Optimisation Group did not report into the Clinical Effectiveness Group, it was agreed that she would review its governance reporting line.

**Action** – Sarah Phillips

With regards to the roll out of the latest version of Wound Matrix, progress would be escalated to the Board through the committee chair's assurance report.

The Committee **RECEIVED** the clinical effectiveness group chair's assurance report.

#### 152/22 **Learning from deaths report**

Sarah Phillips presented the report to the Committee for assurance.

A change in the medical examiner procedure was being phased in and would impact on the reviews that the team undertook. In response to a question from Pauline Butterworth as to the impact it would have on the process and timelines, Sarah Phillips indicated



that it was not yet clear. Some delays for families had been reported nationally. John Goulston highlighted that there would be an impact for those families from certain religions if there was a delay in releasing the body. He suggested that this point should be escalated to the Board through the committee chair's assurance report and that complaints to the Trust should be monitored.

Pippa Barber requested that in future reports, the two tables 1) "Themes of areas for improvement identified for learning from deaths reviewed each quarter" and 2) "Number of themes identified from mortality reviews of deaths occurring in each month" be presented as SPC charts. This would help the Committee to track if the team's work was having a positive impact in the themed areas.

**Action** – Sarah Phillips

In response to a question from Pippa Barber as to whether there were any audits carried out to check on embedded learning from the mortality reviews, Sarah Phillips indicated that the audits around documentation and having difficult conversations around end of life care were the most relevant. The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) tool would be helpful as well as the Trust would be able to track those forms that were completed.

Pippa Barber reflected that if the Trust was to learn from the recent inspection report on the Kent and Medway SEND services, the Trust needed to ask itself whether it was looking at the right information. Were the frontline clinicians being supported to do the right thing? With this in mind, she would like to see a strengthening of the triangulation of evidence between the clinical audit and the embedding of learning. Sarah Phillips agreed to take this comment away to the team to see how this could be done.

**Action** – Sarah Phillips

The Committee **RECEIVED** the learning from deaths report.

#### 153/22 **Quality impact assessments (QIAs) of 2022/23 cost improvement programme schemes**

Mercia Spare presented the report to the Committee for assurance.

The Committee **RECEIVED** the quality impact assessments of 2022/23 cost improvement programme schemes.

#### 154/22 **Quality improvement (QI) Thanet Long Term services collaborative**

Sarah Phillips presented the verbal report to the Committee for assurance.

In response to a question from Pippa Barber as to whether the team was the same one as had been involved in the patient story that the Board had heard at its September meeting, Sarah Phillips confirmed that it was. However, the work had progressed considerably since then and other long-term condition teams and the musculoskeletal physiotherapy team were involved as well. Working as a QI collaborative, the different teams had come together to share what they were doing with a view to improving capacity and engaging them about what they wanted to change using QI tools to achieve this. Sarah Phillips was involved with the Ramsgate team and she and her colleague Sophie Williams, programme and performance operations lead were acting as buddies. Individual teams had identified the areas of improvement they wished to work on and once this was complete, the results would be evaluated.

In response to a question from Pippa Barber as to whether the journey of improvement once complete should have some visibility at Board, Sarah Phillips responded that there would be a QI collaborative workshop in January to which Pippa Barber and John Goulston were welcome to attend. She would share an invitation with them.

**Action** – Sarah Phillips

The Committee **RECEIVED** the quality improvement Thanet Long Term services collaborative verbal report.

155/22

### Legal report

Harbens Kaur joined the meeting to present the report to the Committee for assurance.

In response to a question from Pippa Barber regarding learning for the Trust from inquests and clinical negligence claims, Harbens Kaur responded that early learning could be identified even before the outcome of the inquest or claim was known. The key issues could be identified and the Legal team while focussed on pre-inquest preparation was able to draw out and escalate learning points. These were included on a Datix dashboard as well as included in learning and teaching events. Once the coroner's findings were published, there was a further debrief to colleagues. Harbens Kaur suggested that she would include in the next report to the Committee, evidence of improved triangulation of embedded learning from inquests and clinical negligence scheme for trusts (CNSTs).

**Action** – Harbens Kaur

With regards to the podiatry claim (claim ref C.MK-2941), the claim was brought in April 2019. Since then the number of claims had significantly dropped, following the work that the Legal team had



undertaken. It was unlikely that there would be any other similar claims. Detailed advice had been taken from the clinicians to settle the claim. Pippa Barber confirmed that she would bring the claim to the attention of the Audit and Risk Committee along with giving assurance that the number of such claims had decreased significantly and that documentation was no longer being reported as an issue.

In response to a question from Paul Butler as to whether the chief nurse had previously taken responsibility for the learning, Mercia Spare explained that there had been silo working but this had now changed and would have more visibility.

In response to a question from Paul Butler regarding the two data breaches in the Legal team, Harbens Kaur indicated that she hoped there would be no further breaches. She did not see it as an ongoing risk as it had been mitigated. The availability of resources had led to the breaches.

The Committee **RECEIVED** the legal report.

Harbens Kaur left the meeting.

**156/22      Triangulation of serious incidents and complaints themes and the impact identified report**

Louise Thatcher and Sue Mitchell presented the report to the Committee for assurance.

The Committee **RECEIVED** the triangulation of serious incidents and complaints themes and the impact identified report.

**157/22      Medicines optimisation annual report**

Sarah Phillips presented the report to the Committee for assurance.

The Committee **RECEIVED** the medicines optimisation annual report.

**158/22      New risks identified and actions or feedback to other committees**

Two risks had been identified which would be taken to the Strategic Workforce Committee by Pauline Butterworth and Mercia Spare. Two other risks had been identified which would be taken to the Audit and Risk Committee by Pippa Barber.

In response to a question from John Goulston as to whether the risk relating to the conclusions of the Ofsted and CQC re-inspection of

the Kent and Medway SEND services should be included on the board assurance framework, Pauline Butterworth agreed to consider this.

**Action** – Pauline Butterworth

**159/22 Issues to be escalated to the Board**

The committee chair's assurance report would identify the issues to be escalated to the Board. The draft report would be circulated to committee members for comment.

It was agreed that the Public Sector Equality Duty should be presented at a board meeting.

**160/22 Forward plan**

Pippa Barber presented the report to the Committee for information and approval.

The Committee **AGREED** the forward plan.

**161/22 Any other business**

There was no other business.

**Date and time of next meeting**

Monday 23 January 2023 at 1pm on MS Teams.

**CONFIRMED Minutes of the Quality Committee meeting, held on Monday 23 January 2023 in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT**

|                       |   |  |
|-----------------------|---|--|
| <b>Present:</b>       | Pippa Barber,<br>Paul Butler,<br>Pauline Butterworth,<br>Dr Sarah Phillips,<br>Dr Razia Shariff,<br>Dr Mercia Spare,<br>Karen Taylor, | Non-Executive Director (Chair)<br>Non-Executive Director<br>Chief Operating Officer<br>Chief Medical Officer<br>Associate Non-Executive Director<br>Chief Nursing Officer<br>Non-Executive Director  |
| <b>In attendance:</b> | Gina Baines,<br><br>Georgia Denegri,<br>Sharon Gradwell,<br><br>Sue Mitchell,<br><br>Vicki Stevens,                                   | Gina Baines, Assistant Trust Secretary and<br>Committee Secretary (minute-taker)<br>Interim Trust Secretary<br>Assistant Director for Allied Health<br>Professions (agenda item 2.8)<br>Assistant Director of Participation and<br>Involvement (agenda item 2.5, 2.6 and 3.2)<br>Head of Quality Management (agenda item<br>2.7) |
| <b>Apologies:</b>     | Ali Carruth,<br><br>Sive Cavanagh,  | Executive Director for Health Inequalities and<br>Prevention<br>Deputy Chief Nurse   |

**001/23 Welcome, introduction and apologies**

Pippa Barber welcomed everyone to the Quality Committee of the Kent Community Health NHS Foundation Trust Board (the Trust).

Apologies were received. The meeting was quorate.

**002/23 Declarations of Interest**

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

**003/23 Minutes from the meeting of 17 November 2022**

The minutes were read for accuracy.

The following amendments were suggested.

142/22 Matters arising – Changed from ‘Kim Lowe would be asked to feedback her observations to the Committee’ to ‘The executive would be asked to feedback to the Committee’.

152/22 Learning from Deaths report – Changed from ‘This would help the Committee to track if the team’s work was having a positive impact in reducing the number of deaths’ to ‘This would help the Committee to track if the team’s work was having a positive impact in the themed areas’.

The Committee **AGREED** the minutes of its meeting held on 17 November 2022 as an accurate record, subject to the amendment.

## 004/23 Action log and matters arising from the meeting of 17 November 2022

The open action was discussed and updated as follows.

122/22 Update on legislation / regulations (Update on the Care Quality Commission approach to inspection rating) - Action open.

129/22 Quality impact assessments of 2022/23 cost improvement programme schemes – Action open.

142/22 Matters arising (non-executive director deep dives) (risk appetite and Rio). Action open.

143/22 Relevant feedback/updates from other committees and service visits – Georgia Denegri reported that the statement was not accurate. Originally, the three top risks for each service were submitted to the patient safety and clinical risk group (PSCRG). This had changed some time ago to all eight plus risks being presented. The Risk and Incident Manager discussed the risk and risk scores with Adult services monthly. Mercia Spare added that she had spoken to the Risk and Incident Manager and they would be working together to ensure that the right risks were seen by the PSCRG. Work in progress. Action closed.

146/22 Update on legislation/regulations (SEND service) – The paper would be presented to the Board rather than the Committee. Action closed.

147/22 Monthly quality report (End of Life Care steering group) – The action owner was changed to Sive Cavanagh, deputy chief nurse as Sarah Phillips did not attend the group. Action open.

147/22 Monthly quality report (patient pathways) – Action open.

149/22 Patient and carer council chair’s assurance report (carers feedback on virtual wards) – Sue Mitchell confirmed that she would bring regular updates through the quarterly reports. An update had been provided through the report that the Committee had received that month. Action closed.

149/22 Patient and carer council chair’s assurance report (public sector equality duty) – The report was published on the Trust’s website. The Board would receive the latest report at its April Board meeting (in public). Action open.

150/22 Patient safety and clinical risk group chair’s assurance report (emergency nurse practitioners (ENPs)) – Pauline Butterworth explained that this was part of a larger discussion which was taking place around the urgent treatment centres and would include clinical governance and workforce. Action open.

151/22 Clinical effectiveness group chair's assurance report – The Committee agreed that the medicines optimisation sub-committee (MOSC) reported to the Clinical Effectiveness Group (CEG) which in turn reported to the Quality Committee through the CEG chair's assurance report. The MOSC's assurance report would be included in the committee papers for noting. Any questions that were raised by members would be shared with the chief pharmacist for comment. Action closed.

152/22 Learning from deaths quarterly report (SPC charts) – it was suggested that the Committee could gain further assurance through greater triangulation of themes from service and We Care visits. Action closed.

158/22 New risks identified and actions or feedback to other committees (SEND risk on the board assurance framework) – Georgia Denegri would discuss this with Pauline Butterworth at their next meeting which was scheduled for later that week. Action open.

All other actions were closed.

#### **005/23 Relevant feedback / updates from other committees and service visits**

Karen Taylor had observed the clinical effectiveness group (CEG) meeting on 12 December. The group was meeting its terms of reference and providing a good level of discussion and assurance. A schematic diagram of the CEG's sub-groups would follow showing the governance framework that underpinned it once the Good Governance Institute (GGI) review was complete.

Action – Sarah Phillips

The Committee **RECEIVED** the relevant feedback / updates from other committees and service visits.

#### **006/23 Board assurance framework (BAF)**

Mercia Spare presented the report to the Committee for assurance.

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

#### **007/23 Infection prevention and control board assurance framework (IPC BAF)**

Mercia Spare presented the report to the Committee for assurance.

There had been a number of changes since last received and the Trust remained compliant with its regulatory requirements. The Trust's response in extremis had been added to the actions. Mercia Spare confirmed that there had been no associated transmission.

The Committee **RECEIVED** the infection prevention and control board assurance framework.

**008/23 Update on legislation / regulations**

There was nothing to report.

**009/23 Monthly quality report**

Mercia Spare presented the report to the Committee for assurance.

In response to a question from Razia Shariff regarding the metric that 85 per cent of patients should have a risk assessment (Purpose T) completed on admission to the Trust's care as a minimum through Rio reporting, Mercia Spare explained that the assessment had to be completed within a set period of time which was very short. A much higher percentage were completed but not within the timeframe. There was further work to be done to achieve this target, although there was a high compliance rate beyond the defined timescale. As to whether the timeframe could be extended, Mercia Spare reflected that the network was looking to identify what was realistic.

In response to a question from Pippa Barber regarding medical devices, Mercia Spare explained that the medical equipment team was working with MTS, the supplier, to close the identified gaps in compliance. She hoped that that would be completed by the new financial year.

Pippa Barber referred to the urgent treatment centre at Sheppey Community Hospital and the issues that have been raised around patient safety following a recent We Care visit. Pauline Butterworth confirmed that there were a number of improvement actions being undertaken. She added that the Trust needed to think about what its role was in providing this service in totality and draw up a plan in response. There were issues around providing robust clinical supervision in the urgent treatment service especially in the minor injuries units. There were limited skill sets in the organisation to support the units and there were also workforce issues especially around radiographers and emergency nurse practitioners (EMP). This was being discussed at length both operationally and strategically.

In response to a question from Karen Taylor regarding the plan by the Trust to improve its final compliance rate for the staff flu and Covid vaccination programme, Mercia Spare explained that vaccinations were still available to staff through its peer vaccination offering. With the peak of the programme having passed, the numbers coming forward for vaccination was dropping off. However, the Trust had benchmarked above the national average. The aspiration remained that all staff, who were clinically able, took up the offer of vaccination. Sarah Phillips suggested that the Trust's role was to make it as easy as possible for staff to access the vaccinations, to provide full and accurate information, and answer any questions that staff might have. She was of the opinion that the Trust had provided in all these areas.

The Committee **RECEIVED** the monthly quality report.

**010/23 Operational deep dive**

Pauline Butterworth presented the report to the Committee for assurance.

The Committee received the report on clinical nutrition and dietetics waiting times. The demand and capacity modelling indicated that the actions outlined in the report would improve performance.

In response to a question from Razia Shariff as to whether the virtual delivery of the service was as effective as face-to-face, Pauline Butterworth responded that research indicated that it was. However, the service would be monitoring outcomes to see if there were any negative impacts for their patients.

The Committee **RECEIVED** the operational deep dive report.

**011/23 Patient safety and clinical risk group chair's assurance report**

Mercia Spare presented the report to the Committee for assurance.

With regards to the level of skills and competencies in the long-term services, Mercia Spare confirmed that the risk was reducing now that colleagues joining through the international recruitment programme were in post and receiving additional training.

In response to a question from Pippa Barber as to whether a risk around initial health assessments for looked after children should have been escalated to the group, Mercia Spare suggested that the risk had not warranted escalation because of its risk score. However, it would have been included on the relevant service risk register.

Karen Taylor suggested that the report could include information on when concern/risks had been raised and how long they have been a concern/on the risk register. Mercia Spare would take the action.

**Action** – Mercia Spare

The Committee **RECEIVED** the patient safety and clinical risk group chair's assurance report.

**012/23 Clinical effectiveness group chair's assurance report**

Sarah Phillips presented the report to the Committee for assurance.

With regards to CQUINs, Sarah Phillips suggested that it could have been identified early which CQUINs the Trust would have difficulty in achieving and an informed decision made at that time. Financially, the Trust was not at risk if it failed to achieve all the targets. The CQUINs for 2023/24 had been published. They remained the same, although the targets had increased. The names of exemplar trusts had been requested which the Trust would



like to approach to learn from their experiences. Further information about CQUINS would be brought to the next Committee meeting.

**Action** – Sarah Phillips

With regards to the mitigation of risks around Rio, Sarah Phillips agreed to summarise the bigger issues in a summary paper which she would bring to the May Committee meeting.

**Action** – Sarah Phillips

With regards to the Quality Improvement (QI) internal collaborative programme, the Committee received an update paper which provided a flavour of what the collaborative was doing and how it was working across the Trust.

The Committee **RECEIVED** the clinical effectiveness group chair's assurance report.

### 013/23 Patient and carer council chair's assurance report

Sue Mitchell presented the report to the Committee for assurance.

Razia Shariff commented that attendance at the Healthy Community Steering Group remained low although there were 50 members in the group. She had also observed that more staff than patients attended and she would like to see more investment in bringing the voice of the patient/carers to the group.

In response to a question from Paul Butler as to how success would be measured, Sue Mitchell indicated that the Population Health Group which would supersede the Patient and Carer Council would have oversight of access, experience and clinical engagement which might provide more explicit measurable outcomes.

With regards to the patient-led assessments of the care environment (PLACE) assessments, it was agreed that the Committee would receive a report on the inspections once the Trust's performance had been published.

**Action** – Mercia Spare

The Committee **RECEIVED** the patient and carer council chair's assurance report.

### 014/23 Population Health Group Terms of Reference

Sue Mitchell presented the report to the Committee for approval.

With the imminent changes to the sub-committees of the Quality Committee, Mercia Spare would bring a short paper to the Committee's March meeting on the quality governance structure.

**Action** – Mercia Spare



In response to a question from Pippa Barber as to whether the Patient and Carer Council would continue to meet, it was confirmed that the Council would not continue in its current form. With regards to monitoring patient experience performance, Mercia Spare explained that she would be working with Ali Carruth as she, Mercia Spare, would be holding patient experience and learning in her portfolio.

Razia Shariff commented that there was no mention of how different staff networks and other established groups and voices would feed into the new group. Sue Mitchell responded that she had seen a draft agenda and there was a section around engagement from communities and patient groups. She agreed that the terms of reference did not reflect this clearly and she would ask Ali Carruth to give this further thought.

Paul Butler suggested that the terms of reference required more clarity around the group's objectives.

In response to a question from Karen Taylor around how the Quality Committee would know whether the new group was fulfilling its terms of reference effectively, Mercia Spare suggested that its workplan could be shared with the Committee. She would ask Ali Carruth to bring it to the March Committee meeting if complete.

**Action** – Ali Carruth

The Committee **agreed** to the formation of the group in principle but asked for further clarification in the terms of reference in the areas discussed.

Paul Butler would speak with Ali Carruth outside the meeting about the new group.

**Action** – Ali Carruth

The Committee **RECEIVED** the Population Health Group Terms of Reference.

## 015/23 Quality priorities quarterly report

Vicki Stevens presented the report to the Committee for assurance.

Of the 12 quality priorities that the Trust had previously agreed would be included in the 2022/23 Quality Account, three were unlikely to meet their target metrics this year although there had been significant input to improve quality for patients. The final year end position would be reflected in the final account. In response to a question from Pippa Barber as to the reason, Vicki Stevens indicated that demand was outstripping capacity which meant that timing was a major factor in not achieving the targets.

Mercia Spare commented that with regards to the tongue tie project, the service had experienced a considerable increase in demand and further health visiting training was being considered.

The Committee **RECEIVED** the Quality priorities quarterly report.

**016/23 Falls report**

Sharon Gradwell presented the report to the Committee for assurance.

In response to a question from Pippa Barber about the multi-factorial falls risk assessment, Sharon Gradwell explained that this was completed regardless of where the patient was. The focus was on completing the assessment to its full extent. The data however reported in the slide related to inpatients only. Sharon Gradwell agreed to include in the quality report a falls quality metric which would show how the Trust was performing against the recommendations.

**Action** – Sharon Gradwell

The Committee **RECEIVED** the Falls report.

**017/23 Quality impact assessments (QIAs) of 2022/23 cost improvement programme schemes**

Mercia Spare and Sarah Phillips presented the report to the committee for assurance.

With regards to scheme AD0026 (Acute response team health care assistant (ART HCA) pay review), Pippa Barber was surprised at the higher scores for clinical effectiveness and staff experience. Mercia Spare explained that the changes to skill mixing and the increase in triage support of non-medical referrals via the local referral units (LRUs) would ameliorate the issues that had been raised. Pauline Butterworth added that the new arrangement would enhance the LRUs' offering. In response to a question from Karen Taylor about the scheme's impact on patient care, Pauline Butterworth explained that the intention was to put more resources into the local referral units so that there was less triaging at locality level. This would lead to a better service and clinical time used more effectively.

The Committee **RECEIVED** the quality impact assessments of 2022/23 cost improvement programme schemes.

**018/23 Learning from deaths report**

Sarah Phillips presented the report to the Committee for assurance.

The Committee **RECEIVED** the learning from deaths report.

**019/23 Medicines optimisation group assurance report**

Sarah Phillips presented the report to the Committee for assurance.

The Committee **RECEIVED** the medicines optimisation group assurance report.

**020/23 Patient and Carer Partnership Team Quarter Two report**

Sue Mitchell presented the report to the Committee for assurance.

The Committee **RECEIVED** the patient and carer partnership team quarter two report.

**021/23 New risks identified and actions or feedback to other committees**

There were none that required reporting.

**022/23 Issues to be escalated to the Board**

The committee chair's assurance report would identify the issues to be escalated to the Board. The draft report would be circulated to committee members for comment.

**023/23 Forward plan**

Pippa Barber presented the report to the Committee for information and approval.

The strategic piece on community hospitals and the paper on behaviours across services would be removed from the forward plan as these were board matters. An update on Rio would come to the May meeting.

The Committee **AGREED** the forward plan.

**024/23 Any other business**

There was no other business.

**Date and time of next meeting**

Thursday 16 February; 1.30 – 3pm – Extraordinary Quality Committee  
Thursday 16 March; 1.30 - 3.30pm

**CONFIRMED Minutes of the Extraordinary Quality Committee meeting, held on Thursday 16 February 2023 on MS Teams**

|                       |  |   |
|-----------------------|--|---|
| <b>Present:</b>       | Pippa Barber<br>Paul Butler<br>Pauline Butterworth<br><br>Ali Carruth<br><br>Dr Sarah Phillips<br>Dr Razia Shariff<br>Dr Mercia Spare,<br>Karen Taylor | Non-Executive Director (Chair)<br>Non-Executive Director<br>Deputy Chief Executive and Chief Operating Officer<br>Executive Director for Health Inequalities and Prevention<br>Chief Medical Officer<br>Associate Non-Executive Director<br>Chief Nursing Officer<br>Non-Executive Director |
| <b>In attendance:</b> | Gina Baines<br><br>Peter Conway<br>Georgia Denegri   | Gina Baines, Assistant Trust Secretary and Committee Secretary (minute-taker)<br>Non-Executive Director<br>Interim Trust Secretary  |
| <b>Apologies:</b>     | John Goulston<br>Kim Lowe<br>Mairead McCormick<br>Nigel Turner   | Trust Chair<br>Non-Executive Director<br>Chief Executive<br>Non-Executive Director  |

**033/23 Welcome and apologies**

Pippa Barber welcomed everyone to the Extraordinary Quality Committee of the Kent Community Health NHS Foundation Trust Board (the Trust).

Apologies were received. The meeting was quorate.

**034/23 Declarations of Interest**

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

**035/23 Quality Impact Assessments (QIA) of Cost Improvement Programme (CIP) Plans 2023/24**

Mercia Spare and Sarah Phillips presented the report to the Committee for assurance.

With regards to the dental scheme DP0066 (East Kent Dental non-pay review), Pippa Barber questioned why patient experience had attracted a

score of six. Mercia Spare explained that the changes were because national guidelines had updated treatment standards which required patients' oral health to have stabilised before prosthetic work was undertaken. By implementing the guidelines, laboratory costs would be reduced. The score reflected that patients might not be happy with waiting until their oral health had stabilised

With regards to the estates scheme ES0426 (Dover Health Centre – Relocation of Solar PV System from Foster Street), Mercia Spare explained that the solar panels would be moved from Foster Street site when it closed to Dover Health Centre. This represented a saving as there would not be a cost in procuring new solar panels for the site.

With regards to the IT scheme IT0042 (Mobile Telephony Contract), Mercia Spare explained that the Trust was changing its supplier of mobile telephony services from EE and Vodafone to O2. Although this was a Trust wide change, the saving would be identified where it sat in a budget. IT held the budget for mobile telephony.

With regards to the medicines scheme PT0003 (drug change over), Mercia Spare explained that the new medicines supplier was able to offer the Trust a larger discount than the previous supplier. In response to a question from Karen Taylor as to whether there would be any quality impacts with changing to a new supplier, Sarah Phillips explained that the change was part of the whole medicines supply contract. Any internal issues around medicines would have been considered during the procurement process. The majority of the medicines purchased by the Trust were held in the community hospitals. For individual patients, they would still be able to pick up their prescriptions from a pharmacy of their choice. Packaging was set by national regulation. With this in mind, there would not be a quality impact. With regards to ensuring that the right level of delivery and stock control continued, that also would have been reviewed during the procurement process. The change of supplier had come about because the current contract was coming to an end which meant that the service needed to be re-procured. It was suggested that should a risk emerge during the year; the Committee be alerted to it and they would undertake a deep dive.

The Committee **RECEIVED** the Quality Impact Assessments (QIA) of Cost Improvement Programme (CIP) Plans 2023/24

### **036/23 Schemes that have not been taken forward following Chief nursing Officer and Chief medical Officer scrutiny**

Mercia Spare and Sarah Phillips presented the verbal report to the Committee for assurance.

Mercia Spare confirmed that she and Sarah Phillips had met with the Dental Service the previous week to discuss the schemes where they had requested more information. Their value came to £285k and the majority of

them had now been signed off. With regards to the integrated musculoskeletal service, it had proposed a scheme to tidy up a number of vacant hours in posts which were spread across different teams and places by taking out vacancies and unused hours, the service would better fit the financial envelope set by the commissioners.

Two other schemes in the specialist services had been asked for more information. They would be shared with the Committee later in the year when they had been worked up.

The Committee **RECEIVED** the schemes that have not been taken forward following Chief Nursing Officer and Chief Medical Officer scrutiny.

#### **037/23 To agree the programme of Non-Executive Director CIP deep dives for 2023/24**

Pippa Barber presented the verbal report to the Committee for approval.

No deep dives were identified.

#### **038/23 Any Other Business**

The Committee had a wide-ranging discussion about how the process of gaining assurance around the quality impact assessments of the CIP would develop in the future. With regards to whether the QIAs were being considered in the wider system context and if so how, Sarah Phillips explained that there was no formal mechanism in place although that might change. Pippa Barber responded that having more of a system lens on some of the schemes needed to be thought through. It was suggested that the Kent and Medway Quality Forum might be a suitable place where this could be discussed.

Paul Butler highlighted that there were £5m of schemes not yet identified and he questioned when they would be ready to share with the Board as it would be approving the budget at the end of March.

Karen Taylor questioned whether the finance team had had a role in identifying schemes. Sarah Phillips responded that the approach had been to look to the services to identify suitable schemes as they had the detailed knowledge of their services. It was clear that over the last few years it had become extremely difficult to find non-pay changes which was why the emphasis was moving to a more transformative approach. The limiting factor in this approach was the setting of one-year targets where transformation would require a two to three year period to deliver the savings. With regards to estates transformation, there would be a plan in the next two months to see what that might look like and what CIP schemes might come from that. The CIP would be part of the Trust's strategic priorities around efficiency, with particular emphasis on estates, automation and transformation of the clinical model. This last area would take place over a 3 to five-year period. Some of the efficiencies that would

fall out of that would deliver systems savings and a discussion would have to take place to decide how that was shared across the system.

Razia Shariff questioned whether the Committee could have a role in undertaking deep dives on some of the 45 schemes that were waiting for approve in the adult services. Mercia Spare explained that it was for the services to do the work around the quality impact assessments which she and Sarah Phillips would review and approve/reject.

In response to Paul Butler's comment that the Trust would not achieve the outstanding £7m of schemes in time for the budget to be signed off at the end of March, Pauline Butterworth agreed that it would be difficult to find the amount required through recurrent schemes. The estates optimisation work would provide schemes for the following year, some of which would be nonrecurrent. She hoped that the service improvement work that was underway would produce a proper fully-fledged CIP programme for the following year. Peter Conway questioned whether the Board would have the opportunity to debate this before the budget was signed off. Pauline Butterworth and Georgia Denegri agreed to look at the timeline to see if that could be arranged.

Paul Butler felt that the extraordinary meeting was valuable to gain assurance around the quality element of the schemes. However, with regards to the ongoing role of the Committee in the process, it was agreed that as schemes were signed off by Mercia Spare and Sarah Phillips, they would be brought to the regular Committee meetings. Those non-executive directors who were not members of the Committee were welcome to come to the meetings to hear about them and identify any schemes they wished to deep dive. Next year a decision would be made as to whether this meeting would be held or whether the assurance of the QIA is would be absorbed into the normal business of the committee.

The meeting ended at 2.24pm.



**CONFIRMED Minutes of the Audit and Risk Committee (ARC) Meeting  
held on Monday 21 November 2022  
in The Boardroom, Hermitage Court, Hermitage Lane, Barming, Maidstone,  
ME16 9NT**

|                       |  |  |
|-----------------------|--|--|
| <b>Present:</b>       | Peter Conway<br>Pippa Barber<br>Nigel Turner   | Non-Executive Director (Chair)<br>Non-Executive Director<br>Non-Executive Director   |
| <b>In attendance:</b> | Gina Baines<br><br>Janna Courtney<br>Georgia Denegri<br>Andy Ede<br>Gordon Flack<br>Mark Gray<br>Debra Ody<br>Nick Plummer<br><br>Karen Swainson<br>Justine Thorpe<br>Carl Williams<br>Mike Weaver | Assistant Trust Secretary and Committee Secretary (minutes)<br>Head of IT Projects and Applications (item 4.2)<br>Interim Trust Secretary<br>Local Counter Fraud, TIAA<br>Chief Finance Officer<br>Assistant Director ICT (item 4.2)<br>Deputy Director of Finance<br>Assistant Director of Performance and Business Intelligence (item 3.4)<br>Senior Audit Manager<br>Grant Thornton (representing Sophia Brown)<br>Head of Financial Accounting<br>Good Governance Institute (observing as part of developmental well-led review) |

Members met informally in private with representatives from external audit, internal audit and local counter fraud.

**063/22 Welcome and apologies for absence**

Peter Conway welcomed everyone to the meeting of the Audit and Risk Committee of the Kent Community Health NHS Foundation Trust Board.

Apologies were received from Sophia Brown, Grant Thornton.

The meeting was quorate.

**064/22 Declarations of interest**

There were no interests declared other than those formerly recorded.

**065/22 Minutes from the meeting of 1 September 2022**

The Committee **AGREED** the minutes of the meeting as an accurate record.



**066/22      Action log and matters arising from the meeting of 1 September 2022**

The committee agreed the closed action log.

The actions log of open actions was discussed and updated as follows.

033/22 Risk management and strategy: appetite and view - Actions open.

055/22 Health and safety and security management summary report – Actions open.

057/22 Estate risk register deep dive –This action would be directed to the director of estates in the first instance. Action closed.

All other actions were closed.

**067/22      Issues from the Quality Committee / Finance, Business and Investment (FBI) Committee / Strategic Workforce Committee / Charitable Funds Committee / Council of Governors**

Pippa Barber highlighted four issues from the Quality Committee that she wished to bring to the attention of the Audit and Risk Committee:

- The patient safety and clinical risk group met to discuss the most pressing clinical risks and had oversight of how risks were being managed across the Trust. It had been reported that some of the sense checking was not being done by the Risk team. This decision was being revisited.
- A podiatry claim from 2017 was nearing resolution and there was a £2m estimate to settle the claim. The claim had highlighted issues around the escalation of treatment and documentation. Since that time both of these areas had improved. Gordon Flack confirmed that the claim would be covered by the Trust's insurance.
- Pippa Barber also reported that clinical issues had been identified about the implementation of Rio. The Quality Committee had asked for a more detailed update on this.
- The Quality Committee had three sub-committees and discussion was underway as to whether there should be an additional sub-committee which focused on health inequalities. Currently the information was reported through the patient and carer council.

Nigel Turner highlighted two items from the Strategic Workforce Committee:

- Discussions continued on turnover, and attrition and the risk this represented. Progress was being made and a month on month reduction to turnover levels was being seen. The Committee had decided that the risk rating on the board assurance framework should stand for the time being.
- With regards to the equality, diversity and inclusion strategy, again there had been plenty of discussion at committee meetings and it had been the focus of a recent leadership conference. There would be an

audit in quarter four which would provide useful information on how well the various strands of activity were linking together.

In response to a question from Peter Conway as to what the audit on equality, diversity and inclusion would focus on, Karen Swainson indicated that it would be auditing the equality impact assessments. It was still subject to executive approval. Nigel Turner commented that there were two aspects to the strategy - the patient and staff elements. He suggested that the scope of the audit should encompass both of these.

Peter Conway asked Pippa Barber to clarify her comments on the risks. Pippa Barber explained that risks were fed to the patient safety and clinical risk group from the directorate risks. Without the sense checking of the Risk team, there was the potential for a less consistent way of measuring risk. Also, risks were not standardised across the different directorates. There may be a role for the corporate assurance and risk management group in this but better attendance from divisions was required to ensure a full and robust debate. Georgia Denegri commented that these issues would be addressed through the risk management strategy/framework and the planned review of the board's assurance flows.

In response to a question from Peter Conway about the risk management strategy, Georgia Denegri explained that it had been discussed with the Good Governance Institute as part of their review. The board would have the opportunity to discuss the risk management strategy as part of its March development session.

With regards to the implementation of Rio, Gordon Flack reflected that the software had been implemented during the height of the Covid pandemic which had impacted on the Trust's ability to achieve quite what it wanted to do. This had led to some compromises. More clinical champions had been recruited which had allowed for more resource to link the clinical staff with the central Rio team. There was also an issue with the scale of clinical documentation and there were different views around risk appetite. In hindsight, there may have been over-specification in documentation requirements. Pippa Barber supported this conclusion and added that Sarah Phillips had also highlighted the challenges around the documentation.

With regards to an additional sub-committee of the Quality Committee, Peter Conway was concerned about the proliferation of committees. Pippa Barber agreed. There would be further discussion which would be shaped by the Good Governance Institute thinking as well.

## **068/22      Director of finance report**

Gordon Flack presented the report to the Committee for information.

The Committee **NOTED** the director of finance report.

## **069/22      Board assurance framework (BAF)**

Georgia Denegri presented the report to the Committee for assurance.

Pippa Barber noted that risk 115 had been reworded in a helpful way and questioned whether the other risks could be reworded in a similar format. Georgia Denegri agreed that this could be done and she would liaise with the risk owners to re-articulate their risks in this way.

**Action** – Georgia Denegri

Peter Conway noted that Nigel Turner's comments about staff turnover in risk 115 had not been included on the board assurance framework. Georgia Denegri suggested that this may be due to the timing of the publishing of the document. Nigel Turner suggested that his reflections had been encompassed in risk 115 and he was content. Peter Conway concluded that if vacancy and turnover rates were part of the assurance then they were going in the wrong direction.

With regards to risk 122 (equality and inclusion), Nigel Turner reflected that this subject related to both staff and patients. The wording of the risk as it stood was directed towards staff and did not encompass patient facing services. Pippa Barber felt that the risk was focused in the right area at the moment as there was not enough data to know if there was a risk around health inequalities for patients.

In response to a comment from Pippa Barber that the wording in the top five assurances section of risk 115 (operational pressures and staff shortages risk) should be amended from Quality Committee to Strategic Workforce Committee. Georgia Denegri would make the amendment.

**Action** – Georgia Denegri

With regards to health inequalities, Peter Conway cautioned that the wording needed to be very clear about what was meant by health inequalities and to reflect the differences between east and west Kent. Pippa Barber suggested that access, experience and outcomes should be the main focus. Gordon Flack commented that a previous iteration of the risk reflected both staff and patients which had led to John Goulston, Trust Chair, suggesting that the two groups be separated out with a particular emphasis on the staff position.

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

Gordon Flack left the meeting

## 070/22 Internal audit progress report

Karen Swainson presented the report to the Committee for assurance.

The Committee was requested to consider the proposed changes to the internal audit annual plan 2022/23. The proposal was to cancel the redeployment audit and reallocate the time to contingency and to cancel the self-managed teams audit and reallocate the time and reinstate the audit of

the Kent and Medway Care Record (KMCR). With regards to the infection, prevention and control audit which had been scheduled for quarter four, Mercia Spare had suggested that the time should be reallocated to an audit of the new patient safety incident response framework (PSIRF) as this would be more beneficial. She was seeking approval from the executive team.

Pippa Barber commented that the Quality Committee had been made aware of the proposal to change the infection, prevention and control audit to the PSIRF audit. The Quality Committee had agreed it would be helpful as there were significant changes coming through as a result of the change and there was a risk if the Trust did not implement the new framework correctly. She understood that the infection, prevention and control audit would be reallocated into the 2023/24 plan.

In response to a question from Pippa Barber as to what the KMCR audit would focus on, Karen Swainson explained that she believed it would audit the implementation of the system's process. She would be discussing this with Sarah Phillips, medical director, as this would be a change in emphasis to the original audit specification. The audit would provide valuable feedback to the Trust about how other organisations were impacting on the Trust and how the KMCR was meeting the needs of the Trust around interoperability.

The Committee:

- **APPROVED** the proposed changes to the annual plan 2022/23.
- **RECEIVED** the internal audit progress report.

071/22

### Data integrity annual report

Nick Plummer joined the meeting to present the report to the Committee for assurance.

In response to a question from Pippa Barber regarding improving the data visualisation in the learning from deaths report, Nick Plummer indicated he would be happy to support Sarah Phillips, medical director, with developing SPC charts to convey themes and trends.

**Action** – Nick Plummer

In response to a question from Pippa Barber regarding the Trust's ambition to move Excel to a 3\* rating, Nick Plummer explained that data capture was moved away from Excel and into a web-based system where possible. He and his team would continue with this approach over the next year with a view to reporting a 3\* rating in the next annual report. However, he cautioned that it was inevitable that some information would still be recorded on Excel.

In response to a question from Nigel Turner as to how the Trust compared with other trusts with regards to the recording of its ethnicity data, Nick Plummer indicated that the Trust's performance was similar. However, there was room for improvement. The Trust's previous system, the community information system (CIS), had not collected this information well and the gap in the current data related to those patients that had migrated from CIS to the

Rio system. To update this information, there was a reliance on the clinicians to synchronise the patient's notes with the national database to pull over what was required. He expected the data to improve over the course of the year with more information being included such as gender, social deprivation and Kent population data. This information would be shared with the health inequalities programme board to inform their discussions.

The Committee **RECEIVED** the data integrity annual report.

Nick Plummer left the meeting.

#### **072/22 Local counter fraud progress report**

Andy Ede presented the report to the Committee for assurance.

In response to a question from Peter Conway as to whether there would be change in emphasis in the work plan as a result of the increased cost of living pressures on staff, Andy Ede responded that it was recognised that the increases in the cost of living could potentially increase the risk of fraud. The intention was to carry out an audit of a sample of people working from home to identify whether they had a second job. The audit would also assess what controls the Trust had in place and how they were managing those people who were working from home.

The Committee **RECEIVED** the local counter fraud progress report.

#### **073/22 External audit report**

Justine Thorpe presented the report to the Committee for assurance.

In response to a question from Peter Conway as to whether there were any significant changes in auditing practice, standard or regulations this year, Justin Thorpe explained that the implementation of IR16 had been deferred. There was work to be done on disclosures and her team would be looking at the Trust's financial sustainability. With regards to how the system's sustainability would be addressed, she explained that she would be assessing how the Trust was interacting with the Kent and Medway integrated care board. Further guidance would be required to indicate how that might work.

The Committee **RECEIVED** the external audit report.

Mark Gray and Janna Courtney joined the meeting.

#### **074/22 Corporate assurance and risk management (CARM) group report**

Georgia Denegri presented the report to the Committee for assurance.

Georgia Denegri explained that as she had not attended the corporate assurance and risk management group meeting on 12 October she had

included the draft minutes for the Committee's information. Pippa Barber had attended the meeting as an observer.

In addition to the three information governance incidents that had been reported to the Information Commissioner's Office, a further incident had been reported that morning which had been shared with the Caldicott Guardian. The Trust's policy for the development, ratification and review of policies had been approved at the meeting but some further improvements were being made and she would bring the document to the Audit and Risk Committee meeting in February for ratification.

**Action** – Georgia Denegri

Pippa Barber highlighted that she was not a member of the corporate assurance and risk management group and asked that the minutes be amended to reflect that she had attended to observe the meeting.

**Action** – Georgia Denegri

Pippa Barber explained that she had attended the corporate assurance and risk Management group meeting to gain a better understanding of the link between the group and the patient safety and clinical risk group. She was pleased to report that she had been assured. She reflected that the group meeting was going through some flux which gave her some concerns which she had raised with the chief executive, Peter Conway and others.

In response to a question from Pippa Barber as to who the Senior Information Risk Owner (SIRO) was for the Trust, Georgia Denegri confirmed that she was currently holding the role, although this would change shortly with the review of the executive portfolios.

In response to a question from Pippa Barber as to whether the information governance assurance group was meeting, Georgia Denegri confirmed that the January meeting would be going ahead. No changes would be made to any sub-committee/groups' meetings until the new arrangements had been confirmed. All incidents were signed off by the SIRO.

In response to a question from Pippa Barber as to who was the data protection officer, Georgia Denegri confirmed that this was Lisa Sharrett, head of corporate operations.

Pippa Barber highlighted the importance of ensuring that community hospital fire training compliance was on target as she noted that it was slipping.

Peter Conway reiterated the changes that he would like to see in the corporate assurance and risk management group meeting report as discussed under matters arising.

The Committee **RECEIVED** the corporate assurance and risk management group report.



Mark Gray and Janna Courtney presented the report to the Committee for assurance.

In response to a question from Peter Conway about what the intentions might be around converging electronic patient records across organisations, Mark Gray explained that the drive by NHS England and NHS Digital was for all trusts and provider organisations to utilise the same system in any one integrated care system. With regards to funding further developments of the Trust's electronic patient record Rio, four areas had been identified where there was a shortfall: implementing the electronic prescribing and medicines administration (EPMA) system, implementing data management of patient flow, the development of Rio and further rollouts of enhancements; and diagnostic management. It was expected that national funding would supplement these work streams.

Peter Conway questioned when these programmes would be delivered, when would patient and staff see a difference and what would the impact be on productivity. Mark Gray explained that the EPMA would be finalised by the end of the financial year 2022/23 and deployed into community hospitals early in 2023/24 and then into community services. TeleTracking was already live in west Kent and the plan was to roll it out into east Kent committee hospitals in the 2022/23 financial year. The intention to link TeleTracking to East Kent Hospitals University NHS Foundation Trust (EKHUFT) was an ongoing discussion between Mairead McCormick and Tracey Fletcher, the chief executive of EKHUFT. Other projects that were being considered were expected to come in this financial year.

In response to a question from Peter Conway as to which work would impact most on mitigating the issues in Rio and improve productivity, Mark Gray explained that Rio was a distinct project. There were twelve to eighteen months still to go before completion and an incremental approach to introducing the changes was being taken. In addition, he expected national funding would be made available for the deployment of devices in 2024/25.

With regards to productivity, Mark Gray indicated that Rio would have the biggest impact. The EPMA would also have a significant impact in community hospitals even though it would be deployed to a smaller number of staff.

Pippa Barber commented that the issues around forms on Rio had been highlighted to the Quality Committee and she welcomed the work that would be undertaken.

In response to a question from Pippa Barber regarding mitigating the risks associated with staff engagement with the Rio system, Mark Gray acknowledged that communication with staff could have been better. He would be meeting with his team leaders later that day and this was on the agenda to discuss how this could be improved.

In response to a question from Pippa Barber regarding the timescale for recruiting the additional staff to support the enhancement of Rio, Mark Gray confirmed that three out of four individuals had been recruited to divisional roles. Rio operational leads had been appointed recently. There were three senior roles in each division of which one was in post and the other two were being recruited to. The challenge had been around recruitment but he was pleased to confirm that the appointments were now near completion.

In response to a comment from Pippa Barber that the introduction of virtual ward would leave staff in east and west Kent using different systems, Mark Gray agreed it was a challenge and an unusual position. However, he and the other IT leads in the partner organisations worked well together across the system to deal with any issues this might raise. With regards to the virtual ward project, it was being led by a clinical team who had chosen the system and the supplier. In the long term the work for the IT team would be around how to link the virtual ward to Rio and the Kent and Medway Care Record, bearing in mind the longevity of virtual wards as the funding for the project was for two years. Pippa Barber was concerned that the system had made a strategic agreement and it was suggested that the Committee's concerns be shared with Gordon Flack as he was the system's digital lead.

In response to a request from Peter Conway, Gina Baines agreed to send him the IT enablement report separately.

**Action** – Gina Baines

The Committee **RECEIVED** the risk deep dive – IT enablement report.

Nigel Turner, Mark Gray and Janna Courtney left the meeting.

Carl Williams joined the meeting.

#### **076/22      Single tender waivers (STWs) and retrospective requisitions report**

Debra Ody presented the report to the Committee for assurance.

The Committee **RECEIVED** the single tender waivers and retrospective requisitions report.

#### **077/22      Losses and special payments including debt write off assurance report**

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

The report had been reviewed and approved by the integrated management meeting on 15 November 2022.



With regards to bad debts, Carl Williams cautioned that, although there had been some improvement in reducing these, there were some debts in the background which might produce a spike in the coming months.

The Committee **NOTED** and **RECEIVED** the losses and special payments including debt write off assurance report.

## **078/22 Forward Plan**

Peter Conway presented the report to the Committee for approval.

With regards to the local counter fraud plan 2023/24, Karen Swainson explained that the item might need to be deferred from the February meeting as the timing conflicted with the tender exercise which was taking place. Peter Conway suggested that if it was delayed then a later online meeting to approve it could be put in the diary instead. Gina Baines would note this in the forward plan.

**Action** – Gina Baines

Other items for the February agenda were a paper on the Trust's risk appetite and the integrated care board risk register. The Committee would also receive the policy for the development, ratification and review of policies.

The Committee **AGREED** the Forward Plan.

## **079/22 Any other Business**

There was no other business.

The committee evaluated the meeting.

### **Date and time of next meeting**

6 February 2023. Informal meeting at 8.45am followed by the formal meeting at 9am in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent, ME16 9NT.

The meeting ended at 11am.

**CONFIRMED Minutes  
of Finance, Business and Investment (FBI) Committee meeting  
held on Thursday 1 December 2022**

**MS Teams**

**Present:** Paul Butler, Non-Executive Director (Chair)  
Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer  
Peter Conway, Non-Executive Director  
Gordon Flack, Chief Finance Officer  
Kim Lowe, Non-Executive Director  
Dr Sarah Phillips, Chief Medical Officer

**In Attendance:** Gina Baines, Assistant Trust Secretary and Committee Secretary (minute-taker)  
Georgia Denegri, Interim Trust Secretary  
Mairead McCormick, Chief Executive Officer  
Debra Ody, Deputy Director of Finance (agenda item 4.1)  
Natalie Parkinson, Assistant Director Business Development and Service Improvement (agenda item 3.1)  
Carl Williams, Head of Financial Accounting (agenda item 4.2)

**081/22 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).

The meeting was quorate.

**082/22 Declarations of interests**

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

**083/22 Minutes of the meeting of 12 October 2022**

The minutes of the 12 October 2022 meeting were read for accuracy.

The minutes were **AGREED**.

**084/22 Action log and matters arising from the meeting of 12 October 2022**

Paul Butler asked for an update on the committee effectiveness exercise that was due. Georgia Denegri confirmed that this year's proposed questionnaire would be discussed with the non-executive directors at their monthly meeting. The expectation was that the questionnaire would be rolled out in the new year through the committee meetings.

The action log actions closed was **AGREED**

The following open actions were discussed and updated.

057/22 Service line and reference costs – Adult Services (Community Hospitals) – Action open.

073/22 Service line and reference costs – Musculoskeletal Physiotherapy Service – The committee meeting is in February. Action open.

076/22 2023/24 Business Planning Approach (Cost Improvement Programme) – The committee meeting is in February. Action open.

All other open actions were closed.

### Matters arising

Paul Butler requested an update on the community hospitals. Pauline Butterworth reported that there was a broader piece of work happening around the hospitals and intermediate care. Clare Thomas, community services director was looking at them in the context of their clinical model. Meetings with the assistant directors were also taking place to gain their insights. In addition, there was a national programme inputting into east Kent which was looking at this delivery of care and how it could be improved. The clinical model was expected to be agreed in a few months' time and then the supporting financials would be set out alongside. The Committee agreed to wait for the process to run its course and then receive an update.

**085/22**

### **Relevant feedback from other committees**

Peter Conway reported that the Audit and Risk Committee had reviewed the board assurance framework at its November meeting. Georgia Denegri was reviewing the document and would put forward further suggestions around its governance. The Trust's financial position and the wider system impacts had been discussed. Mark Gray, Assistant Director ICT had attended the meeting to discuss the risks around IT and the delivery of the Digital Strategy. Peter Conway had shared his observations separately to the non-executive directors by email on this item. Overall, the Committee had received positive assurance on the IT initiatives that were in the pipeline for the short and medium term.

Kim Lowe reported that the Strategic Workforce Committee would discuss the paper that John Goulston had circulated on NHS workforce efficiencies. If relevant, she suggested that the FBI Committee might wish to receive it as well.

In response to a question from Paul Butler about efficiencies, Gordon Flack commented that this was part of a wider piece of work on productivity in the NHS. The Trust was working on a piece on productivity in the community as this was not nationally available. This was being progressed by linking in regionally and nationally to use a similar methodology as used in the acute

sector and to capture the array of activities in the community. He suggested that he would bring a paper to the Committee in due course.

Kim Lowe commented that on her service visits she had sensed a need for a transformational conversation about the cost improvement programme (CIP). She was concerned that colleagues were busy trying to save money without having a transformational overview of what was happening more broadly. This meant that services' responses to the demands of the CIP were not broad enough or strategic enough. Paul Butler added that the executive team had already indicated that they wished to see the programme extend beyond one year and link it to the changes that were coming through in the system. The executive would need to work out how they were going to manage the CIP and then how to communicate it down to the organisation. Pauline Butterworth reported that the previous week, the assistant directors had run a workshop to articulate the Trust's overarching two-year strategy more clearly which in turn could be communicated to staff. From that meeting, it had been decided that an oversight framework was needed against which services could deliver alongside tangible strategic objectives to build a transformational cost improvement programme. There were a number of elements happening in tandem with these suggestions. For the following year's CIP, a cross-cutting transformational approach was being looked at which would be cascaded through the organisation. Following that, information from services as to how it has been received would need to be fed back up the organisation for the executives to respond to and recascade to services.

Mairead McCormick cautioned that it was important that the teams did not stay internally focussed as they developed their plans. Although some services understand what collaboration looked like, there was less understanding about how the funding would be organised.

**086/22**

### **Board assurance framework (BAF)**

Gordon Flack presented the report to the Committee for assurance.

The financial risk relating to Kent County Council (KCC) which had been on the BAF previously had been removed as mitigated for 2022/23. However, it still remained a risk for future years and may reappear on the BAF. The risk now focussed on KCC and its role in delivering social care to the system. Monies to support easing hospital discharge had been released in tranches from NHS England to the integrated care board and social services. Work was now underway to plan how that would be deployed through building capacity schemes. The additional funding would help to mitigate the risk. In addition, there was a broader financial risk to the NHS and consequently the system; both of which were agenda items for the Committee and the Board. It was likely that a risk to reflect these challenges would be included on the BAF. In order to manage the financial resources effectively, the system partners would have to work closely together. Organisationally, the Trust's financial position was good against the national average.

Mairead McCormick reported that the funding for social care would be split, with 60 per cent going to the integrated care board and 40 per cent going to the local authority. It would not be channelled through the Better Care Fund. This was causing some challenges for the local authority. She supported the view that the amount should be looked at in the round to support the discharge work.

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

**087/22**

## **Business development and service improvement report**

Natalie Parkinson presented the report to the Committee for assurance.

In response to a question from Paul Butler as to whether there might be a surge in contract renewal activity in the near future as contracts reached their end date and whether the Trust had the capacity to manage that, Natalie Parkinson responded that the way the system was moving she felt that that was unlikely to happen.

In response to a question from Paul Butler regarding the number of contracts that were incorrectly priced, Natalie Parkinson was unable to give a number but responded that she was aware of the issue. At the assistant director workshop that had taken place there had been a discussion about the loss-making services and it had been agreed that there should be a targeted piece of work with the relevant services to plan what they should do next. Activity planning teams were also coming together to identify where discussions were needed with commissioners. It was agreed that in the next report, Natalie Parkinson would include a summary of the planning activity that was underway including the issues that had been identified, with them were being addressed and the timescales.

**Action** – Natalie Parkinson

Sarah Phillips commented that the health landscape and providers were evermore enmeshed. This had the potential to reduce risk but increase complexity. It also meant that it was more difficult for the Trust to extricate itself from a contract it no longer wished to provide. The commissioner provider split was becoming more blurred. Gordon Flack added that with changes to the commissioner and provider landscape, there was less focus on individual pricing and individual service lines and more focus on the cost landscape and the ability of providers to break even as a minimum.

In response to a question from Peter Conway as to whether the funding for Westbrook House and West View integrated care centre beds had been agreed, Natalie Parkinson confirmed that it had. Pauline Butterworth explained that they would provide a managed care service in both facilities and were part of a test of change for intermediate care.

In response to a question regarding automation and what it might mean for services, Natalie Parkinson indicated that automation could have a number of applications in a service such as the musculoskeletal physiotherapy

service. A number of activities might be automated including the referral process.

In response to a question from Sarah Phillips regarding the plans for automation, its projected benefits and its potential to link to the cost improvement programme, Gordon Flack explained that he chaired a group which was looking at the automation pipeline. The executive team would be receiving a paper on the subject the following week. The initial focus had been in the corporate areas but there was now a desire to pivot more towards the clinical areas.

In response to a comment from Paul Butler that he would expect to see a plan of work around automation, Gordon Flack indicated that that was likely to happen. There had been a series of comms messages to services about what automation could deliver and now services were being asked what they would like to do. The pipeline was already bigger than the Trust capacity, therefore projects would have to be prioritised to get the most benefit.

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

**088/22**

### **Focus items**

Gordon Flack presented the report to the Committee for information.

Paul Butler commented that the system position was poor and he was surprised that capital expenditure had not been cut more to improve cash flow. With regards to capital expenditure, Gordon Flack indicated there was a desire to protect the capital as there were a number of items that had been identified to help with transforming services in Kent. The system might be able to flex the programme a little to maintain a reserve so that these could be achieved. Much would depend on how organisations worked together. The bigger benefits could be delivered through new models of care which he indicated would be for a Board discussion. Sarah Phillips highlighted that the financials should be set against a backdrop of outcome data from patients where the emphasis was on prevention and changing health behaviours. It would be a complicated discussion to enable those outcomes but efficiencies would come from integration and the benefits and financial risk shared by all.

In response to a question from Peter Conway as to when the Committee would see sight of the board assumptions and structures for the following year, Gordon Flack indicated that national guidance was due to be published at Christmas. Currently work was being undertaken on local planning guidance. He expected to be able to share the information with the Committee at its February meeting. It was agreed that Gordon Flack would bring the 2023/24 financial position at both the Trust and system level and the associated guidance, assumptions and structures that would shape it to the next Committee meeting.

**Action** – Gordon Flack



In response to a question from Peter Conway regarding the agency ceiling which NHS England had reintroduced, Gordon Flack confirmed that it was likely that the system would breach the ceiling. With regards to the Trust's performance, much would depend on how severe the winter pressures were but it was likely that the Trust would breach marginally. It was agreed that Gordon Flack would update the Board if the Trust breached its agency spend ceiling.

**Action** – Gordon Flack

Carl Williams joined the meeting.

With regards to the capital plan, Carl Williams confirmed that there were a number of estate schemes that were yet to start and to complete. Some had been reprofiled due to further surveys. Fleur Cromarty, head of estates capital projects was monitoring the schemes and her forecast had taken into account the levels of risk around procurement, tender and delivery before the end of the financial year. With regards to IT schemes, these were being finalised through procurement and were expected to complete within the timeframe.

In response to a question from Paul Butler regarding the Trust's contribution to the Kent and Medway integrated care system, Gordon Flack confirmed that £2 million had been earmarked for winter schemes, specifically the additional beds at Westbrook and West View integrated care centres.

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

**089/22 Finance report including service line and the cost improvement programme reports (month seven)**

Debra Ody presented the report to the Committee for assurance.

The current forecast was that the Trust would report a break-even position at the end of 2022/23.

In response to a question from Paul Butler regarding how the £2m contribution to the ICB would affect the Trust's reserves, Gordon Flack confirmed that the Trust would still have a small reserve but the detail had not yet been finalised. With regards to whether there would be sufficient reserves to cover any shortfall in the Trust's 2022/23 cost improvement programme, Debra Ody commented that the biggest challenge was the £2m recurrent saving in the Adult Services which had not yet been identified.

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

**090/22 Capital plan review and forecast**

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

In response to a question from Paul Butler as to what would happen if the Trust did not meet its capital expenditure spending target at year end, Carl Williams confirmed that the unspent monies would be lost to the Trust. They could not be rolled over to the following year. However, if it was clear that the target would not be met, the Trust could offer the money as part of a wider system offering or there could be the option for other partners to use it to increase their funds. Overall the system allocation would be managed.

In response to a question from Peter Conway as to how well the projects have been tested that they would be completed before year end, Carl Williams responded that he would expect the project officers, Mark Gray for IT projects and Fleur Cromarty for the estates schemes to test those assumptions and report back if they had any concerns. With regards to using up the contingency, Carl Williams indicated that there were other schemes mooted in the background which were not included in the report. The contingency would be closely monitored and any slippage would have to be notified to the wider system.

In response to a comment from Kim Lowe that she would like to understand where the Trust was investing in transformation projects compared to business as usual and system linked projects, Gordon Flack agreed that identifying projects against these categories would be helpful in communicating messages out to staff and demonstrating to the wider system what the Trust was doing. Overall with new cases coming through for automation, Gordon Flack was reasonably confident that the capital budget would be spent by year end.

With regards to the Edenbridge project, it was agreed that Gordon Flack would bring a report on the current contractual and financial position to the February Committee meeting.

**Action** – Gordon Flack

Pauline Butterworth confirmed that there was a revised project group in place on the Edenbridge project which was working with integrated care board colleagues around what was expected to be delivered in the space. Clive Tracey had agreed to be the operational estates transformation lead for Edenbridge and other buildings. He would be working with Philip Griffiths, director of estates optimisation and Peter Prentice, director of estates and facilities on estates. The Committee discussed the challenges involved in ensuring that the right services were now offered in the new health and wellbeing centre that met the needs of the local population and maximised the use of the space going forward. Any changes to the care model would not have a material financial impact and the Kent and Medway integrated care board had oversight of the project and were alerted to the risks.



The Committee **RECEIVED** and **NOTED** the capital plan review and forecast.

**091/22      Terms of reference progress report**

Gordon Flack presented the verbal report to the Committee for assurance

The Committee was sighted on three areas – sustainable services, the integration of services and the digital strategy.

The Committee had received considerable assurance around sustainable services and the digital strategy while receiving less oversight of the integration work. It was suggested that the work by the Committee on the integration of services would be superseded by the work that was being done on this and the new models of care at the board development sessions. Gordon Flack suggested that the Committee might wish to relook at that element as described in the terms of reference at the end of the year. Paul Butler agreed that the integrated services work, because of its strategic nature, sat more comfortably at Board level

The Committee **RECEIVED** the terms of reference progress report.

**092/22      Forward plan**

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

In response to a question from Paul Butler regarding the timing of the committee effectiveness survey, Georgia Denegri confirmed that it would come to the Committee in February. This would allow for it to feed in to the preparation of the annual governance statement and also to support the Committee in preparing its objectives and workplan for 2023/24.

The Committee **APPROVED** the forward plan.

**093/22      Any other business**

There was no other business.

The meeting ended at 10.40am.

**Date and venue of next meeting**

Thursday 2 February 2023 at 9.00 am in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT

**CONFIRMED Minutes of the Finance, Business and Investment (FBI)  
Committee meeting, held on Thursday 2 February 2023 in the Boardroom, The  
Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT**

|                       |                     |   |
|-----------------------|---------------------|---|
| <b>Present:</b>       | Paul Butler         | Non-Executive Director (Chair)  |
|                       | Pauline Butterworth | Deputy Chief Executive and Chief Operating Officer                              |
| <b>In attendance:</b> | Peter Conway        | Non-Executive Director  |
|                       | Gordon Flack        | Chief Finance Officer   |
|                       | Gina Baines         | Assistant Trust Secretary and Committee Secretary (minutes)                     |
|                       | Pippa Barber        | Non-Executive Director  |
|                       | Georgia Denegri     | Interim Trust Secretary   |
|                       | Chris Douglas       | Financial Planner (agenda item 10)  |
|                       | Afzal Khan          | Project Director, Edenbridge (agenda item 12)                                   |
|                       | Debra Ody           | Deputy Director of Finance (agenda items 13, 14, 15)                            |
|                       | Natalie Parkinson   | Assistant Director Business Development and Service Improvement (agenda item 7) |
|                       | Clive Tracey        | Community Services Director (agenda item 12)                                    |
| <b>Apologies:</b>     | Vicki Bartholomew   | Head of Service Integrated Musculoskeletal (IMSK) (agenda item 11)              |
|                       | Mark Johnstone      | Director of Dental and Planned Care (agenda item 11)                            |
|                       | Kim Lowe            | Non-Executive Director  |
|                       | Sarah Phillips      | Chief Medical Officer   |

**001/23 Welcome, introduction and apologies**

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. The meeting was quorate.

**002/23 Declarations of Interest**

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

**003/23 Minutes from the meeting of 1 December 2022**

The minutes were read for accuracy.

The following amendments were suggested:

085/22 Relevant feedback from other committees – paragraph 4: to remove the sentence beginning ‘Paul Bentley, the previous chief executive...’

088/22 Focus items - paragraph 1 to read: ‘Paul Butler commented that the system position was poor...’

The Committee **AGREED** the minutes of its meeting held on 1 December 2022 as an accurate record, subject to the amendments.

**004/23 Action log and matters arising from the meeting of 1 December 2022**

The outstanding actions were discussed and updated as follows:

057/22 Service line and reference costs – Adults Services (Community Hospitals) – A schedule had been drafted and was awaiting sign off by Pauline Butterworth.

073/22 Service Line and Reference Costs – Integrated Musculoskeletal Physiotherapy Service (IMSK) – Item deferred but discussion took place at the meeting.

076/22 2023/24 Business Planning Approach (Cost Improvement Programme) – Discussion took place at the meeting. Action closed.

All other outstanding actions were closed.

Matters arising

Paul Butler indicated that he would like to see included in the 2023/24 budget some narrative which identified those services that would be running at a loss in the coming year and a justification of how these would be handled in the budget.

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

**005/23 Relevant feedback from other committees**

Peter Conway reported that the Audit and Risk Committee (ARC) would be meeting the following week when it would scrutinise the board assurance framework (BAF). With regard to the auditing of the 2022/23 accounts, the external audit plan was yet to be shared with the ARC. The key issues that the FBI Committee should be sighted on were around the Trust as a going concern and Peter Conway was confident that the Trust would meet this test.

Pippa Barber invited the non-executive directors who were not members of the Quality Committee to attend the extraordinary Quality Committee

meeting on 16 February where the Committee would review the quality impact assessments of the 2023/24 cost improvement programme (CIP) schemes.

The Committee **NOTED** the Relevant feedback from other committees.

## **006/23 Board Assurance Framework**

Gordon Flack presented the report to the Committee for assurance.

There was no specific risk on the BAF that was overseen by the Committee currently. As the target completion date had passed on some of the risks, Peter Conway indicated that the Audit and Risk Committee would look at the timeliness of the report.

Peter Conway reflected that there would be an emerging financial risk on the break even position at the end of this financial year and the ongoing financial pressures would make the following year challenging as well.

In response to a further comment from him regarding system capital availability, Gordon Flack indicated that capital expenditure would be an issue going forward as it would be lower than previous years. With regards to the financial risk, the Kent and Medway integrated care board (KMICB) had formulated a BAF risk already and it was likely that the Trust would replicate that on its own.

With regards to the Trust's contracts, Pippa Barber suggested that the executive should be mindful that as these had helped the Trust to smooth its CIP journey to reach its target in the past, going forward there could be implications for funding if the renewal of these contracts was not well managed. Gordon Flack indicated that in future there would be more focus on managing costs rather than gaining income streams which delivered profit.

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

## **007/23 Business development and service improvement report**

Natalie Parkinson presented the report to the Committee for assurance.

Natalie Parkinson confirmed that the additional costs incurred by the virtual wards were funded. With regards to the East Sussex therapy contract, she confirmed that this was being extended. With regards to the Medway sexual health contract, Natalie Parkinson indicated that the commissioner was likely to go to the market. She was confident that the service could evidence a strong performance if that were to occur. Overall, she was confident that with the changing contractual environment, service contracts would be extended.

In response to a question from Peter Conway regarding the funding for surge management (formerly winter schemes), Natalie Parkinson explained

that the provision of additional support workers to support pathway one had been delayed because of a delay in the funding decision.

In response to a question from Peter Conway regarding how the health and care sectors were supporting each other, Gordon Flack responded that Mairead McCormick, chief executive was chairing the discharge pathway for the whole system. Both she and Pauline Butterworth, who was supporting her, had a good insight as to the challenges the system faced. Complex patients and more simple discharges required different health and care responses. Pauline Butterworth explained that a third of the patients in community hospital beds were deemed as no longer fit to reside. The majority of these were waiting for a package of care to be agreed by the local authority. In the acute beds there were patients who were deemed no longer fit to reside and could be discharged without a package of care. The Trust could provide services for the latter group of patients but was unable to offer up a solution for the former group.

The Committee considered the impact of withdrawing from contracts in the future and the impact that would have on the budget. It was agreed that this was a discussion for the Board.

The Committee **RECEIVED** the business development and service improvement report.

## **008/23      System's financial position (month 9)**

Gordon Flack presented the report to the Committee for assurance.

In response to a question from Paul Butler regarding declaring the system's financial position, Gordon Flack indicated it would be declared after month 10. As to the impact on the Trust, if the system missed the £35m control total deficit target then the triple lock would come into effect. For the moment, he was hoping that there would be a plan to help the system achieve the target. However, if this did not happen then there would be reputational consequences for the system and its organisations along with the removal of some delegations. A total of £300m capital funding would be available nationally as a reward to those systems who hit their control total deficit target.

In response to a question from Paul Butler regarding the Trust's offer of £8m to the system to help with its financial recovery, Gordon Flack explained that the offer had been made with the understanding that all organisations would operate an open book arrangement. The Trust's expectation would be that it would receive a return in 2023/24 of £2m and non-recurrent trust winter contingency funding would be replaced by recurrent discharge funding.

In response to a question from Pippa Barber regarding the situation at East Kent Hospitals University Foundation Trust (EKHUFT) where the relatively low pass rate for the Objective Structured Clinical Examinations (OSCE) by

its international nurses was hampering their deployment into the wards, Pauline Butterworth indicated this was an area that the Trust could offer to help and support with.

With regards to putting more funding and resources into the east Kent services to help EKHUFT manage its deficit, Pauline Butterworth reported that there was a high level of integrated working taking place and Liz Sargent, KCHFT's director of integration was working to drive further change.

The Committee **RECEIVED** the system's financial position (month 9).

## 009/23 **NHS productivity report**

Chris Douglas joined the meeting to present the report to the Committee for assurance.

With regards to the therapy services, intermediate care, and outpatient services (minor injuries units) that the report highlighted had seen a reduction in activity since 2019/20, Pauline Butterworth responded that the information was helpful and she looked forward to seeing further data and analysis at team level and added that there had been a positive conversation with the KMICB about how funding could be linked to productivity gains in the IMSK services. Debra Ody added that there was anecdotal evidence that in the IMSK service, clinicians were conducting longer consultations with patients but on a less frequent basis. This would have an impact on the service's productivity figures.

The Committee welcomed the report and suggested that after the next iteration of the data collection and analysis, it was updated on the latest conclusions.

**Action** - Chris Douglas / Debra Ody

The Committee **RECEIVED** the NHS productivity report.

Chris Douglas left the meeting.

## 010/23 **Focus items**

Gordon Flack presented the report to the Committee for assurance.

With regards to the internal auditors' audit of the Trust's self-assessment response to the Healthcare Financial Management Association's (HFMA) publication 'Improving NHS financial sustainability: are you getting the basics right?', Gordon Flack indicated that there would be further discussion of this at the Audit and Risk Committee meeting the following week. An action plan had been drawn up and would be implemented over the coming months. Paul Butler suggested that the Committee receive an update on progress against the action plan's deliverables at its meeting in June or July.

**Action** – Gordon Flack

The Committee **RECEIVED** the Focus items.

## 011/23 **Edenbridge project update**

Afzal Khan and Clive Tracey joined the meeting to present the report to the Committee for assurance.

Afzal Khan explained that the Edenbridge contract was a design and build contract. He reported that the full completion of the design stage was due in the next few weeks. As each phase of design was completed this was being fed through to the build stage. Once the build had been completed, the fitting out stage would begin although the internal elements had yet to be finalised. The project was going to programme and was within budget. The whole cost was being managed within the financial constraints as set out in the paper.

In response to a question from Paul Butler regarding the increase in costs, Afzal Khan explained that at the time that the contract was negotiated the increase in costs had been due to inflation, labour and material costs. The contractor and the Trust had had to review those costs to ensure they remained within the affordability envelope. He confirmed that the increased costs would not change the specifications of the project but rather feed through as a small change to purchasing and better specification i.e. value engineering. There had been some further negotiation which left the project with a small deficit. This had been agreed at the financial close and would be paid on a monthly basis over the next 16 months.

In response to a question from Paul Butler regarding the rental arrangements, Afzal Khan explained that there had been an assumption that the GPs would rent 45 per cent of the space and the Trust 55 per cent. This had been the agreed lease arrangements between the two parties when the contract was agreed. KMICB had insisted that the Royal Chartered Institute of Surveyors (RCIS) code of practice and guidelines in this area were followed. Afzal Khan had been able to reach an agreement with the GPs and KMICB on the building completion and he anticipated that the percentage split would be re-evaluated to decide the actual arrangements once the building was completed. The rent would be calculated based on that final agreement. He added that the KMICB's chief finance officer was comfortable with KMICB supporting the risk around the rent and income stream.

In response to a question from Pippa Barber regarding the potential risk that the financial gain from the sale of the hospital could be less than originally anticipated, Clive Tracey explained that NHS Property Services (NHSPS) would be responsible for the sale of the building. The arrangement was that they would return the benefit back to the Trust. Afzal Khan clarified that the risk around the sale of the hospital was a system risk. The KMICB had confirmed this and issued a letter of comfort to the Trust. In it, it confirmed that the Trust would receive a minimum 50 per cent of the proceeds from the sale. As part of the financial arrangements, it had been agreed that the Trust would receive £0.5m which would be paid to the developer on completion of the project and before the sale of the hospital was complete. This would



mean that the Trust would not receive the sum from NHSPS for two years. This was the risk that the Trust held. Gordon Flack added that there had been a development since the Committee had received the report. KMICB had confirmed that it could utilise its capital underspend this year to support the project and the Trust would enter into discussions with the developer.

In response to a question from Paul Butler regarding the potential exposure of the Trust to the £1m, Gordon Flack explained that the risk was an indirect risk for the Trust as the system, which the Trust was part of, was taking the direct financial exposure.

The Committee agreed that an update on the project would be scheduled for a Committee meeting later in the year.

**Action** – Pauline Butterworth / Clive Tracey / Afzal Khan

The Committee **RECEIVED** the Edenbridge project update.

Afzal Khan and Clive Tracey left the meeting.

### 012/23 **Integrated Musculoskeletal Services (IMSK) presentation**

As Mark Johnstone and Vicki Bartholomew had had to send their apologies, it was agreed that the presentation would be postponed to the following meeting.

In response to a question from Paul Butler as to the executive's intentions around improving the financial sustainability of the service, Pauline Butterworth explained that the KMICB had invited the Trust to be involved in discussions around how MSK services were commissioned in Kent. As to the timescale for completing this, that had not yet been confirmed. It was agreed that the Committee would kept updated on developments.

### 013/23 **Agency costs report**

Debra Ody presented the report to the Committee for assurance.

In response to a question from Peter Conway regarding the agency cap for 2023/24, Gordon Flack indicated that that would be set at system rather than organisational level. As yet it had not been determined how it would be distributed across the system but there was a possibility that the Trust would be given a stretch target. There was no intention to stop services but rather assess the risk to them. Organisations and chief people officers were working together in the system to agree joint protocols such as joint enhanced escalation rates. The Trust was committed to being a system player. Based on previous performance, Gordon Flack suggested that the Trust should be able to work within the targets that were agreed. More broadly, if the system could agree the right model to ensure that the right people were in the right place to deliver care, this would begin to have an impact and reduce the amount of agency staff that were procured.



Pippa Barber reflected that a major driver of agency use was the Trust's inpatient services i.e. community hospitals. She questioned how the information in the report was being used to support the Trust's workforce plan for the coming year and whether the Trust anticipated that the inpatient risks would be mitigated and controlled. With regards to urgent treatment centres, she suggested that the Trust urgently needed a workforce plan to grow its own emergency nurse practitioners. With regards to urgent care in east Kent, she questioned what was being done to manage its risk. Pauline Butterworth responded that there would always be some agency use in inpatient settings but she foresaw that the recruitment of international nurses would substantially reduce the Trust's reliance on agency staff. With regards to the broader workforce strategy to grow the clinical base that would be a challenge and would be done alongside international recruitment. With regards to the urgent treatment centres and minor injuries units, the agency staff required were few and far between and because of their specialist skills were expensive. With regards to the workforce in the east Kent urgent care and home treatment services, she believed that to move away from employing agency staff the emphasis should be on mobilising innovations quickly rather than focusing on the financial aspect. Debra Ody added that the east Kent urgent care service had received non-recurrent funding which did not lend itself to recruiting to substantive posts and the Committee agreed that this should be raised with the system.

Paul Butler indicated that he would like to see some narrative in the 2023/24 budget regarding agency spend.

The Committee suggested that Kim Lowe bring the paper to the attention of the Strategic Workforce Committee. Gordon Flack would liaise with the Sarah Hayden, Deputy HR Director.

**Action** – Gordon Flack

The Committee **RECEIVED** the Agency costs report.

#### **014/23 Finance report including service line and cost improvement programme reports (month 9)**

Debra Ody presented the report to the Committee for assurance.

In response to a question from Paul Butler regarding what was included in the £8m provision, Debra Ody explained that this included a credit note to the KMICB of £650k for the neurodiversity service, as there was not sufficient capacity with subcontractors in this financial year. However, the funds would be returned to the service in 2023/24. There was also a £660k historic credit note provision for other services which was already in the position. The balance of the £8m was return of unspent Covid funding of £2.2m, underspend on service developments of £1.9m and return of non-recurrent winter reserves of £2.5m as winter beds had been separately funded. There was a general non-pay provision to bring the Trust to a break even position and a further £2m was a transaction between the Trust and the KMICB related to additional funding for the 2022/23 pay award which

had not yet been recognised in the year to date accounts and would support the baseline recurrently.

The Committee **RECEIVED** the Finance report including service line and cost improvement programme reports (month 9).

#### **015/23 Financial planning assumptions (2023/24)**

Debra Ody presented the report to the Committee for assurance.

Paul Butler suggested that it would be helpful if in the 2023/2024 budget it set out the key objective areas for community services that had been identified from the national NHS objectives.

In response to a question from Peter Conway regarding the governance timetable, Gordon Flack indicated that the executive team would decide the following week what would go into the draft to be submitted on 15 February. The final submission would then come to the Committee for assurance and to the Board for final approval on 31 March. If the Trust was unable to deliver a balanced budget including the delivery of its full CIP then the governance timetable and ask would have to be revised. Gordon Flack agreed that meeting the CIP target would be a challenge but suggested that if non-recurrent schemes were included then it could be achieved. Gordon Flack agreed that he would circulate a note to the Committee on progress with finalising the budget along with any advice on changes to the current governance timetable if required.

**Action** – Gordon Flack

The Committee **RECEIVED** the Financial Planning Assumptions (2023/24).

#### **016/23 2023/24 Business planning approach (Cost Improvement Programme) update**

See agenda item 15 - Financial planning assumptions (2023/24).

The Committee **RECEIVED** the 2023/24 Business planning approach (Cost Improvement Programme) update.

#### **017/23 Forward plan**

Paul Butler presented the report to the Committee approval.

The Committee **APPROVED** the forward plan.

#### **018/23 Evaluation of the meeting**

With regards to the committee effectiveness exercise, Georgia Denegri confirmed that the questionnaire would be circulated to members of the Committee to complete. The intention was to draw together the feedback

from all the committees into a paper for the Board to receive as part of its Well-Led Review discussions at the Board meeting on 1 March.

**019/23      Issues and actions for other committees/Board**

No issues were identified in addition to those stated in the minutes.

**020/23      Any Other Business**

Paul Butler suggested that an explanation about the financial plan for the community hospitals in future years should be included in the 2023/24 budget.

**Date and venue of the next meeting**

Thursday 23 March 2023; Room 6, Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford Kent TN25 4AZ

The meeting ended at 11.27am.

**CONFIRMED Minutes of the Strategic Workforce Committee  
 held on Monday 9 January 2023  
 in The Boardroom, The Oast, Hermitage Court, Maidstone, Kent, ME16 9NT**

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

Pauline Butterworth, Chief Operating Officer (PB) (virtual)  
 Margaret Daly, Deputy Director of People and Organisational  
 Development (Education and Development) (MD)  
 John Goulston, Chair (JG)  
 Sarah Hayden (Deputy Director of People and Organisational  
 Development, Ops) (SH)  
 Victoria Robinson-Collins, Director of People and  
 Organisational Development (VRC) (virtual)  
 Mercia Spare, Chief Nurse (MS) (virtual)  
 Karen Taylor, Non-Executive Director (KT) (virtual)

**In Attendance:** Sarah Cook, Executive Assistant, minute taker (SC)  
 Vicki Bartholomew, Head of Service IMSK) (VB)  
 Sam Clark, Head of Talent and Development (SCI)  
 Emma Darvill, People and OD Business Partner (ED)  
 Leanne Hately, People and OD Business Partner (LH)  
 Andrew Martin, People and OD Business Partner (AM) (virtual)  
 Debra Ody, Deputy Director of Finance (DO) (virtual)

**001/23 Welcome and apologies**

KL welcomed everyone to the Strategic Workforce Committee meeting of the Kent Community Health NHS Foundation Trust Board and advised that due to the current industrial action situation the meeting would be reduced in time.

Apologies were received from Nigel Turner, Nicola Rutter, Rachel Mulgrew and Georgia Denegri.

The meeting was quorate.

**002/23 Declarations of Interest**

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

**003/23 Staff Network – Staff Story  
Armed Forces Network – Lisa Sherratt**

Lisa has left the trust and had previously agreed to attend the meeting – but did not attend, so this item wasn't covered.

It was discussed the need to avoid duplicating networks attending with board meetings.

**004/23 Minutes from previous meeting held on 3 November 2022**

The Minutes of the meeting of 3 November 2022 were read for accuracy and were agreed.

The Minutes were **AGREED**.

**005/23 Matters Arising**

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

The conclusion of the retention task and finish group will be an agenda item at February's agenda.

All current actions closed.

**006/23 Relevant feedback / updates from other Committees**

PB advised that at Quality Committee, UTC and Emergency practitioner workforce was highlighted and needs to be incorporated into the forward plan. PB had discussed with Mairead how ENP could go into the acute settings to assist if necessary due to system pressures.

**007/23 Updates on Legislation / Regulations – Changes and Impact**

It was advised that the government is pushing through anti strike legislation.

The public office of operational planning and contracting guidance focus for 2023 is workforce and improving retention. EDI is not specifically raised, but it's essential the trust remains focused on this.

**SPOTLIGHT**

**008/23 Industrial Action**

VRC provided a full explanation at the earlier part 2 board meeting – it was therefore agreed to copy the notes to this meeting, to save duplicating.

The Committee **NOTED** the Industrial action update.

**009/23 Integrated MSK – Workforce Overview**

KL shared that there was a detailed discussion at FBI regarding the art of the possible, but there is a need to highlight the workforce issues.

The paper was for noting by the committee.

LH provided an overview with highlights and shared that they are receiving all leavers information and conducting deep dives. It has identified that a lot of leavers are going into private practice.

The service is also closely working with the universities to explore different options.

It is also recognised the increase in retirement age leavers.

There is also lots of internal promotion across the service.

A paper will be presented at February's FBI, which identifies the improving picture.

JG wished to discuss how he had heard of differences in east and west and this was down to the model, but didn't see the distinctively in the paper.

VB explained that they remain as different models, but they experience the same workforce issues, but now it has been established the need to split the data.

LH relayed that she had written a new paper to look at all the new elements and this will also go to the ICB, due to the newly incorporated financial lock system.

The service overspend was sitting in the region of £2m, but has now reduced to £400k.

KT raised a concern relating to no paperwork / admin issues and asked what was being done to help, or is it about time the system was reviewed to make it better.

VB advised that there have been positive changes to Rio with bold changes how to use the system differently. Also, teams now have someone helping with the Rio work, but this will take time to embed, but will improve. Engagement sessions have also been arranged with the admin staff.

SH also shared that more broadly automation is being explored which would include an e-referral process, which will make a huge difference.

VRC wished to comment that it is established there is a workforce behaviour as individuals at the beginning of their career, then have the opportunity to take roles within the private sector which obviously offer a better financial reward. But life priorities then change and the benefits of working for the NHS become more attractive.

PB asked whether we make enough of the recruitment process about the benefits offered, including pension etc. VRC advised that she was due to have a call later that day with NHSE about how well KCHFT advertises its benefits etc.

LH wished to conclude by sharing that all current vacancies have planned start dates, so this is a really positive picture.

The Committee **NOTED** the Integrated MSK Workforce Overview report and received it with **Limited Assurance**.

## 010/23 Workforce Report Exceptions

VRC took the report as read and highlighted some of the metrics.

November's vacancy metric has improved, stability is also out of the targeted thresholds, but is improving.

The committee agreed for BAF 115 to stay rated as 20 and noted the significant amount of work that is being done to improve the situation.

The industrial action BAF has been discussed at numerous meetings, so wasn't felt it would be worthwhile discussing again.

KL noted the need to manage the vacancy gap but queried if benchmarking data this year, would there be the same problem.

SH advised that this occurs every year, as in April the baseline changes due to the new budgets.

DO advised that this year was exceptional year due to lots of investment.

KT wished to ask how the IEN's were doing and whether the trust was keeping track of their progress and continuing to support them.

SH advised that additional PDN's have been recruited to help support the IEN's.

However, there has been a change to cohort 4 with extended training, they will be due to go out into services in March.

MS had learnt that some of the IEN's are struggling with a few things, so they are being pulled back in to complete additional training.

VRC wished to acknowledge the combined effort of all teams involved with the success and implementation of this programme.

PB shared that she saw first hand on an Exec visit the previous week, the amount of extra support being put in for the IEN's and how they are improving their competencies and skills and this is really working well.

JG had met an IEN at Hawkhurst Community Hospital and noted that if the IEN's don't drive, then this is a practical issue – so there is a need to think about placements etc.

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

## PRIORITIES

### 011/23 Operational Workforce Report

PB updated that the majority of current operational issues had already been discussed previously within the agenda, but to clarify that currently it is quite a challenging overall picture.

The workforce in community nursing teams and rapid response are severely depleted, which is very challenging. Due to sickness some services are at levels as high as 50%. Which is causing a big impact on service provision.

The Committee **NOTED** the Operational Workforce report.

### 012/23 Safer Staffing / Nursing Establishment Review

KL advised that this had already been discussed at part 2 Board.

MS wished to apologise for the lateness of the paper submitted to the committee.

One of the key things to highlight is the three main documents that outline the requirements are all based on nurse staffing and mainly focus on inpatient wards. However, the main focus remains the same – to have the right staff with the right skill, in the right place at the right time. In light of Covid safer staffing is reviewed every day and supported with twice weekly meetings at which the Medical Director also reviews the information.

Assurance can be provided for having the systems and processes in place for reviewing and mitigating safe staffing levels. Data is triangulated with the Quality committee and assurance can be given that there are no big spikes to show challenges with staffing.

It is anticipated that once the community nursing reporting is completed, the trust will revert to twice yearly reporting, which is in line with the National Quality Board (NQB) guidance.

PB accepted that this is a changing paper and now that the national requirement to produce reports was going to commence again, would this information be shared at this committee or Trust Board.

MS proposed to bring a paper back to this committee in April.

JG wished to highlight that the voluntary turnover rates, the highest areas aren't the community hospitals, but east Sussex school nursing. This may be something worth thinking about to have a rounded picture for safer staffing.

MS explained that there are limitations, as all of the tools look at nursing, so isn't suitable for all services.

JG asked whether it would be worthwhile to try some work with east Sussex. MS felt that the integrated neighbourhood teams will help with this.



It was agreed that at some point this should form an in-depth discussion at Board.

The Committee **NOTED** the **Safer Staffing / Nursing Establishment Review** paper.

## ASSURANCE

### 013/23 Workforce Performance Report

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

VRC had previously highlighted the main metrics.

SH informed the committee that the agency spend / price cap level of expenditure is expected for this time of year.

No further questions were raised by the committee.

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

### 014/23 Significant Employee Relations Report

SH informed the committee that currently the trust has five open ET cases, which has reduced and therefore was comfortable to provide the committee with full assurance.

KL suggested that FBI would like to know the value of the ET cases and also asked DO if the trust has a monetary risk for tribunal costs.

VRC explained the spike with ET cases, as during Covid all ET cases were stopped, so this has had an impact now, as returning to business as usual.

KL also raised the moving and handling training compliance is not on target, yet MSK is one of the biggest reasons for absence.

MD explained that this is now being explored through a QI lens and more training is also now available to try and improve compliance.

It was recognised by the committee from a benchmarking perspective the trust is overall in quite a good position.

The Committee **NOTED** the Significant Employee Relations Report which was received with **FULL ASSURANCE**.

## COMMITTEE BUSINESS

### 015/23 **Focus Items**

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

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

### 016/23 **Forward Plan**

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

VRC and KL are due to meet and review for 2023.

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

### 017/23 **Any other Business**

No further business was raised.

The meeting closed at 14.30.

KL thanked all those present for attending.

#### **Date and time of next meeting;**

Tuesday 21 February 2023 at 2.30pm, in the Boardroom, The Oast.

**CONFIRMED Minutes of the Charitable Funds Committee (CFC) meeting, held on Thursday 24 November 2022 in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT**

|                       |                           |   |
|-----------------------|---------------------------|---|
| <b>Present:</b>       | Nigel Turner              | Non-Executive Director (Chair)                                    |
|                       | Paul Butler               | Non-executive director  |
|                       | Ruth Davies               | Public Governor Tonbridge and Malling                             |
|                       | Victoria Robinson-Collins | Chief People Officer  |
|                       | Dr Razia Shariff,         | Associate Non-Executive Director                                  |
|                       | Dr Mercia Spare,          | Chief Nursing Officer   |
| <b>In attendance:</b> | Gina Baines               | Assistant Trust Secretary and Committee Secretary (minute-taker)  |
|                       | Jo Bing                   | Assistant Financial Accountant                                    |
|                       | Victoria Cover            | Head of Clinical Services, Urgent Care and Hospitals              |
|                       | Georgia Denegri           | Interim Trust Secretary   |
|                       | Stephanie Rhodes,         | Clinical Services Manager Adult Long Term and Specialist Services |
|                       | Jo Treharne               | Head of campaigns and digital                                     |
|                       | Carl Williams             | Head of Financial Accounting                                      |
| <b>Observer:</b>      | Alison Fisher             | Public Governor Maidstone   |
| <b>Apologies:</b>     | Clare Thomas              | Community Services Director                                       |

**037/22 Welcome, introduction and apologies**

Nigel Turner welcomed everyone present to the meeting of the Charitable Funds Committee.

Apologies were received. The meeting was quorate.

**038/22 Declarations of Interest**

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

**039/22 Minutes from the meeting of 21 July and 15 September 2022**

The minutes were read for accuracy.

The Committee **AGREED** the minutes of its meeting held on 21 July and 15 September 2022 as an accurate record, subject to the amendment.

**040/22 Action log and matters arising from the meeting of 21 July and 15 September 2022**

The matters arising table actions closed was agreed.

The outstanding open actions were discussed and updated as follows:

011/23 Board assurance framework – Action open

024/23 Relevant feedback from other committees and the board assurance framework – Paul Butler suggested that his original request had been premature regarding a budget and plan. He felt that these documents would now be more timely; setting out the objectives of the Trust's charity for 2023/24 and highlighting any challenges to achieving them. A further action was agreed that a budget and plan should be progressed. New action owner. Action open.

025/23 2022/23 Quarter One Finance Update (£120k legacy) – Victoria Cover confirmed that the gym area had been completed and patients were now using it. Carl Williams explained the gym area had been funded by capital funds rather than charitable funds. Action complete. Action closed.

028/23 Reserves Policy - Carl Williams was thanked for providing a comprehensive answer. Razia Shariff added that she accepted the NHS position. Outside of NHS charities, it was good practice for charities to hold a three-month reserve. Victoria Robinson-Collins added that with regards to the hardship fund, she would suggest that there were regular reviews to understand how it was being spent with a view to managing the funding and its longevity. She suggested that agreeing a reserve for this fund might be prudent. The committee would consider it as part of agenda item 2.3  
Action closed.

032/33 Any other business – Action open.

All other actions were closed.

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

#### **041/22 Relevant feedback from other committees and the board assurance framework (BAF)**

The board assurance framework was included in the pack for assurance.

The Committee **NOTED** the Relevant feedback from other committees and the board assurance framework (BAF).

Paul Butler suggested that the BAF was not the right risk document for the charitable fund as it did not include risks such as the bank that held the charity's funds going into liquidation. Mercia Spare suggested that he join her and Carl Williams when they met on 9 December to discuss the key risks for the charity. Their intention was to draft a charitable funds risk register and bring it to the January committee meeting.

**Action** – Mercia Spare

#### **042/22 Charitable funds marketing report**

Jo Treharne presented the report to the committee for information and assurance.

Nigel Turner highlighted that the recent refurbishment of Heron Ward at Queen Victoria Memorial Hospital, Herne Bay which had been part funded by the charitable fund should have been included in the report. Jo Treharne agreed to circulate the link to the story in the community health online magazine to the committee for their information.

**Action** – Jo Treharne

Mercia Spare added that it might be helpful to invite staff representatives from Heron Ward to the charitable funds committee workshop in the new year to share how the refurbishment had improved their professional lives and the lives of their patients. Clare Thomas would be asked to invite them to the meeting.

**Action** – Clare Thomas

The committee **RECEIVED** and **NOTED** the charitable funds marketing report.

#### **043/22 Draft 2021/23 charity report and accounts**

Carl Williams presented the report to the committee for endorsement.

The accounts would be independently audited week commencing 12 December and comments from the committee would be fed back to the auditors. The final version of the annual report and accounts 2021/23 would be presented to the committee at its meeting on 19 January for approval. It was confirmed that the document was not used for any marketing purposes.

Georgia Denegri commented that the usual governance process was for the Board to approve the accounts rather than the committee. The charitable funds committee did not have the authority to sign off the accounts.

Therefore, they would need to be presented to the Board meeting in public on 18 January. Carl Williams challenged that view and explained that the committee had always signed off the accounts as his understanding was that it had delegated authority to undertake this. Mercia Spare suggested that the committee receive guidance from Georgia Denegri on this matter.

**Action** – Georgia Denegri

Razia Shariff suggested that she would like to see mention of staff well-being in the report as 50 per cent of funds had gone to support staff wellbeing. In response to her question around the doubling of audit fees in the last twelve months, Carl Williams explained that this was the consequence of the audit fee discussions. The increase had been challenged but had had to be accepted as this was the nature of the current market.

Razia Shariff questioned whether there were any policies or priorities for restricted funds which should be taken into account. Nigel Turner suggested

that this should be discussed at the workshop in the new year and Mercia Spare agreed to draft a number of questions to be included.

**Action** – Mercia Spare

In response to a question from Razia Shariff as to why the number of donations had decreased in 2021/23, Carl Williams explained that in the previous year, the charity had received grants to the value of £122k from the NHS Charities Together fund which had inflated the income. This had not been repeated in 2021/23. Donation levels had now returned to where they were pre-pandemic. The committee suggested that a risk around a decline in donations should be included on the charitable funds risk register. Mercia Spare would consider including it.

**Action** – Mercia Spare

The committee **ENDORSED** the draft 2021/23 charity report and accounts, subject to the amendments.

#### **044/22      2022/23 Quarterly finance update**

Jo Bing presented the report to the committee for information.

Ruth Davies suggested that it would be helpful for the governors to have a regular briefing that set out what items had been purchased by the funds. Jo Bing agreed that this was something that she could produce and share with them.

**Action** – Jo Bing

The committee **NOTED** the 2022/23 quarterly finance update.

#### **045/22      Hardship fund – update on progress and the procurement process**

Victoria Robinson-Collins presented the verbal report to the committee for information and assurance.

The intention of the hardship fund was to provide funds to colleagues if they found themselves in financial hardship. A paper had been presented at the extraordinary committee meeting on 15 September and been approved but with a number of caveats. These caveats were there to ensure that individuals if in receipt of tax credits or other benefits in kind were not put at further financial risk. The procurement process was underway to commission a preferred supplier for the triage of claims of hardship. This was to protect staff confidentiality. The Citizens Advice Bureau along with other local organisations and charities with experience in this field had been encouraged to bid for the work. The exercise was following a mini-tender approach because of the urgency of the situation. With regards to the auditing of the scheme and the timing of applications, the Trust would look for input from the preferred supplier for their suggestions. In the meantime, a standard operating procedure and policy were being drafted, drawing on the good practice from similar schemes. However, the final document would not be agreed until the preferred supplier was in place. With regards to the

committee monitoring its reserves, it had been suggested at the extraordinary committee meeting that a quarterly update on the scheme should be received by the committee on a quarterly basis. This report would include how the scheme was working and its financial health. If it was felt necessary to draw down funds from the general fund to maintain a minimum reserve level, the committee would be informed promptly.

Victoria Robinson-Collins added that the early work to set up the hardship fund had been managed by the HR team on top of their usual work roles without any additional funding being used. The support of a preferred supplier would be helpful, but thought might need to be given to how the internal administrative support would be funded once the hardship fund was in place.

In response to a question from Nigel Turner as whether the Trust would be able to deliver the hardship fund to the timescale, Victoria Robinson-Collins indicated that once the procurement process had been completed, she would be able to make an informed judgement. She did not expect any delays but this would depend on the triage process and incorporating some automation into the process.

In response to a comment from Razia Shariff about the use and take up of all the finance and health and well-being offers that the Trust had made available to staff, it was agreed that Victoria Robinson-Collins would provide a report. In summary, the community health magazine and a pocket Z card had been sent out to all members of staff which provided information and signposting to help. The Trust had also appointed a health and well-being lead who was engaging with health and well-being champions in the Trust.  
**Action** – Victoria Robinson-Collins

In response to a question from Nigel Turner as to the go live date for the hardship fund, Victoria Robinson-Collins indicated that it was likely to be towards the end of winter. She was aware that there was a need for it now but some aspects of setting up the fund were outside of her control.

The committee **RECEIVED** and **NOTED** the Hardship fund – update on progress and the procurement process.

Jo Treharne left the meeting.

## 046/22 Fund manager presentation

Victoria Cover presented the verbal report to the committee for information and assurance.

Just under £5k was left in the Sheppey Community Hospital fund. Discussions were underway with the operational lead to identify what the outstanding amount could be spent on.



£15k was the current balance in the Faversham Hospital fund. There had been some spend which had covered communication devices, Christmas presents for patients and the refurbishment of the kitchen including a pantry area for staff. The possibility of providing shower facilities for staff was being explored.

At Victoria Hospital, Deal, the current fund stood at £48k. Recent purchases included digital clocks for patients, a bike rack, communication devices and work on the lawn space in the grounds. A shed had also been purchased along with outside seating for patients.

The current balance in the Sevenoaks Hospital fund was £5.50.

Tonbridge Community Hospital fund currently stood at £121k due to the receipt of a generous legacy to the hospital. Some small spend had taken place on communication devices and blankets. The intention was to spend the majority of the fund on redeveloping the garden into a therapy garden and discussions were underway with a contractor. The fund has faced charges of around £4,500 for overheads to overheads which would impact on the amount that could be spent. It was agreed that she would discuss with Jo Bing about submitting a bid to the charitable fund general fund to recoup this money.

**Action** – Victoria Cover

The £196k in the Mermikides fund had now been spent as part of the refurbishment of the ward area.

Victoria Cover commented that she had continued to actively engage with staff and matrons to identify how the money could be spent.

In response to a question from Razia Shariff regarding the need for a staff room at Victoria Hospital, Deal, Victoria Cover responded that negotiations were underway with the League of Friends to transfer their space to the staff.

Nigel Turner reflected that there needed to be a better understanding of the fund manager's role, the process for accessing funds and the information that was available. He asked for members to think about what the committee could do to help and what the governance would be.

The committee **RECEIVED** and **NOTED** the fund manager presentation.

#### 047/22 **Forward plan**

Nigel Turner presented the report to the committee for approval.

The committee **APPROVED** the forward plan.

#### 048/22 **Any Other Business**



Alison Fisher enquired about the interconnectivity between the community hospitals and their League of Friends. Victoria Cover explained that she had a good relationship with the league of friends at the community hospitals. She met with them regularly and attended their meetings. While some were more active than others, discussions revolved around what was thought to be relevant to the league of friends and what was thought relevant to the Trust. There were active discussions all the time. Mercia Spare added that before the pandemic, each executive director would have been assigned a community hospital which they developed a relationship with. Victoria Cover confirmed that the league of friend meetings were now coming back face to face and she felt that they would appreciate that high level contact again, particularly at their annual general meetings (AGMs). Ruth Davies confirmed that the Tonbridge Community Hospital League of Friends AGM would be taking place shortly and she would pass the details to Mercia Spare and Victoria Cover. Mercia Spare agreed to link in with the AGM.

**Action** – Ruth Davies

**Action** – Mercia Spare

Stephanie Rhodes commented that she received questions from staff about the charitable fund and how to access it. There was information on flo but it did not give details of the individual funds and which would be most appropriate and she suggested that more information might be helpful. Jo Bing confirmed that she received quite a few enquiries via Flo. The committee agreed that the profile of the charity on Flo would be discussed at the workshop in the new year; particularly around providing more details of the funds on the charity's internal web page.

**Action** – Mercia Spare

Georgia Denegri suggested that the scheme of delegation needed further development and this was underway.

It was announced that this would be the last committee meeting that Victoria Cover would be attending as she was retiring from the Trust at the end of the year. On behalf of the Committee, Nigel Turner thanked her for all the work that she had done for the charity during her time as a fund manager. She had made an important contribution which patients and staff would continue to benefit from in the coming years. She would be greatly missed.

#### **049/22 Issues and actions for other committees/Board**

#### **050/22 Evaluation of the meeting.**

The meeting ended at 1pm.

#### **Date and venue of the next meeting**

8 March 2023 between 12.30pm and 2pm in The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT