Kent Community Health
NHS Foundation Trust

BOARD OF DIRECTORS MEETING IN PUBLIC

12 July 2023, 9am – 11am

The Orchard Suite, The Orchards, New Road, East Malling, Kent, ME19 6BJ

Agenda and Papers

Kent Community Health NHS Foundation Trust

TRUST BOARD MEETING IN PUBLIC

Wednesday 12 July 2023, 9.00 – 11.00
The Orchard Suite, The Orchards, New Road, East Malling, Kent ME19 6BJ

The recording of the meeting will be published on the website

AGENDA

STANDING ITEMS				
1.	Welcome and apologies *The patient story is moved later on the agenda to better link with the Council of Governors meeting that follows*	Trust Chair	Verbal	9.00
2.	Declaration of interests To note the Board of Directors register of interests and declare any conflicts on items on the agenda	Trust Chair / all	Attached	
3.	Minutes of the Board meeting in public held on 19 April 2023	Trust Chair	Attached	
4.	Action log and matters arising from the meeting held on 19 April 2023	Trust Chair	Attached	
5.	Chair's report	Trust Chair	Verbal	9.05
6.	Chief Executive's report	Chief Executive	Attached	9.10
BOARD ASSURANCE AND QUALITY				
7.	Board assurance framework	Interim Director of Governance	Attached	9.20
8.	Quality Committee chair's assurance report – meeting of 18 May 2023	Chair of Quality Committee	Attached	9.25
9.	2022/23 Annual Quality Account including the 2023/24 Quality Priorities	Chief Nursing Officer	Attached	9.30
10.	Audit and Risk Committee chair's assurance report – meetings of 15 May and 13 June 2023	Chair of Audit and Risk Committee	Attached	9.40
11.	Finance, Business and Investment Committee chair's assurance report – meeting of 8 June 2023	Chair of Finance, Business and Investment Committee	Attached	9.45
12.	Strategic Workforce Committee chair's assurance report – meetings of 26 April and 22 June 2023	Chair of Strategic Workforce Committee	Attached	9.50

13.	Charitable Funds Committee chair's assurance report – meeting of 5 July 2023	Chair of Charitable Funds Committtee	Attached	9.55
PERFORMANCE				
14.	Integrated performance report	Chief Finance Officer Executive directors	Attached	10.00
GOVERNANCE AND COMPLIANCE				
15.	Emergnecy Planning, Resilience and Response (EPRR) Annual Report	Deputy Chief Executive / Chief Operating Officer	Attached	10.15
ANY OTHER BUSINESS				
16.	Any other items of business previously notified to the Chair	Trust Chair	Verbal	10.25
PATIENT STORY PRESENTATION				
17.	Patient Story – Long Wait for ADHD/ASD diagnosis	Chief Nursing Officer	Presentation	10.30
QUESTIONS FROM GOVERNORS AND PUBLIC				
18.	Questions relating to the agenda items	Trust Chair	Verbal	10.50
CONFIRMED COMMITTEE MINUTES SINCE LAST MEETING – FOR INFORMATION				
19.	• Quality Committee –16 March 2023 • Audit and Risk Committee – 6 February 2023 • Finance Business and Investment Committee – 23 March 2023 • Strategic Workforce Committee – 21 February 2023 and 26 April 2023 • Charitable Funds Committee – 8 March 2023	Trust Chair	Attached	
DATE OF NEXT MEETING				
20.	Wednesday 18 October 2023	Trust Chair	Verbal	11.00

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Board of Directors' Register of Interests

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

Last updated 6 April 2023

Kent Community Health NHS Foundation Trust

UNCONFIRMED Minutes of the Board of Directors' meeting in public, held on Wednesday 19 April 2023, in the Invicta Suite, Orida Hotel, Bearsted Road, Maidstone, Kent ME14 5AA

Present:	John Goulston	Trust Chair (Chair)
	Pippa Barber	Non-Executive Director
	Paul Butler	Non-Executive Director
	Pauline Butterworth	Deputy Chief Executive and Chief Operating Officer
	Peter Conway	Non-Executive Director
	Ali Carruth	Executive Director of Health Inequalities and Prevention (non-voting)
	Gordon Flack	Chief Finance Officer
	Kim Lowe	Non-Executive Director
	Mairead McCormick	Chief Executive Officer
	Dr Sarah Phillips	Chief Medical Officer
	Victoria Robinson-Collins	Chief People Officer
	Dr Razia Shariff	Non-Executive Director
	Dr Mercia Spare	Chief Nursing Officer
	Karen Taylor	Non-Executive Director
	Nigel Turner	Non-Executive Director
In attendance:	Gina Baines	Assistant Trust Secretary and Committee Secretary (minutes)
	Natalie Parkinson	Chair, Menopause Staff Network (agenda item 23)
Apologies:	Georgia Denegri	Interim Trust Secretary

19/04/01 Welcome, introduction and apologies

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

Apologies received as noted above. The meeting was quorate.

19/04/02 Declarations of Interest

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

19/04/03 Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 20 January 2023

The minutes were read for accuracy.

The Board **AGREED** the minutes of its meeting held on 20 January 2023 as an accurate record.

19/04/04 Action log and matters arising from the Kent Community Health NHS Foundation Trust Board meeting held on 20 January 2023

The action log was reviewed and updated as follows:

07/09/09 Board Assurance Framework – Ms Butterworth confirmed that she would be bringing a paper on the estates risks to the Board at its May meeting.

07/09/25 Questions from members of the public relating to the agenda – Dr Spare confirmed that a job description had been completed for a patient partner for the end of life care steering group. It had been reviewed by Karen Taylor, Non-Executive Director and member of the group. The group would be meeting later that week to discuss the suggestion that a governor or patient representative become a member. The action was closed.

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

19/04/05 Chair's Report

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

Because of the size of the agenda, the meeting would focus its discussions on the strategy and people sections. The trust still had considerable work to do around the risk on the board assurance framework around equity, diversity and inclusion. It was one of the trust's biggest challenges and was part of making the organisation the best / great place to work.

The Good Governance Institute's Well-Led Review of the trust had been discussed at the Board Part Two meeting on 7 March and the Governor Development Session on 30 March. An action plan would be developed out of the report's recommendations, linking them with the We Care Strategy and the break through objectives. The plan would come back to the Council of Governors at its meeting in July.

Linking also with the We Care Strategy, the operating plan and the items in the people section of that day's agenda, it was important to reflect on what the Board was accountable to do. This was around improving quality, improving access to services and delivering on the financial commitments for the people of Kent and Medway and the tax payer. It was for the governors to hold the Board to account on these three commitments and to remind it of its duty to carry out the stewardship of the NHS.

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

19/04/06 Chief Executive's Report

Ms McCormick presented the report to the Board for information.
With regards to the response in the Staff Survey that had indicated that seven out of 10 people said they would recommend the organisation as a place to work, Ms Lowe clarified that 60% of staff had completed the survey.

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

19/04/07 We Care Strategy 2023 – 28

Ms McCormick and Dr Phillips presented the report to the Board for approval.

Mr Goulston reported that the Council of Governors had had a session on the strategy at the governor development day on 30 March 2023. The Board had also contributed to the evolution of the strategy and had had an input into earlier drafts of the document.

Ms Barber commented that the Board had agreed that some of the ambitions would be overseen by the Board committees, alongside the underpinning strategies such as the Quality Strategy by the Quality Committee. Dr Phillips added that the quality priorities and other quality strategies would also play an important role in underpinning the ambitions and helping to deliver the strategy.

In response to a question from Mr Goulston as to the next steps and sharing the strategy with staff, the wider community and the trust's partners, Ms McCormick responded that the strategy would be shared through the governance structure and through service visits. There would also be an implementation plan which would set out how the strategy would be communicated to the wider stakeholders. This would be brought back to a future Board meeting.
Action – Ms Rogers / Dr Phillips

The Board **APPROVED** the We Care Strategy 2023 – 28.

19/04/08 Kent and Medway Joint Forward Plan

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

Dr Shariff questioned which partner in the ICB would be delivering on which elements. It was not clear who would be accountable and responsible at the next level down. With regards to the enabler around engaging with communities on the strategy, Dr Shariff questioned what the overlap was with the trust's community engagement. She suggested that the ICB had not yet defined how it would work with others in that space. Mr Goulston agreed and commented that the ICB appeared to be the owner of all parts of the

plan, although it would be the health and care partnerships and provider collaboratives who would be delivering on the actions.

Mr Butler commented that the level of financial content had been light. He would have liked to have seen a more robust financial application. Mr Goulston added that it was not yet clear what the medium-term financial strategy for the ICB was.

Ms Robinson-Collins commented that she had given feedback separately on the Kent and Medway People Strategy which was being developed alongside the joint forward plan. She had noted that there were a considerable number of actions in the strategy which were front loaded into year one. She suggested that there should be a smaller number of objectives which once achieved were replaced with other objectives.

In response to a question from Mr Goulston about the Kent and Medway Health and Care Academy hub and spoke model, Ms Robinson-Collins explained that the model sought to roll out a joined-up approach to learning, tapping into schools and education to promote the health and care sector as an attractive career option. The ICB would devolve some Health Education England funding out to the health and care partnerships and place models.

The Board **NOTED** the Kent and Medway Joint Forward Plan and **APPROVED** the proposed feedback outlined in the paper along with those suggested at the meeting.

Ms Butterworth would pass back the comments made by the Board on the joint forward plan to Kent and Medway ICB.
Action – Ms Butterworth

19/04/09 2023/24 Operating Plan (including budget and Cost Improvement Programme)

Ms McCormick and Mr Flack presented the report to the Board for assurance and approval.

Mr Flack presented the budgets for 2023/24 for ratification in public which were previously approved by the Trust Board on 31 March 2023. He added that there could be further movement in the budget as a result of outstanding decisions by the Kent and Medway Integrated Care Board. Should this be the case, he would bring those changes back to the Board.

Ms Barber welcomed the revised plan and commented that it needed to support the We Care Strategy which the Board would be monitoring. With regards to the Trust's improved productivity levels, she highlighted that on a visit to a community nursing service, it had been highlighted that there were challenges around completing continence assessments and suggested that the executive look into what was holding back productivity in the teams.

In response to a question from Mrs Lowe as to whether the creation of the integrated care board (ICB) had helped or hindered the trust in pulling its operating plan and capital plan together, Mr Flack indicated that there had been considerable joint effort in drawing up the plan. Previously, the work would have been more combative but this year a more co-operative approach had led to a more constructive outcome. There were more improvements to make and as a foundation trust the trust did have more freedom although some of this had been subsumed into the ICB. He was fully supportive of the system working more closely together to achieve a good financial outcome.

Mr Butler confirmed that the Finance, Business and Investment Committee had discussed the paper and noted the challenge around the cost improvement programme. The Committee felt it was imperative that the executive look at how to develop the programme going forward to achieve future targets. He was pleased to see that the trust was achieving well against its productivity targets and suggested that there should be more analysis of the data in order that the trust could learn from benchmarking itself against other community trusts. The Committee had accepted the budget and acknowledged the built-in deficit.

In response to a question from Mr Butler regarding the response from NHS England to the ICB's submission, Mr Flack commented that although NHS England had understood that the negative position was due to recognisable cost pressures and inflation, it had still signalled that it wished to see the system deliver a breakeven position.

The Board noted the approach to planning and the £2.26m deficit plan which had been submitted to the Kent and Medway Integrated Care Board and NHS England. The Board noted that the budgets would be updated for final changes to the agreed allocation in advance of another submission in May which is expected for the final plan.

The Board suggested that Mr Flack bring an update on any further revisions of the budget to the May Board meeting.
Action – Mr Flack

The Board **RECEIVED** and **APPROVED** the 2023/24 Operating Plan

19/04/10 Board Assurance Framework (BAF)

Ms Butterworth presented the report to the Board for assurance.

Mr Conway supported the refresh of the BAF. He highlighted that the actions against the highest scoring risks were rated Amber and the confidence assessments were low to mitigate the risks by the target completion dates. The BAF described a challenging position for the trust and he suggested that the Board might need to tolerate some of the risks and decide where to focus its efforts instead.

Ms McCormick commented on the challenge for the executive to gauge the level of risk at a time of great ambiguity in the system. It was also unusual for the BAF to include an action owner that sat outside the organisation and the trust would have to consider what role it had to play against the overarching view of the programme of work.

In response to a question from Dr Shariff as to whether on principle the trust could have an external owner of a risk, Ms McCormick responded that Ms Denegri was examining this with the governance lead in the ICB.

Ms Butterworth added that the executive had discussed the SEND and attention deficit hyperactivity disorder (ADHD) risk at length. They had concluded that they could influence some of the actions but the service was part of a bigger system response. However, they had agreed that the risk should be on the BAF.

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

19/04/11 Quality Committee Chair's Assurance Report

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

The Committee had received the 2023/24 Infection Prevention and Control Declaration and recommended the governance statement to the Board for approval.

With regards to the Adult Neuro-developmental Service for Autism Spectrum Disorders (ASD) and attention deficit hyperactivity disorder (ADHD) referrals, the Committee had been alerted to the high level of demand the service was experiencing. The Committee would receive a further update at its meeting in May which would also include a harm's review of the process. The Committee would also receive an update on children's service at the same time.

Mrs Lowe reported on her visit with Dr Spare to the Ramsgate Community Nursing team following the patient story to the Board in September 2022. It had been a good visit. She was pleased to see that the team fully owned the incident. They had listened to the patient feedback and changed their practice. The key change had been the new leadership in the team. Her conclusion was that it would be much harder for such an incident to happen again.

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

19/04/12 Infection Prevention and Control Board Assurance Framework

Dr Spare presented the report to the Board for assurance.

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

19/04/13 Learning from Deaths Report

Dr Phillips presented the report to the Board for assurance.

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

19/04/14 Trust Response to 'Reading the Signals: Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation'

The Board had received an initial response to the report that had been published in October 2022. Within that response, a number of actions were set out that the Trust was expected to follow. These were to review the findings of the report; examine the organisation's culture, and how the Board listened and responded to staff; take steps to assure itself as a Board, and the communities that the organisation served, that leadership and culture across the organisation positively supported both care and patient experience that the Trust provided; and evaluate the effectiveness of the mechanisms which provide the Board with effective intelligence to act on.

To date, the Board had reviewed and updated its strategy; the We Care Strategy had been presented that day and approved. Various key performance indicators had been reviewed in the light of the report and were published in the integrated performance report. There had been a refresh of the executive portfolios and The Good Governance Institute had conducted a review of the application of the Well-Led Framework. Its findings had been accepted by the Board and were being implemented. The Equity, Diversity and Inclusion programme had been accelerated. Governors were attending the Board meetings in public and a Staff Council was being set up. The impact of all these developments would be evaluated once they had bedded in. Dr Spare suggested that the Board receive a further update in six months' time to see the impact of these actions.
Action – Dr Spare

Mr Goulston agreed and added that the Board development session in June on the Trust's culture would also inform the next paper to the Board.

The Board **NOTED** the report.

19/04/15 Audit and Risk Committee Chair's Assurance Report

Mr Conway presented the report to the Board for assurance and information.

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

19/04/16 Finance, Business and Investment Committee Chair's Assurance Report

Mr Butler presented the report to the Board for assurance and information.

Mr Butler added that he was the Non-Executive Director Champion for Security Management. He had undertaken some introductory discussions with the management team involved with physical security across Trust sites. One of the issues that had been raised had been around lone working. Although this was an area that would be scrutinised by the Strategic Workforce Committee, he had asked the question as to how well the lone working policy was being applied. Ms Butterworth welcomed Mr Butler's report and responded that she would support a deep dive into the lone working policy and an evaluation of the system to find out if staff were finding it helpful. She was aware that there had been some teething problems. Consequently, the trust needed to decide if it wished to continue with the contract and to hear from staff as to whether they felt safe when out working. Dr Spare added that ensuring that the trust had the right system was important. Staff needed to feel confident of their security when they were visiting patients' homes on their own.

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

19/04/17 Strategic Workforce Committee Chair's Assurance Report

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

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

19/04/18 Charitable Funds Committee Chair's Assurance Report

Mr Turner presented the report to the Board for assurance and information.

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

19/04/19 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 Robinson-Collins provided an overview of the performance of the Workforce key performance indicators.

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

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

Ms Carruth provided an overview of the performance of the Prevention and Equality Monitoring key performance indicators.

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

19/04/20 Staff Survey Results

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

Mr Butler commented that 40% of staff had not responded to the Staff Survey and urged the executive to look closely at how it could encourage a higher response rate in the following and subsequent years. Ms Robinson-Collins confirmed that this was included in the 2023/24 breakthrough objectives. Ms McCormick agreed with Mr Butler's sentiment and emphasised the need for continuous surveying to gauge staff attitudes.

Dr Shariff reflected that there were recurring themes and patterns that emerged from the EDI work and the Staff Survey. In response to a question from her as to whether PEA was linking in with the networks, Ms Robinson-Collins confirmed that they were. They were also gathering evidence from the Staff Survey, directly from staff and the EDI team. Ms Robinson-Collins added that she had already identified a number of themes from the work. This included creating safe spaces, listening with intent to do something, and ensuring that good practice was consistent across the organisation. The role of leaders was the conduit to unlocking this and creating good team psychology.

The Board **NOTED** the Staff Survey Results and **APPROVED** the agreed actions together with progress made to date.

19/04/21 Update on Nobody Left Behind Strategy, including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans 2022/23 progress report

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

Dr Shariff highlighted that there was a practical need for help as well as training. Strategically, a different approach was needed to understand the challenges that colleagues had rather than labelling them and 'putting them in boxes'. She also questioned why staff lacked confidence to speak up. Ms Robinson-Collins suggested that this was around creating safe spaces where individuals could speak up and be confident as to what would happen when they did. The executive had heard loud and clear that staff wanted to be recognised as individuals and she anticipated that the new Staff Council would be one of the safe spaces where people would feel confident to speak

up. A refresh of the leadership and behaviours training had also been undertaken.

Mr Goulston highlighted that the Nobody Left Behind Strategy was reflected in some of the breakthrough objectives set out in the 'A great place to work' ambition in the We Care Strategy. He suggested that this would be discussed further when the Board met in June for a board development session on culture, picking up the board dimensions on race, equality, and disability in the trust's Equity, Diversity and Inclusion Strategy.
The Board noted the progress that had been made in relation to the EDI engagement programme to refresh the action plan associated with the Nobody Left Behind Strategy. The Board also endorsed the approaches planned for the next states of the programme as well as the natural development and cementing of synergies across programmes as part of a broader culture change agenda.

With regards to the world cafes, the dates of these would be circulated by Ms Robinson-Collins to Board members should they wish to attend.
Action – Ms Robinson-Collins

The Board **NOTED** and **RECEIVED** the Update on Nobody Left Behind Strategy including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans 2022/23 progress report.

19/04/22 Public Sector Equality Duty

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

The Board **RECEIVED** the Public Sector Equality Duty.

19/04/23 Network presentation – Menopause Staff Network

Ms Parkinson joined the meeting to present to the Board the work of the Menopause Staff Network.

Ms Parkinson provided a summary of the network's activities which had launched in 2021. It currently had 300 members who met bimonthly. Network meetings were supportive providing an opportunity for members to talk about their personal experience and support one another. Speakers were also invited along and topics had been as diverse as pelvic health, diet and nutrition, alternative therapies and dental health. The network was engaged with Henpicked, a national organisation providing education and support on menopause in the workplace. The network had employed the Henpicked checklist, a tool for measuring progress by an organisation in delivering support to those staff colleagues touched by the menopause, to guide its objectives. The network was already having a positive input to the Staff Handbook, occupational health, estates issues and uniform policy. The network also had an active WhatsApp group which provided an informal

channel of support. Menopause awareness training had been introduced online and 1100 members of staff had already completed the training. Separately, fourteen people were being trained as advocates as part of a wider Kent and Midway menopause support initiative. The network was contributing to the implementation of the Equity, Diversity and Inclusion Strategy and Natalie Parkinson was linking with the other network chairs to build on areas that they had in common. Recent data from ESR had revealed that a quarter of the trust's workforce, of which 71% were clinical facing, were within the age category most associated with the menopause. This highlighted the important role that the network had in providing support to colleagues at a potentially challenging time in their working lives.

Dr Phillips, the executive lead for the network, acknowledged the huge amount of energy that the network had brought to this area and thanked them for the contribution they had made.

Ms Parkinson left the meeting.

19/04/24 Any Other Business

There was no other business discussed.

19/04/25 Questions from Governors and public relating to the agenda items

In response to a question from Ms Carol Coleman, Lead Governor and Public Governor Dover and Deal, regarding the commissioning of the new Adult Neuro-development Service by Kent and Medway Integrated Care Board (ICB) to take new referrals for adult autistic spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) assessments, Ms Poole explained that the commissioners had underestimated the level of interest that there would be in these conditions. As this was due in part to considerable national media interest in the subject, the trust was not alone in facing these challenges. The pressures were predominantly in relation to ADHD rather than ASD assessments. The difficulty for the ICB was that where ADHD was diagnosed, ongoing medication was part of the care package which had an impact on primary care. To manage the demand more effectively, the ICB was pausing the service while it engaged with primary care and national groups to decide on a more sustainable pathway.

In response to a question from Ms Ruth Davies, Public Governor Tonbridge and Malling, regarding the timeframe for rethinking the trust's community hospital model which was referenced in the We Care Strategy, Ms McCormick explained that there were two strands of development work underway – the proposed new models of care and a supporting engagement plan. Once these were complete, the trust would engage with its wider stakeholder community. She expected the plans to be ready in four to six weeks' time and she would be meeting with Ms Carol Coleman to discuss how the executive would engage with the Council of Governors. Mr Goulston suggested that this topic could be discussed at the development session following the Council of Governors meeting in July or at a separate meeting.

Mr Goulston thanked everyone for joining the meeting and asked for them to feedback on their session. He suggested the Board would welcome a patient's story at its next meeting in public, particularly a member of the public could be invited to bring their story of waiting for an ASD or ADHD assessment and how that was impacting on their life.
Action - Dr Mercia Spare

19/04/26 Confirmed minutes of committees – for noting

- Quality Committee meetings of 17 November 2022, 23 January 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

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

19/04/27 Date and venue of the next meeting
Wednesday 12 July 2023; The Orchard Suite, The Orchards, New Road, East Malling, Kent ME19 6BJ

This meeting will be broadcast live to the public.

The meeting ended at 11am.

Kent Community Health
NHS Foundation Trust

BOARD ACTION TRACKER PART ONE (APRIL 2023)

Minute number	Agenda item	Action	Action owner	Update	Action status
07/09/09	Board Assurance Framework (BAF)	To add to the Board forward plan an update to the Board on the Estate risks.	Ms Butterworth	Scheduled in May 2023. Update 19.04.2023 A paper will come to the May Board meeting. Update 23.06.2023 The paper was taken to the Board Part Two meeting in June.	Closed
19/04/07	We Care Strategy 2023 – 28	Schedule the strategy's implementation plan to be taken to a future Board meeting.	Ms Rogers Dr Phillips	In progress.	Open
19/04/08	Kent and Medway Joint Forward Plan	Share the Board's feedback with the Kent and Medway ICB.	Ms Butterworth	Action complete.	Closed

19/04/09	2023/24 Operating Plan	To update the Board on any further revisions to the budget at the May Board meeting.	Mr Flack	Action complete.	Closed
19/04/14	Trust Response to 'Reading the Signals: Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation	Schedule an update to the Board in six months' time.	Dr Spare	This is scheduled to come to the October Board meeting in public.	Open
10/04/21	Update on Nobody Left Behind Strategy including WRES and WDES action plans 2022/23 progress report	Circulate the dates of the world cafes to Board members.	Ms Robinson-Collins	Action complete.	Closed
19/04/25	Questions from Governors and public relating to the agenda items	Schedule a patient story for the July meeting	Dr Spare	Agenda item.	Closed

Kent Community Health NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	6
Report title:	Chief Executive's Report
Executive sponsor(s):	Mairead McCormick, Chief Executive
Report author(s):	Julia Rogers, Director of Communications and Engagement
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☐ Assurance ☑ Information
Public/non-public	Public

Executive summary
This report highlights key developments in achieving our four strategic ambitions in Kent Community Health NHS Foundation Trust, and gives an update since the last public Board report in April.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to • **NOTE** the report.

Link to CQC domain				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Strategic ambition this report supports	**Please tick**
Putting communities first	☑
Better patient experience	☑
A great place to work	☑
Sustainable care	☑

Implications			
Risk and assurance	No		
Is the risk included on the Corporate Risk Register or Directorate risk register?	**☐BAF**	**☐CRR**	**☐DRR**
Equality, diversity and inclusion	No		
Patients / carers / public / staff / health inequalities	No		
Legal and regulatory	No		
Quality	No		
Financial	No		

Executive lead sign off	
Name and post title:	Mairead McCormick, Chief Executive
Date:	12 July 2023

CHIEF EXECUTIVE'S REPORT
July 2023

Our new We care strategy

This is my first CEO report as we start to embed our new *We care strategy* and deliver on the four big ambitions, which we will be focusing on over the next five years.

Each of the ambitions – *putting communities first, better patient experience, a great place to work and sustainable care* – has a number of targets and breakthrough objectives and it's been important that first we make sure every KCHFT colleague understands the role they play in helping us to achieve these. We have been running a series of webinars to translate these into individual objectives, led by the Executive Team and our KCHFT conferences over the year will focus on each one in turn.

We will be setting up a monthly Transformation Board, co-chaired by Chief Medical Officer Sarah Phillips and Director of Operations Claire Poole, which will hold us to account on delivering against our strategy. The leadership forum met in May to review and revise our targets and breakthrough objectives and develop our milestones that sit alongside these, plus decide how we report our progress to the Transformation Board.

As I've said before, this is an ambitious quality improvement approach. We might not get it right first time, but this about focusing on the ambitions, targets and objectives which will make most difference to patients and staff. Therefore, we are also review our enabling strategies, such as our quality strategy, people strategy, estates and sustainability strategy, and exploring workplans to support the overall delivery of our We care strategy. You can view an animation, which summarises our strategy, here.

Current situation and pressures

Trust financial position

KCHFT is in a breakeven position to the end of May and the forecast for 2023/24 is breakeven. A cost improvement plan of £1,797k has been achieved to the end of May against a target of £2,407k which is £610k behind plan. The forecast is for the annual plan of £14.44m to be achieved in full (74.7% of the annual savings have been removed from budgets in May). Capital expenditure in May was £148k against a plan of £427k. The annual plan of £13.13m is forecast to be spent in full.

Kent and Medway system financial position

The Kent and Medway System at month two has a deficit of £22.3m, which is £2.1m adverse to plan. Efficiencies of £10.1m have been delivered, which is £4.2m less than plan. The system is working on a multi-year financial recovery plan.

Rachel and Mercy to join team

Rachel Dalton has been appointed as our new Chief Allied Health Professions Officer (CAHPO) and will starting on 4 September and *Mercy Kusotera* will be joining us as Director of Corporate Governance from 7 August.

Provider collaboratives

Provider collaboratives are a key component of effective integrated care systems, bringing a range of benefits from organisations working together at scale, reducing unwarranted variation in outcomes, access and experience, and building great resilience for services by sharing capacity and resources. Chief executives in provider organisations in Kent and Medway have agreed to progress at pace and form three, with an overarching provider collaborative, reporting to a committee in common.

The three collaboratives are:

- mental health, learning disability and autism (led by Helen Greatorex, KMPT CEO)
- community (led by me)
- acute (led by Jane Black, MFT CEO).

The intermediate care and integrated neighbourhood teams work links directly with our strategy and therefore the collaborative will be an enabler to support the progression. We have also identified opportunities with infrastructure services that will be worked through over the next few months. We will prioritise these based on where we believe we will have the highest impact, after a thorough review of data and exploring other system successes that can be translated.

Health and care partnerships

An oversight letter from the Integrated Care Board have been received for East Kent Health and Care Partnership. This can be read in the appendix 1. We are waiting for the letter for west Kent.

Community services contract

The Kent and Medway Integrated Care Board has published a prior intention notice to signal its intention to procure a significant transformation of its model of care for community services. Providers were invited to a market engagement event on 11 May, which members of the Executive Team attended to help shape and inform the transformation of community services. Contracts have been aligned to end on 31 March 2024. We are waiting for the detail of the next steps but continue to reshape services through provider collaborative work.

New public governors elected for Swale and Gravesham

I am delighted to confirm Jide Odumade and Lea Dehaney have joined our council of governors. Jide was elected uncontested in Swale and Lea was nominated alongside three other candidates for Gravesham.

The NHS at 75

Ahead of the NHS's 75th birthday, the NHS Assembly published an independent report: The NHS In England at 75: priorities for the future, which our colleagues contributed to. We have been celebrating 75 years of the NHS along with our colleagues across the country.

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

2023 Staff awards: celebrating colleagues who go above and beyond

I joined colleagues at Ashford International Hotel to celebrate our exceptional unsung heroes, inspiring leaders, outstanding teams, up and coming rising stars and compassionate clinicians at our staff awards. There were more than 350 nominations and the evening, funded by our charity, i care, shone a light on the achievements of our hardworking community teams, services and individuals. I really enjoyed hearing examples of colleagues going above and beyond, putting patients at the heart of everything they do. A huge congratulations to all the winners, runners-up and everyone who was nominated or took the time to nominate.

Staff voice and KCHFT conference

Our KCHFT conference on Tuesday, 27 June focussed on our ambition to be a great place to work. It was the first conference we opened not just to leaders, but any colleague. Victoria Robinson-Collins, Chief People Officer gave an update on our work to refresh our **Nobody Left Behind** Strategy action plan. Director of Communications Julia Rogers presented a new approach to listening, co-designed with staff as part of the **Staff Voice** working group and colleagues gave their feedback to help shape the model. The aim is to provide a more structured approach to our engagement and make sure every colleague has a voice and the feedback loop is closed. We will use what we heard to refine the model, before testing our approach in a simulation.

Nobody left behind action plan refresh

Since the start of the review of the action plan in the Nobody left behind strategy, the Public Engagement Agency (PEA) has carried out 20 phone interviews, consulted with staff networks, have spoken with colleagues and gathered lived experience. Together, we have held **four virtual online workshops** to discuss what nobody left behind means, what the trust needs to do to help managers/leaders have 'difficult' conversations and creating a safe space.

Everything we have heard, we have listened and acted on. For example, we have created a conversation pack to help managers have difficult conversations, improved equality and diversity training and revised the action plan.

We have now drafted an **action plan to help us achieve our six ambitions**. We tested the plan at three face-to-face workshops. The final part of testing was via a survey for all staff to have their say. PEA will now gather information in a final report before handing back to KCHFT, as we begin our work to make sure **nobody is left behind.**

Our staff networks

Our networks have been an important part of the nobody left behind action plan review. They have also continued their support for their members with their usual passion and dedication.

The **Armed Forces Community Network** has worked closely with HR to achieve the silver Defence Employer Recognition Scheme accreditation and the Veteran Aware award. This includes the development of a policy to provide additional leave for reservists and a guaranteed interview scheme for veterans. They now have a new chair, Michele Ellis.

The **Menopause Network** continues to raise their profile with expert speakers and is working towards being a menopause-accredited employer. Lucinda Pincott from **Henpicked Menopause in the Workplace** gave us an insight at our June conference into how we can support colleagues with menopause.

Our **LGBTQ+ Network** has been working towards the Rainbow Badge accreditation alongside raising the network's profile during Pride month. The accreditation considers patient and colleague feedback and results will be available later this year.

The **Neurodiversity Network** has created sub groups to support its large membership with specific issues. The parent and carer group quickly developed and colleagues are supporting each other as they all go through different stages of diagnosis and care.

The **BAME Network** has developed their objectives through discussions with members. In August, we will meet face-to-face at a workshop to begin creating an action plan to these.

The **Disability and Carers' Network** now has a new chair, Helen Merrick. I'm delighted that Helen has agreed to undertake this role and we will provide an update when they agree their objectives.

Calling on support for a men's network

To tackle offer more health and wellbeing support to our male colleagues, Gordon Flack, Chief Finance Officer, is gauging for support for men's network.

End of year appraisals

Following our campaign this spring to encourage more meaningful appraisals, 97 per cent completed their appraisals. We carried out a snap survey in June and will use the results to continue to inform our strategy around meaningful conversations, through annual appraisals and one-to-one.

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

Introducing new health and social care combined posts to help with early discharge

A new Home First team, with joint support worker roles across health and social care, is to be launched shortly in east Kent. Kent Community Health NHS Foundation Trust and Kent County Council are leading the work and will be recruiting 25 people into the new health and social care assistant roles. The new colleagues, once in post, will support a caseload of around 30 patients helping them to return home with the aim of improving flow in our hospitals, getting people home faster and supporting patients' recovery and independence.

The team will deliver reablement, personal care and support nutrition, while also monitoring the patient's condition. They will also contribute to an overall plan of care, which includes all members of the multi-disciplinary team, in their own home. There is no need to have any previous experience, so the recruitment campaign will be targeting school leavers or people who do not work in the system to start an exciting career in health and social care.

Team prepares for our new stroke ward at Westbrook

We are counting down to the opening of our new stroke rehabilitation ward in Margate. The Westbrook House Stroke Rehabilitation Centre will have 15 en suite rooms and most patients will stay for around six weeks. A specialist team will help people on their road to recovery and independence and the ward will have a gym and equipment as well as equipment to help people with everything from getting dressed, to eating. In preparation for the opening this month, we hosted a team day for colleagues to get to know each other and the different staff specialisms.

Rethinking short term services

More than 100 colleagues came together to rethink the short-term care we provide in east Kent in May and that work is delivering at pace, with two workshops with our therapy colleagues taking place. The NHS England Behaviour Insight Team is also working with us to reduce the barriers between health, social care and voluntary sector organisations.

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

Tackling health inequalities in partnership – the public health outreach bus

The health and wellbeing bus is touring supermarkets, towns, villages and community events throughout the summer delivering vital healthcare services to the heart of communities and offering people the chance to see check their health and get advice. Parents, shoppers and others have taken the chance to have a health checks and MOTs at events in Ashford, Broadstairs, Maidstone and Canterbury. The Tuberculosis (TB) Nursing Service and Health Visiting Teams held clinics on the unit in June.

Increasing ethnicity recording and reducing DNA rates

To achieve our target of increasing ethnicity recording, support sessions are now available for teams, delivered by the RiO and Health Inequalities Team. We've now identified services which can have the most impact on reducing the DNA (do not attend) rates and a toolkit of support is being developed. Two health visiting teams have already seen a reduction in their DNA rates, having implemented a package of locally focused change.

Responsive infant feeding

Three short animations have been produced in partnership by our Infant Feeding Service, our comms team and KCC to support healthcare professionals working with new parents to support parents in responsive bottle-feeding and reduce the risk of childhood obesity. KCC will be extending the information they are giving to health professionals and parents.

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

Sustainable care the focus of our third we care strategy executive webinar

Chief Medical Officer Dr Sarah Phillips and Chief Finance Officer Gordon Flack led a webinar on our sustainable care ambition, offering colleagues the chance to hear more about our plans to meet our ambitious targets and ask questions. Key discussion points included electric vehicle charging points at our sites and how we reduce the number of admin processes clinicians complete to free up time for patient care.

Staff spend less time on administrative tasks that don't add value – the rise of the flobot

Our flobot drop-in sessions generated 37 fantastic new ideas for our bots, including managing waiting lists, waiting list letters and syncing some of the systems we use, to save community nurses and others having to complete the same information in two places to claim business mileage. These ideas feed directly into our sustainable care ambition in our we care strategy and our target to make sure staff spend less time on administrative processes that don't add value to patient care.

Digital prescribing success

The staggered roll-out of our new electronic prescribing and medicine administration system (EPMA) has already made a great impact on making our medicine rounds more efficient and safer for patients on Heron Ward at Queen Victoria Memorial Hospital in Herne Bay. EPMA is being introduced to help make prescribing and administering medicine safer and to protect our patients and colleagues. The next community hospitals are set to go live soon.

Refreshed recruitment campaign

We have relaunched our recruitment branding and campaign materials to take to careers events and open days. The branding features colleagues from around the trust, from matrons to workforce administrators, reflecting our diverse workforce and showcasing the range of roles we have in the trust. Members of our workforce team attended a NHS jobs fair in Westfield, London W12 in June and came away with more than 500 contacts interested in roles with KCHFT.

Nurse apprentice recruitment

We are about to launch recruitment for the February 2024 intake of nursing associate (NA) apprentices and registered nurse degree apprentices (RNDA) in partnership with the Open University. This includes a refreshed Clinical Academy webpages featuring films and case studies from our most recent RNDA graduates.

Health and care ambassadors and volunteers to careers in east Kent

We're working with East Kent Health and Care Partnership and other partners to encourage our colleagues to become **health and care ambassadors** and give just 75 minutes of their time to inspire and encourage young people into careers in health to celebrate the 75th birthday of the National Health Service.

We're also working with partners in east Kent on a new programme funded by NHS England called '**Volunteer to career'**, which encourages school leavers or people looking to switch careers to volunteer for a short time with the NHS and then convert their experience into regular paid employment, while gaining a level two care certificate. The target is that 20 people will be on the scheme early in 2024.

That concludes my report. I'm really pleased with the progress that is being made as we start to make our ambitions a reality. I recognise there is a significant amount of change ahead as we co-design with our colleagues, patients and partners our new models of care, but I'm confident we are headed in the right direction.

M. A McCormick

Mairead McCormick
Chief Executive July 2023

NHS
Kent and Medway

Private and confidential
Mairead McCormick
Senior Responsible Officer
East Kent Health & Care Partnership

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13 June 2023

Ref: PB/CMC51.23

Dear Mairead

Place Oversight Meeting – East Kent

Thank you for participation in our East Kent Place Oversight meeting on 22 May 2023. I would like to thank you for your leadership of the partnership and ask that you share my thanks on behalf of the ICB with the wider leadership team for the work you have delivered and the progress you have made this past quarter.

The purpose of our meetings is to have open, values-based, improvement-focused conversations at place-level, where we meet to discuss and hold each other to account in the delivery of priorities and how we can jointly and proactively support Place development.

These meetings also provide an opportunity to discuss the wider issues and risks of the geography, including quality, performance, and health inequality challenges where relevant.

Key discussion highlights were:

- The H&CP continues to grow its role in the wider system. Partnership working in East Kent is developing well, with strong engagement and representation across a number of partners. The H&CP is in the process of strengthening links with Kent County Council (KCC) and key voluntary sector partners. The H&CP is also working with District Councils to support addressing the wider determinants of health, including identifying efficiencies that increase clinical staff capacity, for example, practical parking support from District Councils to support pressure in community nursing.

- Clinical engagement and leadership are well embedded in East Kent H&CP. The H&CP is about to launch a process for the recruitment of a Primary Care Medical Director, in line with other Health and Care Partnerships in the system. H&CP programmes of work are

steered by the Clinical Cabinet and the Quality Forum has now been established, chaired by the Chief Nurse, with clinical representation across system partners. The H&CP is committed to ensuring parity of esteem to Mental Health in clinical governance of all programmes, recognising the significant unmet need, particularly for Children and Young People.

- The continued positive progress at place-level was recognised, with much work being undertaken to progress needs-led delivery plans, as evidenced by the positive feedback from the local population at the recent Health and Care Partnership Board. East Kent has identified three key pillars for delivery, focussed on prevention and wellbeing; integrating neighbourhood care teams; and Urgent and Emergency Care. The H&CP is working with wider system partners and national leaders, including Public Health colleagues and the National Association for Primary Care to build meaningful transformation for the future in addition to identifying shorter term benefits to delivery programmes. The H&CP will work with the ICB Delivery Team to align ICB and H&CP delivery plans with national policy for each of the transformation programmes to reduce duplication and clarify areas of responsibility.

- East Kent is making excellent progress towards delegation. The partnership leaders maintain good relationships with ICB team members and will continue to work together to develop an H&CP Memorandum of Understanding (MOU) to clarify the roles and responsibilities of the partnership. The H&CP MOU has been ratified by the board, pending virtual agreement of final metrics and quoracy within the next two weeks.

- The five Kent and Medway Primary Care Recovery priority programmes are coming to an end. There were a number of successful pilot programmes undertaken in East Kent that will be reviewed in preparation for the next phase of implementation. A new national recovery document was recently published, which sets out expectations for the financial year. The ICB and H&CP will work together to ensure current models and priority programmes align to the newly published guidance.

- Winter planning was discussed. The ICB are looking to develop winter plans that consider sustainability beyond the first year for those schemes where funding is usually available. The ICB delivery team will work with H&CPs to identify schemes that could be implemented at risk in years 2 and 3 to support sustainability.

Challenges:

- Workforce challenges were discussed. The H&CP are developing workforce plans at place, building on the positive work underway in East Kent with education partners to develop an East Kent people plan, with a focus on opportunities for integration and developing care pools with social care partners.

- There is a significant financial challenge across the system this year. The finance principles and governance documentation are currently being updated to include recovery, recognising the role of all system partners in improving the Kent and Medway position. The ICB are working with system partners, including H&CPs, to identify solutions at both system and organisational level. The H&CP have identified maximising utilisation of the bed base; use of Additional Roles Reimbursement Scheme (ARRS) funding; and reviewing

underutilised estate provision, particularly in relation to patients with cognitive impairments, rehabilitation, and recovery as potential areas of focus. The H&CP will provide an update on progress of estates programmes to the next oversight meeting.

- The ICB are looking towards fair share allocation of funding to H&CPs based on demographics in the longer term, however, the system financial pressures and East Kent Hospitals financial recovery programme will necessarily significantly delay the timeline for this.

- Both East Kent Hospitals and Kent and Medway ICB are currently in Tier 1 support nationally for Urgent and Emergency Care (UEC). The ICB are working with system partners, providers, H&CPs, and NHS England to review existing UEC plans to ensure they prioritise the areas of greatest need. The NHSE regional team, alongside the ICB, are working with the NHSE national team to minimise any additional burden on EKHUFT beyond existing RSP requirements.

Next Steps

- The H&CP will work with the ICB Delivery Team to align ICB and H&CP delivery plans with national policy for each of the transformation programmes to reduce duplication and clarify areas of responsibility.
- The ICB delivery team will work with H&CPs across the ICS to identify workforce schemes that could be implemented at risk in years 2 and 3 to support sustainability.
- Discussions at the next meeting will include barriers to delivery, mitigating actions and support where delivery plan areas are off track.
- The H&CP will provide an update on progress of estates programmes to the next oversight meeting.

It is clear that significant progress has been made in East Kent over the last quarter. I look forward to discussing the continued progress and the impact of the H&CP delivery plans at the next East Kent Place oversight discussion.

Once again, I do want to take the opportunity to thank you for your leadership of the partnership and would ask that you extend my thanks on behalf of the ICB to the wider leadership team of the partnership for your hard work and the progress made in the past quarter.

Yours sincerely

Paul Bentley
Chief Executive
NHS Kent and Medway

CC:
Jackie Huddleston, Locality Director Kent & Medway, NHS England
Natalie Davies, Chief of Staff, NHS Kent and Medway
Gerrie Adler, Director of Oversight, NHS Kent and Medway
Karen Sharp, Programme Director, East Kent Health & Care Partnership

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	7
Report title:	Board Assurance Framework – June 2023
Executive sponsor(s):	Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer
Report author(s):	Georgia Denegri, interim Director of Governance
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☑ Assurance ☐ Information
Public/non-public	Public

Executive summary

This paper provides the regular report to the Board on the BAF and other relevant risk management activities.

It is designed to highlight progress and updates from the latest risk updating cycle and give an overview of ongoing process and next steps. There is a parallel exercise to refresh the BAF for 2023/24 following the agreement of the breakthrough objectives. Due to scheduling issues, the fully refreshed BAF will be considered at the next meeting of the Audit and Risk committee on 31 August before being brought to the Board.

The BAF was last updated on 30 June 2023 and reviewed by the Executive Team on 4 July 2023 who agreed to recommend it to the Board. It is attached at Appendix 1.

Report history / meetings this item has been considered at and outcome

The BAF has been reviewed by all executive risk owners individually and as a group at the Executive Team meeting on 4 July 2023.

Recommendation(s)

The Board is asked to review and approve the updated Board Assurance Framework.

Link to CQC domain

☑Safe **☑Effective** **☑Caring** **☑Responsive** **☑Well-led**

Strategic ambition this report supports	Please tick
Putting communities first	☑

Better patient experience	☑
A great place to work	☑
Sustainable care	☑

Implications			
Risk and assurance	The BAF highlights the strategic risks facing the delivery of the Board's strategic ambitions and annual objectives and is intended to provide assurance that those risks are mitigated effectively.		
Is the risk included on the Corporate Risk Register or Directorate risk register?	☐**BAF**	☐**CRR**	☐**DRR**
Equality, diversity and inclusion	Yes. The BAF highlights the strategic risks in line with the Trust's annual objectives in this area.		
Patients / carers / public / staff / health inequalities	Yes. The BAF highlights the strategic risks in line with the Trust's annual objectives in this area.		
Legal and regulatory	Yes. The BAF and wider risk management process deliver the requirements under KLOE5 of the Well-led framework.		
Quality	Yes. The BAF highlights the strategic risks in line with the Trust's annual objectives in this area.		
Financial	Yes. The BAF highlights the strategic risks in line with the Trust's annual objectives in this area.		

Executive lead sign off	
Name and post title:	Pauline Butterworth
Date:	4 July 2023

Action key:

*Decision/approval:	To formally receive and discuss the report and approve its recommendations or decide on a particular course of action. Recorded in minutes as received and approved
Discussion & input:	To receive and discuss, in depth, noting the implications for the Board or Trust without formally approving it. Recorded in minutes as discussed and noted/agreed (actions or next steps)
Assurance:	To formally receive and review/scrutinise i.e. take assurance that effective systems of control are in place. Recorded in minutes as received and noted assurances
Information:	To note the report for the intelligence of the Board (usually without in-depth discussion)

Board Assurance Framework (June 2023)

The BAF together with the annual objectives inform the annual business cycle of the Board and its committees. Throughout the year, meeting agendas are composed in a way that reflects the priorities the Trust has set itself for the year in the form of its annual business objectives (breakthrough objectives). Committees seek assurance on the areas that are rated highly in the BAF to ensure the Trust remains on track with the delivery of its strategic ambitions.

The BAF was last updated on 30 June 2023. There is a parallel exercise to refresh the BAF following the approval of the breakthrough objectives. Due to scheduling issues the fully refreshed BAF will be considered at the next meeting of the Audit and Risk committee on 31 August 2023 before it is submitted to the Board.

Key changes to highlight

- BAF risk 123 (KCC funded social care risk): all actions due in May have been completed. The risk rating has been reduced from 20 to 16.
- BAF risk 127 (SEND risk): the actions have been updated (changes shown in red font). The risk rating remained 15.
- BAF risk 128 (ND risk): the controls and actions have been updated (changes shown in red font). The risk rating remained 15.
- BAF risk 115 (Operational Pressures & Staff Shortages Risk): actions have been updated. The risk rating remained 15.
- BAF risk 122 (Equity and inclusion): Actions have been updated with those relating to the staff networks have been completed for quarter 1. The risk rating remained 12.

Recommendation

The Board is asked to review and approve the updated Board Assurance Framework.

Last updated 30 June 2023

Appendix 1
Board Assurance Framework

NHS
Kent Community Health
NHS Foundation Trust

Definitions:

Initial Rating: The risk rating at the time of identification
Current Rating = Risk remaining with current controls in place. This is reviewed monthly and should decrease as actions take effect.
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	Assuring committee	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Top Five Assurances	C	L	Rating	Planned Actions and Milestones	Owner	Target Completion (end)	Status	Confidence Assessment	Appetite	C	L	Target
Integrated Care	123	May 2022	Pauline Butterworth	Board	**KCC Funded Social Care Risk** **If** the sustained lack of domiciliary care for KCC funded long term packages of care in the system (caused by a number of factors including availability of workforce; reduced numbers of domiciliary care providers in the market place, variations in rates of pay and LA funding constraints) does not improve **Then** system flow will continue being impacted **Resulting in** greater delays in hospitals discharges, further increase in NFTR 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 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. 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. Clear KPIs for purchasing POC have been agreed with KCC.	Internal daily sitrep. System sitrep calls and support from OCC. Shrewd reporting.	4	4	16	Open 30 pathway 1 enablement beds to support winter surge Use the funding allocated via the ASDF to pilot use of additional care agencies including for live in care 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 ourchasing. Signed off by the BCF committee To agree a process for rapidly completing due diligence and using capacity offered in non framework providers signed off by the BCF	Pauline Butterworth Pauline Butterworth Pauline Butterworth Pauline Butterworth	March 23 June 23 May 23 May 23	complete A Complete Complete	Low	3 - Open	3	3	9
Integrated Care	127	March 2023	Pauline Butterworth	Quality committee	**SEND Risk** 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. **If** the system does not address the areas of weakness identified by the system inspection **Then** KCHFT will contiunue to see: 1. An increased demand for Education health and care plans above the national average requiring additional Community Paed and Therapy capacity, 2. Increased demand for Autistic Spectrum Disorder (ASD) assessments and support outstripping current commissioned capacity 3. Increased demand for ADHD assessment, support and medication that outstrip capacity and resources including increased demand for shared care arrangements with GPs 4. Continuation of fragmented commissioned pathways for SLT and communication **Resulting in**: Longer waiting lists especially for ASD (current 3.3 years) Variation in provision and access across Kent and Medway for families 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; 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 accelrated action plan is written by the ICB. 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 Perfromance reviews Waiting list sitrep and review Review of action plan Signpoisting families to support resource such as Therapy POD (website) Established harm review process for any child waiting greater than 52 weeks	3	5	15	Services to hold compliance with the statutory time frame of 6 weeks for EHCP health input to around 70% and above 90% for 20 weeks. Review effectiveness of community Paediatrics capacity through implementation of actions following NHSE guidance on 2023/24 priorities for elective recovery including: rapid assessment clinics; use 3rd party provider, Medical recruitment, reduce DNA rates and approach to review and rationalise follow-ups.	Pauline Butterworth Pauline Butterworth	Sep-23 Sept 23	A A	Low	3 - Open	3	3	9
Integrated Care	128	March 2023	Pauline Butterworth	Quality committee	**Adult ND Risk** 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. **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. **Then** there will be a significant over demand against the contract level. ADHD demand would be 742% above the contractual level and waiting list will grow by 4 months every month. **Resulting in** significant unmet need long waits of circa 6-7 years increased complaints and media/MP enquiries	4	5	20	Executive agreed to write to ICB to close service to referrals from 1st April 2023 - closed as not supported AQN issued on 30th May to ICB to develop joint action plan to address over demand, current waiting list, communication with patients and stakeholders, review ADHD pathway and clinical offer including self-manangement and community based support, management of medication reviews and shared care arrangements Work with ICB on managing the pathway and to triage existing backllog for prioritisation or discharge	Internal monitoring through Executive Perfromance reviews Weekly monitoring wait list numbers at service level LDA ICB led all age Strategy group being establised to manage at system level for pathway changes	4	5	20	Review Provider capacity SPA process - triage and harm reviews Referral and assessment process review including documentation Regular communication with stakeholders Financial control: Close monitoring of forecast and spend using additional funding to support triage list Review pathway funding allocation Communications Websites updated Letters to stakeholders, GPs, Patients	Pauline Butterworth Gordon Flack Pauline Butterworth	Sep 2023 Sep 2023 Apr 2023	A A complete	Low	3 - Open	3	3	9
ealth	115	February 2021	Victoria Robinson - Collins	Strategic Workforce Committee	**Operational Pressures & Staff Shortages Risk** **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. **Then** there may be unacceptable demands on staff and an impact on safer staffing levels, a poorer service to patients and/or the need to limit services with the resultant impact on the system. **Resulting in** the ongoing pressure described impacting on staff stress levels, fatigue and morale to an extent that the delivery of services to patents is compromised	5	4	20	Active and bespoke recruitment campaigns for key professions i.e. nursing, facilities Weekly staff rota review and escalation paths Patient Safety & Clinical Risk Group IMM meeting - redeployed staff Bank system in place Wellbeing initiatives for staff Reimagine Team Working and Flex for the Future Projects Wellbeing conversations and inclusion of wellbeing and career conversation in appraisal process Retention steering group. KCHFT academy and recruitment to further cohorts with assessment to consider expansion. Regular review of skill mix to ensure full use of MDT i.e. therapists, and over establishment of	Daily Sit rep IMM report to executive Management of vacancy and turnover rates Oversight of recruitment of workforce metrics by strategic workforce committee & board Monthly quality report Twice weekly safer staffing review	5	3	15	Q1 review of skill mix to ensure full use of MDT i.e. therapists, and over establishment of assistant grades to support registered 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 Q1 advertising additional staff support and wellbeing mechanisms utilising regional initiatives and funding streams to maximise benefits	Pauline Butterworth Victoria Robinson-Collins Mercia Victoria Robinson-Collins Victoria Robinson-Collins	September 23 September 23 September 23	A A A	Low	5 - Pro-active	2	3	6

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	Assuring 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
Prevent Ill He					morale to an extent that the delivery of services to patients is compromised.				ensure full use of MDT i.e. therapists, and over establishment of assistant grades to support registered professionals.					Q1 review of staff turnover, vacancy rates and stability metrics with interventions/ recovery plans tracked through EPR and IPR processes	Victoria Robinson-Collins	September 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	Victoria Robinson-Collins	September 23	A					
														Actions to reduce risk	**Owner**	**Target Completion** (end)	**Status**					
Deliver High Quality Care at Home and in the Community	122	May 2022	Victoria Robinson - Collins	Strategic Workforce Committee	**Equity & Inclusion Risk** **If** the Trust does not achieve the level of equity and inclusion aspired to in our strategy. **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. **Resulting in** undermining our aim to be the best employer.	5	3	15	Use of data. Increased drive on equality monitoring. Workforce equality steering group. Veteran programme group.	Data from ESR and Power BI. EDI strategy with oversight from execs and assurance via Strategic workforce committee and Board.	4	3	12H	Development of leadership framework and supporting development aligned to EDI charter and pledges. This was delayed but should be complete by Q2 23/24	Victoria Robinson-Collins	September 23	A	Medium	3 - Open	2	3	6
														Development of EDI dasboard for inclusion in IPR. This work is ongoing with EDI metrics already included in relevant sections of the IPR together with benchmarking where appropriate	Victoria Robinson-Collins	September 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	complete					
														Review and relaunch of staff networks to align to corporate objectives whilst ensuring provision is stable and sustained	Victoria Robinson-Collins	September 23	A					
														Continued Q2 support for staff networks	Victoria Robinson-Collins	September 23	A					

Kent Community Health NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	8
Report title:	Quality Committee Chair's Assurance Report
Executive sponsor(s):	Mercia Spare, Chief Nursing Officer
Report author(s):	Pippa Barber, Non-Executive Director
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☑ Assurance ☐ Information
Public/non-public	Public

Executive summary
The reports summarise the Quality Committee meeting held on 18 May 2023.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to • **RECEIVE** the Quality Committee Chair's Assurance Report.

Link to CQC domain				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Strategic ambition this report supports	**Please tick**
Putting communities first	☑
Better patient experience	☑
A great place to work	☑
Sustainable care	☑

Implications			
Risk and assurance	Yes		
Is the risk included on the Corporate Risk Register or Directorate risk register?	**☑BAF**	**☐CRR**	**☐DRR**

Equality, diversity and inclusion	No
Patients / carers / public / staff / health inequalities	Yes
Legal and regulatory	No
Quality	Yes
Financial	No

Executive lead sign off	
Name and post title:	Mercia Spare, Chief Nursing Officer
Date:	6 July 2023

Kent Community Health NHS Foundation Trust

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee meeting held on 18 May 2023.

Agenda item	Assurance and key points to note	Further actions and follow up
Relevant feedback from other committees and service visits	Ms Barber had joined a mortality surveillance group meeting. The Committee was informed that an east Kent pilot for the medical examiner was underway. Both the medical examiner's comments about the trust and those from families had been overwhelmingly positive and there is a commitment to share and follow up the learning that is identified to ensure that it is embedded in practice.	
Board Assurance Framework Board Assurance Framework (continued)	The Committee discussed and received an update on risk 127 (Special Educational Needs and Disability (SEND) service). The Committee also discussed risk 128 (provision of Adult Neurodevelopment (autism and ADHD) services). This is a high risk for the organisation *and* for patients who are trying to access the service for a timely assessment. The trust is still in discussion with the ICB commissioner about the capacity of the service. As previously advised, the number of referrals to the service continues and is significantly above the commissioned contractual numbers.	

Agenda item	Assurance and key points to note	Further actions and follow up
	Current arrangements introduce long waits and potential risks for those on the waiting list. Harm reviews will be undertaken in line with guidance. The Committee received assurance that there had been detailed discussions with the ICB on the increased risk to patients as a result of not closing the referral pathway. However, the Committee was very concerned that this had not yet been accepted.	The Committee will receive an update on the Adult Neurodevelopment service at its July meeting which will include an update on harm reviews.
Monthly Quality Report	There has been an increase in the number of UTIs and CAUTIs infections reported in February and March which is above the trajectory for the previous year. A Quality Improvement project is underway which will focus on improving the sampling of urine. Further discussions are underway by the chief nursing officer and chief medical officer around the definitions of UTIs and CAUTIs and the most appropriate interventions. This will help to establish an agreed identification of proven infection and its management. There has been a significant increase in the number of complaints reported in February and March which raises the trust above the national benchmarking for the first time. The Community Paediatrics Service received the most complaints but the Adult Neurodevelopment Service also saw an increase in calls and a process for responding to these has been agreed with the service. The Complaints Team is working closely with the Children and Young Peoples services to review incidents and deep dive common themes or variation in complaints.	The Committee will receive an update on the numbers of UTI and CAUTI infections at its July meeting.

Agenda item	Assurance and key points to note	Further actions and follow up
Operational Deep Dive	<u>Looked After Children</u> The trust, working alongside Kent County Council (KCC), has a statutory responsibility to complete and circulate an initial health assessment (IHA) for a looked after child (including UASC) within a 28-day window. The service received 218 referrals for IHAs within Kent for 2022/23. In Q4 it achieved 52% performance against the 28-day time frame and 61% performance against an internal target to assess a child within 23 days of the referral being received by the trust. Although there are a number of factors outside the control of the service which impacts performance, the service has an action plan. Additionally, it is working closely with the ICB on the future management of the UASC cohort of children. The ICB Designated Nurse is working with KCC on improving its processes to reduce the number of delayed hand overs from its administrative team and improve performance of referrals being sent to the trust within 5 days. There are actions that have been identified that sit within the trust's control that will help with improving the achievement of this target and the team was encouraged to complete those actions in its control as soon as possible. <u>Community paediatrics</u> Overall, Specialist Services RTA performance is masking Community Paediatrics and Adult Neurodevelopment services who both report challenges with meeting the level of referral demand.	The Committee will receive an update on progress with improving the completion of IHAs within the time limit at its July meeting. A further update will be provided at the July meeting.

Agenda item	Assurance and key points to note	Further actions and follow up
	The Community Paediatrics service is reporting performance at 29.2% against target which is resulting in a backlog of initial assessments. This is due to an increase in referrals and the number of children who were seen virtually during the pandemic who subsequently needed to be seen face to face. This was compounded by a reduction in medical capacity. 227 children to date have breached the 52-week window. Harm reviews have been conducted on all these children. No harms have been identified to date. The service has been successful in recruiting and has reduced its turnover of staff. It has also worked hard to maximise capacity but is still limited by its commissioned resource. Although a number of actions have been implemented, further work needs to be considered on the pathway being commissioned. The service is beginning to have discussions on this internally and with commissioners. The Committee was concerned about the impact that these demands are having on the community paediatric staff and will continue to monitor developments.	Committee members will join the Community Paediatrics service for a listening event to understand more about the impact that the pressures are having on them.
Patient Safety and Clinical Risk group Chair's Assurance Report	The governance process to oversee clinical and non-clinical risk is under review as part of a wider review of risk management in the trust. The report did not provide sufficient assurance to the Committee at this time as there were issues with a number of risks, specifically which had seemed to have been closed and that remained on Datix.	The executive will review the level of risk reported to the Committee and how it will gain assurance of the management of risk on Datix going forward.

Agenda item	Assurance and key points to note	Further actions and follow up
		Post-meeting update: This has now been investigated. The issue resulted as a consequence of adding the 'date opened' to the report. This identified that there is an issue with the cleansing of Datix as opposed to managing risk within the trust.
Clinical Effectiveness Group Chair's Assurance Report	The Committee received assurance that where the trust would not achieve the lower limb CQUIN, the teams were looking at what evidence could be provided to show that the quality of care was still being delivered. The Committee received good assurance around the changes that have been implemented on Rio to improve efficiency and the staff's experience of using the system, and which also addresses many of the concerns raised by staff. The Committee was informed of the changes to the plan for Quality Improvement implementation which is due to commence from May 2023. The strategy is explicit in linking a successful QI programme to embedding a culture of continuous improvement throughout the organisation. The plan has been aligned to other strategies including	A further update will be provided by the Chief Medical Officer.

Agenda item	Assurance and key points to note	Further actions and follow up
	the We Care Strategy and the new breakthrough objectives and linked into the business planning cycle.	
Patient Experience and Learning Group Terms of Reference	The Committee commented on the draft. Further revisions will be made.	The Committee will review the revised draft at its July meeting.
Population Health Group Chair's Assurance Report	The group has reviewed the trust's We Care Strategy and aligned itself with the Putting Communities First and Better Patient Experience breakthrough objectives.	
Patient Safety Incident Response Report	The Committee received good assurance. The trust is embedding the patient safety incident investigations (PSIIs) process well and is identifying themes which are being progressed with teams. The trust is working well with the system on those incidents were there is a system connection. Ms Barber had attended a cluster ARR where it had discussed the learning that could be taken from last winter about the opening up of additional beds. This would be reflected in the trust's winter planning for 2023/24.	
Patient Led Assessment of the Care Environment (PLACE) 2022 Results	Inspections took place at the community hospitals in Edenbridge, Faversham, Hawkhurst, Herne Bay, Sevenoaks, Tonbridge, Deal, Whitstable and Tankerton; and the integrated care centre at Westview, Tenterden. The trust, overall, scored very well for cleanliness, food, privacy and condition. Although, results for dementia and disability fell below national and community results in some areas. The trust benchmarked well with other organisations	The Committee suggested that the work on improving the environment for those with a disability becomes a priority for the trust.

Agenda item	Assurance and key points to note	Further actions and follow up
	against most indicators. Westview Integrated Care Centre had the most areas that required work and the Committee received assurance that actions were being put in place at all sites. The Committee noted with concern that the trust had some way to go to improve the care environment for those with disabilities as its score of 77.35% fell significantly below the benchmarking comparators.	
2022/23 Quality Account including 2023/24 Quality Priorities	The Committee considered the penultimate draft of the Quality Account. The trust had received headline feedback from its stakeholders across Kent, Medway and East Sussex but is still awaiting their formal comment alongside Healthwatch. The report includes the trust's outputs in 2022/23 and its priorities for 2023/24. The final Account will come to the Board for approval. The Committee expressed its thanks to all those involved in putting together another excellent report.	The 2022/23 Quality Account will be presented at the June Board meeting.
Quality Impact Assessments of the 2023/24 Cost Improvement Programme Schemes	The Committee considered schemes to a total value of £692k. No high risks were identified. Schemes were submitted from Adult Services, Dental and Planned Care, Estates, Medical, People and Organisational Development, Public Health, and Specialist Services. No deep dives by non-executive directors were identified.	

Pippa Barber
Chair, Quality Committee
May 2023

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	9
Report title:	2022/23 Quality Account and 2023/24 Quality Priorities
Executive sponsor(s):	Mercia Spare, Chief Nursing Officer
Report author(s):	Vicki Stevens, Head of Quality Management
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☐ Assurance ☑ Information
Public/non-public	Public

Executive summary

The 2022/23 Quality Account has been prepared in accordance with the NHS reporting manual which incorporates quality account regulations to include:

Part 1: Statement on quality from the chief executive
Part 2: Priorities for improvement and statements of assurance from the board.
Part 3: Overview of quality of care.

Where 2022/23 quality priorities were not fully achieved, or partially achieved, the work will continue to make sure the full benefit to patients will be realised.

NHS foundation trusts were previously required to include the Quality Account in their annual report; this, in conjunction with the requirement to commission external assurance on aspects of the quality account has been removed. KCHFT is confident that the data contained within the Account is accurate as it is regularly analysed by the performance team and reviewed in line with the data quality maturity index. An external assurance audit will be undertaken in 2023/24 by the trust's auditors TIAA.

The Quality Account was shared with the Kent and Medway Integrated Care Board, Kent County Council, East Sussex Health Overview and Scrutiny Committees and Healthwatch, giving them the opportunity to comment on our Quality Account. Of these, only the ICB is required to provide formal feedback which has been included in Appendix 1.

The 2023/24 Quality Priorities are included in the Quality Account.

Report history / meetings this item has been considered at and outcome

Providers of NHS healthcare are required to publish an annual Quality Account. The penultimate draft was presented to the Quality Committee on 18 May which recommended the Account to the Board for sign off. The Board approved the Quality

Account at its Board Part Two meeting on 14 June 2023. The document is now available on the Trust's public website.

Recommendation(s)
The Board is asked to • **NOTE** the 2022/23 Quality Account and 2023/24 Quality Priorities.

Link to CQC domain				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Strategic ambition this report supports	**Please tick**
Putting communities first	☑
Better patient experience	☑
A great place to work	☑
Sustainable care	☑

Implications			
Risk and assurance	No		
Is the risk included on the Corporate Risk Register or Directorate risk register?	**☐BAF**	**☐CRR**	**☐DRR**
Equality, diversity and inclusion	Yes		
Patients / carers / public / staff / health inequalities	Yes		
Legal and regulatory	Yes		
Quality	Yes		
Financial	No		

Executive lead sign off	
Name and post title:	Mercia Spare, Chief Nursing Officer
Date:	14 June 2023

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Quality Account 2022/23

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- Pressure ulcer prevention
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- Tongue-tie referral and booking

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- Improving research capacity and capability
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- Improved access to the community paediatric service

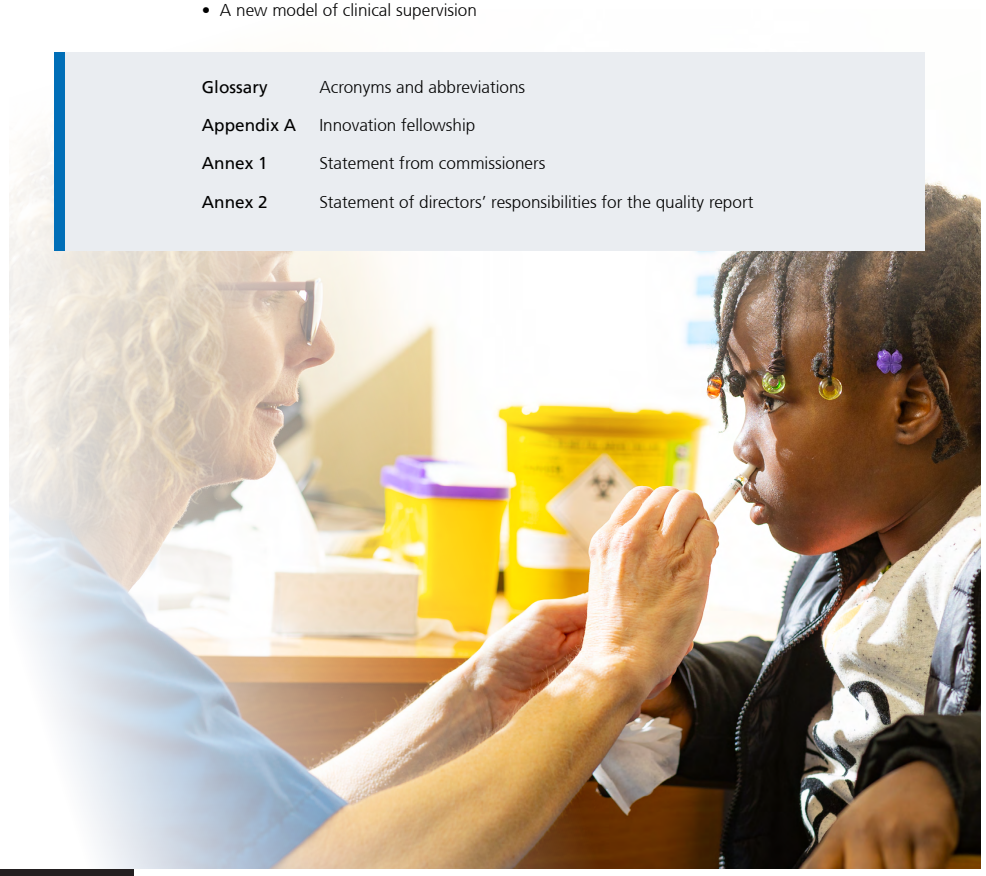
Improving the experience of the people we care for

- Patient and service user involvement in co-design
- Improving the experience of people having surgery
- Increasing contacts with vulnerable young people

Improving the experience of our people

- Everyone is comfortable to be themselves
- Recruiting colleagues representative of our communities
- A new model of clinical supervision

Glossary	Acronyms and abbreviations
Appendix A	Innovation fellowship
Annex 1	Statement from commissioners
Annex 2	Statement of directors' responsibilities for the quality report



Part one: Introduction

Statement on quality from the chief executive

Welcome to the quality account for Kent Community Health NHS Foundation Trust (KCHFT) for 2022/23, which focuses on our agreed quality priorities, quality strategy and partnership work.

Delivering outstanding quality – it's the motivation behind everything that's done by the teams delivering care at Kent Community Health NHS Foundation Trust.

Since joining as the new chief executive in July, I have witnessed their compassion, dedication and sheer resilience almost daily on my many visits to services. Doing right by our patients is what gets our 70-plus teams out of beds at whatever time of day their shift starts and I can't thank them enough.

While the pandemic may be behind us, its legacy sadly is not. The increasing demands on a workforce that has had no break, no let up, no moment to reflect, cannot be underestimated.

So, I'm hugely proud of what our 5,000-strong team has achieved this year. We are now two years into our three-year quality strategy, which focuses on eight key objectives, including strengthening our commitment to continuous quality improvement in the quality of care, patient and staff experience.

Eight of the 12 quality priorities were fully or partially achieved and for those that were not, we have a clear programme of work to drive delivery. I'm really pleased patient satisfaction remains high, with 98.4 per cent of people rating their overall experience as very good or good – but we will not be complacent.

Patient safety is the cornerstone of the care we deliver and our improvements are from cradle to grave. Our new baby Tongue-Tie Coordination Service supported 1,431 families last year, with the pilot extended for another year. We know our elderly population are more susceptible to pressure ulcers. We saw a 35 per cent reduction in lapses in care, when comparing pressure ulcer incidents last year, with serious pressure ulcers reducing by 57 per cent.

The Patient Safety Incident Response Framework means we now categorise patient safety incidents in a different way, enabling earlier opportunities for learning and empowering teams to identify and deliver improvements to how they deliver care locally. We have imbedded this national strategy ahead of the required timescale for adoption.

This year, we launched the Innovation Fellowship for colleagues to develop their knowledge and skills, with eight innovation fellows now part-way through their training to help find new ways of working to progress treatment options to improve outcomes for patients. We also worked to maximise the number of patients who can take part in research studies.

‘Teams have not been afraid to try something new in the pursuit of improving quality’.

Continuous improvement is at the heart of what we do. As we continue to recover from the pandemic, there remains huge demands on our incredible teams and services. Through the quality improvement collaborative, we have been relentless in trying new ways to improve processes and systems to remove non-value adding tasks and release time for teams to see more patients and reduce missed visits.

To tackle waiting lists in our paediatric services, we introduced ‘blitz’ clinics for attention deficit hyperactivity disorder reviews and diagnostics to use the wider skills of the team to assess and support more children. Across the country, demand for this service has more than doubled since the pandemic.

We have also started to automate processes to release more time. Paving the way, our recruitment team automated nearly 50 processes, releasing around 14,389 hours. This year, we hope to focus on releasing time for patient-facing colleagues.

Prevention and tackling health inequalities has taken an even greater focus. We worked hard to improve access to NHS Health checks, with 25,114 delivered. We’ve used a QI approach to look at innovative ways for our School Health Service to reach vulnerable young people in East Sussex. We have presented to the South East region of the Office for Health Improvement and Disparities about the School Health Check and promoted the MyHealthMySchool survey for young people aged 16 years and over.

We’ve continued our We Care programme with a new focus on equality, diversity and inclusion looking at how services are delivered and made accessible, with 45 per cent of the 18 services rated as outstanding. This work, as well as introducing Power BI to provide more high-quality data, will stand us in good stead for our new health inequalities programme for the year ahead.

We take co-production with our patients, clients and services users at KCHFT seriously. Newly trained participation partners from our People’s Network supported the recruitment of our new Health Inequalities Team. We have worked with our musculoskeletal services to understand the experiences of people identifying as members of the armed forces community, our rehabilitation teams have involved patients and their families to design an extended seven-day service and Breathe Easy groups in east Kent have made sure the voices of patients and carers have been at the centre of our work to co-design a respiratory virtual ward.

There have been 12 projects initiated from patient feedback. Improvements to the national child measurement programme reduced complaints from 28 to zero, in response to the results letter. Our patient participation partners have also helped to design a new carers’ information pack, improve the way we seek feedback from bereaved families and simplify a bladder diary. We’ve also developed new patient involvement training, with KCHFT picking up a Healthwatch award for its collaboration on sharing this across the system.

We want KCHFT to be a great place to work and to have a culture where everyone is comfortable to be themselves. As part of our Nobody Left Behind Strategy, all colleagues now have an equality, diversity and inclusion (EDI) objective in their appraisal and cultural awareness training has been rolled out across the organisation. KCHFT has increased its disability representation to 6.2 per cent in the staff record and is in the top 10 per cent nationally for its Workforce Disability Equality Standard.

We were proud to be awarded the highest accolade in the Kent and Medway Workplace Wellbeing Awards – a platinum award for our work on staff health and wellbeing. Initiatives highlighted were our staff choir, KCHFT football team, easy-to-access counselling and fast-track physiotherapy. We now have six staff networks, with the launch of our armed forces community and neurodiversity staff networks and our reflection rounds are supporting colleagues to discuss the emotional and social aspects of working in healthcare. To provide staff with a safe and confidential space to reflect on their work, a new model of clinical supervision has been introduced to our public health division.

Our NHS Staff Survey people promise scores were better on average than other similar organisations, but we want to go further faster and will be focusing on maximising staff voice this year.

These are just some examples of what we achieved in 2022/23. I remain impressed by the positive attitudes, remarkable talent and extraordinary efforts of everyone and want to thank our patients, clients, service users, governors, volunteers, partners and Board for their support. Within this statement, the most senior manager should declare they have seen the Quality Account and they are happy with the accuracy of the data reported, talk about the quality of the services they provide and acknowledge any areas that need to be improved. Please take a look at this quality account to understand some of the incredible work that has been achieved in #TeamKCHFT’s unwavering drive and focus on quality as well as where we plan to focus more effort in the coming year.

We end this year, with a new co-designed We care strategy for 2023 to 2028 that has quality improvement at its core. I have every confidence in teams to deliver this. What I’ve been most impressed by is teams have not been afraid to try something new in the pursuit of improving quality. It’s this brave culture I want to foster, as we design new care pathways in the year ahead and deliver the biggest breakthroughs in the quality of care for our patients.

Mairead McCormick
Chief Executive

What is a Quality Account?

At KCHFT delivering high-quality care is central to all that we do and is driven by the quadruple aim, which is:

- enhancing patient experience
- improving population health and reducing heath inequalities
- improving staff experience at work
- reducing costs and increasing value for money and efficiency.

Patients want to know they are receiving the very best quality of care and for this reason providers of NHS healthcare are required to publish a quality account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended.

Every quality account will include a statement from the most senior manager in the organisation and will declare they have seen the quality account, are aware of the quality of the NHS services they provide and highlight where any improvements are needed.

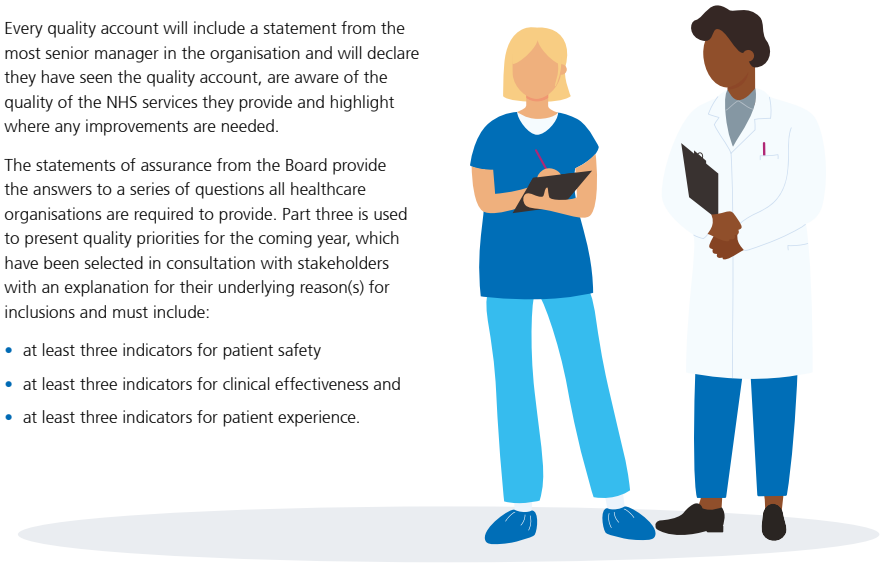
The statements of assurance from the Board provide the answers to a series of questions all healthcare organisations are required to provide. Part three is used to present quality priorities for the coming year, which have been selected in consultation with stakeholders with an explanation for their underlying reason(s) for inclusions and must include:

- at least three indicators for patient safety
- at least three indicators for clinical effectiveness and
- at least three indicators for patient experience.

For KCHFT, the decision was made to extend the quality priorities to include at least three indicators for staff experience.

These priorities are selected on the basis of feedback from the people we care for, our stakeholders and our staff. Once at least three priorities from each dimension have been selected, a SMART measure will be identified that will allow the trust to monitor our progress against the priorities. The monitoring and the review of the overall achievements will be the remit of the Quality Committee.

These are the mandatory requirements for Quality Accounts and we have included contributions that demonstrate our wider commitment to delivering high-quality care.

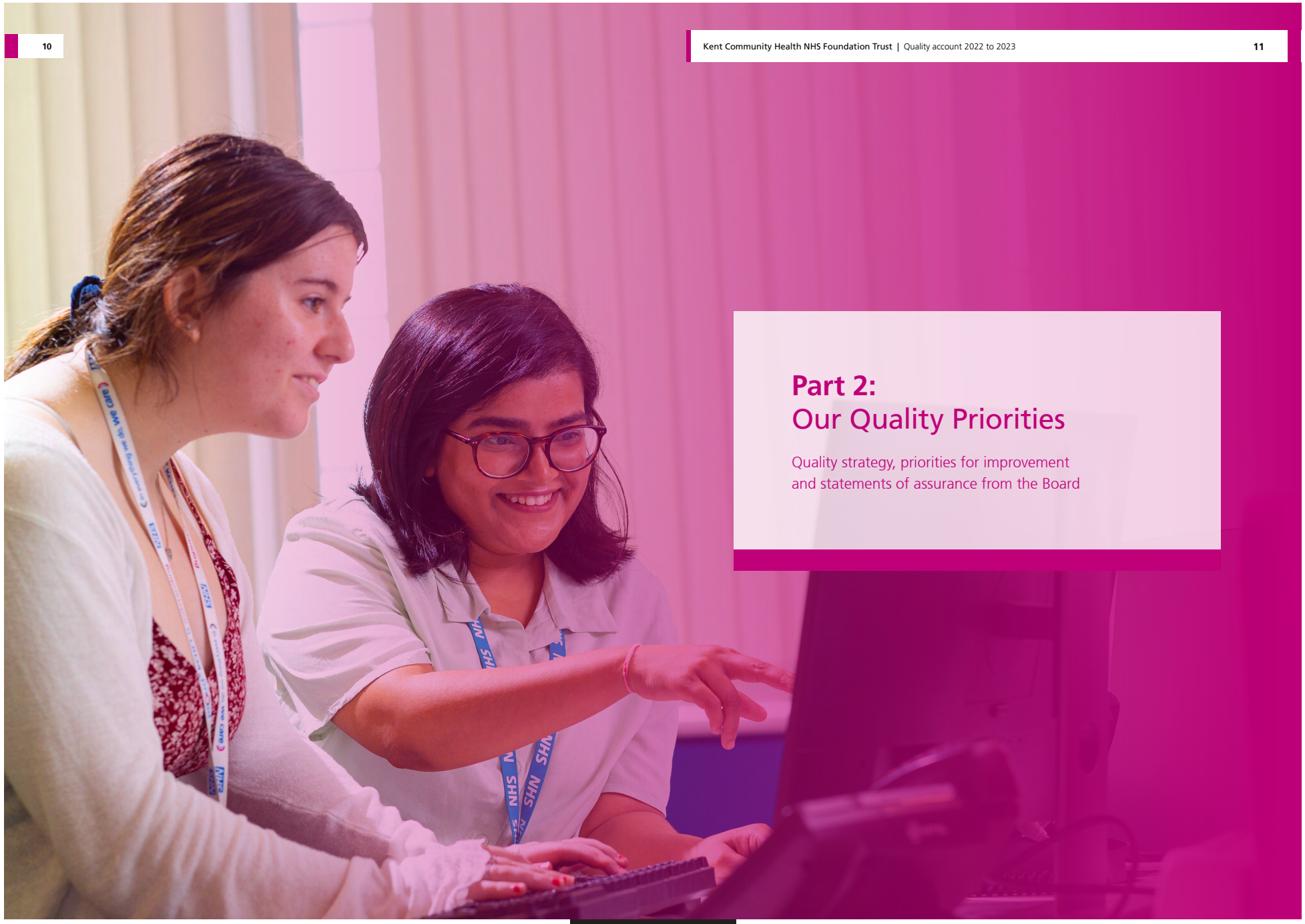


At least three indicators for **patient safety**

At least three indicators for **clinical effectiveness**

At least three indicators for **patient experience**

At least three indicators for **staff experience**



Part 2:
Our Quality Priorities

Quality strategy, priorities for improvement and statements of assurance from the Board

About our trust

We provide wide-ranging NHS care for people in the community, delivered in a variety of settings including people's own homes, health clinics, community hospitals, urgent treatment centres, minor injury units, nursing homes and in mobile units.

KCHFT is one of the largest NHS community health providers in England, serving a population of about 1.4 million across Kent and 600,000 in East Sussex and London. We employ more than 5,000 staff, including doctors, community nurses, allied health professionals, domestics, drivers, administrators and many other essential healthcare workers. We became a foundation trust on 1 March 2015 and were rated outstanding by the Care Quality Commission in 2019.

Inspected and rated
Outstanding
Care Quality Commission

Vision

Our vision is a community that supports each other to live well.

Mission

Our mission is to empower adults and children to live well, be the best employer and work with our partners as one.

Values

We have four 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 goals are:

1. prevent ill health
2. deliver high-quality care at home and in the community
3. integrate services
4. develop sustainable services.

We care strategy

Our we care strategy for 2023 to 2028 will help us make the biggest breakthroughs in improving patient care and the working lives of colleagues. The strategy was launched in April 2023 and the ambitions are linked to a number of quality priorities for 2023/24.

Our ambitions

Putting communities first

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

Our targets for 2023/24

- 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.

Better patient experience

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

Our targets for 2023/24

- 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.
- Increase the number of patients who were asked 'What matters to you?' and their needs were met.

A great place to work

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

Our targets for 2023/24

- An increase of 0.2 in our staff engagement score on the NHS Staff Survey compared with March 23 (7.31).
- An increase of 0.2 in our staff morale score on the NHS Staff Survey compared with March 23 (6.23).

Sustainable care

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

Our targets for 2023/24

- 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.

Our quality strategy 2021/22 to 2024/25

Quality runs through all that we do and is linked to a number of wider strategies, frameworks and initiatives, contributing to the organisation's aims and objectives.

Our vision: Outstanding quality and improvement as the focus and motivation for everything that we do.

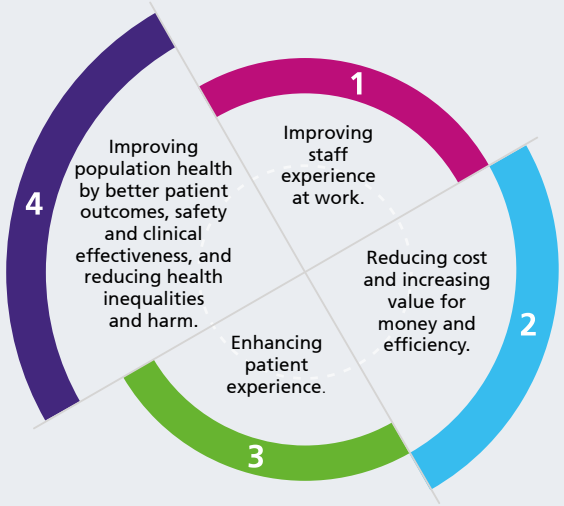
Our mission: Make sure staff are trusted, supported and empowered to drive quality and develop new ways of working.

Our aim: Continuously improve quality in line with the quadruple aim.

To achieve this, we will:

- focus on continuous improvement
- make sure information drives continual quality improvement
- promote effective use of resources
- promote positive staff experience
- improve patient and carer experience
- reduce health inequalities
- prioritise patient safety
- promote clinical professional leadership.

Our quadruple aim



Delivery of our quality strategy ambitions to date has been realised by focusing on the following objectives and achievement of a number of milestones in year two. These include:

Quality Strategy year two milestones

Focus on continuous improvement

Introduction of annual innovation fellowships

The Innovation Fellowship was developed in partnership with the Kent Surrey and Sussex Academic Health Science Network for staff to learn about innovation and launched in November 2022.

James Lind Alliance priority setting partnerships output for nursing research

The James Lind Alliance (JLA) national research priorities for community nursing are now published and are available on the JLA website and NHS Futures Platform for community nursing. The project contributed to the launch and publication of the chief nursing officer strategic plan for research to highlight theme 1 – aligning nurse-led research with public need.

Divisional quality improvement boards in place and delivering projects

Divisional QI Boards are in place and Divisional QI activity is reported via Executive Performance Review.

Make sure information drives continual quality improvement

Increase KCHFT participation in the Kent Surrey and Sussex Applied Research Collaborative (ARC KSS)

A KCHFT colleague was appointed co-chair of the organisation and research capacity group (ORCA).

Two out of three submissions from KCHFT to the ARC KSS Priorities of Care call were successfully through to round two.

ARC has come to KCHFT Research and Development Group to talk about individual development opportunities for KCHFT staff.

Promote positive staff experience

Embed the principles of the Institute for Health Improvement's Joy in Work Framework and map to our people strategy.

A great place to work: This is one of the key themes of the trust's new 'We care strategy for 2023-2028', which aims to increase staff engagement and staff morale. The trust's vision is colleagues feel valued and belong to their team and organisation, know what is expected of them and feel enabled, supported and safe to do their job. Colleagues have a say in how to do their work and improve their work.

Strengthen the relationship between the organisational development business partners' and improvement work.

KCHFT organisational development business partners have formed part of the coaching cohort for the QI Collaborative.

Improve patient and carer experience

Develop resource training on experience-based co-design (EBCD), subsequently renamed as patient involvement training.

Patient involvement training has been developed and is being delivered across the organisation. KCHFT won a Healthwatch award for collaboration after sharing involvement training with an external organisation.

25 participation partners have been recruited

KCHFT is proud to work alongside a core group of patient and carer representatives. This group is the People's Network and members are known as participation partners. Membership to the People's Network has grown this year, with participation partners continuing to be involved in quality improvement projects, governance groups and we care visits. Interview skills training has been co-designed to give our participation partners and volunteers the skills and knowledge to take part in the recruitment and selection of our future workforce. Newly trained partners have recently supported the recruitment of our new Health Inequalities Team.

Reduce health inequalities

Introduce working together groups across a wide range of communities to support developing health promotion initiatives, co-designed services and pathways.

As part of our work to meet the standards within the Armed Forces Covenant, signed in December 2022, we have worked with our musculoskeletal services to understand the experiences of those people identifying as members of the armed forces community.

We have worked with our Rehabilitation Therapy teams to involve patients and their families to give their views on an extended seven-day therapy service.

We have worked alongside the Breathe Easy groups in east Kent to make sure the voices of patients and carers have been at the centre of our work to implement virtual wards in our east Kent respiratory service. The Breathe Easy groups have worked with the virtual wards implementation team to co-design information, training and surveys, as part of the significant key elements of the virtual ward programme.

The trust's work to improve family carer involvement has continued. As a result, we were successful in achieving our first-year accreditation as members of the Triangle of Care scheme and still remain the first non-mental health service to join as members. We have now embarked on our second year working with our community services to develop their development plans to improve family carer involvement.

In June 2022, we delivered a joint carers conference in partnership with Kent and Medway Partnership Trust (KMPT). The conference, was attended by more than 80 family carers and representatives from our partner carers organisations across Kent, including IMAGO, Carers Support East Kent, Involve Kent, Crossroads Kent, with representation from Healthwatch, One You and Kent County Council. The event helped to raise awareness of carers and the challenges they face in their caring role and gave them the opportunity to talk first hand to carers organisations about their experiences.

Refine action plans with clinical services to be supported with national and local data to improve access and uptake of services.

We have developed a Health Inequalities Programme of work for 2023-2024. The programme will:

- embed health inequalities into business planning, quality improvement and governance

Reduce health inequalities cont

- support services to respond to health inequalities, within their capacity constraints
- increase capacity for community involvement with population groups to understand their needs, behaviours and barriers to care
- network and learn with our system partners to improve health inequalities
- explore opportunities to build on existing programmes and develop further programmes of preventative care.

Health inequalities data is now available on Microsoft Power BI for services to view.

health inequalities intelligence manager has been recruited to support services to review data and develop action plans.

Use equality impact audits to support risk management and wider action plans.

Health equity audits are being completed with services alongside an external Equality Impact Assessment (EqIA) audit.

Effective use of resources

Increase in automated audits and reduced data collection burden on clinical staff.

Rio operational leads reduced manual data collection from the patient record, where possible. Improved Rio reporting is being used to supply some data from the Commissioning for Quality and Innovation (CQUIN) risk of malnutrition and pressure ulcer audits. It is hoped the new version of wound matrix will be able to supply more data for the leg wound audit.

Implement improved wound care digital solution.

Wound Matrix Version 5 was tested by champions and launched in November 2022.

At least 15 QI projects aim to improve use of resources.

Facilitated following a successful trial of a QI Collaborative in MSK Physio and Community Nursing (East and West Kent). Initial collaborative workshops focussed on a deep dive into the problems that services wanted to fix. This included services defining problem statements, data resources, SMART goals and measurement ideas and timelines.

Prioritise patient safety

Introduction of patient safety specialists registered with NHS improvement.

Patient safety specialists were introduced into KCHFT and six named patient safety specialists are now in place. The group meets regularly to review national guidance.

Promote clinical professional leadership

Promote growth of communities of practice.

Apprentices are invited to join the Association of Apprentices to build their professional network through connection with a community of other apprentices. Community nurses with an interest in innovation are encouraged to join the National Community Nursing Network hosted on the Futures NHS Platform. This provides a dedicated space for community nurses to develop and share best practice, support and grow research and showcase innovations.

Growth in clinical and professional leadership of improvement projects.

There are many examples of co-leadership, such as frailty urgent response and virtual ward work in east Kent and rapid response high through-put screening in west Kent. Regular meetings are taking place for medical leaders (clinical directors, appraisal and revalidation lead, SAS (specialty doctors and specialist grades) doctor lead, and doctor of medical education, chief medical officer and deputy chief medical officers).

A number of clinicians are taking part in leading QI projects and service improvement working, notably in community paediatrics and frailty. A new post for lead advanced clinical practitioner has been appointed to.

Devolve authority and reduce bureaucracy.

A great place to work: This is one of the key themes of the trust's We care strategy for 2023-2028. The vision statement makes it clear that KCHFT is committed to colleagues having a say in how to do their work and improve their work – this is core to devolving authority and reducing bureaucracy.

Priorities for improvement 2022/23

Each year, we set our quality priorities and these are projects which span either one or two years and are aligned to KCHFT's quality strategy objectives. The quality account regulations say there must be priorities for patient safety, clinical effectiveness and patient experience, and we have chosen to include staff experience priorities. In this section, we explain why stakeholders believe these priorities are important and how feedback informed selection.

The 2023/24 quality priorities were determined through a robust consultation process to make sure they are relevant to staff and communities who use our services. This included, engagement with services, governance groups and the Quality Committee to inform the long list. Once the long list was agreed, stakeholders were engaged through an online survey which detailed the proposed quality priorities, the rationale for their inclusion and an option to indicate how strongly they felt that it should be included in the final quality priorities selection. Respondents also had the opportunity to provide qualitative feedback with input from staff, stakeholders, patients and their families and carers.

Our quality priorities follow an established governance structure, which monitors and measures performance and progress.

Each individual quality priority has a lead who is responsible for overseeing the project and providing quarterly reports to the Quality Committee, a sub-committee of the board, with delegated decision-making powers.

The Quality Committee is responsible for providing information and assurance to the Board that the trust is safely managing the quality of patient care, the effectiveness of quality interventions and the experience of patients, their families and carers.

To align with our quality strategy objectives and to increase workforce engagement, how we measure and monitor the quality priorities will be based on QI methodologies. Each of these priorities will be developed into a quality improvement project.

The following table explains the 12 quality priorities for KCHFT for 2023/24. These priorities are aligned to the trust's strategic and quality goals and were identified based on current risks, national priorities, strategies and reviews and the NHS Long Term Plan.

Patient safety

We will implement the Patient Safety Incident Response Framework and embed our patient safety culture through the application of system-based approaches to learning.

What does this look like?

85 per cent of staff will be trained in the level 1 patient safety syllabus.

Hot debriefs will be introduced for all inpatient falls and from quarter three, 85 per cent of these will take place in 72 hours.

90 per cent of patient safety learning responses will have feedback from patients and/or staff.

Why are we doing this?

This ambition supports the implementation of NHS England's Patient Safety Incident Response Framework. This will strengthen our patient safety culture through the education and empowerment of staff to identify and implement improvements.

Developing the feedback process to include staff, patients and families will provide opportunities to improve our patient safety culture in a compassionate way.

We will reduce the number of delayed and omitted doses of medication in community hospitals.

What does this look like?

This will be a two-year quality priority.

In year one: We will implement the Electronic Prescribing and Medication Administration (EPMA) system and carry out omitted and delayed medication audits to provide a baseline.

In year two: We will reduce omitted and delayed medicines. Metric to be agreed Q4 2023/24.

Why are we doing this?

Medicine doses are often omitted or delayed in hospital for a number of reasons. For some critical medicines, delays or omissions can cause serious harm. Harm can arise from missing one dose or repeated doses and is determined by a combination of the patient's condition and prescribed medication.

Therefore, it is imperative patients under the care of KCHFT receive their medication in a timely manner.

We will pilot clinical debriefs in east Kent community nursing teams.

What does this look like?

85 per cent of debriefs will take place within 72 hours.

10 per cent reduction in the proportion of end of life patient safety incidents.

Why are we doing this?

Debrief sessions are a recognised tool to provide emotional support, improve communication, identify safety risks and ultimately improve patient care.

Over the previous 18 months, there has been an increase in the proportion of people needing end of life care as well as the need to provide care of greater complexity. While vacancy levels have reduced, a more junior workforce is managing this demand. By introducing debrief sessions for community staff who are providing EOL care it would provide support for staff, an environment to improve clinical knowledge and support teams to identify learning from events to improve patient care.

Clinical effectiveness

We will reduce the proportion missed appointments in dental and planned care services.

What does this look like?

Was not brought, and did not attend rates will be no more than seven per cent in dental and planned care services, with the exception of chronic pain, which will have a target rate of 10 per cent.

Why are we doing this?

We want to make it easy for people to book appointments for planned care on a date and time that is convenient. We also understand that there are times when appointments need to be cancelled and rescheduled, so reminding patients of their appointment by SMS prompts contact with the service and clinic utilisation is maximised.

We will make sure appointments are made following contact with the patient or carer to agree the date/time. This will be followed up with a telephone or text reminder to allow cancellations to be successfully rebooked.

Reducing the proportion of patients who do not attend or are not brought to their appointments, means appointment can be filled by others on the waiting list.

This will contribute to the trust's strategic ambition "Putting communities first", making sure there is no difference in DNA rates between patients living in the most and least deprived areas, or between ethnic groups.

We will provide care and treatment that people receive in a hospital setting, safely, in their own home.

What does this look like?

We will increase the number of frailty pathway virtual ward beds by 20 per cent.

Why are we doing this?

Hospital is not always the best place to be and for older people, who can become deconditioned, staying in hospital may mean losing muscle mass resulting in difficulty returning to normal daily activities.

Virtual wards enable more people to receive the care and treatment they would normally receive in a hospital setting, safely in their own home or care home. Like conventional hospital care, individuals will be under the care of a consultant, supported by a team of healthcare professionals, who will deliver face-to -face and remote consultations.

It matters to people that they are able to stay with family and have visitors with the safety net of care provided by a multi-disciplinary team checking for vital signs (for example, blood pressure, breathing, heart rate). This allows people to remain as independent as possible, which helps avoid deconditioning, risk of infection and for those who are confused or anxious, alleviate some of the distress.

We will improve the quality of multifactorial risk assessments (MRA) to reduce inpatient falls.

What does this look like?

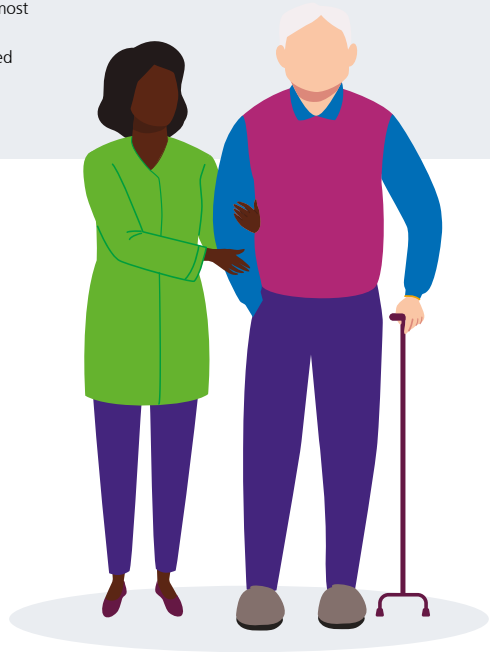
85 per cent of community hospital inpatients will have the lying and standing blood pressure component of the MFRA completed within 24 hours of admission.

Why are we doing this?

Falls are the most commonly reported patient safety incident in the English National Health System (NHS) and the risks increase with older age.

One third of people aged 65 and over and almost half of those aged over 80 will fall each year and the consequences of falling while admitted to hospital result in poorer clinical outcomes, morbidity and psychological distress.

85 per cent of people who falls while admitted to a community hospital have a completed multifactorial risk assessment, but the National Audit of Inpatient falls recommends using the six-risk factor assessment to measure the quality of the MFRA. Of these (vision, lying and standing blood pressure, medication review, delirium, mobility and continence) lying and standing blood pressure is the component that requires the greatest improvement.



Patient experience

We will develop a programme so young people with a long-term healthcare need and their families feel prepared when moving from children to adult services.

What does this look like?

This will be a two-year quality priority.

In year one: we will develop and co-design the procedure and pathway for young people transitioning to adult services.

In year two: Using quality improvement methodology, the process will be implemented in all relevant services and measured through agreed performance indicators which will be agreed in quarter four 2023/24.

Why are we doing this?

Young people face plenty of challenges when preparing for adult life. Children with complex health needs, have often been looked after by a small number of teams, however, when they access adult services, care is often provided by several teams, across sectors and in different environments.

Developing a robust transition process for children who use our services as well as their families will mean they will feel supported and understand what their care will look like once they become an adult. It will provide a framework for our teams to follow to better support their patients as well as to build relationships with adult service partners. Overall, this will provide a more integrated and joined up experience for patients and their families.

We will use digital technology to increase the number of patient surveys we receive.

What does this look like?

This will be a two-year quality priority.

In year one: We will implement automatic patient surveys and text reminders and evaluate using QI methodology.

In year two: We will increase the number of patient survey responses and will be measured through agreed performance indicators which will be agreed in quarter four 2023/24.

Why are we doing this?

Making sure people who use our services receive the very best care is essential and being at the centre of the healthcare process they can provide valuable insights into the quality and delivery of our services.

Given the nature of our services, it is not always appropriate or easy for patients to complete a feedback survey when they are discharged and often, despite wanting to provide feedback, the opportunity to do this may have passed.

Our electronic record system, Rio, has the functionality to send patient surveys and reminders electronically and for those who have the means to use electronic devices for communication this will make the process easier. Traditional means to collate paper feedback will remain so all patients have the opportunity to feedback their experience of care in a way that suits them.

The East Sussex School Health Team will provide packages of care to children and young people at risk of emotionally-based school avoidance.

What does this look like?

This will be a two-year quality priority.

In year one: Scope and introduce interventions for children and young people identified at risk of emotionally-based school avoidance. Baseline activity will take place in quarter four 2023/24.

In year two: We will improve outcomes for children and young people who have a targeted emotional health and wellbeing assessment. Measured through agreed performance indicators which will be agreed in quarter four 2023/24.

Why are we doing this?

Emotionally-based school avoidance (EBSA) is a significant concern for children and young people in East Sussex.

This view correlates with national findings which state that more than a fifth of young people report experiencing a high level of emotional problems and difficulties.

This highlights the increasing need for the East Sussex School Health Service to engage seldom seen children who are of school age but may not be attending school due to their emotional health and wellbeing.

Staff experience

We will attract and recruit colleagues who are representative of the communities we serve.

What does this look like?

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).

Why are we doing this?

This will be the second year of a two-year priority.

In July 2020, NHS England published – We are the NHS: People Plan for 2020/21 – action for us all.

It sets out that the equality, diversity and inclusion focus should include recruitment and promotion practices result in a workforce that is representative of the communities they serve.

We will make sure there is clear representation in the recruitment process, workforce and other groups making the decisions in the organisation that would have an impact on colleagues from minority communities.

We will create a culture where everyone is comfortable to be themselves

What does this look like?

We will reduce people's experience of harassment and abuse to less than 10 per cent and no specific groups will experience this more than any other, measured via our Workforce Race Equality Standard (WRES) and Disability Equality Standard (DES).

Why are we doing this?

This will be the second year of a two-year priority.

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

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

We will implement a new model of clinical supervision in KCHFT community hospitals.

What does this look like?

This will be a two-year priority.

In year one: 100 per cent of actively working clinical staff will be offered and encouraged to attend four sessions of clinical supervision. Attendance will be measured to form the attendance baseline.

In year two: We will increase the proportion of staff attending clinical supervision. Metric to be agreed in quarter four 2023/24.

Why are we doing this?

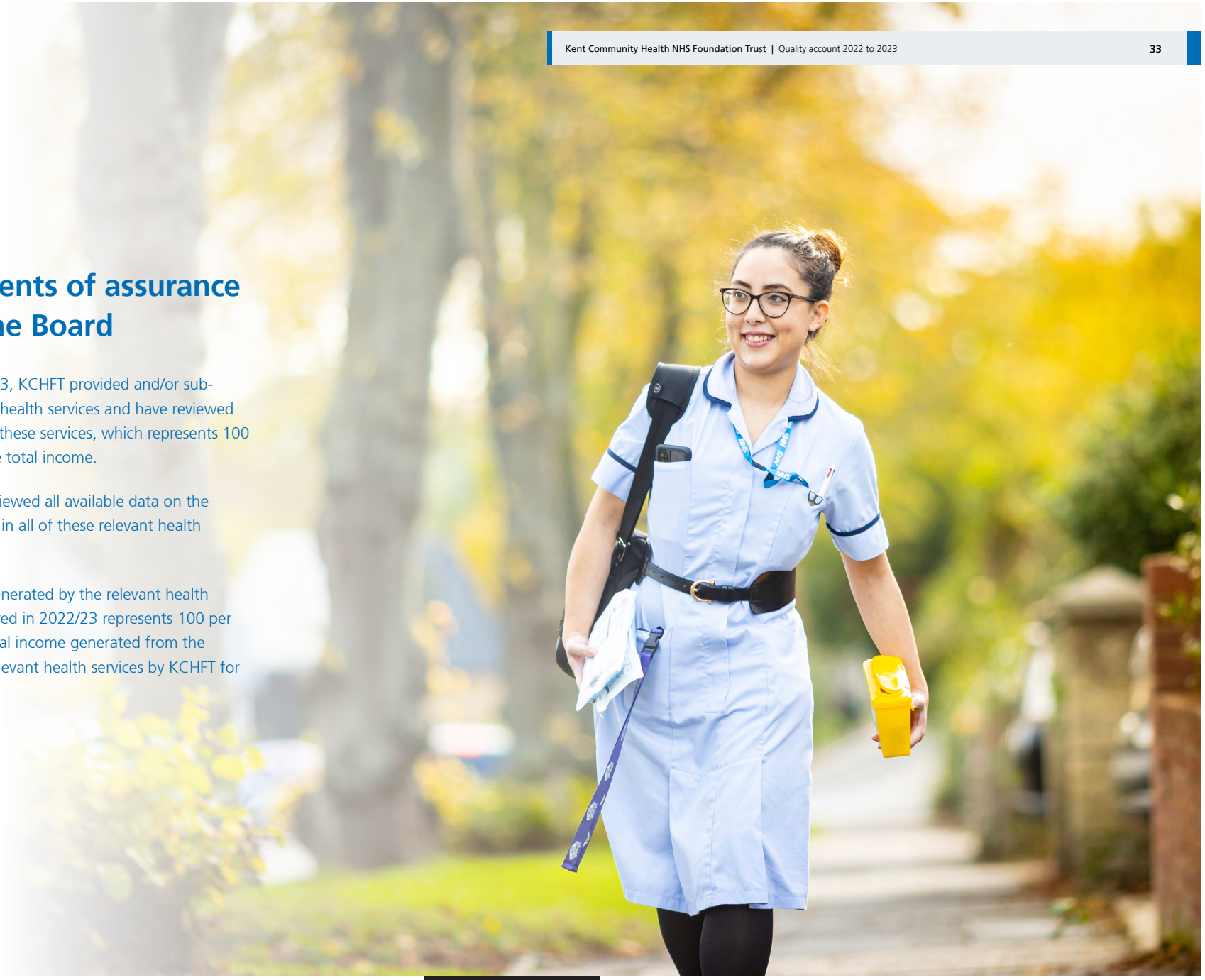
Clinical supervision provides an environment in which staff can explore their own personal and emotional reactions to their work; reflect on and challenge their own practice in a safe and confidential environment, as well as receive feedback on their skills and engage in professional development.

Statements of assurance from the Board

During 2022/23, KCHFT provided and/or sub-contracted 47 health services and have reviewed the data from these services, which represents 100 per cent of the total income.

KCHFT has reviewed all available data on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2022/23 represents 100 per cent of the total income generated from the provision of relevant health services by KCHFT for 2022/23.



Participation in clinical audits

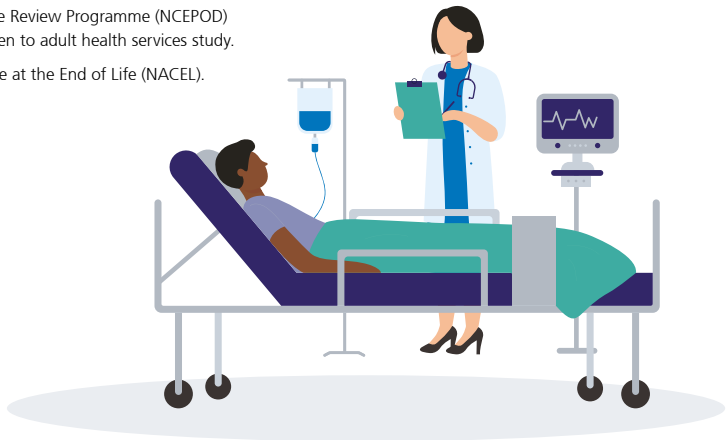
Clinical audit is a way to find out if healthcare is being provided in line with standards and where improvements could be made. The aim is to allow quality improvements to take place where it will be most helpful and improve outcomes for people who use services. Clinical audits include national clinical audits and KCHFT participates in all which are relevant to the services it provides, as well as locally determined clinical audit. The work by National Confidential Enquiries aims to review patient care nationally.

During 2022/23, six national audits and one national confidential enquiry covered relevant health services that KCHFT provides. KCHFT participated in all eligible national clinical audits. They are:

- National Diabetes Footcare Audit (NDFA)
- Sentinel Stroke National Audit Programme (SSNAP)
- National Asthma and COPD Audit Programme (NACAP), Pulmonary Rehabilitation
- National Audit of Cardiac Rehabilitation (NACR)
- Falls and Fragility Fracture Programme (FFAP).
- Child Health Outcome Review Programme (NCEPOD) Transition from children to adult health services study.
- National Audit of Care at the End of Life (NACEL).

Below is the number of cases submitted to each audit as a percentage of the number of registered cases, required by the terms of that audit or enquiry:

- National Diabetes Footcare Audit (NDFA) – 100 per cent (114 records, no minimum dataset)
- Sentinel Stroke National Audit Programme (SSNAP) - 100 per cent (580 records for stroke rehabilitation, 476 records for 6 months reviews, no minimum dataset)
- National Asthma and COPD Audit Programme (NACAP), Pulmonary Rehab – 100 per cent (502 records, no minimum dataset)
- National Audit of Cardiac Rehabilitation (NACR) – 100 per cent (580 records, no minimum dataset)
- Falls and Fragility Fracture Programme (FFAP) – 100 per cent (1 record, no minimum dataset)
- National Audit of End of Life Care (NACEL) – 100 per cent (all 5 records which met the criteria were submitted).



The reports of four national clinical audits from the quality account list was reviewed by the provider in 2022/23. KCHFT intends to take the following actions to improve quality:

National clinical audit	Actions to improve quality
National Diabetes Audit covering (NDFA)	Ensure that all new wounds to the service will be seen within seven days once the referral has been received. All wounds in a clinical setting will be reviewed by a member of the Vulnerable Foot Team at least once every six weeks and ideally in a wound review clinic. Continue to build links with community nursing colleagues and practice nurses to speed up referrals of diabetic ulcers to specialist podiatry teams.
Sentinel Stroke National Audit Programme (SSNAP)	Teams have started using one outcome measure across KCHFT to measure the impact of our input. Waiting lists are monitored on a weekly basis. There are ongoing ad hoc notes audits and patient surveys completed with appropriate actions undertaken. KCHFT has continued to support the local Integrated Stroke Delivery Network (ISDN) stroke development work, which has the ultimate goal of delivering high quality stroke services in Kent and Medway. KCHFT is expecting to receive an investment to develop stroke services. KCHFT is realigning adult rehabilitation services to Neuro and Rehabilitation teams. There is trial due to start in west Kent where stroke services will be delivered by a stroke specific team. **Improving the quality of the data by:** • successfully recruiting an administrator to work with the SSNAP data in east Kent • ongoing collaborative working with the acute SSNAP team in east Kent • liaison with acute teams that refer KCHFT to ensure eligible patients are on SSNAP • review and discussions of the SSNAP results with relevant staff. • continuous review of how Rio captures data to support clinical teams with SSNAP data collection.

National clinical audit	Actions to improve quality
National Asthma and COPD Audit Programme (NACAP)	As with previous years, the service is performing at or above national average for all metrics in the audit except waiting times. The trust is in discussion with commissioners to increase funding to enhance the workforce and increase our capacity.
Falls and Fragility Fracture Audit Programme (FFFAP)	No national report has been published this year, nonetheless, the following improvements are taking place. Falls and falls-related injuries, including the reasons why patients in our community hospital fall remain similar. Our aim is to make sure patients at risk are identified at an early stage via a quality multi-factorial risk assessment and ensure the right preventative measures are taken. To achieve this standardisation of practice is required across all our community hospitals and the focus over the next 18 months is to have a community hospital falls safety improvement plan that reflects recommendations not only from the National Audit of Inpatient Falls (NAIF) but also reflects learning from KCHFT incident reviews.
National Audit of End of Life Care (NACEL)	There were five submissions which met audit requirements from KCHFT across east and west Kent community hospitals. Good practice was identified for the patient and those important to them in informing them they were dying and this was also evident when the patient was imminently dying. Patients had an individualised care plan written to support their care, good practice was recorded around pain, agitation and mouth care. Anticipatory medication was prescribed and administered, discussions were held with the people most important to the patient. Improvement actions from the NACEL will be making sure assessment reviews involve the patient and people important to them.

The reports of 87 local clinical audits were reviewed locally by KCHFT in 2022/23, six had full assurance, 54 had significant assurance and 26 had limited assurance. We intend to take the following actions to improve the quality of healthcare provided.

Local clinical audit	Actions to improve quality
Safeguarding Adults Audit	This is the third annual audit of adult safeguarding and covered safeguarding, consent, compliance with the mental capacity act (MCA) and deprivation of liberty safeguards (DoLS). The audit gave significant assurance and evidenced that safeguarding, self-neglect, MCA and consent, are embedded into practise alongside good and compassionate care but there were areas for improvement. Actions taken to improve quality included making sure patients who lack capacity have any power of attorney reviewed as part of their assessment process. To improve documentation of best interest decisions, increased training for advanced care planning; best interest decisions; IMCA requirements and availability are required alongside improving documentation to show patients or their representative were aware that a safeguarding referral was to be or had been made. Finally, increasing the use of behavioural support tools for patients who have an identified impairment of the mind or brain to support any additional intervention.
Safeguarding Specialist Services and Public Health Directorate Audit	**This audit focused on key concerns from the 2021 audit. Which are:** Reducing the number of audit questions significantly from 50 to 31 questions and adding new MCA questions to the tool. Twelve children's services are involved in the audit and two services are at the stage of finalising their data. So far, this has shown an increase in the recording of consent for care, improving from 68 per cent in 2021/22 to 89 per cent in 2022/23. Recording of biological fathers' involvement has increased from 65 per cent in 2021/22 to 79 people in 2022/23 and recording of consideration of parents learning disabilities increased from 31 per cent to 56 per cent. Actions for improvement include adding consideration of parents learning disabilities to the assessment planning checklist and consent in the patient's overview.

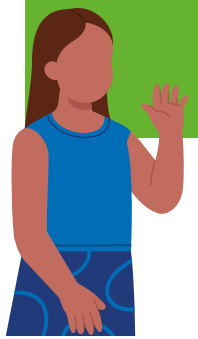
Local clinical audit	Actions to improve quality
Children's community Nursing pressure ulcer and tissue viability re-audit.	The results showed improvements in five of the eight standards, including evidencing of Purpose-T assessment tool being used from 50 per cent in 2021/22 to 72 per cent in 2022/23. The Purpose-T is a pressure ulcer framework used in hospital and community settings. It is used to identify patients at risk of developing a pressure ulcer, making distinctions between those at risk of developing and those who already have a pressure ulcer. Actions implemented from the 2021 audit, included focused staff training on Purpose-T and documenting evidence of KCHFT pressure leaflet audit to be shared with families and carers; this increased from 37 per cent to 88 per cent. Actions for the 2022 audit include; recording of Datix number onto Rio records and for all patients with pressure care to have a My Plan in place on their records.
Specialist Services and Public Health Directorate Record Keeping Audit	Sixteen services ran the record keeping audit in September 2022, entering 1,408 submissions. Head of quality and governance for specialist services reviewed the data to provide an overview of how the directorate performed against standards. The recording of a person's ethnicity was included as it had not been measured within an audit before at that level. Compliance with the overall standard was 66 per cent, due to school-aged immunisations not having an option to record ethnicity on Clinibooks and variation in the proportion of services recording ethnicity. Due to the findings, KMCAT has added ethnicity to the referral form and in March after re-auditing saw their ethnicity recording increase to 77 per cent. School aged immunisations are considering ethnicity as a development to their software.
Assessment, diagnosis and treatment of lower leg wounds	This audit formed part of the Commissioning for Quality and Innovation (CQUIN) framework and has collected data continuously from April 2022. The audit has given limited assurance of best practice but evidenced a rise in standards over the year. Actions arising from the audit have included reminders to staff to fully reassess non-healed wounds every 28 days as a minimum and refreshing the wound management suite of training on the trust's learning management system. Practice development nurses are providing targeted interventions to local teams and are leading a review of care plans on the EPR, RIO.

Local clinical audit	Actions to improve quality
Children's Kent Therapies pressure ulcer prevention and management audit	The audit provided limited assurance, with limited use of the Purpose-T assessment tool, however 73 per cent of children with high risk had had a skin assessment evidenced in the Purpose-T. The team is implementing actions including training and discussions on Purpose-T, understanding barriers to use, updating line management checklists to include Purpose-T. Raising awareness through team news and sharing the audit results at team meeting and via newsletter using the infographic. Incorporating tissue viability training in local induction. A re-audit is planned for November 2023
Assessment and documentation of pressure ulcer risk	Part of the CQUIN framework. The audit provided limited assurance but data collected across the year has shown documentation and compliance with the audit standards are improving. Actions have included the roll out of Wound Matrix, version 5, the introduction of re-assessment notifications and the wound management suite of training has been refreshed on the trust's learning system.
Duty of Candour (DoC)	The DOC audit is run as a dual aspect audit alongside compliance against the Serious Incidents Framework and a staff survey of their knowledge of DoC. The audit found: initiating DoC was deemed to be appropriate in 21 of 22 (96 per cent) of cases; a specific apology was made in 20 of the 21 (95 per cent) relevant cases, support was offered to the patient/family in all 21 cases (100 per cent); the opportunity for the patient/family to add to the terms of reference for the investigation were documented as being offered in 20 of the 21 (95 per cent) of cases; a final follow-up letter was sent in 19 of 21 (91 per cent) of the cases where it was deemed appropriate to initiate the final DoC. Staff survey findings showed of the 147 of staff who completed the survey 95 per cent agreed they were aware of the 'being open' terminology, 73 per cent of staff said they were aware of the DoC page onour intranet flo; 58 of staff stated they felt confident in having a DoC conversation. Improvements identified were to continue with the DoC training including a system learning day; to promote the DoC prompt stickers and communication support campaign.

Local clinical audit	Actions to improve quality
Safe Management of IV Therapy	The audit showed patients consented to treatment 100 per cent of the time. All relevant IV equipment (waste/sharps bin, Sani-Cloth wipes, Chloraprep, gloves and apron, sterile dressing packs, 10ml syringes, Bionector bungs) were available to clinicians 100 per cent of the time. On occasions when the VIP score was raised, appropriate escalation was taken every time. An area for improvement was that, three out of 14 cases showed the discharging hospital did not send any information home with the patient regarding their central venous access device (external line length measurement etc). Actions to address the issues include communicating with acute services to make sure IV Catheter insertion records are sent home with the patient or with the initial referral to community services
End of Life Care (Last year of life)	Data collection took place between February and July 2022 and there were 274 submissions. The overall assurance was limited, but there have been improvements from the audit conducted the previous year. In 77 per cent of cases care plans had been shared with other agencies, 93 per cent of patients had care provided in the preferred place of death, 88 per cent of carers were provided with information on how to access information/support. An improvement opportunity was provided through training provided by the End of Life Collaboration programme. New KCHFT website pages to be created to provide information on: end of life care, Government benefits, council carer support and national/local support groups. These webpages will also be printed and provided by community nurses.
Did not attend (DNA) Audit East Sussex schools, School Health One Point Service	The service works with parents, children and young people to make sure pupils' health needs are supported within their school and community. There is an agreed key performance indicator of seven working days from receiving a referral to completing their first assessment, which wasn't being met. The audit showed 99 per cent of did not attends (DNA) had two attempts to contact the family to offer an assessment and 13 per cent of DNAs were due to parents forgetting. Actions put in place include contacting a parent/carer by phone if they have not joined within five minutes. A script has been developed for the admin team to ask why the parent/carer has not attended, gaining a greater understanding of reasons for DNA, so the service can be tailored to suit service users' needs more appropriately. Training for staff how to record DNAs on Rio, the clinical software system, has also been delivered.

Local clinical audit	Actions to improve quality
Malnutrition screening – Part of the CQUIN framework	This audit has provided limited assurance. The audit showed that although almost all patients were being screened for the risk of malnutrition, this sometimes took longer than 24 hours from admission. Not all patients staying longer than 30 days were re-assessed and had their care plans updated, especially those initially assessed as not at risk. Improvement action include updating the assessment tool so it is easier to access and providers alerts when a re-assessment is due. Practice development nurses have worked with teams to show how to record effective management care plans and the hospital matrons have assessed and reviewed cases with no apparent care plan for nutrition to inform learning and cascaded the learning to their teams.
Dental Ionising radiation (Medical exposure)	Results showed that 97 per cent of grade one radiographs comply with the national standard. Radiographic request templates are completed if the operator is different to the referrer; 97 per cent of justifications are recorded in the patient's notes. The percentage of grade N radiographs also meet the recommended target for radiographs quality (<=5%). To maintain this level of excellent practice, the service will continue the system of one-to-one review with line managers.
Sexual Health Record Keeping	This audit evaluated compliance with professional standards and KCHFT guidelines for record-keeping across sexual health services. It formed part of a division-wide record keeping audit within Specialist Services and Public Health. The audit provided significant assurance with several areas scoring 100 per cent compliance, although a few areas were lower. To improve quality, the electronic records system has had mandatory check boxes added to prompt staff and training arranged on uploading documents and images.

Local clinical audit	Actions to improve quality
HIV Monitoring	This nationwide audit was conducted to understand how routine HIV monitoring was disrupted by the pandemic, see how HIV clinical services worked to maintain care standards and look at care delivery at the time of the audit (May – August 2022). The audit evidenced KCHFT performed above the average for HIV services in the UK during the pandemic for HIV viral load monitoring; the supply of antiretroviral medication; assessments of adherence and mental health and documentation of uptake of influenza and COVID vaccination. Performance was below UK average for documentation of intimate partner violence and a question on this has now been added to the assessment proforma.
Musculoskeletal Record keeping	There was continued high compliance with the recording of demographics (except ethnicity) and key assessment criteria such as history of present condition (HPC), past medical history (PMH), social history (SH), objective assessment and provision of exercises and advice. Ethnicity recording was low at 59 per cent. The assessing and recording of red flags improved notably to 94 per cent (previously 67 per cent). Abbreviation and documenting of treatment plan compliance improved to 88 per cent (78 per cent) and 97 per cent (66 per cent) respectively. Improvement actions will focus on visual analogue scale/patient specific functional scale, consent and ethnicity.
Kent Transition from Health Visiting to Kent School Health Audit	This audit found 50 per cent of referrals did not contain sufficient information for Kent School Health Service to understand the reason for referral. The relevant services are working together on the referral criteria so both fully understand what is required. However, consent had been obtained for the referral in 93 per cent of records and 100 per cent children that fitted the criteria were offered an assessment. Actions to improve quality include services reviewing the health visiting and Kent school health transfer of care guidelines and co-designing support available to families prior to child starting school are to be implemented by June 2023 with a re-audit on key areas of concern in January 2024.



The number of patients receiving relevant health services provided or sub-contracted by KCHFT during 2022/23 who were recruited during that period to participate in research approved by a research ethics committee was 148.

The number of patients receiving relevant health services provided or sub-contracted by KCHFT during 2022/23 who were recruited during that period to participate in research approved by the Health Research Authority was 301.

KCHFT's income in April 2022-March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because it was agreed in our contract with commissioners.

KCHFT is required to register with the Care Quality Commission and its registration status is registered without conditions.

The CQC has not taken enforcement action against KCHFT during the reporting period.

KCHFT submitted 108,380 records during 2021/22 to the Secondary Uses Service for inclusion in the hospital episode statistics, which are included in the latest published data.

The percentage of records in the published data, which included the patient's valid NHS number was:

- 100 per cent for admitted patient care
- 99.9 per cent for accident and emergency care.

Those which included the patient's valid General Medical Practice Code was:

- 99.8 per cent for admitted patient care
- 99.24 per cent for accident and emergency care.

The most recent KCHFT data security and protection toolkit self-assessment (DSPT) 2021/22 reported an overall score of 'standards met' and all mandatory assertions were responded to and evidence provided. During the annual TIAA audit for 2021/22, the trust was awarded substantial assurance, with some minor recommendations. The assessment was, therefore, categorised as fully compliant at that time and was published on 27 June 2022.

The 2022/23 annual TIAA audit of the DSPT and subsequent submission of the assessment is in May and June 2023, respectively. Therefore, there is still work underway on the 2022/23 assessment and it is not possible to provide an assurance position at the time of reporting.

KCHFT was not subject to the payment by results clinical coding audit during 2022/23 by the Audit Commission.

KCHFT has taken the following actions to improve data quality:

- by regularly analysing performance
- by regularly reviewing the data quality maturity index
- reviewing admission and attendance criteria.

As a trust, we review and report the deaths of all inpatients in our community hospitals and during 2022/23 there were 54.

Number of deaths from 01/04/2022 – 31/03/2023	Deaths
In quarter one (01/04/2022 – 30/06/2022)	8
In quarter two (01/07/2022 – 30/09/2022)	14
In quarter three (01/10/2022 – 31/12/2022)	19
In quarter four (01/01/2023-31/03/2023)	13
Total	54

By 31 March 2023, 18 case record reviews and 28 of investigations (structured judgement reviews) have been carried out in relation to 54 deaths for the reporting period.

01/04/2022 – 31/03/2023	Case record reviews	Investigations
In quarter one (01/04/2022 – 30/06/2022)	0	2
In quarter two (01/07/2022 – 30/09/2022)	0	13
In quarter three (01/10/2022 – 31/12/2022)	4	9
In quarter four (01/01/2023-31/03/2023)	14	4

Zero case record reviews and 16 investigations completed in the previous reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

The themes and lessons for improvements identified in two or more reviews have informed the actions we have taken in 2022/23. Those that will continue into 2023/24, are described in the following paragraphs.

We will continue to improve the quality of a patient's last day of life by:

- Completing holistic assessments to fully explore of EOL care needs, reasons for agitation and also consider pain, terminal decline, constipation, urinary retention, environmental etc to aid earlier consideration of syringe driver use.
- Documenting symptom assessment before and after administration of anticipatory medication. Provide PRN ('as needed') analgesia when indicated. Prompt prescribing of end of life care medication.
- Discussing and documenting pain relief including the reasons for patient refusing morphine, but choosing oxycodone. This will aid community teams to manage patients' medication and pain more effectively and be aware of previous methods and patient's preference for switching pain relief.
- Improving our response to people's pain when they are at the end of their life and are concerned about addiction.
- Considering subcutaneous medications to improve patient's vomiting, if a patient is refusing oral antiemetics.
- Carrying out a medical review of oral medication if oral medication is declined in last days or administration becomes difficult and consider switching to more tolerable methods, for example, subcutaneous.
- Making early decisions about whether or not to complete NEWs score and potentially recognise EOL more effectively.
- Helping staff feel empowered to stop clinical observations where these are documented as not supporting care management plans at end of life. There is a missed opportunity to use information from other disciplines to drive patient centred support.

We will improve involvement of the patient and family in advanced care planning discussions and documentation by:

- setting the parameters for care on admission and completing treatment escalation plans (TEP) at the earliest opportunity
- discussing and setting clear ceilings of care from outset and having essential DNAR conversations
- making sure there is a continual review of patient wishes and treatment escalation plans throughout admission
- making sure TEPs are updated promptly when revised plans are agreed
- supporting clear ongoing discussions about DNAR decisions when clinically appropriate
- having clear, direct and frank discussions about having a DNAR in place and explaining the outcomes if not in place i.e. transfer to acute in the event of cardiac arrest
- supporting staff to recognise terminal decline and there is work being carried out by the EOLC consultant nurse and the EOL training lead
- making sure earlier advanced care planning takes place and stage deterioration is noted by staff
- making sure the mental capacity assessment is used when patient presents with confusion
- making sure teams consider a best interest decision and improve communication with families about rapid deterioration and a potential sudden event, leading to death.

The impact of learning from all mortality reviews completed during the reporting period are described in the following paragraphs.

Care planning

- Completion of TEPs has been a focus for the community hospitals head of service. This action was

raised by the EoLC Steering Group. Advanced care planning should begin when deterioration is first noticed and can be carried out by any trained member of staff. The EoLC consultant nurse meets with hospital matrons to reflect on joined up care, ensuring TEP discussions happen with every patient. Barriers were identified, which included a lack staff confidence with the process so training was provided. The training also covered the importance of talking to the frailty team or senior clinicians when TEP not for escalation is in conflict with NICE guidance, for example when a patient's had a fall on anticoagulant medication.

- Senior nursing staff now use quieter 'down times' to check ward documentation to make sure daily bowel charts are completed to better manage constipation and delirium in patients with advanced frailty and dementia.
- To promptly and effectively review patients when returning back from short acute transfers and take appropriate action for example; exploration of possible bowel obstructions findings.
- A change to the allocation of medical support to the community hospitals in east Kent has led to more consistent support with a mix of doctors, ACPs and trainee ACPs reducing reliance on one medical representative. This mitigates the gap that was seen due to one medical representative unable to undertake face-to-face interventions because of Covid shielding restrictions.
- There has been a big drive for verification of expected death (VOED) training in all community hospitals. The sign off for this competency has been reduced from needing three witnessed VOEDs to one, post online training. This has helped to train all appropriate hospital staff and avoids reliance on staff from community services.
- The community consultant geriatrician for west Kent sites initiated a forum for discussing mortality review cases, to provide support and training for doctors.

The focus for these meetings worked on determining the cut off point for transfer of patients to the acute and balance the benefit to patient and advanced care planning.

- Deputy chief nursing officer promoted awareness to all staff including bank and agency that if a patient has high anxiety and has an infection, family visits can still be offered for emotional support.
- Missed opportunity for collecting stool samples; type 5-7 stool within 48 hours of admission. Action plans are being monitored by the Infection Prevention and Control Team.

Medication

- The Rapid Transfer Service (RTS) now challenges all referrals where patients could be EOL. This supports the ideal that conversations for end of life care need to start in an acute setting to build confidence in the patient and with their family.
- In new acute hubs, every patient going on a discharge pathway or a complex discharge pathway is now discussed together as a multi-system approach. The Queen Elizabeth the Queen Mother (QEQM) hospital hub in Margate started in December, the William Harvey Hospital (WHH) hub went live in February and Kent and Canterbury's hub in March. Early results are good and indicate this will reduce transfers of care issues, where people don't feel they're on the right pathway.

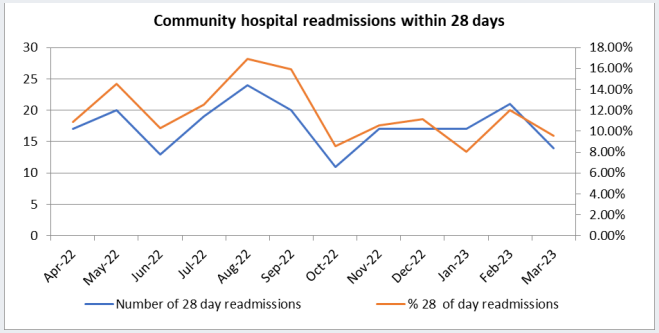
Reporting against core indicators

Indicator 19: Hospital re-admissions

KCHFT is not commissioned to deliver inpatient paediatric care, therefore only the percentage of patients aged 15 and over re-admitted to a hospital within 28 days of being discharged from a hospital is shown here:

	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Number of 28-day readmissions from discharge	17	20	13	19	24	20	11	17	17	17	21	14
Percentage 28-day readmissions	10.92	14.54	10.27	12.52	16.91	15.94	8.57	10.55	11.12	8.01	11.99	9.57

	2021/22	2022/23
Number of 28-day readmissions from discharge	207	210
Percentage 28-day readmissions	10.42	11.66



KCHFT considers this data is as described for the following reasons:

- the data is regularly extracted and checked
- it is shared with services for validation
- it is collected at point of delivery in the majority of cases.

Indicator 25: Patient safety incidents

The patient safety agenda includes the following objectives:

- promote an effective learning and reporting culture
- continue to embed the use of National Early Warning Score (NEWS2) and Paediatric Early Warning System (PEWS) across community teams
- decrease patient incidents causing moderate or severe harm by 10 per cent.
- Explore guidance and required actions to support implementation of the Patient Safety Incident and Risk Framework (PSIRF).

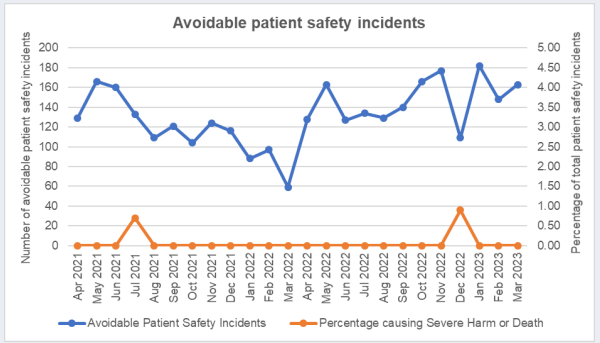
Following a review of past incidents, action plans and the national framework we focused on the following areas to make sure staff are equipped in delivering quality care and improve the outcome for patients.

Our progress

- The Patient Safety and the Risk Team worked with allocated staff members to review and redesign reporting questions and investigation requirements on Datix. The weekly Patient Safety Summit Forum has provided a platform to ensure concerns, incidents or themes can be shared. The Patient Safety Team also devised a newsletter in a simple reminders format along with a lesson learned section within the weekly internal communication flomail to make sure learning is shared widely. The After-Action Review learning process linked to PSRIF supported timely review of learning from incidents that did not meet the serious incident framework.
- We introduced patient safety training for all staff. The syllabus sets out a new approach to patient safety emphasising a proactive approach to identifying risks to safe care while also including systems thinking and human factors, all of which has been incorporated into the training.
- The end of year incident review for 2022/23 demonstrates we have had a decrease in moderate or severe harm incidents when compared to year 2021/22. The support measures taken to implement PSIRF has continued with internal and external partners.
- The Transfer of Care Group continues to look at safe patient transfers from our acute partners to community settings or vice versa. The group enables staff to have a space where incident and learning can be reviewed and achieve system learning while understanding each other's risk.
- Yearly audit of NEWS2 and PEWS within the agreed settings across the organisation has continued to show tools are being used. Learning from each audit is shared and support measures assist, such as reviewing training and delivery.

The number of patient safety incidents reported at KCHFT during 2022/23 and the number and percentage of such patient safety incidents that resulted in severe harm or death are shown here:

	2021/22	2022/23
Avoidable patient safety incidents	1406	1766
Avoidable patient safety incidents (causing severe harm or death)	1	1
Percentage of total patient safety incidents causing severe harm or death (%)	0.70	0.90



KCHFT considers this data is as described as it is captured on the Datix system by the member of staff who discovered the incident, making sure the data is first-hand information.

Incidents are subject to a comprehensive review process at multiple levels across the organisation validating the accuracy of the data.

To improve this number and the quality of services, we have:

- developed a comprehensive risk and incident training package, which includes a webinar delivered to new starters
- regularly reviewed the incident reporting system to make sure information captured is relevant and improves patient safety
- enhanced the reports produced to include improvements. This has encouraged a positive patient safety culture where staff are able to see the benefits of reporting incidents
- shared learning from incidents at the trust's quality improvement network, supporting a positive safety learning culture
- triangulated learning from patient feedback, complaints, internal quality reviews, incidents, claims and developed QI programmes.

Friends and family test

The trust has continued to seek patient and service user feedback through the collection of the Friends and Family Test (FFT).

From April 2022 to March 2023, 47,606 FFT questions were answered with 98.4 per cent of people rating their overall experience of the service they received as very good or good.

47,606
Friends and Family Test questions answered

98.8%
Very good or Good rating

Referral to treatment (RTT) indicator

This section shows our performance against the relevant indicators and performance thresholds set out in the oversight documents issued by NHS Improvement. For our trust, this is only one indicator which is the RTT indicator. When we submit our RTT data nationally, the standard reporting metric is "in aggregate – patients on an incomplete pathway" and the general principles are that once a person has been referred for treatment, the waiting time clock has started and continues to tick until:

- the patient starts first definitive treatment or
- a clinical decision is made that stops the clock.

These data for 2022/23 are provide in the following table:

The maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway:

	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
RTT incomplete pathways (%)	99.86	99.93	99.81	99.76	99.93	99.48	99.87	99.80	98.37	98.34	98.24	95.68

Regulation: Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care providers to improve which is achieved through monitoring and inspections.

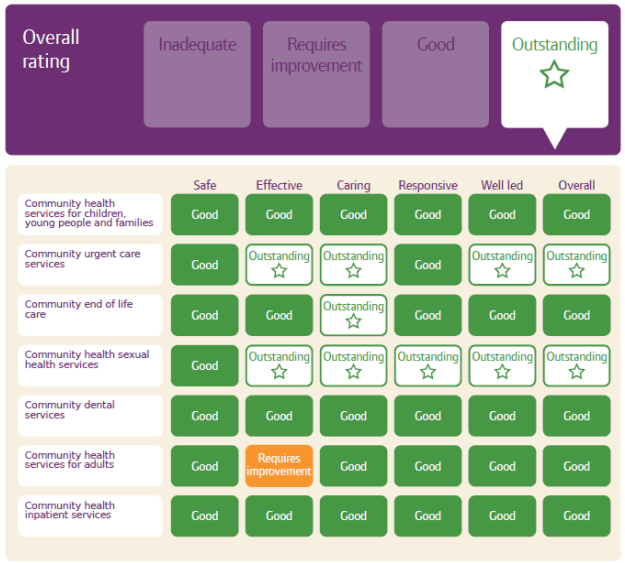
Inspected and rated Outstanding ☆ CareQuality Commission

Rating

KCHFT was subject to a trust risk-based CQC inspection in April and May 2019. The community urgent care, sexual health, end of life and dental services were reviewed as well as a trust wide well-led inspection. The CQC overall rating of KCHFT at this inspection was outstanding.

The CQC's Deputy Chief Inspector of Hospitals Dr Nigel Acheson said: "The trust's determination to develop a patient-centred culture has improved services. This has ensured the overall rating has moved to outstanding."

"All the staff are completely deserving of this and it has been a real privilege for me to be associated with aspects of the trust." Pat Conneely, patient representative.



Our inspection reports can be viewed here: https://www.cqc.org.uk/provider/RYY/reports

We care reviews

The trust has had an assurance visit programme since 2014 which has evolved over the years in response to the changes in the approach taken by the regulator of health and social care in England, the Care Quality Commission (CQC) and KCHFT's organisational strategy.

The We Care review programme was introduced in 2018 to enable the delivery of high-quality care, shared learning and quality improvement initiatives to make sure:

- the care we deliver is in line with the CQC's fundamental standards
- there is increased transparency and assurance
- staff are confident to articulate their rationale for care delivery in peer review
- the use of trust data can reliably inform what is seen during a visit
- of the involvement of all KCHFT staff and stakeholders.

The We Care Framework

The We Care review programme uses the CQC's fundamental standards and key lines of enquiry (KLOE) as a framework to ensure consistency and parity of all visits.

Care is taken to make sure the skills, knowledge and experience of the visit team enables a comprehensive review of the service and the potential for bias is sufficiently mitigated. This means that quality reviewers do not visit services within their own divisions and a member of the quality management team facilitates each review to provide knowledge of CQC regulations. Where possible, the same quality management reviewer will visit all teams with a service or division for consistency.

The quality review team is made up of a member of staff with a clinical and professional registration, a peer, and a non-executive director, governor or patient representative. The size of the operational team being visited is always considered when assigning the quality review team.

Each We Care visit includes a review of the five key questions; is a service safe, effective, caring, responsive and well-led and areas for improvement are differentiated between service and trust level, which supports the trust's evaluation of well-led.

This year visits included a focused view on equality, diversity and inclusion. This was done by looking at how services are delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the equality act and those in vulnerable circumstances. These key lines of enquiry we agreed with the assistant director of participation and involvement and the chief people officer.

Following the visits, any areas of immediate concern are communicated to the service manager and senior leadership team, however this has never been required. A draft inspection report which details ratings for each of the key question and an overall aggregated rating is shared with the team within two weeks of the visit. The report details areas of both good practice and improvement and an improvement plan is developed.

For teams and services that have a rating of requires improvement, a follow up visit is arranged between the Quality Management Team and the service three months after the visit and ratings are reviewed.

In 2022, 17 visits took place to the community urgent care services, which included acute response teams, minor injuries units and urgent treatment centres. The School-Aged Immunisation Service were also visited. Of the 18 services that participated in a We Care review in 2022, 45 per cent were rated outstanding, 50 per cent were rated good and 5 per cent were rated requires improvement.

The greatest number of requires improvement ratings are for the safe domain (17 per cent, n=3) which is consistent with previous years. All three of these were at UTC/MIU sites and related to environmental issues with call bells and fire doors and recording of patient safety incidents on Datix.

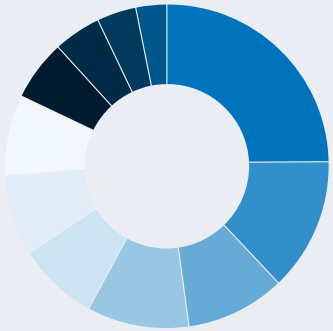
The domains with the greatest number of outstanding ratings are caring (55 per cent) and well-led (44 per cent). There were two services rated required improvement for the Well-led domain. These ratings relate to mixed staff satisfaction and management of performance and risks.

We Care 2022 domains and ratings

	Safe	Effective	Caring	Responsive	Well-led
Requires Improvement	3	0	0	0	2
Good	15	14	8	17	8
Outstanding	0	4	10	1	8

Recommendations identified from We Care visits have been categorised thematically to identify patterns and where greater intervention is required which can be seen in the following figure. To drive quality improvement, services develop an improvement plan based on the recommendations identified in the We Care review report. The improvement plans are monitored through divisional governance groups and themes are included in the bimonthly quality report which is presented to the Quality Committee.

Recommendation themes



- **25%** Equality monitoring
- **13%** Training compliance
- **10%** Patient experience collection rates
- **10%** Knowledge of service data
- **8%** Standardisation of policy implementation
- **8%** Complaints
- **8%** Risk Register
- **6%** Incident reporting
- **5%** Use of interpreting services
- **4%** Role progression
- **3%** Supervision

An evaluation of the 2022 We Care visit programme has been undertaken.

Survey results showed that quality review panels were overwhelmingly supported by all respondents, feedback showed that they well organised and chaired and are felt to be positive, inclusive and a learning opportunity.

Survey results from the teams visited showed that:

- 100 per cent of staff had an opportunity to speak with the We Care team
- 100 per cent of staff felt they were able to raise any concerns they had during the review
- 100 per cent of staff stated the report was shared with the whole team
- 100 per cent of staff felt the visit improved their understanding of CQC standards and inspections
- 91 per cent of staff felt there was more transparency in the team, such as speaking up when things go wrong, learning from incidents and sharing learning following the review
- 90 per cent of staff felt the report reflected what makes them proud, recognised and valued
- 82 per cent of staff felt the visit improve their confidence to talk about how care is delivered in their service
- 64 per cent of staff felt that practices and processes have been adapted to improve patient safety following the review.

The learning disability improvement standards for NHS trusts

There are more than 1.2 million people in England with a learning disability and 200,000 people with autism who should be able to expect high-quality, personalised and safe care when they access NHS services. Nationally however, this has not always been the case and they have received poorer care and support than the general population.

The national learning disability improvement standards for NHS trusts apply to all services funded by the NHS with an aim to promote greater consistency and make sure that people with a learning disability and/or autism get the outcomes they deserve.

There are four standards by which a trust's performance is measured and these are:

1. respecting and protecting rights

2. inclusion and engagement

3. workforce

4. specialist learning disability service.

Our performance against the learning disability standards

1. Respecting and protecting rights

We are able to identify children, young people and adults with a learning disability and/or autistic people who are on a waiting list for assessment and/or treatment and if required, disaggregate specific outcome data regarding patients with a learning disability and autism. Our organisation routinely monitors waiting times for children and reports to the Board.

We do not apply restrictive practices and we audit deprivations of liberty placed on people with a learning disability and autism.

In 2022, there were no serious incidents regarding children, young people and adults with a learning disability or autistic people. Benchmarking shows our safeguarding referrals are significantly lower than the mean.

KCHFT is represented in the local Learning Disabilities Mortality Review Programme (LeDeR) steering group and we monitor rates of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions for people with a learning disability.

2. Inclusion and engagement

We provide appointments at times of day to make it easier for children, young people and adults with a learning disability, or autistic people and their families to attend. We are also able to provide visits within a person's home instead of an attending an outpatient appointment.

The number of people we employ with a learning disability or autism has increased each year and we are in the upper quartile of all NHS organisations.

Our organisation makes reasonable adjustments to complaints processes, to avoid people with a learning disability or autisic people having excess form filling or having to write excessive amounts of detail during the complaints process. We also use ask, listen, do, good practice resources to improve feedback, concerns and complaints for children, young people and adults with a learning disability, autistic people and their families.

Teams and services are using co-design and production to deliver working together groups and drive service improvement based on the feedback of people with a learning disability and/or autism. We work with people who access the KCHFT adult learning disability Easy Read group to make sure information is accessible and easier to understand. We presented the work of the group to the National Patient Experience of Care Conference hosted by NHSE/I.

3. Workforce

KCHFT has a highly skilled workforce, with the proportion of registered learning disability nurses higher than the sampling average. We have a Board-level lead for monitoring and assuring the quality of service provided to children, young people and adults with a learning disability and/or autism.

We recognise that maintaining workforce is an important challenge for the NHS and we include data on current and future issues arising from retention and recruitment difficulties relating to the learning disabilities workforce; workforce plans also include provisions to supper the development of new roles in learning disabilities care.

4. Specialist Learning Disability Service

The KCHFT Community Learning Disability Team works with adults who have a learning disability and health conditions that need specialist care. The team provide community nursing care, occupational therapy, physiotherapy, vision and hearing support, and speech and language therapy assessment and interventions.

All learning disabilities clinical staff are trained in positive behaviour support training, in accordance with the competencies associated with their specific role. Our trust is signed up to stopping over medication of adults with a learning disability and autistic people with psychotropic medication and the STOMP pledge.

Work remains ongoing between children's services and the Adult Learning Disability Service to embed the Ready Steady Go Hello transition programme. The Clinical Quality Lead role was introduced and provides quality assurance, supports quality improvement projects and strengthens professional standards and development across the adult learning disability and neurodevelopment services.

The adult Neurodevelopmental Service was launched in April 2022, which includes diagnostic assessment for autism and add, and also 'post-diagnostic support' in the form of enablement from occupational therapists. The service has two link workers who help people access the service.

Areas for development

Following previous rounds of benchmarking against the improvement standards, improvements have been focused to make sure services from community universal services, not just from the KCHFT specialist adult learning disability team, contribute. This is to raise the awareness and understanding of adults and children accessing services and reduce heath inequalities. Learning Disabilities Champion training has recommenced so each service has a nominated champion to receive regular updates of local and national priorities and be invited to forums to share best practice. The training included communication, reasonable adjustments, mental capacity, best interests among other topics.

To make sure data can be obtained and scrutinised for people who has autism who do not have a learning disability, a distinct "autism" drop-down was added to our risk and incident management system, Datix.

Between April 2021-March 2022, 7.5 per cent of all Patient Advice and Liaison Service (PALS) were in regard to access times for autism and attention deficit hyperactivity disorder (ADHD) diagnostics. The service is investing in support to assist families while awaiting appointments and the detail and outcome of this will be reported in the 2022/23 benchmarking exercise, in December 2023 and January 2024.

Freedom to speak up guardian

KCHFT has a freedom to speak up (FTSU) guardian who is responsible for supporting colleagues to raise concerns in the trust. The FTSU guardian provides confidential advice to colleagues and agency workers employed by KCHFT or volunteers, about concerns they have and/or the way their concern was handled.

FTSU guardians do not get involved in investigations or complaints, but help the process. They have a key role in making sure colleagues do not experience discrimination or are victimised because they raise a concern in good faith, particularly those who may be more likely to be discriminated against due to race, disability or sexual orientation.

They will make sure:

- colleagues' concerns are treated confidentially unless otherwise agreed
- colleagues receive timely support to progress their concern
- any indications that someone is being subjected to detriment for raising their concern is escalated to the board
- the organisation provides colleagues timely feedback on how their concern is being dealt with
- colleagues have access to personal support since raising their concern may be stressful.

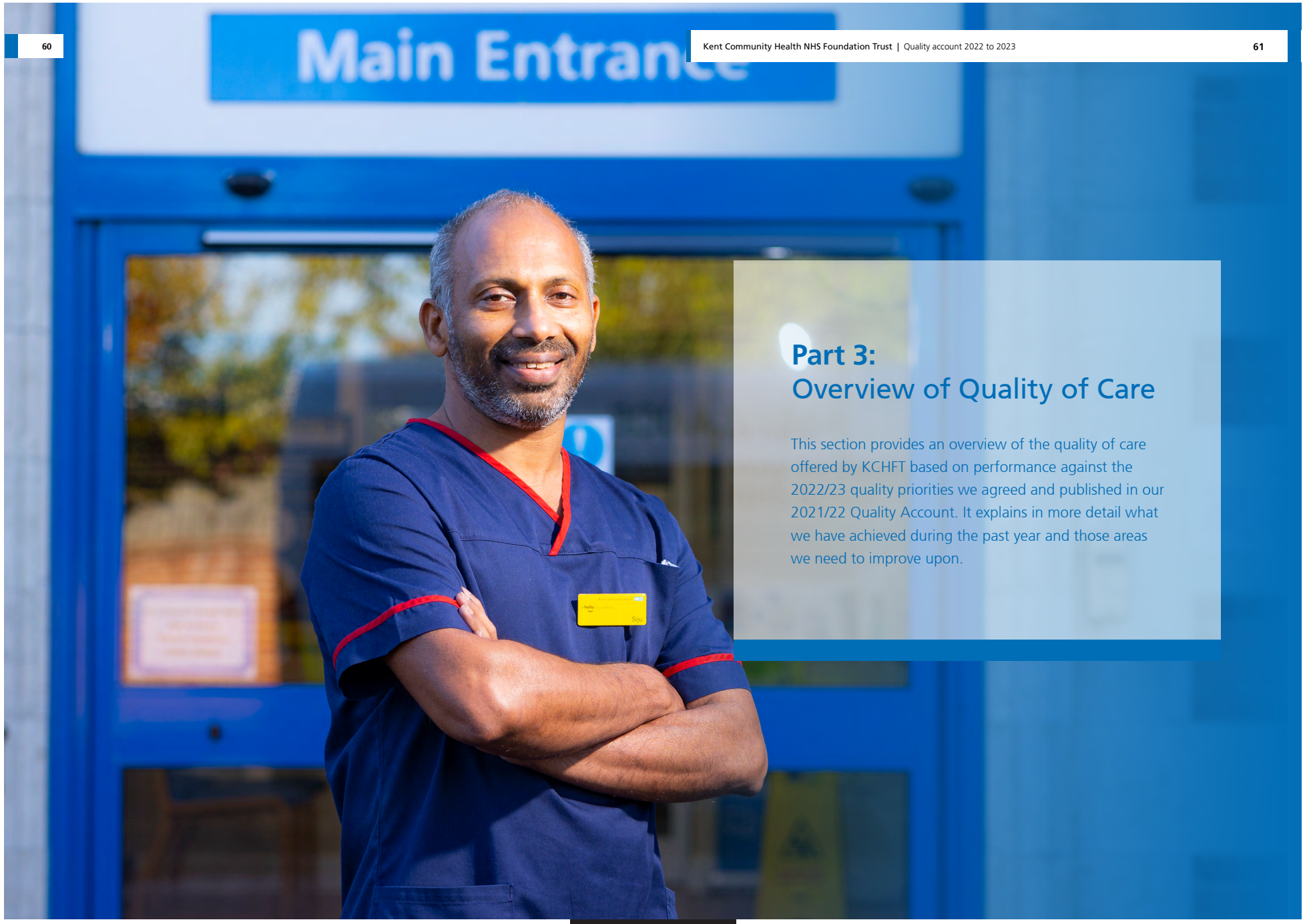
The trust has a number of FTSU ambassadors and their role includes encouraging colleagues to speak up by providing informal advice, sign-posting and promoting positive examples of changes that have occurred as a result of speaking up.

A campaign to promote the benefits of speaking up ran throughout the year and will continue during 2023/24. The FTSU guardian continues to raise awareness of speaking up and shares ways to get in touch, such as the dedicated email and phone line for colleagues to discuss their concerns.

The following table details the total number of cases raised to the Freedom to Speak Up Guardian and the case themes.

FTSU contacts 2022/23	20
Patient safety/quality	1
Worker safety or wellbeing	6
Bullying or harassment	6
Inappropriate attitudes or behaviours	6
Detriment from speaking up	1

Between 1 April 2022 and 31 March 2023, the FTSU guardian logged and was involved in 20 new cases. Themes of the cases were discussed with the chief executive and bi annual report is presented to the Strategic Workforce Committee. The trust has a named non-executive director lead for freedom to speak up, who acts as an alternative source of advice and support for the guardian.



Part 3:
Overview of Quality of Care

This section provides an overview of the quality of care offered by KCHFT based on performance against the 2022/23 quality priorities we agreed and published in our 2021/22 Quality Account. It explains in more detail what we have achieved during the past year and those areas we need to improve upon.

Improving safety for **the people we care for**

Goal	Target	Baseline	Achieved	Outcome
People with a high risk of developing pressure ulcers will receive preventative interventions	90 per cent of patients will have a risk assessment completed upon admission to our caseload	63.76 per cent	81 per cent	Not achieved

What are pressure ulcers?

Pressure ulcers, which are also known as pressure sores or bedsores, are injuries to a person's skin and underlying tissue, primarily caused by prolonged pressure on the skin. Pressure ulcers can happen to anyone but they usually affect people who are bed-bound or sit in a chair for long periods of time; they can also be caused by pressure from a medical device or equipment such as a nasogastric tube.

Who is most at risk of getting pressure ulcers?

People in the care of KCHFT may be at risk of developing pressure ulcers for a number of reasons, but increasing age is a significant factor as older people are more likely to have mobility problems and skin that is more easily damaged through dehydration and other factors such as:

- poor blood circulation
- spinal cord injury which has resulted in a loss of sensation
- conditions such as diabetes, neurological disease and disorder, stroke, heart and lung disease
- smoking
- suffering from incontinence
- the effects of sweat and perspiration
- previous wounds
- if a person has lost of skin folds
- Inadequate food or fluid intake
- Being very underweight or overweight
- Being very ill or have had complicated surgery
- Dry, oedematous (swollen with fluid), or poor skin condition.

Preventing pressure ulcers

Pressure ulcers happen as a consequence of many interrelated factors so it can be difficult to completely stop them from happening. Nevertheless, there are preventative measures which can be put in place, once a person's specific risk factors are identified, and to do this we use the Purpose-T – pressure ulcer risk assessment and SSKIN follow up skin assessments to evaluate the ongoing integrity of the skin.

Why this is important

While it is not possible to remove all risk and prevent pressure ulcers entirely, we seek to make sure that every patient receives treatment of the highest quality whilst under our care. Risk assessments and ongoing evaluation of skin integrity enables us to identify if the management plan in place is effective and determine if changes are required to a person's care plan.

What we said we would do

As soon as a person is admitted to our caseload, an assessment must be completed without delay so the interventions they need to stay healthy and safe are implemented. As KCHFT care and treat patients in a variety of settings which include, community hospitals, people's homes, clinics and care homes, the timeframe to complete these assessments was set to within 48 hours of admission.

We reviewed the data when this quality priority was set, which showed that 63.76 per cent of patients received a risk assessment within 48 hours of admission. We set a target that by the end of March 2023, this would increase to 90 per cent.

What we did

The outcome measure for this quality priority was to make sure patients receive timely risk assessments and effective skin integrity checks which would be reported via our electronic patient record, Rio.

To make sure that this happened a number of improvement projects took place and these are outlined below:

Training and awareness

The Tissue Viability Team is made up of specialist nurses in all aspects of skin and soft tissue wounds. They provide advice and support to nursing staff and other healthcare professionals to develop and improve their practice with the view to raise quality and standards in the care of tissue viability. The team updated the pressure ulcer prevention pathway and the moisture associated and incontinence care pathways to provide clinical staff with the information they need in an accessible format. Alongside the development of tissue viability e-learning packages, bespoke training was provided for the care of people at the end of their life, outreach support and training was provided to nursing homes and the KCHFT tissue viability workspace on the trust intranet, flo was improved.

An important aspect of training and awareness is empowering patients and their families and carers in self-management. A new "Keeping the pressure off, a guide about pressure prevention" was developed to inform patients and those who care for them, of the preventative steps they can take which include, checking their skin, looking for red patched in light skin and purple patches on dark skin and where on their body these may be and encouraging the intake of fluids and frequent repositioning. These were given to patients to provide further information following a conversation with their healthcare professional.

Documentation

The trust's EPR, Rio, is used to report information on the proportion of pressure ulcer risk assessments completed within 48 hours of admission to our caseloads. Following a review of risk assessments on Rio, additional elements were added electronic form to help staff with documentation processes and allow the documentation audit to show whether an assessment had been completed, a risk had been identified and actions were being taken. However, a challenge with using Rio as an audit mechanism became apparent. A patient being treated in the community may sit on multiple caseloads which makes retrieving specific documentation information difficult. A non-executive director led review of pressure ulcer improvement was undertaken in October 2022 which included discussion with nursing staff and students from community team across Kent. All staff and students spoken with were unanimous in their understanding that risk assessments must be completed during a patient's first appointment. This conversation also highlighted that demand and capacity struggles alongside the increasing volume and complexities of patients being treated in the community, meaning that information is added to progress note, rather than the appropriate risk assessment window. As a result, all of the risk assessments completed are not showing on Rio documentation audits. As a mitigation, the tissue viability team completed documentation audits and the results of these are shown in the following table.

Source	Q1 (%)	Q2 (%)	Q3 (%)	Q4 (%)	Mean (%)
Rio	63.09	64.86	63.76	64.62	64.08
Documentation audit	82	85	80	77	81

Learning

After-Action reviews are a learning process linked and provide a timely review of any incident that did not meet the serious incident framework. The learning captured from pressure ulcer after action reviews is cascaded through nursing teams and the pressure ulcer innovation network group to promote the measures to support team work.

The patient safety and clinical risk group is a sub-group of the Quality Committee and monthly reports are provided to highlight where successful learning has been implemented but also as a point of escalation when further support or intervention is required.

What we achieved

We did not achieve the 90 per cent target, we are committed to embedding our processes to improve the proportion of people that are risk assessed for pressure ulcers within 48 hours of our caseload and the reporting of this via the EPR.

Keeping patients safe and delivering high quality care remains a priority, at the time of writing this report, NHS benchmarking information shows there has been a 34.6 per cent reduction in lapses in care when comparing pressure ulcer incidents from 2021/2022 and 2022/2023. The number of pressure ulcers declared serious incidents has reduced by 57 per cent and national benchmarking of the rate of new grade 2, 3 and 4 pressure ulcers while under the care of KCHFT is 0.12 per 1,000 patients on caseload compared to the national mean of 6.2.

What this means for you as a patient

Patients can be assured they will be treated by a highly skilled and compassionate workforce who will work hard to identify pressure risk and empower patients with the knowledge the need to support their care.

Improving safety for **the people we care for**

Goal	Target	Achieved	Outcome
Pilot coordinated referral and booking for Kent families accessing tongue-tie procedures.	**100 per cent of families will be offered:** Pre-procedure support Post procedure support	**Pre-procedure support:** 98.22 per cent **Post procedure support:** 94.97 per cent	Not achieved

What is a tongue-tie?

Tongue-tie is where the strip of skin connecting a baby's tongue to the bottom of their mouth is shorter than usual. Some babies who have tongue-tie are unaffected but in others it can restrict the tongue's movement, making it harder to breastfeed. Babies who bottle feed also may have feeding problems associated with tongue-tie. Where tongue-tie is affecting feeding, treatment involves a simple procedure called tongue-tie division.

Breastfeeding is an important public health priority, and high impact area within the Healthy Child Programme. Supporting families to breastfeed and increasing opportunities to breastfeed offers the best possible start in life.

Why is this important?

It is imperative babies can feed effectively and if tongue tie procedures are required, a coordinated referral and booking process provides a consistent approach and a single point of contact for families and carers, which will hopefully alleviate some of the anxiety they will undoubtedly feel when preparing and recovering from procedures.

What we said we would do.

The Health Visiting specialist infant feeding team will establish a tongue-tie coordination service where:

- initial oral assessments are completed by the specialist infant feeding team
- referrals are centralised and triaged using a consistent process
- booking are coordinated with a single point of contact for families
- access to tongue-tie divisions close to home are made possible
- are and post procedural support are offered.

What we did

In 2022/23 our Specialist Infant Feeding Service established a Tongue-Tie Co-ordination Service which offered pre and post procedure support to Kent families accessing tongue-tie division procedures. This was supported by funding made available from the Kent and Medway Integrated Care Board and Kent County Council and involved working in partnership with East Kent Hospitals University NHS Foundation Trust (EKHUFT) and Maidstone and Tunbridge Wells NHS Foundation Trust (MTW) as providers of tongue-tie divisions in Kent.

What we achieved

During 2022/23, the Kent Tongue-Tie Co-ordination Service operated as a single point of access for families accessing tongue-tie divisions in Kent as part of the wider Specialist Infant Feeding Service

In partnership with EKHUFT and MTW a single Kent referral form was created and is accessible online to provide a centralised referral and appointment booking route whilst enabling oversight of referrals across Kent. Work was also completed on an information leaflet for families available in electronic and printed form.

The Tongue-Tie Co-ordination Service supported 1,431 families during 2022/23

Following a review by the Kent and Medway Integrated Care Board and Kent County Council the pilot will extend for a further year into 2023/24.

What this means for you as a patient

If your baby needs tongue tie division, there is a dedicated team to coordinate the process and make sure the experience is positive for the family. We also engage with families to support better feeding though our Health Visiting Service and the Beside You partnership **Who is Beside You - Beside You (wearebesideyou.co.uk).**

Improving safety for **the people we care for**

Goal	Target	Baseline	Achieved	Outcome
Decrease trust wide reporting serious incidents where missed/deferred visits were a contributory factor by 50 per cent.	2	4	2 PSII and 3AAR	Not achieved

What is a missed or deferred visit?

A missed or deferred visit is a one where a planned patient visit does not take place or is delayed.

Why is this important?

Missed visits can potentially have an adverse impact on a patient's condition in terms of their physical and psychological health. For example, if a visit is omitted for a wound dressing, the wound may deteriorate or healing may be delayed. If it is a visit for important medication then the physical condition may become unstable, leading to a deterioration and possible side effects of missing the dose.

Deferred visits are slightly different in that they are a planned event. The member of staff will consider if it is safe to move the visit, considering the impact on the psychological and physical health of the patient. The patient should be contacted with an explanation and reassurance given that harm will not result, making sure they are comfortable with the decision. Deferred visits can increase a person's risk of harm if these happen in succession. This can occur if staff are unaware that it has been deferred before and then the risk of causing harm increases in the same way as if the visit had been missed unintentionally. The level of anxiety experienced by the patient may also increase if they are concerned about potential repeated delays to treatment having an adverse effect on their health.

What we said we would do.

The focus for this work has been on reducing the number of missed visits and managing the process of deferring visits to reduce the likelihood of harm to patients.

We said we would work with our community nursing teams to understand why missed and deferred visits happen, thinking about caseload management and allocation considering the impact of demand and capacity within the teams.

We also wanted to analyse electronic patient record data for deferred visits, with a view to improve both the management and monitoring of deferred visits to make sure patient safety was preserved.

What we did

The community nursing teams have told us about their caseloads, describing the high demand for visits to patients in their own homes. When allocating the work for the team each day, consideration must be given to the number of planned visits against the number of available staff. In addition, they need to consider the nursing skills needed to meet the needs of the patients and the distribution of where the patients live.

As well as the planned visits, there will be additional requests for visits as these are referred to caseloads throughout the day. These may be urgent and require a swift response resulting in the need to prioritise specific patient visits, meaning some visits may need to be deferred. While deferring patient visit is a planned process, there may be times when a patient is deferred more than once which may be detrimental to their care.

A variety of approaches were taken to reducing the demand for nursing care delivered at home and the capacity or ability of the nursing teams to meet this and these are described in the following paragraphs.

Process

We have worked with teams as part of the quality improvement collaborative which looked at issues of demand and capacity. We have listened to what they are saying about their workloads how this is managed. To identify potential solutions, teams looked at their triage processes and captured data on the length of time spent managing referrals that do not fit the criteria for community nursing, or those that require much more information to be successfully managed. KCHFT started to meet with GP colleagues to develop working relationships and explore how we can work together to improve the referral processes. Teams are currently redesigning the referral and triage processes and forms making it easier and more efficient to identify a patient's needs and complete triage.

A standard set of guidelines has been agreed to manage deferred visits. This process has been devised by the Rio team and shared with all community nursing teams during this period to have one standardised process. It allows for reasons for deferral to be clear, and also has the facility of a box to show how many times a visit has already been deferred. The box makes it clear if a visit has been deferred on more than one occasion. This should prevent a visit from being deferred several times to the detriment of the patient.

Workforce

We have taken steps to increase our workforce and equip them with the knowledge and skills they need to care for patients with increasing complexity. A number of internationally educated nurses (IEN) have been welcomed to the trust, and as they become competent and familiar with the requirements of a community nursing caseload, they have become valued members of the teams and have increased the available workforce.

Our practice development nurses develop, facilitate, deliver and evaluate a range of programme and teaching sessions to improve the quality of care and they undertake a skills gap analysis of community nursing staff to identify what support they need. As their skill base increases, it makes the allocation of nursing visits a more straightforward process as more staff are available to meet the demand.

Administration

NHS administrative staff provide key business support and help patients to speak to the right person and coordinate activity with clinical staff. New administrators have been appointed to complete some of the administrative functions that clinical leads were undertaking which means they can spend more time caring for patients with more complex needs.

To try and reduce the missed visits, team administrators download weekly reports which show if follow up appointments have been missed which are then shared with clinical team leaders to make sure that these are booked in.

Handover

Community teams have processes to make sure during transmissions of care or when there is a change in nursing staff, a structured handover of care (verbal and written or electronic) is carried out. Upon review, a small risk was identified whereby patients seen at the end of the day may not have been reviewed until lunchtime handover the following day and follow up appointments not discussed or scheduled. Consequently, handover processes have been changed so these patients are reviewed at a handover the following morning.

What we achieved

There has been a standardisation of processes across the 80 community nursing teams and the profile of missed and deferred visits has been raised and discussed widely within our services. We have taken time within adult clinical services to understand all of the factors which contribute to risk of a visit being missed or deferred.

Through the QI Collaborative we have taken time to consider the impact of demand and capacity and have undertaken plan, do, study, act (PDSA) cycles to improve processes and systems of working to release capacity to care for patients. The effect of human factors has been considered and there will always be a number of occasions when a visit is missed due to human error.

The introduction of the Patient Safety Incident Response Framework means that we review and categorise patient safety incidents in a different way and this provides greater opportunity for learning and making improvement to the way in which we deliver patient care. As such, serious incidents cannot be compared directly with patient safety incident investigation.

We have been able to measure missed and delayed visits and to compare these with the activity performance monitoring. This has given us the ability to see the proportion of visits, within the localities, that have been missed and how this has changed over the course of the work. Data analysis has concluded that less than 0.06% of visits were missed over the past year, which is a reduction on the previous number of 0.08%.

What this means for you as a patient

Our nursing teams are very aware of the potential harm to patients which can be caused by missing visits unintentionally, or deferring them multiple times. We have explored the reasons for this occurring and have improved systems and processes and increased staffing numbers and skills to help prevent this happening. We are now actively monitoring whether planned visit schedules are achieved and as a result whether there have been less missed and delayed visits.

Improving clinical **effectiveness**

Goal	Target	Outcome
Increase research capability and capacity	We will develop a process to maximise the number of patients we can approach to take part in research studies.	Achieved

What does research look like in the NHS?

Research supports the development of new medicines, new ways of care delivery and healthcare services. The support provided by the KCHFT research team includes:

- supporting clinical teams to start national research studies
- promoting involvement in research, organisational learning and circulating ideas and innovation from research
- making sure active research trials are delivered and governed to a high standard so the research is valid.

Research studies contribute to a body of evidence-based medicine/care through collecting and interpreting data from people who participate in studies. Data can be qualitative or quantitative, usually collected before and after an intervention to provide insight to their specific experience.

Why this is important

We have a diverse population and that diversity needs to be represented in people we recruit in to studies. Poor inclusion of a particular demographic, ethnicity or location, for example, will render the results only applicable to those who participated. Increasing the number of people who can be offered studies to participate in will result in richer data meaning the research output will be more broadly applicable.

People can only offer their data or perspective if they are aware of the study and invited to do so. This often relies on clinical staff introducing the study to individuals whom they have contact with. This can limit the number and diversity of people offered to join the study due to staff workload and relying only on those who come into contact with clinical staff working directly on the study.

Barriers to achieving this include:

- the research team not being considered part of the care team and therefore unable to support clinical teams to identify potentially suitable people to be invited to the study
- people/public not always accessing services in the same way
- time available for clinical staff to offer studies to patients/people.

What we said we would do

We said that we would consider these barriers and develop a process that maximises the number of patients we can approach to take part in research studies.

What we did

We have considered multiple approaches throughout the year.

We have developed the content on our public facing webpage and used this to increase communications. We have extended the research content submitted to the KCHFT Community Health magazine to include patient stories with the view that this will make the public more aware of our research activity and give people confidence to ask about research opportunities available to them.

We have reviewed the process followed to assess people to invite them to participate in research studies. This was a complex project, which needed to consider information governance principles, Health Research Authority guidance and research ethics.

We hope to see an increase in people offered the opportunity to participate in research but this may be limited by the type of research study that is open, for example, inclusion and exclusion criteria for a study may limit participation.

We received a joint award with Kent and Medway NHS Social Care Partnership Trust from the Clinical Research Network to improve access to clinical research for people experiencing comorbid physical and mental health problems through a model for collaborative working between the two organisations. We planned to jointly hold focus groups with people in different parts of Kent to hear their views and thoughts on cross promotion of research opportunities. For example, being offered a research opportunity for physical health while using a service in the mental health trust.

We also received a joint award with Sussex Partnership Foundation Trust (SPFT) to address barriers to engagement and participation in mental health and community health research for neurodivergent adults and adults with a learning disability. The award is an opportunity to host workshops and stakeholder events to scope current practices, identify barriers to participation and disseminate learning with a view to developing guidance and training to enable researchers and clinical research staff to better understand the needs of neurodivergent adults and adults with a learning disability.

We now work with the KCHFT participation team whenever possible to advertise studies that people could potentially contribute to.

What we achieved

We are awaiting an agreed approach and continue to consult and increase opportunities to participate in research.

Both the funded Clinical Research Network projects have progressed and are starting the write up phase.

What this means for you as a patient

Increased awareness of the opportunities to participate in research studies. This has potential to positively impact an individual during the study process but has a wider impact on the results of the study being more applicable to the population of Kent as increased numbers engage and participate.

Improving clinical **effectiveness**

Goal	Target	Outcome
Improve the confidence and capabilities of our people to pursue innovation opportunities that result in better care for patients	We will launch the Innovation Fellowship with the Academic Health Science Network and recruit a minimum of eight colleagues to the Innovation Fellowship to identify and plan opportunities for innovation	Achieved

What is the Innovation Fellowship?

The Innovation Fellowship is an eight-module programme each covering specific aspects of the Innovation pathway. The fellowship was developed in partnership by Kent Surrey and Sussex Academic Health Science Network (KSS AHSN) and Kent Community NHS Foundation Trust to transform the innovation culture within KCHFT and progress treatment options resulting in better care for our patients.

The KSS AHSN is one of 15 AHSN set up by NHS England to operate as the innovation arm of the NHS. It does this by brokering connections between citizens, the NHS, academia, the third sector and industry to effect change across health and social care.

Why this is important?

Innovation in the NHS is required to help us meet the quadruple aim of quality. There is wide consensus that NHS challenges can only be met if cost-saving, outcome-improving, and experience-enhancing innovations can diffuse and spread throughout the health service.

This is reflected in the national focus on innovation, to create fundamentally new and different processes and technology in the NHS through:

- the creation of the Accelerated Access Collaborative (AAC) as part of the NHS Long-Term Plan to speed up access to technologies to improve care and make the UK one of the most pro-innovation health systems in the world
- the launch in January 2021 of the Innovative Licensing and Access Pathway to speed up access for patients to innovative medicines
- formation of the GetReal Institute in April 2021 to facilitate the adoption of new technologies
- the launch by NICE of a new office for digital health to accelerate efforts to deliver innovation to the health and care system faster and support the growing digital sector and launch of an evidence standards framework for digital health technologies for commissioning in the health and care system
- creation of the National Innovation Collaborative to bring together NHS, social care, local authorities, and the Academic Health Science Network to accelerate the deployment of innovative technologies to enable care to be delivered in people's homes.

The fellowship is intended to support the development of enterprise, entrepreneurship and innovation as well as providing an overview of analytics, environment sustainability and digital inclusion, storytelling, bid writing and business cases. As part of that, all Innovation fellows complete a project that aligns with the business plans and priorities for the service in which they work. The ultimate aim is projects undertaken by innovation fellows are fed back into and supported by the service to deliver transformation.

To gain entry to the fellowship all fellows must have a minimum level of KCHFT QI training, as innovation and QI are closely linked, in that QI enables testing, refinement and roll-out of innovations, which are defined as new to the organisation. These include new drugs, new medical devices, new technology, new procedures, new pathways, new services, and new models of care.

The main aims of the innovation fellowship include:

- increasing confidence and capability to pursue innovation opportunities through new ways of working and delivering sustainable care
- delivering innovation projects aligned to service priorities and business objectives by identifying or capitalising on new technologies and new ways of working and using these to develop products or interventions for patients.
- Participation in the fellowship also has the following benefits:
- inspiring shared purpose – providing fellows with the skills to impart what they have learned and educate their peers and teams to make innovation practice business as usual
- mindset change – participants developing their creative thinking abilities and having greater confidence to use QI and innovation practices.
- values – participants will demonstrate the trust value, "striving for excellence".

What we said we would do

We said we would launch the innovation fellowship and roll out a programme to provide fellows with a practical approach for implementing innovation and change. We said that in its first year, we would recruit a minimum of eight colleagues.

What we did

The programme was fully designed to consist of eight face-to-face teaching sessions of three hours, delivered over 10 months where participants can develop their knowledge and skills in the following areas:

- spread and adoption of innovation (2 sessions)
- funding opportunities and bidding
- enterprise, entrepreneurship and innovation
- insights, analytics and evaluation
- innovation case studies and telling compelling stories
- innovation and digital leadership.

To recruit the eight innovation fellows, community service directors identified staff to participate and the teaching programme began in November 2022. To date, four teaching sessions have taken place with the remaining four sessions being delivered in 2023.

In a pre-course questionnaire was completed to assess the fellows' prior innovation knowledge, confidence and experience, which will be repeated at the end of the programme to evaluate the teaching component of the course. In addition, each module is appraised through participant questionnaire. Following completion of the teaching, semi-structured interviews will also be held with participants and their line manager to assess learning and the impact of their project on the service. Although, it is recognised that many of the projects will continue beyond the lifecycle of the fellowship and further support may need to be considered.

One-to-one support sessions are held with fellows following each teaching session to discuss and aid project development. Periodically sessions also include line managers to make sure they are happy with progress and project still aligns with service priorities.

All fellows:

- have access to searchable database of innovation case studies via the KSS AHSN to support project development
- are provided with regular information on funding opportunities for innovation
- have opportunity to receive and provide peer support through MS Teams Innovation Fellowship group.

What we achieved

The following tables provide a snapshot on some of the projects and the full table can be found in the appendix.

Project:	An innovative approach to communication e-learning in Adult Learning Disability
Purpose	To develop communication e-learning and co-design a competency framework for paid carers supporting people with a learning disability. This enables staff access to knowledge and skills with sustainable support for application into practice.
Stakeholders	Paid carers and care providers need access to quality communication training that is targeted for supporting adults with a learning disability that can be accessed and delivered at their convenience. This delivery method supports services where staff turn-over is high. Commissioners need assurance that services can adopt and embed good communication into practice. Local NHS LD teams need a robust universal offer to increase capacity for target and specialist inputs.
Benefits	Paid carers and care providers have the opportunity to take ownership of upskilling staff in a timely way to meet communication needs. Service managers and KCC commissioners have assurance of good communication observed in practice and measured by a dynamic competency framework. Local NHS Learning Disability Teams will have a robust and quality universal offer to direct services to. Good communication for people with a learning disability is central to achieving better outcomes and reducing health inequalities.
Completion	August 2023. To involve creation of a digital learning package and completion of the co-designed competency framework with the intention of testing with an identified provider.

Project:	Kent children therapies advice line e-consult digital solution
Purpose	The purpose of a digital consultation advice line is to seek solutions to service demand and make staff resource is maximised. Service users will be able to submit their query at any time, and know they will be contacted within in a set timeframe. Staff will have prior knowledge of the nature of the call and the most relevant person will be able to handle the query, improving the patient experience and service user satisfaction.
Stakeholders	Existing staff and therapies leadership team are aware the advice line is being reviewed and how this will impact on workloads. They need to feel confident this will reduce workload and improve time spent on daily calls.
Benefits	A digital solution will enable the service to provide therapy advice by the right person at the right times, resulting in improved outcomes for service users. It will enable the staff to prepare for queries as well as increasing capacity for other assessments and interventions
Completion	December 2023. System to be in place.

What this means for you as a patient

Innovation will be used to identify and capitalise on technologies and new ways of working to progress treatment options for patients resulting in improved outcomes and experience.

Improving clinical **effectiveness**

Goal	Target	Baseline	Achieved	Outcome
Improved access to the community paediatric service	92 per cent of patients will have received an initial assessment within 12 weeks of referral	Booking children between 32-38 weeks	Booking children between 28-32 weeks	Not achieved

What is the community paediatrics service?

The community paediatric service is a consultant-led team and accepts referrals for children aged 0-18 years for developmental delay, autism spectrum conditions (ASC) (0-11 years only), attention deficit hyperactivity disorder (ADHD) (6-11 years only) and development disorders, such as cerebral palsy and muscular dystrophy. Children who are medicated for ADHD continue to have reviews with the service until they either stop medication or transition to adult care.

The service also contributes towards educational health care plans (EHCPs), undertakes initial health assessments for looked after children (LAC) including unaccompanied asylum-seeking children (UASC) (0-18 years) and has medical advisors for adoption work. Consultants support a duty rota for the Sexual Abuse Referral Centre (SARC) three days per week.

Why do children and their families need to receive an initial assessment within 12 weeks of referral?

The aim of 12-week referral to appointment (RTA) is based on the referral to treatment (RTT) process whereby after a referral is made a patient is seen by week six, diagnosed by week 12 and treated by week 18. NICE guidance for ASC diagnostics states that assessment should start within 12 weeks of referral.

It is important to make sure children are seen at the earliest possible time as there is a wealth of evidence in published literature, which details the importance of early intervention. This will also allow for wider considerations to children who may be very vulnerable, allowing the clinician to consider safeguarding needs and or referrals to other services.

Barriers to delivery

There have been many interrelated factors which have affected the delivery of the 12-week RTA and these have been outlined in the following paragraphs.

The service remained open throughout the intense periods of COVID-19, however, face-to-face appointments were reduced in line with national guidelines and appointments were therefore delivered to children and their families virtually. As services re-set following the pandemic, the majority of children, including diagnostic referrals needed to be seen again so physical assessment could be completed. This essentially doubled the workload.

Prior to the pandemic, the service received between 300-350 referrals a month. Between January 2021 and January 2023, the mean number of monthly referrals was 673. While the referrals include children already accessing services being referred for other diagnostic pathways and children requiring ADHD medication and transfer of care into the area who do not require an initial assessment, the demand on the service as a whole has increased and affected the capacity to deliver initial assessment in line with the target. Between 2021 and 2022 the mean number of new referrals to assessment (RTA – children not known to the service previously) reduced from 376 to 285 a month, so while this number is reducing, the total number of referrals is increasing, which is affecting the capacity to see patients within the agreed timeframe.

The demand for the service directly links with the increased demand nationally for neurodevelopmental diagnosis. In Kent and Medway referral should be based on need, however current impetus is placed on diagnosis as it allows for extra support and educational provision for a child. We are working closely with the Kent and Medway Integrated Care Board to complete tests for change to meet the demand as a system.

What we did

There have been many interventions to increase capacity and make sure children are safe while they wait for an initial assessment.

Medical vacancies

We have focussed on the recruitment of medical staff, which includes doctors and consultants to increase the number of hours covered by the service.

Skill mix

An advanced clinical practitioner (ACP) has been trained to support ADHD diagnostics and medical prescribing to support service demand. Skill mix clinics have been trialled with nurses and doctors staggering appointments to allow nurses to take a child's history and doctors to conclude assessments. The test for change demonstrated an increase of one additional child per clinic, however assessment can take up to 90 minutes meaning a doctor sees two new referrals per clinic, so an increase of one child is positive. This work is being extended so an additional four children can be seen at each clinic.

Other interventions include:

- working with system partners to provide medical staff wanting to become consultants with the opportunity to work in the community paediatric service for six months
- recruited other specialities to the team such as a specialist teacher, ASC co-ordinator, neuro-disability link worker and pharmacy technician to increase the capacity improve communications with families and schools
- we reviewed children's needs when they are referred to make sure that children are booked with the most appropriate clinician at the first appointment to prevent being them from being brought back for more follow ups
- we reviewed our caseload and prioritised children raised with specific clinical vulnerabilities

- care assistants (HCAs) began to complete clinical observations before the appointment with the doctor
- we introduced 'Blitz' clinics for ADHD reviews and diagnostics.

What we achieved

Despite this work, compliance with the 12-week RTA has not been met and as of 29/03/23 is reported at 27.65 per cent. The average wait for a first assessment for the Dartford, Gravesham and Swanley area (DGS) is currently 30.92 weeks and 29.10 for west Kent. The service currently has 104 un-booked children waiting between 52 and 59 weeks, which are being prioritised for appointments within the next two months and harm reviews completed. To date no child has been assessed as coming to harm and the service is evaluating the harm review process.

The service is exploring how to clinically prioritise children, other than longest wait, which includes, but is not limited to:

- looked after child
- open to social services
- referred from acute paediatricians with complex disabilities
- referred from social services or CAMHS and clinically triaged as urgent.

The service is working with the KCHFT Health Visiting Service and EKHUFT Community Paediatrics Service to review the referral pathway for children under five.

For educational support, the specialist teacher working for the service has contributed to SENCO forums and completed training on when to refer and how with the aim of reducing un-necessary referrals and supporting children with appropriate needs to access support more quickly. If a child is identified by a school, observations have been undertaken by the specialist teacher to support assessments.school observations have been undertaken by the specialist teacher to support assessments.

A specialist nurse with a health visiting background has been rolling out training to the Health Visiting Service for social communication concerns and how to complete referrals.

What this means for you as a patient

This does mean that children and their families are waiting longer than usual for their first appointment which may delay support being obtained elsewhere. Multi-factorial challenges have contributed to this and it is taking a systems approach to resolve.

If there are to be no further changes, trajectories show that by quarter two 2023, we will be at approximately 40 per cent compliant with the RTA. Wider systems changes need to be in place to address this fully.

There is a broader programme of work within the organisation and with the system, to influence the drivers for waiting times which is presented to the Quality Committee for assurance. It is also included in our IPR which is overseen by the Board.

Improving the experience **of the people we care for**

Goal	Target	Achieved	Outcome
Patient experience **Patients will be involved in co-designing services**	Over two years 10 QI projects initiated by patient/ service user feedback	12 projects	Achieved

What is co-design?

Co-design is a way of supporting and engaging local communities, patients, service users and their families with the relevant skills and experience to work alongside healthcare professionals. It supports equal partnership working with people from start to finish and incorporates their ideas into a final approach, development or initiative. Co-design can be used strategically to design services, make quality improvements or design and undertake research at an individual or local level – it is the cornerstone of person-centred care.

Why this is important

We are committed to learning from previous experiences to improve the services we provide. However, when we listen to our patients' stories, we can begin to understand the true impact of their experience.

Themes from complaints and other forms of patient feedback are really useful. To develop services that are responsive and meet needs and expectations, we must include patients, service users, their families and carers when designing services so improvements can be truly meaningful.

People with 'lived experience' are often best placed to advise on what support and services will make a positive difference to their lives. The benefits to using co design methodology are:

- generation of better ideas with a high degree of originality and value
- improved knowledge of patient, service user and carer need
- immediate validation of ideas or concepts
- higher quality services
- more efficient decision making.

What we said we would do

This is the second year of a two-year quality priority, and in year two we said that we would develop seven quality improvement projects initiated by patient or service user feedback and that patient/services users would have representation on these project groups.

What we did

A QI involvement group was set up with key stakeholders from the QI and patient experience and engagement teams. The group met monthly to identify opportunities, initiate projects and support existing QI projects.

What we achieved

Work took place on 12 projects during the second year of this quality priority. The main developments and outcomes where the projects have concluded, are summarised below:

1. Improving the National Child Measurement Programme (NCMP) in Kent (School health Service)

The project concluded and a project on a page summary was published on KCHFT's QI website in January 2022. The results section state:

'This year there were no complaints made to the school health team following receipt of the results letter. The previous year received a total of 28 complaints; six formal complaints via PALS and 22 direct to the School Health team. Four parents had a telephone interview and rated the quality of the proactive call nine out of 10 on average'. **Improving the National Child Measurement Programme in Kent | Quality Improvement (kentcht.nhs.uk)**

2.Patient Experience Volunteers

Due to a lack of feedback from vulnerable house-bound patients receiving care from the podiatry and continence services, we launched a project to increase patient feedback using volunteers to make sure patients and carer views can be acted upon. We recruited patient experience volunteers who completed patient surveys with service users. The project was co-designed by the volunteers who were equal partners in the project group.

The project concluded and a project on a page summary was published to the KCHFT QI website in May 2022.

The results section states:

"A new process using volunteers to collect telephone feedback was developed which will benefit many services within KCHFT in the long term. 'You said, we did' actions by the services from surveys have been completed and shared. Services are alerted early if there are issues or concerns identified to the volunteers, by patients and these can then be addressed quickly".

Increasing feedback from patients | Quality Improvement (kentcht.nhs.uk)

3. Improving communication and involvement with family carers in our community hospitals

This project aimed to support families and carers of patients who are admitted into one of our community hospitals. The project group produced a new carers' information pack. The packs include useful information for carers, including details of how to access support services in Kent and Medway, general advice and guidance on carer well-being services. They were co-designed with carers, carer champions and community hospital matrons to make sure they would be relevant, current and meet the carers' needs. The project concluded and a project on a page summary was published to the KCHFT QI website in June 2022.

Giving carers more support | Q0075ality Improvement (kentcht.nhs.uk)

4. Establishing an effective system to make sure the voice of the bereaved relative/carer is heard and listened to (East Kent Long Term Services)

The COVID-19 pandemic saw an increase in the end of life care being delivered by KCHFT Community Long Term Services (CLTS). There were no structured bereavement pathways for families of patients who had died in their own homes to feedback about their experiences to the service. This project was set up to establish an effective system to obtain feedback from bereaved families so families and carers were listened to and recognised as carers to support the development of the bereavement pathway.

The project group worked closely with the People's Network, carers steering group and the KCHFT End of Life Team to co-design a new relative and carer feedback survey which was added to the bereavement pack with additional material including information about bereavement support, a condolence letter and information about how to make a complaint.

The new pack provides clinicians with a dedicated resource for families with information on bereavement support and how to feedback their experiences so the service can deliver better patient care and support for families. The project concluded in 2022 and a project on a page summary was published on the QI website in June 2022.

Listening to bereaved relatives and carers | Quality Improvement (kentcht.nhs.uk)

5. Bladder/Bowel Diary

The QI project was led by the community nursing team and continence service to co-design the bladder diary as the existing diary was over complicated and difficult to complete. During 2022/23 the new design has been developed using graphics alongside text and simplifying the information required, this was taken to the Adult Clinical Services community engagement group for review and feedback. This project is now being taken forwards through the community nursing service with a trial period within an area of east Kent.

6. Impact of patient and carer involvement in our governance groups

We established a patient-led QI project with the People's Network to measure the impact of involvement from patient and carer representatives sitting on trust governance groups to highlight the importance of working with patients with a lived experience. This project was led by the Patient and Carer Partnership Team, along with members of the People's Network who initiated the project to evaluate the impact of their involvement.

- Role descriptions were created, detailing the responsibilities of participation partners involved in governance groups.
- Participation partners on the Mortality Surveillance group were re-invited to virtual mortality reviews to help them understand the process.
- A participation partner was recruited to the Patient and Carer Council in a strategic role.
- A 'we asked, they said' recruitment resource was created, detailing the value PPs bring to governance groups.
- A new patient safety partner role was developed and is being advertised to support the Patient Safety Team.

7.Giving carers a voice

This QI project has been set up to increase the number of carer surveys completed in our community hospitals. This was an eight-week pilot QI project in two community hospitals which was initiated by carers who have reported not having an opportunity to feedback experiences. Carer champions have been undertaking surveys, during the afternoon of one day per week. This pilot led to a further project to improve carer feedback in community hospitals.

8. Improving carer feedback in community hospitals

The aim of the project was to increase the number of surveys completed by carers of patients at KCHFT community hospitals. This project started in January 2023 from feedback and data presented to the carer's involvement steering group showing a low number of monthly surveys completed. From the three meetings held in 2023, the project group have been able to:

- co-design a set of questions for the survey, reducing the number of questions from 26 to 14.
- make sure that carers 'have your say'' posters, with a QR code for easy access, are available in all community hospitals.
- start work with our volunteer service so community hospital volunteers have an opportunity to support carers to complete the survey.

The project will run until December 2023, the carers' involvement steering group and quarterly matron's meeting will monitor and evaluate the project.

9. Improvement of communication between community paediatrics and families

A listening event held during the pandemic showed communication between the services and the children and families it cared for could be strengthened. A co-production group has been established with a number of parents recruited during 2022. The first meeting took place in December 2022 where the first change idea, a review of the letter sent to parents after initial referral but before assessment, was agreed. This has been developed throughout Q4 2022/23 and a revised version will be reviewed by the group at its next meeting.

10. Increase uptake of electronic consent form within school aged immunisations.

This QI project started by looking at the electronic consent form uptake within the seasonal influenza program. In proactive follow up calls, more than 900 parents were asked why they did not use the online consent form after being sent a link via their child's school. It was determined that most had not seen the letter as they had not read the communication from the school. As a result, text message reminders were trialled to increase use of the online form by adding in a text reminder before starting follow-up calls.

During 2022, the introduction of text messaging meant a further 12 per cent of the parent cohort used the consent form after the text was set and before a proactive call – this improved the information needed to plan the vaccination clinics at each school and reduced the amount of time spent on phone calls by the service.

11. School Health Service – increasing the use of its website by young people.

This QI project started in 2022 and six co-production sessions have taken place. However, external influences have meant a switch in focus for 2022/23 to website development covering 0-19 years for parents and professionals. This project will be re-start in 2023/24.

12. Oxygen Safety

This is the newest project which started in December 2022. This was prompted by patient feedback highlighting the limited information given to patients receiving oxygen. This QI project is being led by the respiratory service and Breathe Easy patient group. A draft leaflet has been developed and will be taken to a number of forums for user feedback in April 2023.

What this means for you as a patient

There is now a robust process so feedback from patients, carers and service users initiates service improvement, following quality improvement methodology.

By acting on feedback and providing opportunities for patients and carers to be involved in QI projects, relationships with professionals will be improved gaining trust. Patients and carers will be able to share their experiences in ways that services can learn from them, enabling patients and their families to become more equal partners in their care.

Resulting improvements from the 12 projects will make sure the patient and carer experience is more positive. Patients and carers will feel more involved, listened to and have more confidence in the service which will have a positive impact on the outcomes of their care.

Additionally, by listening and working with patients and carers to design services that meet their needs we hope to improve patient experience and reduce concerns and complaints.

Improving the experience **of the people we care for**

Goal	Target	Achieved	Outcome
Improve the experience of people waiting for foot and ankle surgery through the better use of KCHFT surgery space	100 per cent of patients will receive a treatment review upon admission to the KCHFT caseload. For 100 per cent of patients added to the *PASCOM system, clinical outcomes, patient experience and goals will have been achieved six months post-surgery.	100 per cent of patients referred to KCHFT received assessment on admission to the caseload. 100 per cent of patients who had surgery have been added to PASCOM. After six months patients were contacted for a review and outcomes recorded.	Partially achieved

What is community podiatric surgery and what service does it provide?

Many problems can affect the foot and ankle and this can have a negative effect on a person's daily life. The KCHFT podiatric surgery team is a branch of podiatry and specialise in foot and ankle surgery working closely with other specialities including podiatric bio-mechanics and physiotherapy. The department is equipped with a portable x-ray machine and ultrasound, which are used for guided steroid injections as well as interoperative imaging.

Treatment, like many other musculoskeletal problems, often involved a multi-disciplinary approach. We offer a full range of surgical procedures, which can be carried out on a day care basis. If surgery is required, it is often performed under local anaesthetic, but general anaesthetic is also available.

We encourage each person to have an active role in their treatment and tailor the care and treatment we provide to the specific needs of that person.

Why this is important

Providing foot and ankle surgery in the community reduces pressure on acute hospitals who are required to manage patients with more complex conditions who are not suitable for management in the community. Hospital is not always the best place to be and providing great out of hospital care can positively impact the patient experience.

What we said we would do

The intention was to support our acute hospital partners to manage their waiting lists. If a person has been on a waiting list for a long time and a procedure was chosen by a different surgeon it is important to review how the patient is now and whether the operating surgeon feels a different procedure is indicated. This would be discussed with the patient and a treatment plan would be agreed in partnership.

It is important to measure goals following surgery as it helps us to understand if we have helped our patients achieve what was important to them. Measuring outcomes such as pain scores or reduction of deformity and whether or not there have been any complications, for example, getting an infection following your surgery helps us understand the patient journey.

As we record outcomes for all patients having surgery we can measure our overall outcomes and complication rate and compare our unit to national figures to make sure we are performing well. If our outcomes indicate there are areas for improvement we can act on those as soon as our data shows us an area of potential concern.

What we did

Unfortunately, we did not manage to transfer any patients from other providers waiting lists as planned meaning that goal could not be achieved. However, it was an important goal to set to make sure patients were able to discuss their care with their new surgeon based on their current situation as explained above.

PASCOM (Podiatric Audit of Surgery and Clinical Outcome Measurement) is a tool that enables audit of all aspects of podiatric practice and embraced by the Royal College of Podiatry. KCHFT uses the system to record, monitor and evaluate patient goals and outcomes which helps us appraise the service we provide. The recording of patient outcomes is embedded into the department's process for all patients who progress to surgical intervention, however to gather information on the long term outcomes and impact of surgery to a patient's life we engaged with patients six months after their surgery to extend the type of information collected so that this could be compared to their pre-surgery treatment goals.

The use of PASCOM including patient recorded outcome measures is embedded into the departments processes for all patients who progress to a surgical intervention.

The reports we can then generate allow us to compare our outcomes with the national report as well as our complications, for example, infections following surgery to see if we are similar or better than the national average.

It is possible to do this for individual surgeons as well as the unit and we use this information as part of our internal peer review and for clinical supervision. Best practice can then be shared among the team.

Moving forward we can use this information as a way to monitor our practice and learn from the feedback we receive.

What we acheived

The following table presents responses from the podiatric surgery service at Queen Victoria Hospital, Herne Bay and the national average responses for comparison.

This data gives assurance the KCHFT podiatric surgery service provides patients with a service that performs in line with, or better than the national average. If any areas are not comparable it gives us an area of improvement to focus on. One such area is pain management after surgery and will be focused on in 2023/24.

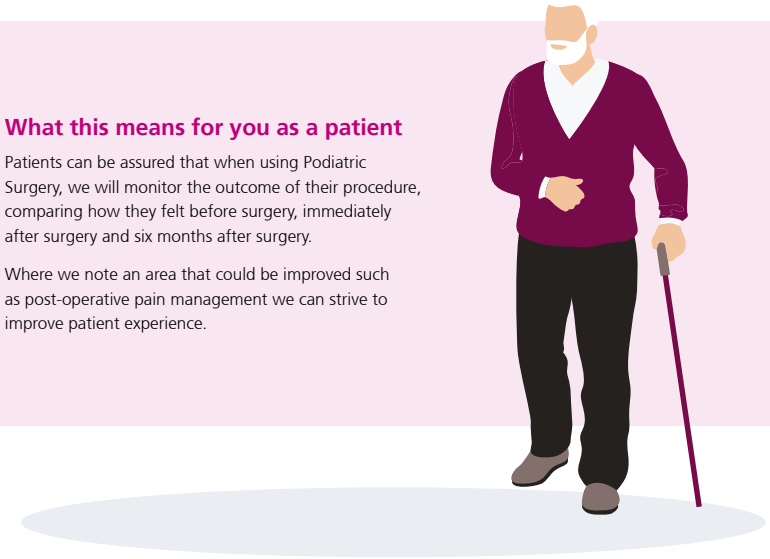
Question	QVMH Day Surgery Unit (%)	National Report (%)
Were the risks from the surgery explained?	Yes: 189 (100%) Not sure: 0 No: 0 Not stated: 0	Yes: 1358 (97.9%) Not sure: 9 (0.6%) No: 1 (0.1%) Not stated: 19 (1.4%)
Did you know what to do if you needed assistance?	Yes: 189 (100%) Not sure: 0 No: 0 Not stated: 0	Yes: 1324 (95.5%) Not sure: 10 (0.7%) No: 19 (1.4%) Not stated: 34 (2.5%)
Did you have a problem after your operation?	Yes: 163 (86.2%) A minor problem: 24 (12.7%) A major problem: 2 (1.1%) Not stated: 0	Yes: 1100 (79.3%) A minor problem: 238 (17.2%) A major problem: 27 (1.9%) Not stated: 2 (1.6%)
If 'Yes' to Q4, how was speed of response?	Not applicable: 163 (86.2%) Slow to respond: 0 Satisfactory: 0 Fast to respond: 14 (7.4%) Not stated: 12 (6.3%)	Not applicable: 1122 (80.9%) Slow to respond: 6 (0.4%) Satisfactory: 61 (4.4%) Fast to respond: 147 (10.6%) Not stated: 51 (3.7%)
If 'Yes' to Q4, how would you say your problem was dealt with?	Not applicable: 163 (86.2%) Poorly: 0 Cannot tell: 0 Satisfactorily: 5 (2.6%) Excellent: 16 (8.5%) Not stated: 5 (2.6%)	Not applicable: 1122 (80.9%) Poorly: 6 (0.4%) Cannot tell: 29 (2.1%) Satisfactorily: 45 (3.2%) Excellent: 167 (12%) Not stated: 18 (1.3%)
Was your pain medication adequate after surgery?	Ineffective: 16 (8.5%) Some discomfort: 86 (45.5%) Excellent: 87 (46%) Not stated: 0	Ineffective: 5 (3.7%) Some discomfort: 720 (51.9%) Excellent: 583 (42%) Not stated: 33 (2.4%)

Question	QVMH Day Surgery Unit (%)	National Report (%)
How is your original problem?	Deteriorated: 0 A little worse: 0 The same: 3 Better: 3 Much better: 152 (80.4%) Not stated: 1 (0.5%)	Deteriorated: 22 (1.6%) A little worse: 41 (3.0%) The same: 54 (3.9%) Better: 281 (20.3%) Much better: 971 (70%) Not stated: 18 (1.3%)
Would you have surgery again under the same circumstances?	Yes: 184 (97.4%) No: 5 (2.6%) Not stated: 0	Yes: 1318 (95%) No: 50 (3.6%) Not stated: 19 (1.4%)
Were the original expectations that you stated at the beginning met?	Yes: 177 (93.7%) In part: 11 (5.8%) No:1 (0.5%) Not stated: 0	Yes: 1187 (85.6%) In part: 148 (10.7%) No: 36 (2.6%) Not stated: 16 (1.2%)

What this means for you as a patient

Patients can be assured that when using Podiatric Surgery, we will monitor the outcome of their procedure, comparing how they felt before surgery, immediately after surgery and six months after surgery.

Where we note an area that could be improved such as post-operative pain management we can strive to improve patient experience.



Improving the experience of the people we care for

Goal	Target	Baseline	Achieved	Outcome
Increase contacts with vulnerable young people in East Sussex	Contacts with young people will increase by 50 per cent from the 2021/22 baseline.	214 contacts	640 contacts	Achieved

What is the East Sussex School Health team and what service does it provide?

The School Health Service is led by registered, qualified nurses who have a specialist community public health degree. The team is made up of community staff nurses, community nursery nurses and assistant practitioners, health improvement staff, school nurse assistants and administrators. The service works closely with a number of other services, including education, GPs, children's integrated therapy services, paediatricians, the voluntary sector, youth services and East Sussex Children's Services.

The service focus is on promoting the health and wellbeing of children and young people aged five to 19 through delivering the Healthy Child Programme. Fundamental to the service is early help and intervention.

The service offers screening programmes, such as the National Child Measurement Programme and universal delivery, which includes nurse drop-ins in schools and colleges and a confidential text service. For children and young people requiring more support, targeted packages of care are offered covering a range of issues such as sleep, healthy eating, physical activity, bladder and bowels, hygiene and self-care, smoking and substance misuse, alcohol use, puberty, sex and relationships (C cards, risk taking behaviour, keeping safe) plus transition and tier 1 emotional health (low mood, anxiety, managing emotions, transition).

The service has a targeted emotional health and wellbeing offer for 11-to-19-year-olds, in 14 secondary schools. This offer supports young people who present with anxiety and worry, low mood, stress, deliberate self-harm and poor self-esteem, but do not meet the threshold for support from more traditional mental health services, such as CAMHS or whose needs are greater than can be met from the universal packages support described above.

The Healthy Schools element of the service includes supporting schools to become Healthy Schools via the School Health Check; a pupil survey to enable schools to understand the specific needs of their pupils, and support with PSHE delivery. Safeguarding underpins every element of the Healthy Child Programme and the School Health service delivery.

Why this is important

All young people in East Sussex should have the same access to the School Health Service.

The School Health Service is widely promoted in schools in East Sussex but young people over the age of 16 may be in a wide range of settings such as college, work places, or not in education, employment or training therefore may not be aware of the service.

We know young people aged 16-19 are less likely to engage with the service than younger teenagers and children. (214 contacts in 2021/22). This is a critical age in a young person's life as they become more independent and transition to adulthood so the service needs a new model to make sure it is accessible to this group.

What we said we would do

We said we would increase our contacts with vulnerable young people aged 16 to 19 by 50 per cent from the 2021/22 baseline, which equates to 361 contacts.

What we did

We engaged with networks to increase our presence and deliver intervention sessions at a number of settings and these are outlined in the following paragraphs.

College careers fair

The students received information and guidance on careers within the NHS and were told about the support they can receive from the School Health Service. Discussions around relationships, sexual health, mental health and general wellbeing were the main points of discussion and information leaflets and contact details were provided.

Health promotion event

This was delivered to a local group and the sessions provided covered a range of health-related matters including sexual health; the opportunity was also used to share with students new "school health drop in sessions" for their college. Students were informed of our "text your school nurse" service which they could access immediately and following this event we saw a rise in the number of contacts from students who attend this college.

Fire Cadets

Two sessions were provided for the fire cadets and we delivered sessions on and the effects of, alcohol, smoking and vaping and risk-taking behaviours.

Following these initial events, the equity diversity and inclusion (EDI) lead attended a number of stakeholder events. Responses were extremely positive and generated an increased number of enquiries in relation to setting up additional drop-ins and ideas for collaborative working with providers across East Sussex. The EDI lead is in contact with a range of professionals working with seldom seen groups, such as the youth employability service, home education teams within East Sussex County Council, Friends Families and Travellers and the Young People's Participation Team to discuss future project ideas and how we can work together to access and support seldom seen young people.

We also presented to the South East region of **Office for Health Improvement and Disparities** about the School Health Check and promoted the MyHealthMySchool survey for 16+ age group.

What we achieved

The above events have allowed us to have contacts with 640 young people aged 16-19 in East Sussex by the end of March 2023.

These events have also enabled us to link in with a range of providers who have access to young people of this age range and who have identified a need to have East Sussex School Health support in place for their students.

The learning identified from this project showed that young people are often put off from seeing the school nurse as they see this service for primary and secondary children, not those aged over 16.

The impact so far is that we have been able to raise awareness of support from East Sussex School Health for this age range which has been well received from the Young People we have spoken to. We have seen a rise in our "text your school nurse" service and discussions have suggested that young people would access support from us when we are available to them in their education provisions.

This work will continue to develop as we open up more drop-in sessions in post 16 provisions and as we gather greater feedback from young people to inform us of their views around our service offer and how we can meet the needs of Young People in East Sussex.

What this means for you as a patient

Lifestyles and habits established during childhood, adolescence and young adulthood influence a person's health throughout their life. Young people who have not previously been aware of the School Health Service now have greater awareness and access to the service to support their health and a healthy transition to adulthood.

Opportunities for this age group to be involved in service improvement initiatives will help us target the service more accurately towards this age group therefore we anticipate the number of contacts with 16-19-year olds will continue to grow.

Improving the experience **of our people**

Goal	Target	Achieved	Outcome
This will be a two-year priority: **We will support a culture where everyone is comfortable to be themselves**	In year one: All colleagues will have equality, diversity and inclusion objectives included in their annual appraisal and cultural awareness training will be rolled out across the organisation.	100% of colleagues had an EDI objective included in their appraisal Cultural awareness training has been rolled out and a 12-month compliance set.	Achieved

Why is it important to build a culture where everyone is comfortable to be themselves?

We know a motivated, inclusive and valued workforce helps deliver high-quality patient care, increased patient satisfaction and better patient safety. It also leads to more innovation across our organisation and helps us to continually improve. Inclusive organisations get the best from their people and in turn benefit from creative and high-performing teams. Our workforce should reflect the communities we serve and as we provide services in east London, East Sussex and in Kent and Medway, we are fortunate to have a diverse population.

Why are EDI objectives and cultural awareness training important?

Every single person who works at KCHFT has at least five protected characteristics, which means every single person need to feel represented and involved at work. Asking all KCHFT colleagues to have an EDI objective meant this triggered a conversation between them and their manager about their contribution to the strategy and that they had to think about what they might be able to do differently either personally as within their role to improve their knowledge or to do things in a different way.

The purpose of these modules is to raise cultural awareness of staff and highlight the importance of creating an inclusive culture, not only in terms of culture related to ethnicity, but also in terms of the nine protected characteristics with both staff and patients. We also hope they will raise confidence in discussing all protected characteristics with patients, and enable managers to have these conversations with staff.

What we said we would do

We said every one of our 5,000 staff would have an EDI objective included in their 2022/23 appraisal and cultural awareness training would be developed and made available on our learning management system TAPs.

What we did

Everyone's objectives for 22/23 automatically allocated an equity, diversity and inclusion objective which could then be amended to make more specific to their role, their gaps in knowledge or their service needs. This objective came with a list of examples that could be used to meet this objective.

We updated our cultural awareness training in 2022 for all new staff and agreed that for existing staff this would be rolled out as part of a 12-month plan. We also introduced a refresher period of three years for equity, diversity and inclusion, previously this had been a once-only expectation.

What we achieved

100 per cent of KCHFT colleagues had an objective for 2022/23 linked to equity, diversity and inclusion.

From April 2023, cultural awareness training will be a mandatory requirement. Since the new cultural awareness training was rolled out in August 2022, 87 per cent of all new starters have received the training and it has been accessed by 1,048 existing staff.

The NHS staff survey is one of the largest workforce surveys in the word and is carried out every year to improve staff experience across the NHS. The survey is aligned to the NHS People Promise.

The results for KCHFT showed that for most people, KCHFT is a good place to work and they feel supported by their team and colleagues. All of our people promise scores were better than other similar organisations and we scored higher in six of the seven themes than last year. However, 4.3 per cent said they had personally experienced discrimination at work from patients/service users, their relatives or other members of the public in the past 12 months. This is a one per cent increase since last year. It is lower than other community trusts, but still unacceptably high. We are one year into our equity, diversion and inclusion strategy: Nobody left behind and Chief People Officer, Victoria Robinson-Collins will address the discrimination findings in the Nobody left behind action plan refresh.

Work on this quality priority will extend into a second year and the agreed metric is: Fewer than 10 per cent of colleagues' experience harassment of abuse at work. This is the case for all colleague groups – those from minority communities do not experience higher rates of harassment of abuse.

What this means for you as a patient

We are committed to drive and improve our culture so that everyone is comfortable to be themselves, this is turn will mean that staff will be thriving and deliver high-quality patient care.

Improving the experience **of our people**

Goal	Target	Achieved	Outcome
This will be a two-year priority: **We will attract and recruit colleagues who are representative of the communities we serve.**	In year one: Managers will receive inclusive recruitment training which incorporates coaching and interview skills, ethnically diverse panels will be used and a minimum of five colleagues will be recruited through Kent Supported Employment. .	80 managers have been invited to system wide inclusive recruitment programme	Partially achieved

Why is it important to recruit colleagues who are representative of the communities we serve?

We know from our service users they expect to see people who represent them being employed by our organisation and the wider NHS. A diverse workforce leads to diversity of thought and ultimately greater success for the organisation. As a public sector organisation, we are required under the Public Sector Equality Duty (PSED) and Equality Act 2010 to ensure we champion diversity and difference. KCHFT has made this a central priority of our Nobody Left Behind people strategy (20/21 – 23/24).

Who is Kent Supported Education?

Kent Supported Employment (KSE) (The Education People), specialise in helping their clients, who have specific accessibility needs, find paid employment. Many of their clients have neuro-diverse backgrounds. KSE have been working with KCHFT for over five years not only supporting our recruitment of a diverse workforce but also in developing and training our existing workforce by delivering sessions on Hidden disabilities, Celebrating Neurodiversity in the workplace and Disability Confidence. Over this period KCHFT and KSE have been able to support more than 20 people into paid employment.

Why is this important that all managers receive inclusive recruitment training?

Anyone with a responsibility for recruitment needs to be aware of any unconscious or conscious bias they may have so they are able to recognise if this is influencing how and where they advertise their role, the language they use when communicating with candidates, the selection methods they use and their decision-making. This will help attract a diverse range of candidates and select the most suitable person for the role. Participating in inclusive recruitment training will ensure they know about and implement a recruitment and selection process that will result in equitable and fair recruitment for all protected groups. This will result in colleagues being recruited to their teams who are representative of the diverse communities we serve and lead to better patient care.

Why is it important to have ethnically diverse recruitment panels?

Ethnically diverse recruitment panels are more likely to make fair and equitable decisions during the recruitment and selection stages. This is because they bring their 'lived experience' to the decision-making process. Diverse panels reduce the likelihood of conscious or unconscious bias in the recruitment process, resulting in more equitable and fair processes and leads to the recruitment of a more representative workforce.

What we said we would do

We said we would recruit colleagues who are representative of the communities we serve by making sure that managers receive inclusive recruitment training that incorporates coaching and interview skills, ethnically diverse recruitment panels will be used and a minimum of five colleagues will be recruited through Kent Supported Employment.

What we did

We engaged with organisations such as Kent Supported Employment to access underrepresented groups. We also developed our adverts to better represent our commitment to equality and diversity. This included ensuring that we highlighted our achievements and national recognitions, such as being a Disability Confident Level 3 organisation and offering the Guaranteed Interview Scheme.

Our Staff Networks were engaged to understand barriers their membership may have experienced in succeeding within recruitment/progression in their careers. A project is also being developed to introduce an EDI representative to recruitment panels with a view to further our progression in this area.

Eighty managers have been invited to system-wide inclusive recruitment programme training. Sessions started in November 2022 and run through to September 2023 and 30 per cent of managers have completed the training to date.

Discussions have taken place with Kent Support Employment to explore the opportunities for their clients. We are in the process of identifying suitable roles.

KCHFT has been an integral member of the integrated care systems recruitment working group to co-produce the debiasing and valued based recruitment training programme that has begun being rolled out across the Kent and Medway system.

The recruitment management team, discuss EDI on a regular basis to ensure managers are receiving up-to-date and consistent advice.

What we achieved

KCHFT was recognised for being in the top 10 per cent nationally for its 2021/22 WDES submission.

KCHFT has increased its disability representation, as recorded in our electronic staff record (ESR), from 3.8 per cent of our total workforce in 2018 to 6.2 per cent, as reported in our most recent Workforce Disability Equality Standard report (WDES, 2022). We are focusing on how we can accelerate this improvement and bring the declared figure much closer to that which we know it to be from our staff survey data. In the same time frame our BME representation has increased from 7.3 per cent to 11.0 per cent.

Multiple studies and reports into the working dynamics of organisations worldwide and in the UK have concluded that a diverse workforce can result in improved overall performance and success (using performance as a raw metric for success but also metrics, such as turnover). Within the healthcare setting, success is a shared realisation of better patient outcomes. Learning opportunities arose through the year, one being the need to gain engagement for initiatives such as the work being done with KSE from a wider group of individuals. While we have not succeeded in recruiting the five colleagues through KSE, we will focus attention on this again and adapt our approach.

The trust's commitment to its EDI strategy extends beyond the quality priorities agenda. We are in the middle of a trust-wide engagement exercise that will result in a series of co-produced EDI actions for the trust to focus on. We are in the process of analysing the workforce data and staff survey data to produce our annual WRES, WDES and Gender pay gap reports and we will be looking to identify further opportunities to strengthen the work we are doing with all of our staff networks.

This quality priority will continue into year two and the agreed metric is: Applicants from a Black, Asian or minority ethnic (BAME) background, or those who have a disability, are less than two times more likely to be appointed if white than Black, Asian and minority ethic groups compared with 2022/23 (2.34 times in 2022/23).

What this means for you as a patient

Patients are able to recognise themselves in the KCHFT healthcare workers providing their care and have greater confidence and trust that their needs will be taken account of.

WRES 2022	
BME	11.0%
White	83.2%
Unknown	5.8%

WDES 2022	
Disabled	6.2%
Not Disabled	89.8%
Unknown	3.9%

Improving the experience of our people

Goal	Target	Achieved	Outcome
Clinical supervision for the Public Health division	100 per cent of clinical staff will have been offered four clinical supervision sessions.	100 per cent	Achieved

What is clinical supervision?

Clinical supervision is required by the bodies regulating the health professional registers, for example, the General Medical Council, Nursing and Midwifery Council (NMC) Health and Care Professions Council (HCPC) and Care Quality Commission and in employment contracts for clinical staff within KCHFT. The government response to the Francis Inquiry recognised that 'the key to providing safe, effective and compassionate care to patients is supporting and valuing staff' (DH 2013, section 1.26). The support provided and the value demonstrated through supervision has a direct impact upon the quality, safety, appropriateness and effectiveness of service provision. Clinical supervision provides an opportunity for staff to:

- reflect on and review their clinical practice
- discuss individual cases in depth.
- change or modify their practice and identify training and continuing development needs.

Alternative titles are sometimes used, such as 'peer supervision', 'developmental supervision', 'reflective supervision' or just 'supervision'.

Clinical supervision is seen as complementary to, but separate from, managerial supervision, which is about monitoring and appraising the performance of staff. Issues related to line management are not part of what constitutes clinical supervision.

Why is a new model of clinical supervision being piloted in the public health division?

The Children and Adult Talking Therapy (CHATTS) had been providing clinical supervision to staff, predominantly within the public health arm. This was procured using a self-employed staffing model, however following the implementation of the HMRC IR35 rules pertaining to self-employed status, the CHATTS service was no longer able to continue which left a gap in the planning and delivery of supervision for these teams.

Following feedback on the CHATTS model of delivery, the division decided to pilot an in-house model, which would be planned and organised by facilitators, using the clinical expertise in the groups to provide the learning and knowledge.

Why this is important

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.

Effective supervision supports staff development and wellbeing in work. Studies have shown that effective supervision improves job satisfaction and retention, reduces workplace stress and anxiety, fosters a better working environment and improves the quality of care.

Barriers to supervision include lack of time to dedicate to organising and attending sessions and heavy workloads, shift working, lack of management/ organisation support, lack of understanding of what clinical supervision is, lack of trust.

This project will provide a framework to support staff in understanding and attending supervision sessions and will provide the resources required to facilitate sessions. It will also provide a dedicated and trusted facilitator to help building relationships.

What we said we would do

We said we would implement a new model of clinical supervision for the Public Health division offering and encouraging all clinical staff the opportunity to attend four sessions each year.

What we did

Funding was available from the money remaining from the delivery CHATTS model. We calculated the number of staff who would require support under the new model and then calculated capacity required from a facilitator and then developed a plan as follows:

- A proposal for the model of delivery was developed with feedback from the teams.
- Job description was agreed and two full time facilitators were recruited. We also used six months of bank support to help set up.
- A dedicated inbox was set up and standard protocols for the delivery of the supervision were developed.
- Delays in recruitment meant initially groups were run by the project lead, who is experienced in delivering clinical supervision. We also used CHATTS staff to support, through the bank until the substantive posts were filled.
- The new facilitators received training through shadowing of the lead sessions and attending KCHFT training e.g. crucial conversations. They were also challenged with finding additional training to complete as part of their PDP.
- Invites to group sessions with a maximum of eight attendees per group of mixed specialities but same banding. Initially we allowed some flexibility of attendance, due to short notice and clinical commitments etc. The staff lists we had also required some cleansing from managers.
- The initial supervision sessions for each group were used to explain the purpose of the sessions and as an introductory session for the team building within the group. It set out expectations for attendees to bring a case to discuss to future sessions. At the initial session the group then agreed a further two dates for them to meet, with the aim of having a year's worth of dates booked in their diaries.
- A process for 'mop up' sessions was piloted to create additional provision for any staff who were unable to attend their group session.

What we achieved

All clinical public health staff, who lost their supervision support when CHATTs were decommissioned were allocated to a group and have been invited to at least two sessions.

All clinical public health staff were invited for supervision for the last two quarters of 2022/23. However, not all staff were able to attend their sessions.

The Supervision Team has attempted to run mop up sessions, but these had moderate success in capturing those who were unable to attend their groups. The team has been working with team managers to support encouraging attendance and prioritising the supervision. The data for Q4 22/23 is still being analysed but it is estimated that approximately 75 per cent of clinical staff who are in work have attended a clinical supervision session in quarter four.

The impact of these sessions is to allow shared learning and improve staff morale by allocated protected time for staff to have a safe space to reflect on their practice.

The implementation of this model was the initial stage of this project but the next steps will be:

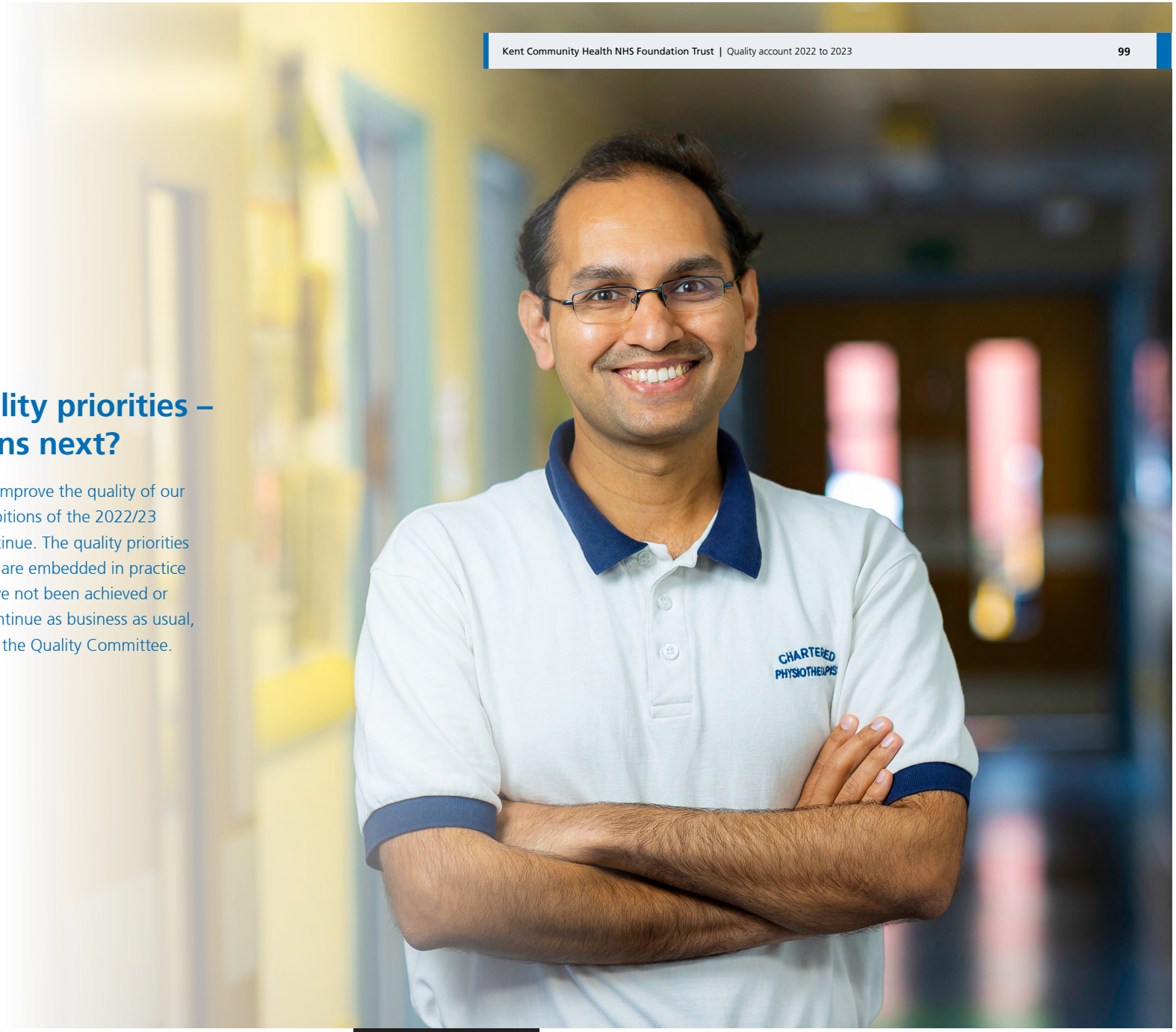
- to continue to gather staff feedback to inform and develop the model to suit their needs
- ongoing work with the practice nurse advocates to increase the offer to include restorative supervision where appropriate
- to work with teams to improve the culture of supporting supervision and making sure that time is protected
- to develop the skills of our supervision facilitators by identifying training opportunities and sharing learning
- to review the opportunities for our learning management system, TAPs, to be a booking, recording and reporting mechanism.

What this means for you as a patient

This will improve patient care by identifying training and development needs as well as sharing best practice. In the future, we will be able to compare the 2022 staff survey data with data in 2023. We hope to see an increase in the data evidencing that staff feel supported and valued in their work, which will have an impact on both staff retention and also their 'Joy in Work' which will lead to an improved patient experience.

2022/23 quality priorities – what happens next?

The work carried out to improve the quality of our services through the ambitions of the 2022/23 quality priorities will continue. The quality priorities that have been achieved are embedded in practice and the projects that have not been achieved or partially achieved will continue as business as usual, monitored bi-monthly at the Quality Committee.



Abbreviations and acronyms

AAR	After Action Review
AAL	Accelerated access collaborative
ADHD	Attention deficit hyperactivity disorder
ARC KSS	Applied research collaborative, Kent, Surrey and Sussex
ASC	Autism spectrum conditions
BAME	Black, Asian and Minority Ethnic
C Card	Access to condoms
CAMHS	Child and adolescent mental health services
CHATT	Child and adult talking therapy
CQUINs	Commissioning for Quality and Innovation
CVD	Cardiovascular disease
DNA	Did not attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DoLS	Deprivation of Liberty
DSPA	Data Security and Protection Assessment
EBSA	Emotionally based school avoidance
Edi	Equity, diversity and inclusion
EHCP	Educational Health Care Plan
EoLC	End of life care
EMPR	Electronic prescribing and medication administration
EPR	Electronic patient record
EQIA	Equality Impact Assessment
FFFAP	Falls and Fragility Fracture Programme
FFT	Friends and family test
FTSU	Freedom to Speak Up
GMC	General Medical Council
HCPC	The Health and Care Professions Council
HIV	Human immunodeficiency virus
IMAGO	Social action charity
IMCA	Independent mental capacity associate
ISDN	Integrated Stroke Delivery Network
JLA	James Lind Alliance
KCC	Kent County Council
KCHFT	Kent Community Health NHS Foundation Trust
KLOE	Key lines of enquiry
KMCAT	Kent and Medway Communication and Assistive technology
KMPT	Kent and Medway Partnership Trust
KPI	Key Performance Indicators
KSE	Kent Supported Employment
KSS AHSN	Kent, Surrey, Sussex, Academic Health Science Network
LeDeR	Learning disabilities mortality review
MCA	Mental capacity assessment
MDT	Multi-disciplinary team
MFRA	Multifactorial risk assessment
MS Teams	Microsoft Teams
NACAP	National Asthma and COPD Audit Programme
NACEL	National Audit of Care at the end of life
NCEPOD	Child Health Outcome Review Programme
NDFA	National Diabetes Footcare Audit
NEWS2	National Early Warning Scores (updated)
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NMC	Nursing and Midwifery Council
ORCA	Organisation and research capacity group
PALS	Patient Advice and Liaison Service
PDP	Personal development plan
PEWS	Paediatric Early Warning Signs
PHSE	Personal, social, health education
PMH	Past medical history
Power BI	Microsoft interactive data visualisation tool
PSCRG	Patient Safety and Clinical Risk Group
PSIRF	Patient Safety Incident Response Framework
PURPOSE -T	Pressure ulcer risk primary or secondary evaluation tool.
QI	Quality Improvement
QIA	Quality Impact Assessment
RCP	Royal College of Physicians
RTA	Referral to appointment
RTT	Referral to treatment
SARC	Sexual abuse referral centre
SINBAD	Scoring system used to measure severity of ulcers for the NDFA
SIP	Smoking in pregnancy
SMART	Specific, measurable, achievable, realistic, time-bound
SPFT	Sussex Partnership Foundation Trust
SSNAP	Sentinel Stroke National Audit Programme
STOMP	Stopping over medication of people with a learning disability or autism
ToC	Triangle of Care
TIAA	The trust's auditors
WNB	Was not brought
WTE	Whole time equivalent

Appendix

Project	Health improvement alternatives to e-learning
Purpose	Enable pharmacy partners to deliver KCHFT weight-loss and smoking cessation services through pharmacies using their staff. We want to offer engaging, robust and meaningful training to equip partners to deliver services to a high standard. We also want them to be able to access this in bitesize portions to enable timely engagement. We need to communicate, share documents and record outcomes of all training.
Stakeholders	Pharmacy managers and the LPC (local pharmacy council) need to know that our training is streamlined and easy to access in a timely manner in order for their staff to engage and achieve without too much disruption to their workload and other commitments. Our service managers must feel assured our training is relevant, robust and of a high quality to ensure the service delivered to patients is of a high standard.
Benefits	Training will bring about better engagement with our partners. The Local Pharmacy Council (LPC) can be assured that with minimal disruption and with ease of access, our training can raise the quality of service delivery and reduce ongoing support needed. Advisers will feel confident to deliver each service and will be knowledgeable of their subjects.
Completion	January 2024. System to be in place.

Project:	Kent children therapies advice line e-consult digital solution
Purpose	The purpose of a digital consultation advice line is to increase capacity and make sure staff resource is maximised. Service users will be able to submit their query at any time, and know they will be contacted within in a set timeframe. Staff will have prior knowledge of the nature of the call and the most relevant person will be able to handle, improving the patient experience and service user satisfaction.
Stakeholders	Existing staff and therapies leadership team are aware that the advice line is being reviewed and how this will impact on workloads. They need to feel confident that this will reduce workload and improve time spent on daily calls.
Benefits:	A digital solution will enable the service to provide therapy advice by the right person at the right times resulting in improved outcomes for service users. It will enable the staff to prepare for queries as increasing capacity for other assessments and interventions.
Completion	December 2023. System to be in place.

Project	Communication e-learning in Adult Learning Disability
Purpose	To develop communication e-learning and co-design a competency framework for paid carers supporting people with a learning disability. This enables staff access to knowledge and skills with sustainable support for application into practice.
Stakeholders	Paid carers and care providers need access to quality communication training that is targeted for supporting adults with a learning disability that can be accessed and delivered at their convenience. This delivery method supports services where staff turn-over is high. Commissioners need assurance that services can adopt and embed good communication into practice. Local NHS LD teams need a robust universal offer to increase capacity for target and specialist inputs.
Benefits	Paid carers and care providers have the opportunity to take ownership of upskilling staff in a timely way to meet communication needs. Service managers and KCC commissioners have assurance of good communication observed in practice and measured by a dynamic competency framework. Local NHS Learning Disability Teams will have a robust and quality universal offer to direct services to. Good communication for People with a learning disability is central to achieving better outcomes and reducing health inequalities.
Completion	August 2023. To involve creation of a digital learning package and completion of the co-designed competency framework with the intention of testing with an identified provider.

Project	Tier 2 Weight Loss App
Purpose	To enhance our current Tier 2 service. It would allow more flexibility and access to the service for those who cannot commit to set weekly times either face to face, telephone or MST. Clients who do attend weekly may also be able to access this prior to their sessions, allowing them more time with their adviser to focus on their behaviour change and setting SMART goals.
Stakeholders	Weight Loss clients who prefer to access the service remotely, miss sessions with their adviser and need to catch up, want to revisit the education and track their own progress
Benefits	To offer our service as much as possible, as often as possible for as many as possible
Completion	August 2023. Scoping and proposal for funding to be in place with a view to procurement.

Project	Demand and Capacity Management Community Nursing Service
Purpose	Provide a foundation to evidence value for the Community Nursing service through data collection to support workforce planning and retention. This will be used to highlight concerns of quality and patient safety by effectively evidencing the impact of deferred /missed visits.
Stakeholders	Community Nursing Service, Chief nursing officer / Deputy chief nursing officer, Quality Assurance Team, Performance Team.
Benefits	This will support the quadruple aim of: reduced per capita cost, improved patient experience, improved workforce experience and improving the health of the population.
Completion	To continue beyond 2023

Project	SMART Data
Purpose	To enable interoperability of currently siloed digital systems operating throughout the trust to enable data driven decision making through the identification of patterns, trends, outliers, correlation and future hypothesis. The ultimate aim is to eliminate waste, increase productivity and efficiency, be more sustainable, predict and pre-empt future costs and reduce risk.
Stakeholders	NHS E I, Estates and Facilities, Head of Sustainability.
Benefits	There are substantial benefits from bringing data sets together with potential for considerable return on investment. This will be demonstrated initially by manually layering occupancy versus heating/ cooling data in order to make decisions around relocation of staff and temperate controls.
Completion	Part of a larger three to five-year project. August 2023 will see output from occupancy and heating/cooling data.

Project	GraduCheck – National Innovation for lower limb care
Purpose	To support and improve lower limb care in the primary care setting by trialling the GraduCheck device. GraduCheck is the first wearable, multi-patented, multi-point wearable, optical-pressure sensor system.
Stakeholders	Community nursing, wound care, primary care providers.
Benefits	This will improve outcomes and quality of life for each patient by making it easier to treat patients with leg ulcers, significantly improving healing rates and improving patient compliance with treatment as well as improving the way venous leg ulcers are monitored and managed to reduce health service costs. If successful this could be rolled out across community nursing teams for housebound patients.
Completion	To continue beyond 2023.

Project	The social mobility, self-management and employment
Purpose	Use the innovation pathway to address social mobility, self-management and employment and consider how digital solutions might be used to support self-management and patient activation.
Stakeholders	ASPIRE Project Team, Health Improvement, patients.
Benefits	Project will look at the digital inclusion framework and consider how digital solutions might be used to promote digital inclusion, supporting self-management and patient activation.
Completion	August 2023. Scoping and findings presented.

Annex 1

The Quality Account was shared with the Integrated Care Board (ICB), local Healthwatch organisations and scrutiny committees.

The ICB has responsibility for the review and scrutiny of Quality Accounts and has provided feedback.

NHS
Kent and Medway

Private and confidential

Dr Mercia Spare
Chief Nursing Officer
Kent Community Health NHS Foundation Trust

Sent via email
Tuesday, 30 May

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NHS Kent and Medway Integrated Care Board - KCHFT Quality Account 2023/2024 Comments

Dear Mercia

Thank you for submitting the Quality Account for Kent Community Health NHS Foundation Trust. On behalf of NHS Kent and Medway, I confirm this Quality Account has been produced in line with the National requirements, including all the required areas for reporting.

Your report clearly sets out your quality priorities for 2023/24 linking to your quality strategy and details your aims and milestones for the coming year 2024/25. These align with the ICB quality priorities.

The account demonstrates an overview of quality of care in your focus areas, looking at improving the safety, and effectiveness of your services, as well as your continued focus on patients.

You have set clear priorities for the coming year, aligned to the aims of the organisation's strategy. We strongly support your priorities for implementing the Patient Safety Incident Response Framework, further work to reduce falls, more use of virtual wards, a focus on the experience of young people in transition and continuing work on your staff culture.

Your achievement in relation to prevention and care of pressure ulcers is to be commended. We acknowledge the work you have done to reduce waiting lists in paediatric services and look forward to working with you to reduce these further. Improvement actions and learning undertaken around malnutrition screening as part of the CQUIN framework are also recognised.

The ICB shares your focus and commitment to tackling inequalities with health checks, the We Care programme and your top ten rating in the Workforce Disability Equality Standard.

You reference proactive consultation and surveys with staff, patients and their families and carers, services, governance groups and the Quality Committee to agree your organisations quality priorities for the coming year. This approach is commended.

Thank you for your engagement at the Provider Quality Meetings and System Quality Group, continuing our collaborative partnership for the population of Kent and Medway.

Yours sincerely

Dame Eileen Sills
Chief Nursing Officer
NHS Kent and Medway ICB

Chair | Cedi Frederick
Chief Executive | Paul Bentley

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Annex 2

Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports, which incorporates the above legal requirements and, on the arrangements, that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation
- trust annual reporting manual and supporting guidance
- the content of the quality report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2022 to March 2023
    - papers relating to quality reported to the board over the period April 2022 to
    - March 2023
    - feedback from commissioners
    - feedback from local Healthwatch organisations
    - feedback from Overview and Scrutiny Committee
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated
    - the 2022 National Staff Survey
    - the Head of Internal Audit's annual opinion of the trust's control environment dated
    - CQC inspection report dated July 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with above requirements in preparing the quality report.

……Date……Chair

……Date……Chief Executive

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Phone: 0800 030 4550, 8.30am to 4.30pm, Monday to Friday
Text: 07899 903499
Email: kentchft.PALS@nhs.net
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Patient Advice and Liaison Service (PALS)
Trinity House
110-120 Upper Pemberton
Ashford
Kent TN25 4AZ

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I23021293 Produced by the Communications and Marketing Team

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	10
Report title:	Audit and Risk Committee Chair's Assurance Report
Executive sponsor(s):	Gordon Flack, Chief Finance Officer Georgia Denegri, Interim Director of Governance
Report author(s):	Peter Conway, Non-Executive Director
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☑ Assurance ☐ Information
Public/non-public	Public

Executive summary
The reports summarise the Audit and Risk Committee meetings held on 15 May and 13 June 2023.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to • **RECEIVE** the Audit and Risk Committee Chair's Assurance Report.

Link to CQC domain				
☑Safe	**☑Effective**	**☐Caring**	**☐Responsive**	**☑Well-led**

Strategic ambition this report supports	**Please tick**
Putting communities first	☐
Better patient experience	☐
A great place to work	☐
Sustainable care	☑

Implications	
Risk and assurance	Yes

Is the risk included on the Corporate Risk Register or Directorate risk register?	**☑BAF**	**☐CRR**	**☐DRR**
Equality, diversity and inclusion	No		
Patients / carers / public / staff / health inequalities	No		
Legal and regulatory	Yes		
Quality	No		
Financial	Yes		

Executive lead sign off	
Name and post title:	Gordon Flack, Chief Finance Officer
Date:	6 July 2023

Kent Community Health
NHS Foundation Trust

AUDIT AND RISK COMMITTEE (ARAC) CHAIR'S ASSURANCE REPORT

This report is founded on the Audit and Risk Committee meetings held on 15 May and 13 June 2023.

Area	Assurance	Items for Board's Consideration and/or Next Steps
Financial Reporting - Annual Report and Accounts	Reasonable Assurance	Annual Report - ARAC recommends approval and signing of the Remuneration and Staff Report and the Annual Governance Statement. The rest of the Annual Report is not audited and has been reviewed for consistency only. On this basis, it is recommended to Board Annual Accounts - ARAC recommends approval and signing of the Accounts which have received an unqualified opinion from the Auditors
Financial Controls	Reasonable Assurance	Assurance received regarding Losses and Special Payments, Single Tender Waivers and Retrospective Requisitions. Third party payroll provider (KCC) performance under review and will be put out for tender
(1) Internal Controls - Auditors	Reasonable Assurance	1)TIAA - Annual Report and Opinion advised reasonable assurance for the year. Also, reasonable assurance for latest reports on Financial Assurance, ICT Infrastructure, Serious Incidents, EIA Processes and Assurance Framework/Risk Management. Limited assurance reports for e-Rostering (policies out of date and inconsistent application of processes)

Area	Assurance	Items for Board's Consideration and/or Next Steps
		and Data Quality (NLFR community beds - inconsistent process application and data input) 2)Anti-Crime: Annual Report advised green rating for Counter Fraud Functional Standard Return. TIAA have been successful in the audit re-tender
(2) Internal Controls - Trust	Reasonable Assurance	1)Corporate Assurance and Risk Management; Group Report - Reporting and risk/issue escalation being improved
Risk Management and Board Assurance Framework (BAF)	Reasonable Assurance	1)BAF - risk management strategy, policies, appetite, and processes all being reviewed and work-in-progress. New Corporate Risk Register in place and well-received
Risk Deep Dive	Reasonable Assurance	No deep dives undertaken because of Annual Report and Accounts
Governance	Reasonable Assurance	Committee effectiveness review undertaken. ''More of the same'' recommended with increased focus on risk following Board review later in the year

Peter Conway
Chair, Audit and Risk Committee
13 June 2023

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	11
Report title:	Finance, Business and Investment Committee Chair's Assurance Report
Executive sponsor(s):	Gordon Flack, Chief Finance Officer
Report author(s):	Paul Butler, Non-Executive Director
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☑ Assurance ☐ Information
Public/non-public	Public

Executive summary
The reports summarise the Finance, Business and Investment Committee meeting held on 8 June 2023.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to • **RECEIVE** the Finance, Business and Investment Committee Chair's Assurance Report

Link to CQC domain				
☐**Safe**	☑**Effective**	☐**Caring**	☐**Responsive**	☑**Well-led**

Strategic ambition this report supports	**Please tick**
Putting communities first	☐
Better patient experience	☑
A great place to work	☐
Sustainable care	☑

Implications			
Risk and assurance	Yes		
Is the risk included on the Corporate Risk Register or Directorate risk register?	**☑BAF**	**☐CRR**	**☐DRR**
Equality, diversity and inclusion	No		
Patients / carers / public / staff / health inequalities	Yes		
Legal and regulatory	Yes		
Quality	No		
Financial	Yes		

Executive lead sign off	
Name and post title:	Gordon Flack, Chief Finance Officer
Date:	6 July 2023

Kent Community Health NHS Foundation Trust

FINANCE, BUSINESS AND INVESTMENT COMMITTEE CHAIR'S ASSURANCE REPORT

This report is based on the Finance, Business and Investment (FBI) Committee meeting held on 8 June 2023.

Issue	Committee review and assurance	Matters for Board awareness and/or action
Kent and Medway system financial position	The Chief Finance Officer (CFO) gave the Committee an update on the system financial outturn for 2022/23 and revised plan for 2023/24. The final and agreed system deficit for 2022/23 was £31.1m which would permit 'unlocking' of £7m capex for system in 2023/24. The 2023/24 plan agreed with NHS England (NHSE) is £62m deficit, which is deficit at East Kent Hospitals NHS Foundation Trust (EKHUFT) offset by £10m surplus from the rest of the system. This includes a £269m efficiency programme which is a very significant challenge.	The Board should note the planned position for the system and most noticeably the efficiency programme and associated risk of delivery. It is important that the system considers progress at the end of Q1. The Board should have sight of that position and consider implications

Issue	Committee review and assurance	Matters for Board awareness and/or action
Planning update 2023/24	KCHFT (the trust) has agreed a final plan for 2023/24 with a breakeven position which compares with the plan approved by the Board on 31 March which had a deficit of £2.26m.	The Board should be aware of the changes to plan which will now be included in ongoing management accounts reporting.
Business Development and Service Improvement item Medway Sexual Health Service contract	Kent and Medway Integrated Care Board (ICB) contracts with an annual value of £164m expire in March 2024. A prior information notice was issued by the ICB and a market engagement event was held on 11 May but there has been no follow up regarding next steps. A paper was presented to the Committee regarding the tender process for the Integrated Sexual Health and HIV services in Medway; a contract which the trust has held since 2016 but which expires on 30 September 2023. Pricing for this contract has not been finalised and the Committee was keen to understand the financial details of the eventual tender before they were made. The Committee did confirm that the contract value would require FBI Committee approval in due course.	The Board should be updated on next steps once the Executive has been advised.
Service deep dives: iMSK Physiotherapy Services	A comprehensive paper of progress regarding the service was presented which included detail of a planned deficit for 2023/24 of £0.4m which compares to a historic annual deficit of £1.2m. It was agreed that a further	

Issue	Committee review and assurance	Matters for Board awareness and/or action
Community Adult Nursing	update to the Committee should be made in six months' time which would by then include outcomes from discussions with commissioners on a sustainable way of providing future services. The paper set out the current and historical financial position for the service, which reported a deficit in 2022/23 of £1.6m. A programme of actions was highlighted which would attempt to mitigate a financial shortfall whilst maintaining quality of service. It should be noted that the paper identified that the average unit costs for 2022/23 were £43 compared to the national average of £53. The paper highlighted the need for management to undertake such reviews to understand financial performance of services and consider appropriate improvements. It was agreed that a further review of this service would be presented to the Committee in six months' time.	
Finance Report including service line and cost improvement programme (1/12)	The latest report was presented and noted.	

Issue	Committee review and assurance	Matters for Board awareness and/or action
National Cost Collection update	The paper set out details of the 2021/22 collection results. Overall the national cost collection index for the trust for 2021/22 was 88 compared with 90 for the previous year and 94 for all community services for the reporting year. The report also highlighted where costs were significantly ahead of benchmark, notably therapy services, podiatry, community hospitals and children's nursing services. The Committee asked that all were included in future deep dives with the exception of community hospitals. A number of services were running significantly below national benchmark and the Committee asked for further information on why that was the case and for consideration of whether the benchmarks were in fact robust. The paper also outlined how the data collection for 2022/23 would work.	
Estates: Foster Street Disposal	The paper presented on the potential disposal of the Foster Street Clinic. The Committee supported its disposal and the actions to be taken but asked that the value of achieving outline planning permission before sale was considered.	

Issue	Committee review and assurance	Matters for Board awareness and/or action
Facilities Management - Hard FM	A paper on the joint tender with Kent and Medway NHS and Social Care Partnership Trust (KMPT) for hard facilities management services was presented. This will be a five-year contract commencing 1 October 2023 with the option to extend it for a further five years, with an annual value of c£1.5m. The Committee challenged the management over the robustness of the tender assessment for which it received assurances. The legal structure of the contract was not clear at the time of the meeting but was clarified post-meeting i.e. although this was a joint tender with KMPT there would be two separate contracts.	The tendered services include a shift from reactive to planned maintenance which is a good move but requires robust management by the Executive. The Committee was given assurance that this could be achieved but given the concerns held on the management of estates and facilities this is an area that needs to be monitored. Although not discussed at the meeting, subsequent to contract award the Committee will ask for a review of contract performance and management for the first year.
Terms of reference review and approval Committee effectiveness review	The terms of reference were discussed and agreed that with the exclusion of the appendix of strategic intentions and some minor corrections to be made by the Secretariat that the Committee could approve. A planned discussion of committee effectiveness was held over to the next Committee meeting when all members are present (Autumn).	

Paul Butler
Chair, Finance Business and Investment Committee
25 June 2023

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	12
Report title:	Strategic Workforce Committee Chair's Assurance Report
Executive sponsor(s):	Victoria Robinson-Collins, Chief People Officer
Report author(s):	Kim Lowe, Non-Executive Director
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☑ Assurance ☐ Information
Public/non-public	Public

Executive summary
The reports summarise the Strategic Workforce Committee meetings held on 26 April and 22 June 2023.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to • **RECEIVE** the Strategic Workforce Committee Chair's Assurance Report.

Link to CQC domain				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Strategic ambition this report supports	**Please tick**
Putting communities first	☐
Better patient experience	☑
A great place to work	☑
Sustainable care	☐

Implications	
Risk and assurance	Yes

Is the risk included on the Corporate Risk Register or Directorate risk register?	**☑BAF**	**☐CRR**	**☐DRR**
Equality, diversity and inclusion	Yes		
Patients / carers / public / staff / health inequalities	Yes		
Legal and regulatory	No		
Quality	No		
Financial	No		

Executive lead sign off	
Name and post title:	Victoria Robinson-Collins, Chief People Officer
Date:	6 July 2023

Kent Community Health
NHS Foundation Trust

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 26 April 2023.

Agenda items
• Internationally Educated Nurses (IEN) driving issue • Leadership Apprenticeships via Qube • Workforce report including the Board Assurance Framework • Operations Workforce Report • Equity, Diversity and Inclusion (EDI) Engagement Update • Administration Academy Update • Staffing Update – Operations/Nursing/People • Leadership Programmes Refresh • Staff Engagement – Staff Survey Working Group and Staff Voice • Workforce Performance Report • Freedom to Speak Up Report

Agenda item	Assurance and key points to note	Further actions and follow up
IEN driving issue	The Committee was updated on the processes that had been put in place and welfare support of staff.	Ongoing. Very difficult situation for all involved. The Committee took significant assurance that the correct focus and support had been applied for the people elements.
Performance	A positive Workforce Report which underlined that the trust was going in the right direction against its key performance metrics. iMSK, Podiatry, Specialist Services, Children's Integrated Therapies in East Sussex and Audiology all featured this month in positive movement.	Urgent treatment centres and community hospitals still present a challenge and await the outcomes of the new models of care work in order to understand the workforce models that will be needed to shift the dial. The Committee took positive but limited assurance that some very tricky areas had seen positive movement in terms of performance and recruitment, with more to do.
EDI Engagement Update	The Committee scrutinised the full programme of work and was pleased to see the focus and progress.	The Committee gained significant assurance around the process and the positive way the programme had approached engagement.
Administration Academy	Work to develop the Administration Academy had been delayed because of Covid but was now back on track. The aim of the Academy was to give our administrators a better sense of the career choices available to them and support the trust's talent management programme. Work	The Committee was pleased to see the programme come to fruition. Measures of success would be reported back to the Committee at a later date. Significant

Agenda item	Assurance and key points to note	Further actions and follow up
	has been done on improving job descriptions to myth-bust on perceived bias towards qualifications over experience. Fewer hurdles stood in the way and clear pathways had been set out for aspiring talent.	assurance that the process had been improved and made more accessible.
Demand and capacity modelling	This vital work is coming to fruition and will allow us to gain clarity for the important next phase of workforce planning. There will be a time lag between design and implementation and it will be key to understand the risks to services we carry as we adopt new models	Limited assurance at this stage as lots of work to do to unlock next phase.
Freedom to Speak Up (FTSU) Report	The number of people reaching out to the FTSU Guardian is low. The Committee discussed whether that was because staff are using other channels in the trust to raise their concerns. More work is needed to be done for the Committee to be assured that there is a recognised safe space in which people can report their concerns and we improve out speak up culture.	The Committee received limited assurance and asked for more work to be done to triangulate the data.
Board Assurance Framework	The Committee supported the proposal that Risk 115 should stay at 20. Risk 124 (industrial action) will move to 20 as there are so many unknowns at this time.	

Kim Lowe
Chair, Strategic Workforce Committee
April 2023

Kent Community Health
NHS Foundation Trust

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 22 June 2023.

Agenda items
• Focus Items – Updates on legislation/regulations/national changes and impacts • People Strategy – Progress Update • People and Organisational Development (OD) Directorate Priorities 2023/24 • Leader and Manager Behaviours Framework • Training Needs Analysis • Staffing Update – Operations/Nursing/People • Workforce Performance Report including Board Assurance Framework assurance • Equality and Diversity update – Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports • Minutes of the Education Steering Group meeting of 24 May 2023 • Ratification of policies

Agenda item	Assurance and key points to note	Further actions and follow up
Focus Items – Updates on legislation/regulations/national changes and impacts	New NHS England (NHSE) Equity, Diversity and Inclusion (EDI) actions for improvement, including recommendations impacting Board members for consideration in our target reporting.	The majority are already in train and others will form part of the Nobody Left Behind action plan. Some areas will need reviewing as part of our refresh of governance arrangements, for example EDI objective for all Board members.
People strategy - Progress Update	Review of last action plan and open items. Reflected on learning i.e. too many priorities to deliver previously which created issues for capacity in the teams. Hard to judge success impact factors of work delivered other than Staff Survey, for example Kent Community Health NHS Foundation Trust (KCHFT) has maintained against a backdrop of national deterioration in measures. KCHFT has benchmarked well against other trusts. Also, data trends i.e. improvement in levels of turnover.	Please see agenda item actions below as the two items are linked.
People, Organisational Development (OD) and Directorate Priorities 2023/24	New 12-18 month priorities worked up for consideration as a work plan using the new true north approach with alignment to the We Care Strategy ambitions, targets and breakthrough objectives (BTO), or a regulatory requirement. Currently all listed priorities sit within the People and Organisational Development function, albeit they are interconnected with operations and clinical services. They will be	Impact and success assessment to be built in by regular review at the Committee. BTO to have specific focus. Keep priorities to the minimum. Significant assurance received that these are matrix owned priorities.

Agenda item	Assurance and key points to note	Further actions and follow up
	tested with the integrated operations meeting (IOM), community services directors (CSDs) and the integrated management meeting (IMM) before being agreed, albeit delivery on actions is running concurrently.	
Leader and Manager Behaviours Framework	Excellent framework that is receiving a refresh.	Areas to focus for refresh include use of language (for example, collaborative rather than competitive landscape), inclusion of EDI, future leader skills and behaviours, empowered teams and people focussed.
Training Needs Analysis	This is the second year of using this tool so still learning from experience and refining the approach. It still requires a deeper understanding from frontline users to enable realisation of benefits and focus on strategic training need across place and system rather than short term 'like for like'.	The ambition is to use this as a future proofed tool to ensure we have the right training in place for new workforce models and future skills.
Workforce Performance Report including Board Assurance Framework (BAF) assurance	Targets continue to move in a positive direction.	Streamline reporting by exception.
Equality and Diversity update – WRES and WDES reports	Very insightful documents with clear areas for improvement. Bullying, both from patients and managers, is still at an unacceptable level. EDI action	Recommend that the Board looks at this agenda in its work plan. We need to encourage our staff not to accept that

Agenda item	Assurance and key points to note	Further actions and follow up
	plan is trying to address areas for improvement. Disability metrics show this to be an area of particular focus.	this as 'normal' and agree consequences for patients who abuse our staff. Board agenda.
Minutes of the Education Steering Group meeting on 24 May 2023	Forward thinking / planning conversations in place.	Use our Universities, apprentice schemes and schools to build our next workforce. Form and function of Kent and Medway Academy will support this.
Proposal to rename the Strategic Workforce Committee to the People Committee	The name Strategic Workforce Committee is not fully understood by the organisation. The Executive Director title recently changed to Chief People Officer.	This change was fully supported by the Committee.

Kim Lowe
Chair, Strategic Workforce Committee
June 2023

Kent Community Health NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	13
Report title:	Charitable Funds Committee Chair's Assurance Report
Executive sponsor(s):	Mercia Spare, Chief People Officer
Report author(s):	Nigel Turner, Non-Executive Director
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☑ Assurance ☐ Information
Public/non-public	Public

Executive summary
The reports summarise the Charitable Funds Committee meeting held on 5 July 2023.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to • **RECEIVE** the Charitable Funds Committee Chair's Assurance Report.

Link to CQC domain				
☐**Safe**	☑**Effective**	☑**Caring**	☐**Responsive**	☑**Well-led**

Strategic ambition this report supports	**Please tick**
Putting communities first	☐
Better patient experience	☑
A great place to work	☑
Sustainable care	☐

Implications	
Risk and assurance	Yes

Is the risk included on the Corporate Risk Register or Directorate risk register?	☐**BAF**	☐**CRR**	☐**DRR**
Equality, diversity and inclusion	No		
Patients / carers / public / staff / health inequalities	Yes		
Legal and regulatory	No		
Quality	No		
Financial	Yes		

Executive lead sign off	
Name and post title:	Mercia Spare, Chief Nursing Officer
Date:	6 July 2023

Kent Community Health
NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Charitable Funds Committee meeting held on Wednesday 5 July 2023.

Agenda item	Assurance and key points to note	Further actions and follow up
2023/24 Quarterly Finance Update	The Committee received an update on the financial position of the trust's Charitable Fund at month two. The total income received was £4k. The total spend was £43k and the balance was £424,798. Headline spend year to date included £25k on three Omi projectors for Whitstable and Tankerton Hospital, Sevenoaks Hospital and Hawkhurst Hospital. A further £7k was spent from Deal Hospital's restricted fund on an Omi projector. £2.5k was spent on the Staff Awards with more spend anticipated. Funds were distributed to all the community hospitals for patient parties to celebrate the King's coronation. The Committee was assured that the charitable fund's financial health is good and any risks associated with the new hardship fund remain separate.	
Annual Financial Statement	The Committee received the first draft of the charity's annual financial statement. Overall, donations have slowed since the pandemic and the majority of spend over the last year	

Agenda item	Assurance and key points to note	Further actions and follow up
	went to the refurbishment of Heron Ward, Queen Victoria Memorial Hospital, Herne Bay (QVMH). Towards the end of the year, the charity appointed a new auditor who will audit its next annual report and accounts. Consequently, the final draft of the statement will see an amendment down against the auditor's fee.	
Reserves Policy	The Committee approved the continuation of the Reserves Policy.	
Charitable Funds Marketing Report and Annual Marketing Review and Plan 2023/24	The pandemic led to a surge in donations to the charitable fund directly and through NHS Charities Together. The last twelve months has seen a gradual reset with the charity returning to business as usual. The marketing objectives focus on • an internal campaign to encourage staff to bid for funds to improve the wellbeing of colleagues and patients in line with the People Strategy and the We Care Strategy. • Promoting health and wellbeing spend internally on the staff intranet to colleagues • Continuing to promote external campaigns for legacy donations and online giving generally • Promoting the charity's work for public benefit with regularly features in the Community Health magazine. The Committee would very much like to see targeted activity to reach those teams who would benefit most from the fund	

Agenda item	Assurance and key points to note	Further actions and follow up
	but who are struggling to submit a bid. Some early evidence of new bids has been seen following promotion of the fund at the recent Leaders Conference.	
Fund Manager Presentation – QVMH Staff – Mermikides Charitable Donation	Staff from Heron Ward, QVMH fed back on the benefits that they were experiencing following the refurbishment of the ward helped in part by the Mermikides legacy. Overall, staff morale had improved because of larger, brighter, more hygienic and sociable work and breakout areas for staff, patients and their visitors.	
Terms of Reference	The Committee noted the revised terms of reference.	
Any Other Business	The Committee received a short paper which outlined areas around the risk management of the charity.	This will be considered at the next meeting.

Nigel Turner
Chair, Charitable Funds Committee
5 July 2023

Kent Community Health NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	14
Report title:	Integrated Performance Report
Executive sponsor(s):	Gordon Flack, Chief Finance Officer
Report author(s):	Nick Plummer, Assistant Director Performance and Business Intelligence
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☑ Assurance ☐ Information
Public/non-public	Public

Executive summary

There are currently 13 KPIs off target for the month, which is 32.5% of the metrics. Of these, the KPIs of most concern are KPI 1.7 Looked After Children Initial Assessments and KPI 2.14 AHP Access Waits.

However, there are no KPIs that while hitting target are showing negative variation.

Positively, there are 6 metrics with positive variation, with highlights being an improved DNA rate (KPI 2.8), sustained good performance for KPI 2.10 2-Hour Crisis Response, Turnover (KPI 5.3) and Stability (KPI 5.6) performing positively.

Highlights

- Nine (9) pressure ulcer lapses in care occurred with patients on our caseload that were identified during April and May 2023 (6 in April, 3 in May), however remains in common cause variation.
- The Trust is in a breakeven position to the end of May. The YTD financial performance is comprised an underspend on pay of £1,317k offset by overspends on non-pay and depreciation/interest of £547k and £11k respectively and an under-recovery on income of £758k.
- The Trust achieved CIPs of £1,797k to the end of May against a plan of £2,407k which is £610k (25%) behind target. The forecast is for the target of £14,439k to be achieved in full.
- Capital: Spend to May was £148k, against a YTD plan of £427k (35% achieved).
- Temporary staff costs for May were £1,577k, representing 8.4% of the pay bill. Of the temporary staffing usage in May, £342k related to external agency and locums, representing 1.8% of the pay bill. The agency target for the month was £292k meaning costs were £50k above target. Cumulatively agency costs are £593k against a target of £584k and so costs are £9k over target.

- Contracted WTE reduced by 8 to 4,557 in post in May which includes 17 posts funded by capital projects. Vacancies increased to 272 in May (from 268 in April) which was 5.6% of the budgeted establishment. Budgeted establishment reduced by 3 WTE from April.
- Smoking Quits - Adult Health Improvement has recently moved IT systems and the last data we had for the report was the end of March 2023. We have worked with the new IT provider and are now in a position to report for the Smokefree service in Month 1. The service recorded 307 quit dates and achieved 170 quits (55.3% success rate) with 22 outstanding outcomes, it is expected that final April figures will be 182 quits.
- BCG Vaccinations - BCG programme performance is the highest performance to date with North Kent meeting target for the first time.
- During Month 2 (May 2023) KCHFT carried out 190,617 clinical contacts. For the financial year to May 2023, KCHFT is 3.5% above plan for all services (some services have contractual targets, some are against an internal plan). The main negative variance was within Dental and Planned Care Services (-2.5%) and Specialist and ALD services (-8%)
- Referral to Treatment (RTT Target 92%) - The national reportable KCHFT position at M2 improved to 97% and is in normal variation.
- Diagnostics waits: The service performance in May 2023 has been maintained and is reported at 99.1%.
- Looked After Children Initial Health Assessments (IHAs): The LAC team in M1 achieved a 50% performance within the statutory time frame of 28 days (mostly due to late requests from KCC) and 89.3% for Review assessments.
- No Longer Fit to Reside - Performance has increased slightly to 21% for month 2, this is still above the 15% target, however is now in normal variation.
- 12 Week Access Waits have dipped slightly to 53.5.1%, primarily due to waits with the Adult Neurodevelopmental pathway and Community Paediatrics. A number of other services (such as IMSK) are on an improving trajectory

Report history / meetings this item has been considered at and outcome

Not applicable

Recommendation(s)

The Board is asked to

- **NOTE** this report.

Link to CQC domain				
☑Safe	☑Effective	☑Caring	☑Responsive	☑Well-led

Strategic ambition this report supports	Please tick
Putting communities first	☑
Better patient experience	☑
A great place to work	☑
Sustainable care	☑

Implications			
Risk and assurance	Yes/No (If yes, provide brief one sentence description of issue)		
Is the risk included on the Corporate Risk Register or Directorate risk register?	☐BAF	☐CRR	☐DRR
Equality, diversity and inclusion	No		
Patients / carers / public / staff / health inequalities	No		
Legal and regulatory	No		
Quality	No		
Financial	No		

Executive lead sign off	
Name and post title:	Gordon Flack, Chief Finance Officer
Date:	5 July 2023

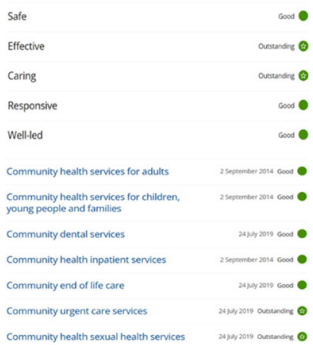
Kent Community Health
NHS Foundation Trust

Integrated Performance Report

2023/24 Month 2 report

July 2023

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

we care

NHS
Kent Community Health
NHS Foundation Trust

Contents

Pages 3-7 – KPI Scorecard
Pages 8-10 – Inequalities Summary
Pages 11-18 – Summary and Exceptions

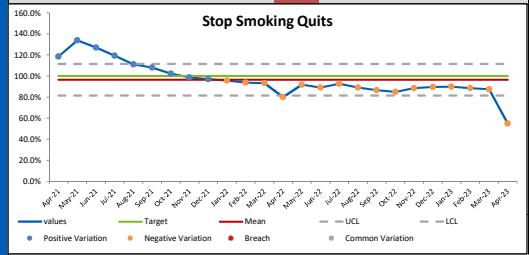
we care

Kent Community Health NHS Foundation Trust - Corporate Scorecard

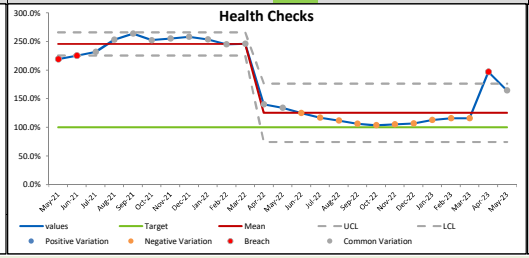
*NOTE: National Targets are denoted by (N) in the KPI name.

1. Prevent Ill Health

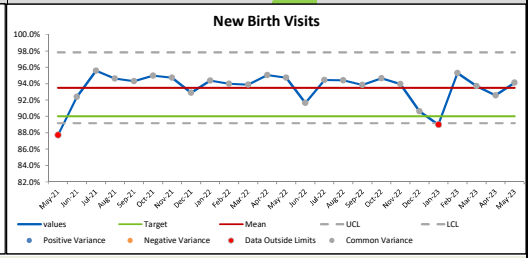
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.1 Stop Smoking - 4 week Quitters	April 2023	55.0%	100%	81%	96%	111%



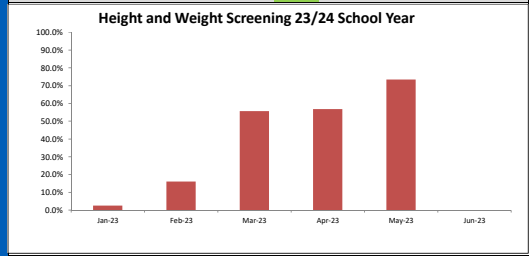
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.2 Health Checks Carried Out	May 2023	164.6%	100%	74%	125%	176%



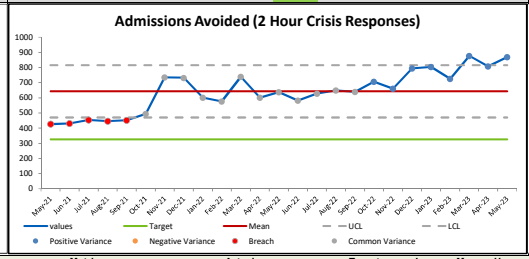
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days	May 2023	94.1%	90%	89%	93%	98%



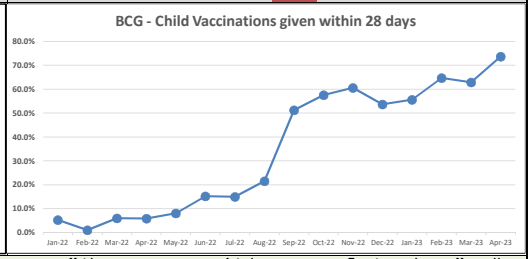
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.4 (N) School Health - Year R and Year 6 Children Screened for Height and Weight	May 2023	73.4%	90% (year end)			



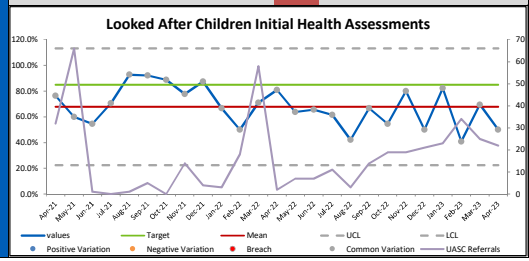
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.5 Admissions Avoidance (2 Hour Crisis Responses)	May 2023	868	326	470	643	815



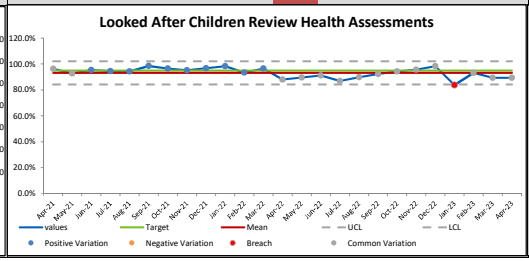
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.6 (N) Percentage of child BCG vaccinations given within 28 days	April 2023	73.6%	95.0%			



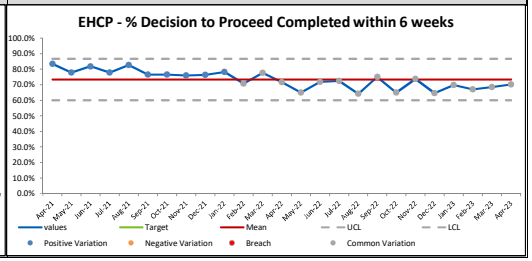
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.7 (N) Looked After Children - Initial assessments completed within timescale	April 2023	50.0%	85%	22%	68%	113%



Metric	Actual		Target	Lower	Mean	Upper
KPI 1.8 (N) Looked After Children - Review assessments completed within timescale	April 2023	89.3%	95%	84%	93%	102%



Metric	Actual		Target	Lower	Mean	Upper
KPI 1.9 (N) Education and Health Care Plan (EHCP) - Completed within 6 weeks	April 2023	70.2%	N/A	60%	73%	87%



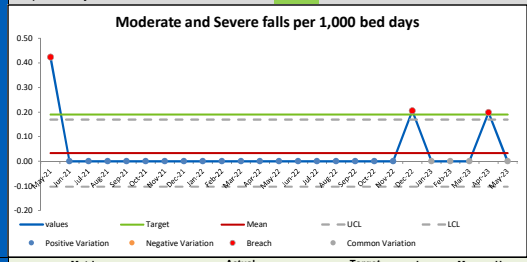
Kent Community Health NHS Foundation Trust - Corporate Scorecard

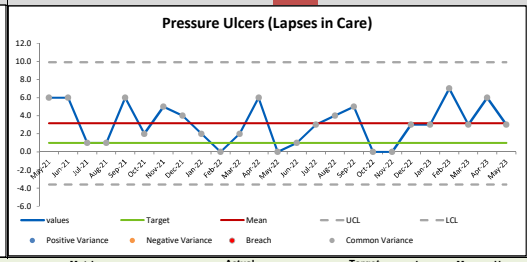
*NOTE: National Targets are denoted by (N) in the KPI name.

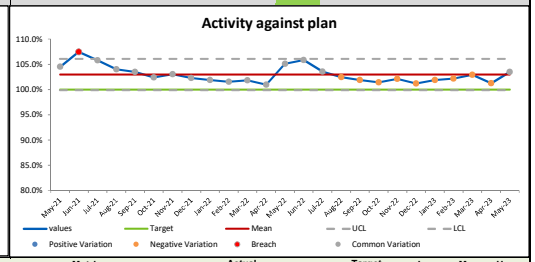
2. Deliver high-quality care at home and in the community

Metric	Actual		Target	23/24 YTD Actual	23/24 YTD Target
KPI 2.1 Number of Teams with an Amber or Red Quality Scorecard Rating	May 2023	0	1	3	12
KPI 2.2 (N) Never Events	May 2023	0	0	0	0
KPI 2.3 (N) Clostridioides difficile infection (CDI) level 3 lapses in care	May 2023	0	0	0	0
KPI 2.4 (N) Infection Control: MRSA cases where KCHFT provided care	May 2023	0	0	0	0

Metric	Actual		Target	Lower	Mean	Upper
KPI 2.5 Inpatient Falls (Moderate and Severe Harm) per 1000 Occupied Bed Days	May 2023	0.00	0.19	-0.10	0.03	0.17
KPI 2.6 Pressure Ulcers - Lapses in Care	May 2023	3	1	-3.6	3.2	9.9
KPI 2.7 Community Activity: YTD as % of YTD Plan	May 2023	103.5%	100.0%	99.9%	103.0%	106.1%

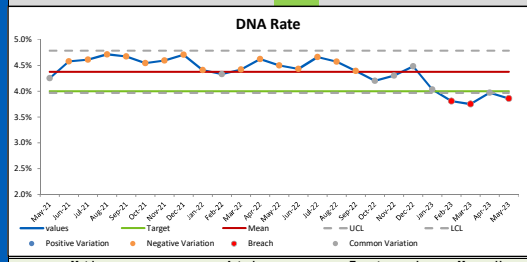


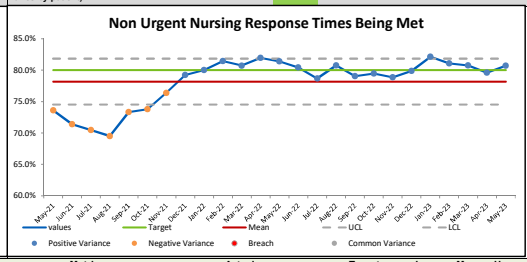


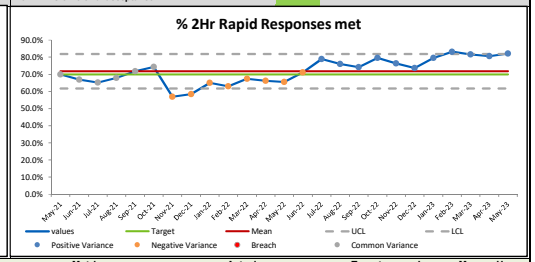


2. Deliver high-quality care at home and in the community

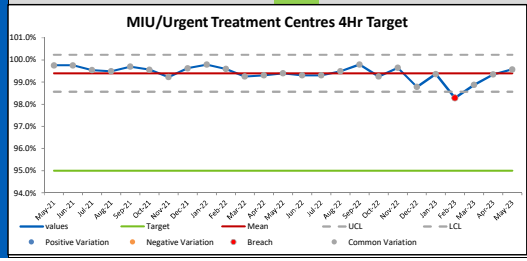
Metric	Actual		Target	Lower	Mean	Upper
KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity	May 2023	3.9%	4.0%	4.0%	4.4%	4.8%
KPI 2.9 Non-Urgent Response Times Met (%) (required time varies by patient)	May 2023	80.7%	80.0%	74.5%	78.2%	81.8%
KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance	May 2023	82.1%	70.0%	61.7%	71.8%	81.9%

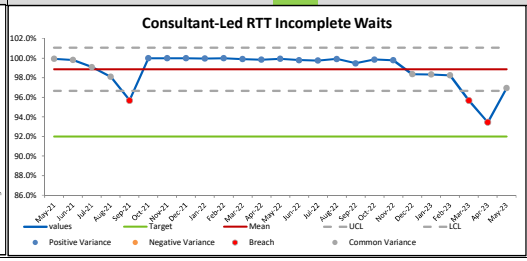


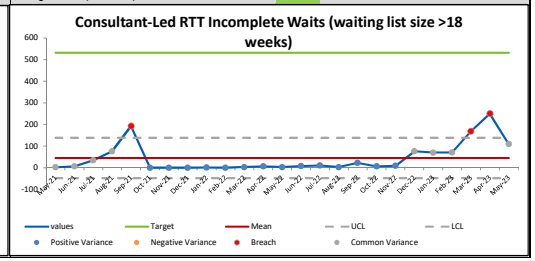




Metric	Actual		Target	Lower	Mean	Upper
KPI 2.11 (N) Total Time in MIUs: Less than 4 hours	May 2023	99.6%	95.0%	98.6%	99.4%	100.2%
KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways	May 2023	97.0%	92.0%	96.7%	98.9%	101.1%
KPI 2.13 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks)	May 2023	109	532	-48	45	139





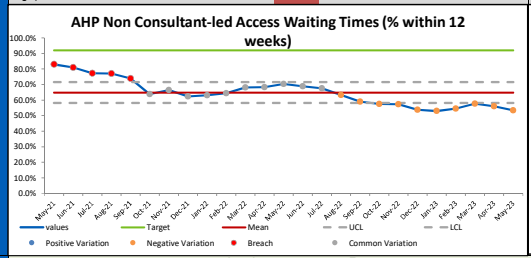


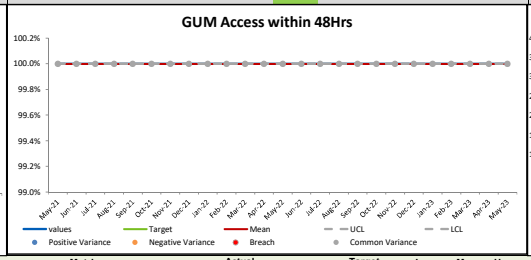
Kent Community Health NHS Foundation Trust - Corporate Scorecard

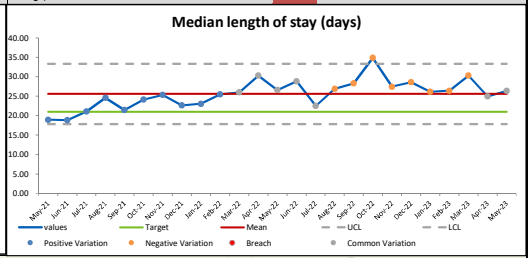
*NOTE: National Targets are denoted by (N) in the KPI name.

2. Del

Metric	Actual		Target	Lower	Mean	Upper
KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)	May 2023	53.5%	92.0%	58.2%	64.9%	71.6%
KPI 2.15 (N) Access to GUM: within 48 hours	May 2023	100.0%	100.0%	100.0%	100.0%	100.0%
KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)	May 2023	26.4	21.0	17.9	25.6	33.3

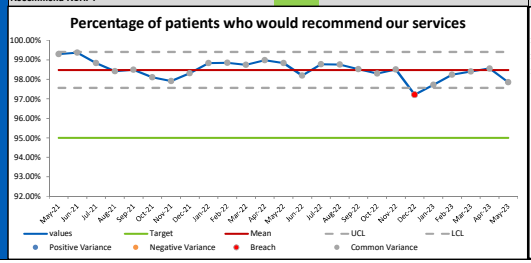


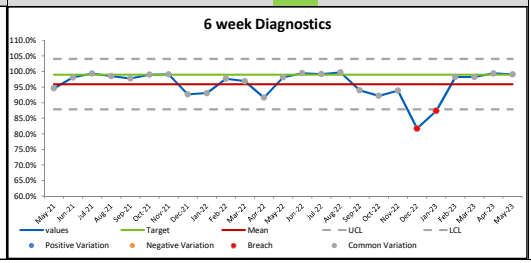




2. Deliver high-quality care at home and in the community

Metric	Actual		Target	Lower	Mean	Upper
KPI 2.17 (N) Friends and Family - Percentage of Patients who would Recommend KCHFT	May 2023	97.9%	95.0%	97.6%	98.5%	99.4%
KPI 2.18 (N) 6 Week Diagnostics	May 2023	99.1%	99.0%	87.9%	96.0%	104.1%



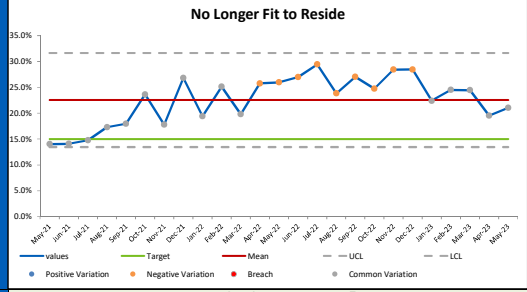


Kent Community Health NHS Foundation Trust - Corporate Scorecard

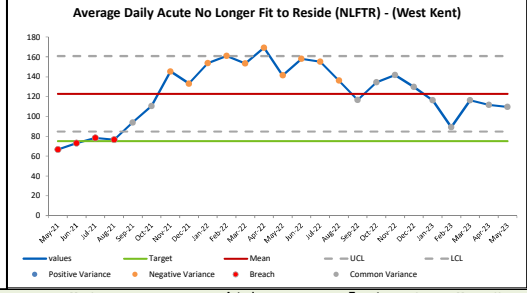
*NOTE: National Targets are denoted by (N) in the KPI name.

3. Integrate Services

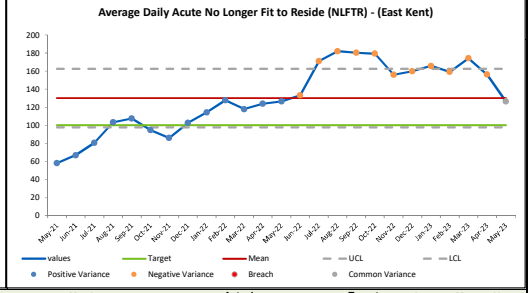
Metric	Actual		Target		Lower	Mean	Upper
KPI 3.1 No Longer Fit to Reside in a Community Hospital bed as a % of Occupied Bed Days	May 2023	21.0%	?	15.0%	13.4%	22.5%	31.6%



Metric	Actual		Target		Lower	Mean	Upper
KPI 3.2 Average Acute Daily No Longer Fit to Reside (NLFTR) - West Kent (Complex and Non complex)	May 2023	110	F	75	85	123	161

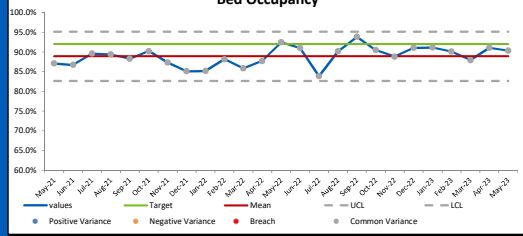


Metric	Actual		Target		Lower	Mean	Upper
KPI 3.3 Average Acute Daily No Longer Fit to Reside (NLFTR) - East Kent (Complex Only)	May 2023	127	?	100	98	130	162

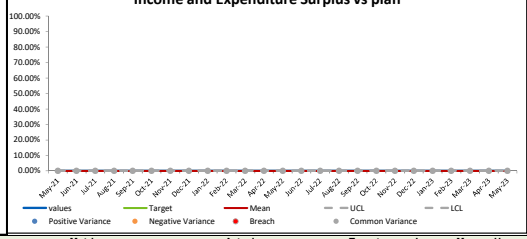


4. Develop sustainable services

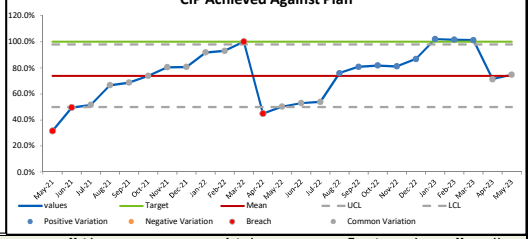
Metric	Actual		Target		Lower	Mean	Upper
KPI 4.1 Bed Occupancy: Occupied Bed Days as a % of available bed days	May 2023	90.3%	?	92.0%	82.6%	88.9%	95.1%



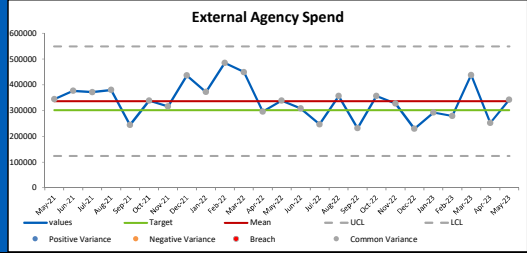
Metric	Actual		Target		Lower	Mean	Upper
KPI 4.2 Income & Expenditure - Surplus (%)	May 2023	0.0%	?	0.0%	0.00%	0.0%	0.0%



Metric	Actual		Target		Lower	Mean	Upper
KPI 4.3 Cost Improvement Plans (CIP) Achieved against Plan (%)	May 2023	74.7%	F	100.0%	49.8%	73.9%	97.9%



Metric	Actual		Target		Lower	Mean	Upper
KPI 4.4 External Agency spend against Trajectory (£000s)	May 2023	£341,811	?	£301,353	£123,469	£336,152	£548,836



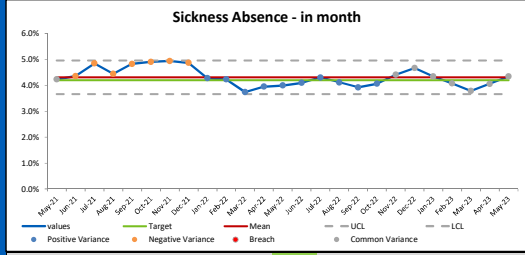
Metric	Actual	Target	Lower	Mean	Upper
KPI 4.5 Estates Statutory Compliance (All properties)	August 2022	Not Currently Available			

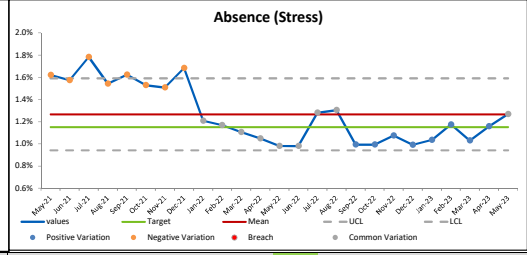
Kent Community Health NHS Foundation Trust - Corporate Scorecard

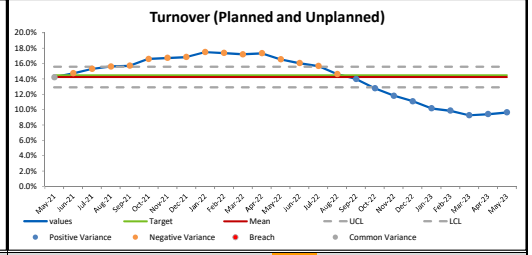
*NOTE: National Targets are denoted by (N) in the KPI name.

5. Be The Best Employer

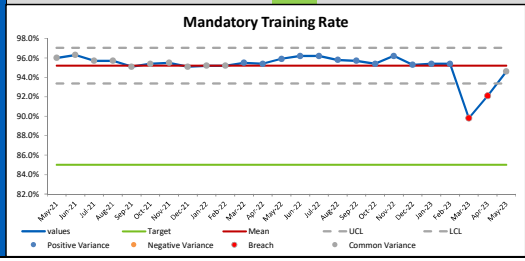
Metric		Actual		Target		Lower	Mean	Upper
KPI 5.1 Sickness Rate	May 2023		4.34%		4.20%	3.66%	4.31%	4.96%
KPI 5.2 Sickness Rate (Stress and Anxiety)	May 2023		1.27%		1.15%	0.94%	1.27%	1.59%
KPI 5.3 Turnover (planned and unplanned)	May 2023		9.63%		14.47%	12.89%	14.23%	15.57%

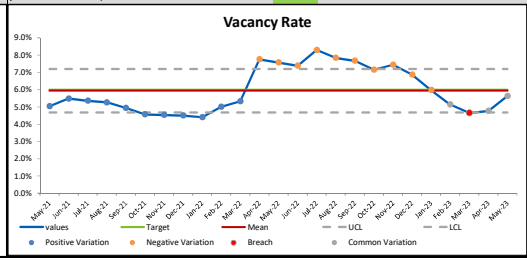


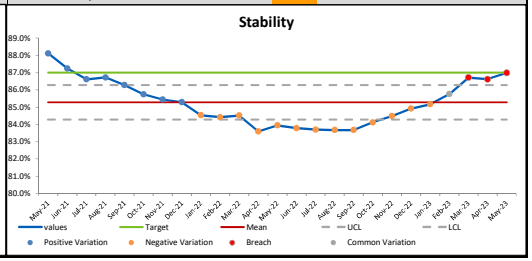




Metric		Actual		Target		Lower	Mean	Upper
KPI 5.4 Mandatory Training: Combined Compliance Rate	May 2023		94.6%		85.0%	93.4%	95.2%	97.0%
KPI 5.5 Gross Vacancy Factor (% of the budgeted WTE unfilled by permanent workforce)	May 2023		5.63%		6.0%	4.7%	5.9%	7.2%
KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more)	May 2023		87.0%		87.0%	84.3%	85.3%	86.3%

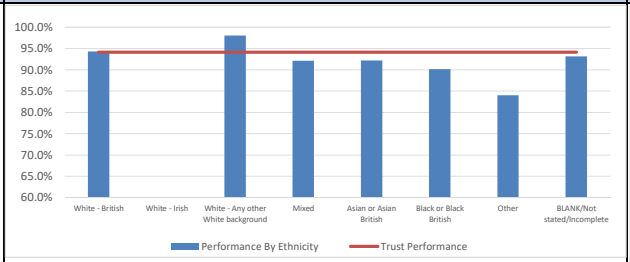
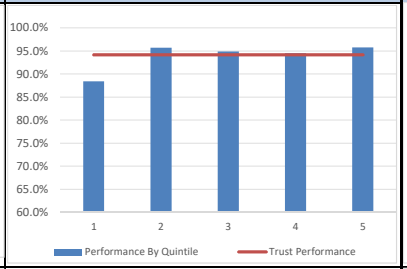
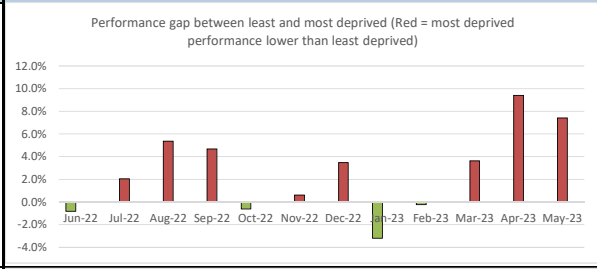
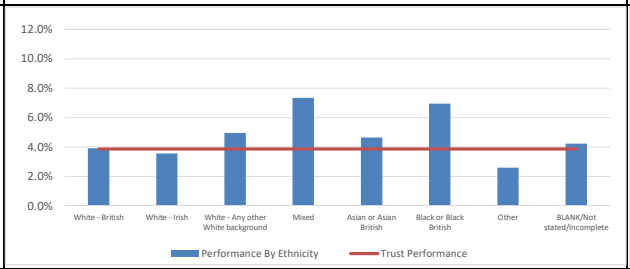
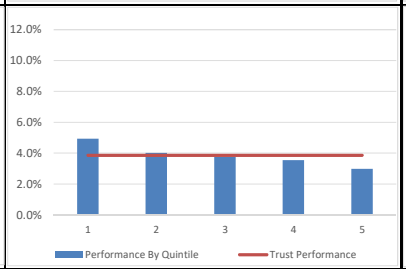
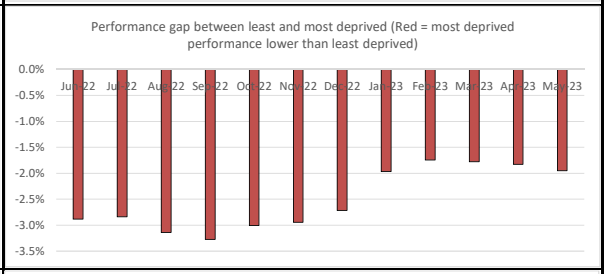
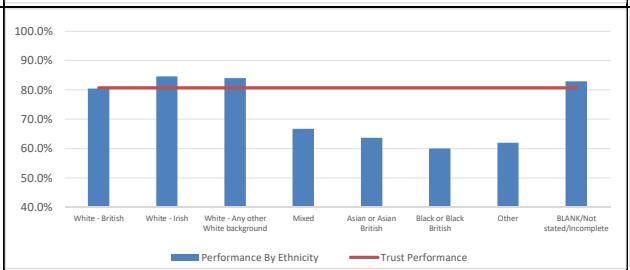
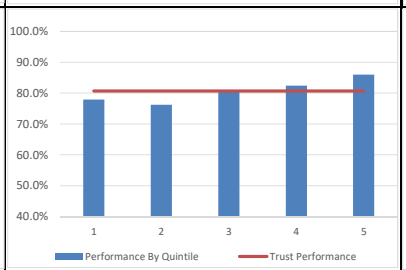
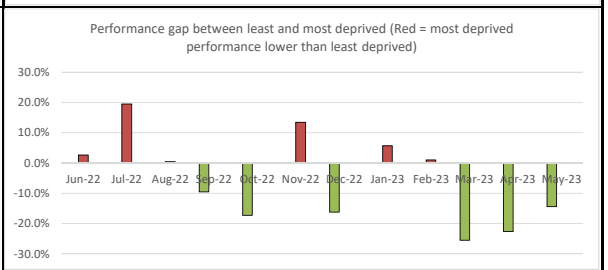
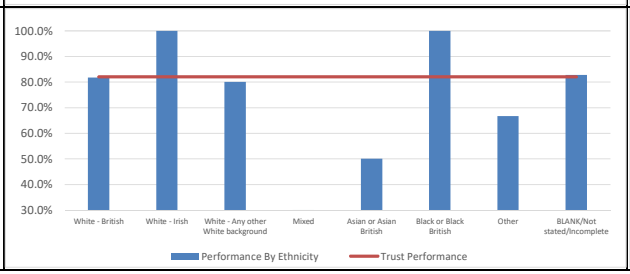
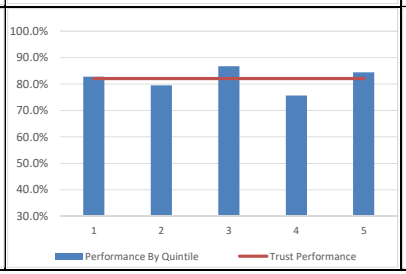
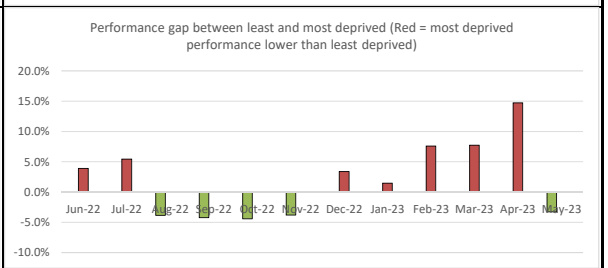




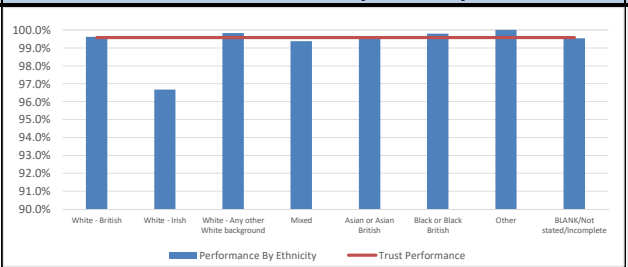
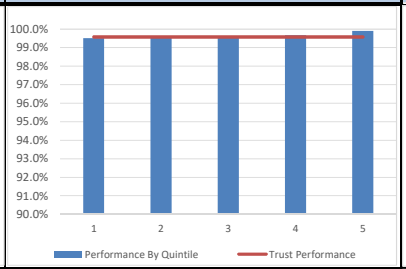
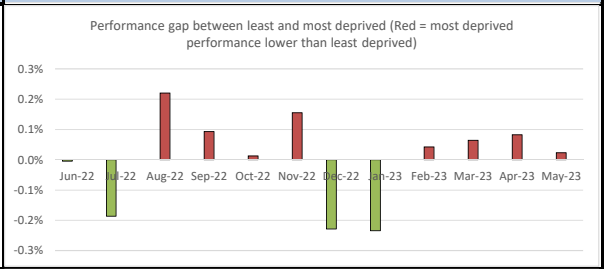
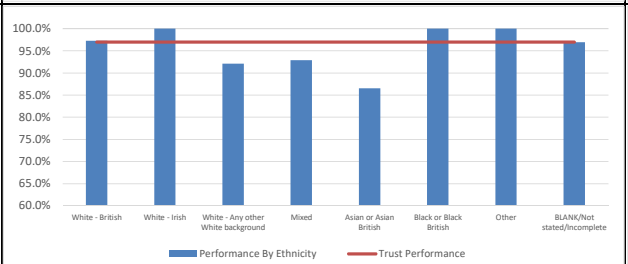
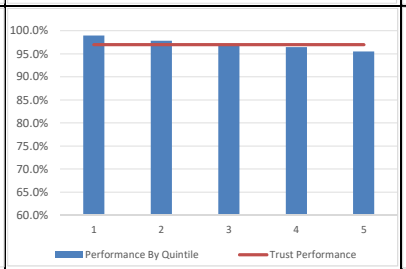
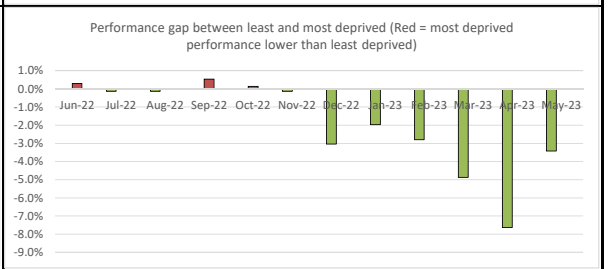
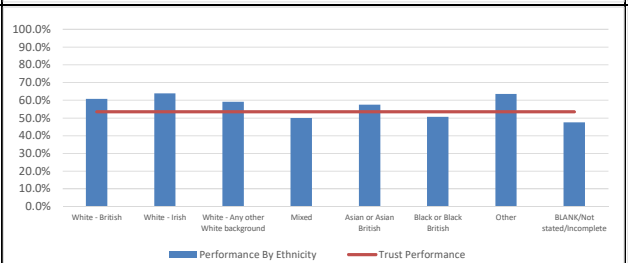
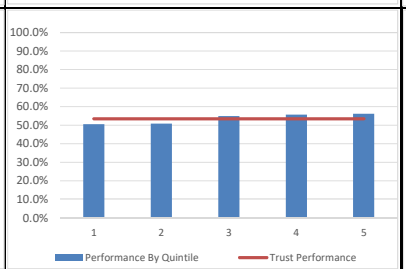
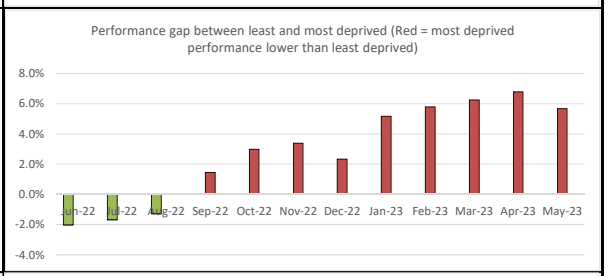
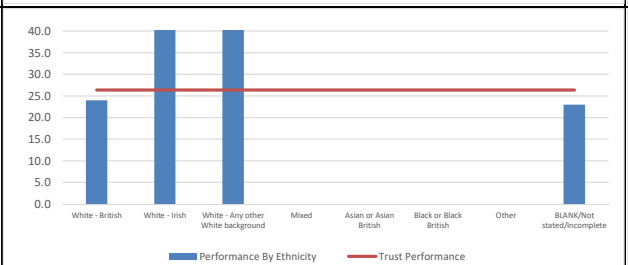
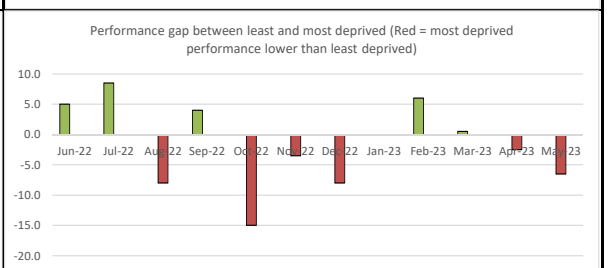


KCHFT Equality Monitoring - Performance by Ethnicity and Deprivation (Month 2)																
	KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days		KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity		KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)		KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance		KPI 2.11 (N) Total Time in UTCs: Less than 4 hours		KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways		KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)		KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)	
Trust Performance	94.1%		3.9%		80.7%		82.1%		99.6%		97.0%		53.5%		26.4	
Target	90%		4%		80%		70%		95%		92%		92%		21.0	
Performance by Ethnicity																
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Days	No.
White - British	94.3%	840	3.9%	4179	80.5%	1545	81.7%	509	99.6%	13761	97.3%	2266	60.7%	12407	24.0	137
White - Irish	60.0%	3	3.6%	35	84.6%	13	100.0%	2	96.7%	30	100.0%	1134	63.8%	10306	54.0	1
White - Any other White background	98.0%	98	5.0%	192	84.0%	25	80.0%	5	99.8%	559	92.1%	8	59.0%	69	44.0	1
Mixed	92.1%	70	7.3%	167	66.7%	3	N/A	0	99.4%	157	92.9%	14	50.0%	328	N/A	0
Asian or Asian British	92.1%	82	4.6%	113	63.6%	11	50.0%	1	99.6%	775	86.5%	32	57.5%	291	N/A	0
Black or Black British	90.1%	64	6.9%	108	60.0%	5	100.0%	2	99.8%	461	100.0%	12	50.6%	241	N/A	0
Other	84.0%	21	2.6%	126	62.0%	71	66.7%	4	100.0%	32	100.0%	20	63.4%	238	N/A	0
BLANK/Not stated/Incomplete	93.1%	54	4.2%	1771	82.9%	867	82.8%	354	99.5%	429	96.9%	2376	47.5%	13552	23.0	40
% Completeness	**95.6%**	**1232**	**73.5%**	**6691**	**65.9%**	**2540**	**59.6%**	**877**	**97.4%**	**16204**	**59.5%**	**5862**	**63.8%**	**37432**	**77.7%**	**179**
Performance by Deprivation Quintile																
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Days	No.
Quintile 1 - Most Deprived	88.3%	197	4.9%	1569	77.9%	366	82.8%	58	99.5%	2848	98.9%	464	50.4%	4233	28.0	11
Quintile 2	95.7%	243	4.0%	1365	76.2%	471	79.5%	117	99.5%	3630	97.8%	692	50.8%	5050	23.5	42
Quintile 3	94.9%	350	3.7%	1537	80.4%	634	86.7%	248	99.6%	4016	96.9%	878	54.9%	6070	25.0	28
Quintile 4	94.4%	238	3.5%	1327	82.3%	657	75.6%	213	99.7%	3208	96.4%	757	55.6%	5523	28.0	50
Quintile 5 - Least Deprived	95.7%	180	3.0%	813	86.0%	399	84.4%	237	99.9%	1811	95.5%	712	56.1%	3935	21.5	46

KCHFT Equality Monitoring - Performance by Ethnicity and Deprivation (Month 2)

KPI	M2 Performance By Ethnicity	M2 Performance by Deprivation Quintile	Last 12 months Performance by Deprivation Quintile
KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days			
KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity			
KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)			
KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance			

KCHFT Equality Monitoring - Performance by Ethnicity and Deprivation (Month 2)

KPI	M2 Performance By Ethnicity	M2 Performance by Deprivation Quintile	Last 12 months Performance by Deprivation Quintile
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)			

Operational Performance Highlights and Exceptions

Kent Community Health NHS Foundation Trust

Summary

There are currently 13 KPIs off target for the month, which is 32.5% of the metrics. Of these, the KPIs of most concern are KPI 1.7 Looked After Children Initial Assessments and KPI 2.14 AHP Access Waits.

However, there are no KPIs that while hitting target are showing negative variation.

Positively, there are 6 metrics with positive variation, with highlights being an improved DNA rate (KPI 2.8), sustained good performance for KPI 2.10 2-Hour Crisis Response, Turnover (KPI 5.3) and Stability (KPI 5.6) performing positively

More detail around the metrics of most concern are covered in the following slides

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Operational Performance Highlights and Exceptions

Kent Community Health NHS Foundation Trust

KPI 1.1 - Stop Smoking Quits

Adult Health Improvement has recently moved IT systems and the last data we had for the report was the end of March 2023. We have worked with the new IT provider and are now in a position to report for the Smokefree service in Month 1. The service recorded 307 quit dates and achieved 170 quits (55.3% success rate) with 22 outstanding outcomes, it is expected that final April figures will be 182 quits. Total service recorded quits to date is 237 (expected once all outcomes recorded = 380) currently we are just under our trajectory target of 250 quits per month.

KPI 1.6 - BCG Vaccinations (95% Target)

BCG programme performance is the highest performance to date with North Kent meeting target for the first time.

65% of babies born in April 2023 were vaccinated within timeframe within East Kent. There were 56 babies eligible for BCG vaccination of which 36 babies were vaccinated within 28 days and 18 babies were vaccinated outside of timeframe. The reasons for vaccination outside of timeframe includes 5 declined by families. This data reflects a 91.5% uptake which is a significantly improved uptake.

82% of babies born in April 2023 were vaccinated within timeframe in North Kent. There were 113 babies eligible for BCG vaccination of which 73 were vaccinated within timeframe and 8 vaccinated outside of timeframe. The reasons for vaccination outside of timeframe includes 3 declined vaccinations, 5 DNA/WNB and 24 referred elsewhere. This data reflects a 90% uptake. The pilot for Essex babies to be managed by local BCG provider commenced 1st June 2023. This should positively influence the performance in the BCG metric for North Kent further as these referrals will be removed from the denominator and often opt to receive their vaccination locally near to their home address.

Operational Performance Highlights and Exceptions

Kent Community Health NHS Foundation Trust

KPIs 1.7 & 1.8 – Looked After Children (LAC)

Health services have a statutory responsibility and target to complete 85% Initial Health Assessment (IHA) and circulate the report to the responsible officer within 28 days from date of the child becoming looked after. Compliance with the 28 day target, excluding Unaccompanied Asylum Seeking Children (USAC), was 50% due to late requests from KCC and children moving placement (which is out side of KCHFT control). Referrals for assessment should be received by KCHFT within 5 working days of the child coming into care with the remaining assessment pathway taking 23 working days. KCHFT has monthly performance meetings with the ICB which has not raised any concerns with the service performance.

Unaccompanied Asylum Seeker Children (UASC)

No referrals for UASC children were received within 5 working days meaning compliance with the 28 day target was reduced to 33%. The ICB Designated Nurse is working with the Department of Health requesting if the Health Screening could be adapted so that some elements of the IHA are incorporated at an early stage of the child coming into care within the UK.

There has been a 40% increase in UASC referral and as a result KCHFT holds a weekly UASC meeting with the ICB designated professionals; KCHFT administration leads; Named Nurses and KCC to mange resource and support need.

Operational Performance Highlights and Exceptions

Kent Community Health NHS Foundation Trust

KPI 1.9 – Education and Health Care Plans

Statutory health services are required to provide advice / complete assessment within six-weeks from date of notification by local authority to proceed with an EHCP assessment. KCHFT is not meeting this timeframe with current resources and is maintaining overall compliance averaging 70% with greater compliance at the 20 weeks response time when the report goes to a panel.

The ICB is leading system meetings to address the actions from the SEND review and improve parental confidence in the process.

KPI 2.3 Clostridioides difficile infection (CDI) level 3 lapses in care

While there have been no avoidable cases, there has been 1 case in April and 1 in May both attributed to KCHFT via the ICB. 1 unavoidable the other still being investigated as multiple providers involved. 2 cases attributed to the acute where KCHFT had provided care. Learning continues to be delays in sampling. To be included in our Education focus for the year.

KPI 2.6 - Pressure Ulcer Lapses in Care

Nine lapses in care occurred with patients on our caseload that were identified during April and May 2023 (6 in April, 3 in May). Seven were low harm and two were moderate harm incidents. Both moderate harm incidents did not meet the PSII criteria, however, learning was identified. Further learning was identified for the remaining low harm incidents. This highlights that we are successful in keeping harms low despite the high acuity of patient caseloads. There remains ongoing clinical support and training to reiterate key messages for prevention through the pressure ulcer innovation network and wound champion meetings as well as team focused support after incident reviews. The completion of investigations following incidents has improved and the information is supporting learning and areas to target support and key messaging on a month by month basis

Operational Performance Highlights and Exceptions

Kent Community Health NHS Foundation Trust

KPI 2.14 – 12 Week Access Waits (92% Target)

Community Paediatrics and Adult Neurodevelopmental service continue to have challenges with meeting the level of referral demand and are adversely impacting on the overall performance within specialist services. Remaining services with Specialist division have an overall performance of 88.5%.

Community Paediatrics backlog of initial assessments is due to an increase in referrals during Covid-19 pandemic combined with a reduction in medical capacity with a resulting 12 week RTA compliance of 26.1%. Medical recruitment plan in place.

On 23 May 2023, NHS England issued a letter summarising key 2023/24 priorities for elective recovery within the acute sector, noting a collective effort is needed to continue to drive the recovery for children and young people (CYP). Although not directly applicable KCHFT has undertaken a self-assessment against the checklist to identify any useful additional strategies that could be considered to reduce waiting times. KCHFT was in a favourable position with no 78 week breaches but identified broad recommendations that could be adopted being:

- Review of activity levels comparison 19/20 v 22/23 ensuring that activity has returned to pre-pandemic levels.
- Consideration to using the Independent Sector and Mutual aid - Community Paediatric service has been supported by a private provider for ASD assessments and is in discussion with the ICB for mutual aid and additional funding for the initial pathway.
- Review the level of follow-up reviews to free capacity

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Operational Performance Highlights and Exceptions

Kent Community Health NHS Foundation Trust

KPI 2.14 – 12 Week Access Waits (92% Target) - Continued

IMSK - average wait time has reduced to 7.2 weeks from 8.3 weeks (end April) with the service now at 83% against 12 week RTA position. Wait list volume has also reduced to 3,700 patients and is expected to stabilise between 3,500 and 4,000 for the remainder of the year based on current demand. The number of patients waiting more than 12 weeks continues to reduce and is now 609 (a 33% reduction since end April). All of these patients are booked before end August. The longer term forecast is that 12 week RTA is expected to improve to 88% reaching target of 92% by end March with the longest wait falling under 18 weeks by end December

KPI 3.1 – No Longer Fit To Reside (15% Target)

Performance has increased slightly to 21% for month 2, which is in normal variation but still above the 15% target and follows a period between Apr-Nov 2022 negatively above the mean. The increase from April 2022 was primarily caused by issues within the domiciliary care sector and ability to discharge patients home with a care package in a timely manner. This has continues to be an issue, although the small decreases seen are attributed to an increase in capacity (escalation beds) within KCHFT and additional funding into social care increasing capacity and therefore aiding flow.

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Operational Performance Highlights and Exceptions

Kent Community Health NHS Foundation Trust

KPI 4.3 – Cost Improvement Programme (CIP)

The Trust achieved CIPs of £1,797k to the end of May against a plan of £2,407k which is £610k (25%) behind target. The forecast is for the target of £14,439k to be achieved in full.

KPI 4.4 External Agency spend against Trajectory

Temporary staff costs for May were £1,577k, representing 8.4% of the pay bill. Of the temporary staffing usage in May, £342k related to external agency and locums, representing 1.8% of the pay bill. The agency target for the month was £292k meaning costs were £50k above target. Cumulatively agency costs are £593k against a target of £584k and so costs are £9k over target.

Operational Performance Highlights and Exceptions

Kent Community Health NHS Foundation Trust

Additional Highlight Areas

ASD Waits

There is an understanding both nationally and across the Kent and Medway System of the demand challenges for services. Reduction of the ASD waiting times is a key aim of the SEND review. In response, the ICB has developed a neurodevelopmental services plan, June – September 2023 with a number of workstreams that aim to understand the system pressures and develop a more sustainable system wide provision. KCHFT continues to engage and work with the ICB and other providers in Kent and Medway to influence the ASD pathway redesign and support the neurodevelopmental services plan with current KCHFT actions being:

- A proposal and associated costs to help maintain the waiting times at its current position.
- Waiting lists review to ensure child and families still need the support in line with the guidance outlined in the CYP Elective Recovery plan.
- Reviewing communications with families

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	15
Report title:	Emergency Planning, Resilience and Response (EPRR) Annual Report
Executive sponsor(s):	Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer Clive Tracey, Director of Specialist, Health, Safety and Emergency Planning
Report author(s):	Jan Allen, Head of Emergency Planning, Resilience and Response
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☑ Assurance ☑ Information
Public/non-public	Public

Executive summary
This report is to provide assurance to the Board that plans and systems are in place to meet the trust's obligations with respect of emergency preparedness, resilience and response and relevant statutory obligations under the Civil Contingencies Act 2004. The report sets out the Trust's state of readiness to respond to major incidents and disruptive events that impact on the delivery of services and performance.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
For the Board to • **RECEIVE** assurance of Kent Community Health NHS Foundation Trust's (KCHFT) state of preparedness.

Link to CQC domain				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Strategic ambition this report supports	**Please tick**
Putting communities first	☑
Better patient experience	☑
A great place to work	☐

Sustainable care	☐

Implications			
Risk and assurance	Yes		
Is the risk included on the Corporate Risk Register or Directorate risk register?	☐**BAF**	☐**CRR**	☐**DRR**
Equality, diversity and inclusion	No		
Patients / carers / public / staff / health inequalities	Yes		
Legal and regulatory	Yes		
Quality	Yes		
Financial	No		

Executive lead sign off	
Name and post title:	Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer
Date:	23 June 2023

Kent Community Health
NHS Foundation Trust

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)

ANNUAL REPORT APRIL 2022 – MARCH 2023

1. Introduction

This report describes the work undertaken in 2022/23 on the trust's emergency preparedness in order to meet the requirements of the Civil Contingencies Act (CCA) 2004 and the NHS England Emergency Preparedness Framework 2022.

The Trust has a mature suite of plans to deal with major incidents and business continuity issues. These conform to the CCA (2004) and current NHS guidance. All plans have been developed in consultation with partner organisations to ensure cohesion with their plans.

The report covers the following:

- The training and exercising programme delivered
- The continuing development of the emergency planning arrangements
- A summary of incidents the Trust has responded to

With effect from December 2022 the Accountable Emergency Officer for Emergency Preparedness Resilience and Response (EPRR) is Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer with an agreed delegation of responsibility to Clive Tracey, Director of Specialist Services, Health, Safety and Emergency planning.

2. Risk Assessment

The CCA (2004) places a legal duty on responders to undertake risk assessments and publish risks in a Community Risk Register. The purpose of the Community Risk Register is to reassure the community that the risk of potential hazards has been assessed, that preparations are undertaken and that response plans exist. Those standing risks currently identified on the Kent Community Risk Register include:

- Influenza-type disease (pandemic)
- Flooding
- Severe weather

As a result of risk assessments with internal services, there has been progress made across services in pursuing the necessary actions to control and mitigate the risks. The Head of EPRR and the EPRR manager have developed a close working relationship with services and assisted in the development of service level business continuity plans including detailed information on power failures.

Within this reporting period the trust has met four times at the combined-On Call/EPRR meeting. Attendance by relevant managers/staff at these meetings has continued throughout 2022/23, senior management support is in place to ensure appropriate attendance at these meetings.

3. Compliance

EPRR remains a key priority for the NHS and forms part of the NHS Standard Contract and the NHS Emergency Preparedness, Resilience and Response Framework 2022. A set of core standards for EPRR has been in place since April 2013. All organisations who receive NHS funding are asked to carry out a self-assessment against the NHS Standards for EPRR. KCHFT completed this exercise in August and NHS England agreed with KCHFT's assessment that it was successful in meeting all of the requirements for 'full' compliance.

The Local Health Resilience Partnership strategic members implemented an additional assurance process for 2022. The trust demonstrated full compliance covering the following elements.

- Business continuity
- Cyber resilience

4. Partnership working

The trust works in collaboration with a range of partner agencies through formal standing meetings and ad hoc arrangements. Formal committees of which the Trust is a member include the Kent and Medway Local Health Resilience Partnership (LHRP). The purpose of this group is to ensure that effective and coordinated arrangements are in place for NHS emergency preparedness and response in accordance with national policy and direction from NHS England – South, South East.

The LHRP applicable work plan is delivered within the trust. An area of responsibility agreed at the LHRP for the Emergency Preparedness leads across the county is accountability to the local authorities for the medical risk assessment of community events taking place. The Head of EPRR is responsible for the Sevenoaks Safety Advisory Group and the EPRR manager for Dover.

The EPRR team is facilitating community EPRR meetings attended by a wide range of EP leads from community trusts across the South East. The Terms of Reference and the administration for the meetings are owned by KCHFT.

Joint working with Maidstone and Tunbridge Wells NHS Trust (MTW)Trust EPRR Team

As the local health economy continues with the significant change and the integration of services, the Director of MTW EPRR and KCHFT Head of EPRR have developed an informal integration of MTW and KCHFT EPRR teams. This provides a greater resource pool and sharing of information.

As part of the integration work plan between MTW and the trust, KCHFT Head of EPRR delivers Command Foundation training in partnership with MTW EPRR colleagues, dates have been arranged for 2023 with ten spaces allocated to KCHFT strategic and tactical commanders.

4.1 Student Placement

The EPRR team in partnership with Maidstone and Tunbridge Wells NHS Trust have been facilitating an EPRR student placement from June 2022 for a period of one year. The student has experienced an extensive insight into the role of EPRR within the acute and community settings.

5. Planning

5.1 Major Incident Plan

The Major Incident Plan was reviewed in May 2023 to ensure it continues to accurately reflect the role of the trust in a major incident and how this role fits with the plans of other NHS organisations and the emergency services. The Major Incident Plan was ratified by the Corporate Assurance Risk Management Committee on behalf of the Executive Management Team.

5.2 Emergency Resilience and Business Continuity Policy and Business Continuity Plans (BCP)

The Emergency Resilience and Business Continuity Policy outline's how the trust will continue to discharge core functions in the event of disruption to business operations. Following discussion at the Incident Management meetings with agreement for each service to have its own Business Impact Analysis (BIA) and associated action cards. A BCP is required for Tier One services however this plan may be written to incorporate more than one service. Tiers Two and Three services must have a BIA.

Business Continuity plans are being collated to be shared with on-call managers through MS Teams workspace.

5.3 Heatwave Plan

The Heatwave Plan (HP) for the trust was updated as required for 2022/23. The KCHFT HP will be activated as per the Heat-Health weather alerts operated by UKHSA in partnership with the Met Office. The Alert Levels will operate in England from 1 June to 30 September each year which will trigger appropriate actions up to a major incident. The plan allows for escalation of operational services, and specific actions would be implemented to safeguard patients and staff as necessary.

5.4 Lockdown Procedure

The Trust is required to have lockdown plans for appropriate sites, such as the community hospitals. The Head of EPRR developed a Lockdown Procedure and worked collaboratively with the Head of Health, Safety, Security and Fire to embed this in to the trust. Two of the trust's urgent treatment centres are managed from a KCHFT owned site. The remaining five are located on National Health Service Property Services (NHSPS) sites or a private financed initiative (PFI) site. The aim of each of these is to develop and embed multi occupancy lockdown plans. This has proved challenging with limited engagement from partners and requires further work to complete.

5.5 Covid-19

Following the rise in cases in early 2022, due to the new variant Omicron, the UK government declared a level four incident. The declared level four incident immediately activated Command, Control and Coordination at regional and national levels. At each stage, in advance of national directive, the trust activated its plans in response to Covid-19. Governance structures were implemented, including strategic and tactical levels of command and staff were asked if their job allows to actively work from home. The trust has participated in the regional and national cells and actions.
A large number of volunteers affiliated to KVSEG and other voluntary organisations have continued to support KCHFT including supporting the delivery of vaccinations to the population.

5.6 Page One

The Page One pager contract for on-call managers/directors concluded on 31 March 2023. The EPRR Team worked in partnership with the Telecoms Team to implement the new Page One contract. This became active from 1 April 2023. The EPRR Team has facilitated twice weekly pager application communication exercises, highlighting learning which has been used to further implement the new contract.

The following services are currently using the application: On Call Directors, Adults and Estates managers.

6. Training and Exercising

In order to comply with our obligations, the Trust must undertake a number of emergency preparedness activities or be able to offer assurance that through a live incident the following requirements have been met. Please see below examples of exercises facilitated by the EPRR Team.

Exercises

Communication test every six months

8 April 2022

Aim: To perform a live no notice communication test involving the Kent Community Health NHS Foundation Trust (KCHFT) hospital services emergency mobile number during normal core working hours
Objective: To ensure that the emergency mobiles located within the community hospitals are answered or have a voicemail detailing the site and/or service the mobile relates to and provide an alternative contact number if needed.
Background: KCHFT has a legal obligation to comply with the following statutory guidance: Civil Contingencies Act 2004 and NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2015.
Scenario: Each emergency mobile number located within the trust community hospitals was rang for a response.
Lessons identified have been included into an action plan. Updates from this exercise will report to the KCHFT EPRR/On Call meeting.

Table top exercise once a year

Planned Power Outage

KCHFT participated in a three-day national Table Top Exercise Arctic Willow 15 – 17 November 2022.
The exercise topics per day:

- Day 1: Industrial action, supply chain issues
- Day 2: Severe weather, power outage
- Day 3: Power outage (recovery issues), patient flow issues

The Head of EPRR facilitated the exercise supported by the EPRR manager.
KCHFT colleagues participated in person at Trinity House.
Learning identified from the exercise was developed into an action plan and additional Business Continuity arrangements relating to power outage have been embedded into trust response.

Live exercise every three years

Radiation Exercise 9 June 2022
The exercise was a no notice live exercise with a response by KCHFT UTC staff

Aim: To test the trust's response and action cards to a radiation incident at an urgent treatment centre (UTC)

Objectives:

- To test the initial response at UTC when presented with a patient affected by suspected radiation
- For those present to develop their understanding of their role within an incident of this type
- To test the locking down of the hospital
- To test the upward communication to on call managers and director on call
- To test the communication process with external agencies.

Participation:

- UTC staff
- Head of Emergency Preparedness Resilience Response for KCHFT
- Volunteer self-presenters (KCHFT EPRR Manager and Trust Staff Member)
- Head of EPRR East Kent Hospitals
- EPRR Manager East Kent Hospitals

Good Practice

- Reception were quick to respond and followed the action card
- There is a clearly defined decontamination area
- Equipment was brought to the decontamination area in a time efficient manner
- Both members of staff in the decontamination area worked well as a team.
- Staff had and used action cards for the exercise
- Communication between all staff was effective
- Good practice was noted that a shift co-ordinator role is allocated at the beginning of each shift
- Good communication on locking the UTC.

Updates from this exercise will report to the KCHFT EPRR/On Call meeting.

Command Post exercise every three years

Activation of the Incident Coordination Centre (ICC) took place on 18/19 January and 30 April 2023.

The activation of the ICC was agreed by KCHFT to manage the Royal College of Nursing strike. The ICC was led by KCHFT strategic commanders.

Through the reporting period the trust is compliant with the required elements;

6.1 Training

The EPRR team continue to present at trust induction through e-Learning. Education and Workforce (EWD) have reported a figure (March 2023) of 98.3 % compliance for the mandatory element of EPRR training for staff.

Rest /Survivor Centre training has been delivered by the EPRR team to community nursing teams across KCHFT. This has been well received. The aim of the training has supported preparedness for staff who may be requested to attend a Rest/Survivor centre to in an emergency response to an evacuation.

Loggist Training

KCHFT has recently increased the number of loggists to 13. Regular meetings and training events are facilitated by the EPRR manager.

The loggists supported the KCHFT Command team on the 18/19 January and 30 April 2023 when the (ICC) was stood up at Trinity House, Ashford to manage the Royal College of Nursing strike.

Loggist Forum

The Loggist Forum is led by the KCHFT EPRR manager. Colleagues from the following trusts, KCHFT, Medway Community Trust, KMPT, HCRG Care Group and the Integrated Care Board are part of the membership-meeting twice a year.

Command Training

The Head of EPRR continues to jointly deliver Command training with the EPRR Team from Maidstone and Tunbridge Wells NHS Trust. The training is facilitated at an external venue twice per calendar year. Excellent feedback from participants has been received.

7. Incidents

Throughout the year there have been a number of incidents across the Trust which has involved implementation of Service Level Business Continuity arrangements.

Examples of incidents are documented below

Summer 2022

Throughout summer 2022 the county of Kent was challenged with declarations of three Major Incidents;

- Loss of water on the Isle of Sheppey
- Significant travel congestion on the M20 and Dover
- Level four Heatwave

The incidents presented KCHFT colleagues with challenges. However, the resilience of staff, their professional standards of care to all patients truly demonstrated the trust's values. The service business continuity plans were affective. One member of the community nursing team in Dover visited patients using her electric bike. This determination to ensure no harm came to patients was reported as good practice in the county wide debrief and the annual NHS standards EPRR assurance.

Tunbridge Wells Borough Council

A Major Incident was declared by Tunbridge Wells Borough Council on Friday 16 December 2022 in consideration for the loss of water to an extensive number of properties in the area. The following days saw an increase in the areas affected by cracked pipes. These included, Thanet, Crowborough and Staplehurst. The Major Incident was extended to include these areas, therefore a Kent Wide Major Incident was declared.

Challenges for the Trust included ensuring vulnerable patients received bottled water from the water companies. A KCHFT Incident Management team was activated. The Head of EPRR attended the Kent Resilience Forum Vulnerable meetings. The EPRR ICB colleagues /Tier one director on call attended the TCG/SCG meetings. The Head of EPRR at the request of the trust's Chief Executive ensured she was kept fully informed of the evolving incident.

12 February2023 – Norman House Power Outage

Reported power failure at Norman House 12 February 2023 that holds a significant volume of vaccines. High known risk because of the volume and value of vaccines held on site. A member of the Estates team attended site within 90 minutes and the power was reinstated. The on-call pharmacist had been made aware of the outage through an established business continuity IT system. There was no risk to vaccines stored in the fridges. The plan worked well and further work is being undertaken to ensure greater resilience given the potential risk.

Summary

The Trust continued to develop its resilience arrangements throughout 2022/23 which was a year of significant challenge in the field of emergency planning. During 2023/24 this work will continue, ensuring the Trust maintains the ability to respond to emergencies and business continuity incidents. Lessons learned and good practice have been identified and shared amongst staff. On-going embedding of the EPRR arrangements remains a key priority.

The focus for the continued development of the service in 2023/24 will be

- To continue to effectively respond to incidents
- To maintain compliance with the EPRR requirements
- To continue the planned works in respect of lockdown
- To facilitate exercises for clinical and non-clinical services

The Board is asked to note the progress of the service in 2022/23 and endorse the continued development of the service for 2023/24.

Jan Allen
Head of Emergency Preparedness, Resilience and Response
20 June 2023

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	12 July 2023
Agenda item:	19
Report title:	Confirmed Minutes of Committees
Executive sponsor(s):	Georgia Denegri, Interim Director of Governance
Report author(s):	Gina Baines, Assistant Trust Secretary
Action this paper is for*:	☐ Decision/approval ☐ Discussion and input ☐ Assurance ☑ Information
Public/non-public	Public

Executive summary

- Quality Committee meeting of 16 March 2023
- Audit and Risk Committee meeting of 6 February 2023
- Finance, Business and Investment Committee meeting of 23 March 2023
- Strategic Workforce Committee meetings of 21 February and 26 April 2023
- Charitable Funds Committee meeting of 8 March 2023

Report history / meetings this item has been considered at and outcome

The minutes have been approved by the relevant committee.

Recommendation(s)

The Board is asked

- To **NOTE** the approved minutes.

Link to CQC domain

☑Safe **☑Effective** **☑Caring** **☑Responsive** **☑Well-led**

Strategic ambition this report supports	**Please tick**
Putting communities first	☑
Better patient experience	☑
A great place to work	☑
Sustainable care	☑

Implications			
Risk and assurance	No		
Is the risk included on the Corporate Risk Register or Directorate risk register?	☐**BAF**	☐**CRR**	☐**DRR**
Equality, diversity and inclusion	No		
Patients / carers / public / staff / health inequalities	No		
Legal and regulatory	No		
Quality	No		
Financial	No		

Executive lead sign off	
Name and post title:	Georgia Denegri, Interim Director of Governance
Date:	6 July 2023

Kent Community Health NHS Foundation Trust

CONFIRMED Minutes of the Quality Committee meeting, held on Thursday 16 March 2023 in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT

Present:	Pippa Barber	Non-Executive Director (Chair)
	Paul Butler	Non-Executive Director
	Pauline Butterworth	Deputy Chief Executive and Chief Operating Officer
	Ali Carruth	Executive Director for Health Inequalities and Prevention
	Dr Sarah Phillips	Chief Medical Officer
	Dr Razia Shariff	Non-Executive Director
	Dr Mercia Spare	Chief Nursing Officer
	Karen Taylor	Non-Executive Director
In attendance:	Gina Baines	Assistant Trust Secretary and Committee Secretary (minute-taker)
	Sive Cavanagh	Deputy Chief Nursing Officer
	Georgia Denegri	Interim Trust Secretary
	Jacqueline Griffin	Assistant Director of Infection Prevention and Control (agenda item 7 and 8)
	Vicki Stevens	Head of Quality Management (agenda item 17 and 18)
	Louise Thatcher	Assistant Director of Clinical Standards and Patient Safety
Observer:	Lorna Campbell	Quality Management Coordinator

039/23 Welcome and apologies

Pippa Barber welcomed everyone to the Quality Committee of the Kent Community Health NHS Foundation Trust Board (the trust).

There were no apologies. The meeting was quorate.

040/23 Declarations of Interest

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

041/23 Minutes from the meetings of 23 January and 16 February 2023

The minutes were read for accuracy.

The following amendment was suggested.

013/23 Patient and Carer Council Chair's Assurance Report – paragraph 1 – replace 'the council' with 'the Healthy Community Steering Group'.

The Committee **AGREED** the minutes of its meetings held on 23 January and 16 February 2023 as an accurate record, subject to the amendment.

042/23 Action log and matters arising from the meetings of 23 January and 16 February 2023

The closed action log was agreed.

The open actions were discussed and updated as follows.

122/22 Update on legislation/regulations – Update on the Care Quality Commission (CQC) approach to inspection and ratings – The process has been paused by the CQC as it is yet to publish its descriptors. In the meantime, an internal pilot will take place in order to test the evidence that it is thought will demonstrate compliance. The Committee will be updated on developments. Action open.
147/22 Monthly Quality Report (End of Life Care Steering Group) – Sive Cavanagh confirmed that this would be taking place. The group was meeting and Karen Taylor, non-executive director was attending. The Committee would be updated through the Quality Report. Action closed.
149/22 Patient and Carer Council Chair's Assurance Report (Public Sector Equality Duty) – Action open.
150/22 Patient Safety and Clinical Risk Group Chair's Assurance Report – The action would remain open in order that the Committee continued to receive updates on the system's discussion from Mercia Spare.
155/22 Legal Report – Action open.
158/22 New risks identified and actions or feedback to other committees – SEND Services risk – This is under discussion by the Executive Team. Action closed.
005/23 Relevant feedback / updates from other committees and service visits – Clinical Effectiveness Group governance framework – Once this has been shared, the action would be closed.
011/23 Patient Safety and Clinical Risk Group Chair's Assurance Report – The information would be included in the report from May. Action open.
012/23 Clinical Effectiveness Group Chair's Assurance Report – Rio Report – Action open.
013/23 Patient and Carer Council Chair's Assurance Report (PLACE reporting) – Action open.
014/23 Population Health Group Terms of Reference – Quality Governance Structure and Population Health Group workplan – Actions open.

All other actions were closed.

<u>Matters arising</u>

Paul Butler questioned when the Committee's terms of reference would be ready to be agreed. Pippa Barber suggested that once the Board had agreed the We Care Strategy on 31 March, the ask of the Committee around the new strategic objectives would be incorporated into the terms of reference which would then be brought back to the group for approval.

043/23 Relevant feedback / updates from other committees and service visits

The non-executive director deep dive of CIP scheme CS0108 report was received.

Pippa Barber reported that she had attended a Quality Improvement (QI) collaborative event in January. Community nursing and therapy teams had participated. They had used a QI approach to understand how patients came into their service and were triaged. The intention was to develop new ways of working to avoid duplication and improve productivity. They explored other areas of their work as well to see what improvements could be made. It had been a stimulating morning and she would encourage other non-executive directors to attend.

Mercia Spare reported on the visit that she and Kim Lowe, non-executive director had undertaken with the Thanet Long Term Services the previous week. This had followed from the patient story to the Board last September. Kim Lowe spent time with the team by herself and received good assurance in the areas that had been of concern to the Board. The team had been delighted to welcome them and they were able to showcase the changes they had made. It felt like a different team as morale had improved. She and Kim Lowe had been particularly impressed with the impact that the new manager had had on the team.

The Committee **RECEVIED** the relevant feedback / updates from other committees and service visits.

044/23 Board Assurance Framework (BAF)

Mercia Spare presented the report to the Committee for assurance.

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

045/23 Infection Prevention and Control Board Assurance Framework (IPC BAF)

Mercia Spare presented the report to the Committee for assurance.

There had been no change to the previous report apart from the inclusion of updated evidence.

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

046/23 Infection Prevention and Control Declaration

Mercia Spare presented the report to the Committee for assurance.

The trust met the statutory requirements in relation to its compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance. The declaration demonstrated how the trust met the criteria within the code.

Georgia Denegri confirmed that the declaration would be included in the annual Director of Infection Prevention and Control (DIPC) Report to the Board later in the year. Mercia Spare added that she would include the information in the infection prevention and control board assurance framework front sheet which would be received by the Board at its April meeting.

The Committee **AGREED** the infection prevention and control declaration and recommended the government statement to the Board.

In response to a question from Paul Butler as to how the declaration was delivered in practice, Pippa Barber explained that it was a statutory requirement for the trust to make the declaration. She would discuss with John Goulston about the timing of the DIPC report to the Board in future years which she suggested should be received after the end of March and include the declaration. The changes would be reflected in the Board and Committee work plans for 2024 onwards.

047/23 **Monthly Quality Report**

Mercia Spare presented the report to the Committee for assurance.

Karen Taylor sought further assurance about how the trust responded to incidents where there had been sub-optimal care of the deteriorating patient and she enquired when the Committee should be concerned about the number of incidents reported. Mercia Spare explained that the attention was focused on repeated themes which were identified over a three-month period and the subsequent actions which were put in place. The National Early Warning Score (NEWS) score was monitored as well although that was challenging with such small numbers. Louise Thatcher added that the team also drilled down to ascertain if it was a system or service issue. The intention was to look at the cause behind the incident rather than the number of them.

In response to a question from Karen Taylor as to whether the team was confident that it was capturing all of these incidents, Louise Thatcher responded that she was. All such incidents were raised through Datix, as well as coming through complaints and other channels such as audits, transfer of care into the acute hospitals, and at handover. If there was any concern that there had been sub-optimal care of a deteriorating patient then

it would be raised as a Datix. More triangulation work was being done which would be reported to the Committee in coming months. Sive Cavanagh commented that the data which was coming through to the nursing teams was in a richer form from which they could learn. Sarah Phillips observed that the after action reviews helped to capture the tone of what had happened with the patient. Information was also coming through the mortality reviews which recommended learning. More support around advanced care planning and patient conversations and escalation conversations, the work of the end of life care steering group and mortality reviews were all helping nurses to have greater confidence in initiating conversations with patients and families/carers around end of life care.

In response to a question from Pippa Barber as to whether the themes from the after action reviews which identified issues around shared care across the care system should be considered at system level quality forums so that potential learning could be identified, Mercia Spare suggested that the place based quality groups would be best placed and she would discuss this with John Goulston and Vicki Stevens. Pippa Barber responded that she would like to have visibility of where the learning was shared at system level and suggested that this could be included in the slide in the Quality Report in future.

Pippa Barber highlighted that the Community Paediatric Service was receiving a relatively high number of complaints. She also commented that the integrated Musculoskeletal Service (iMSK), the Dental Service and Community Paediatrics were receiving enquiries to the Patient Advice and Liaison Service (PALS) regarding getting through to the service, referrals, waiting times and appointments. She commented that there were various digital solutions being used by other trusts such as the Patient Knows Best app which notified service users about appointments and sent out reminders and questioned why it was not being used by these services. Pauline Butterworth indicated that she would support the introduction of such an app to empower patients to take control of their health. Paul Butler challenged as to why the senior management team were unaware of these digital solutions and whether the IT Team were keeping abreast of such developments. Sarah Phillips agreed to take the action away and discuss it with Mark Gray, Director of IT.
Action – Sarah Phillips

The Committee **RECEIVED** the monthly quality report.

048/23 Operational deep dive

Pauline Butterworth presented the report to the Committee for assurance.

The Committee was given an update on the demand and capacity challenges affecting the new Adult Neurodevelopment Service which had been commissioned to provide autistic spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) assessments. The Committee was also updated on the actions that the trust was taking to support

commissioners to review the service model as system demand was exceeding commissioned capacity.

Sarah Phillips commented that she was seeing a similar demand for these assessments in her role as a GP. In response to her question around whether the service was considering what should be done if the commissioners were unable to release further funds, Pauline Butterworth confirmed that there would be limited funding. Advanced nursing practitioners (ANPs) rather than psychiatrists were conducting many of the assessments. This was acceptable to meet many patients' needs. The service might also replicate the online approach that other services were using.

Pippa Barber questioned what the timeframe would be to find a solution with the commissioners to manage the demand. Pauline Butterworth indicated that it would be a challenge for the service to be part of a future plan until it had worked through its current lists. As to how long this would take, she would update the Committee at its next meeting. The Committee suggested a deep dive at its next meeting along with an update on the Looked After Children Service and harm reviews.
Action – Pauline Butterworth / Mercia Spare

Pippa Barber also suggested that the equivalent service for children review the beginning of its assessment process to ensure that children were put onto the right pathway. Currently there was anecdotal evidence from staff of children being wrongly placed on the ASD assessment pathway for three years, only to find after assessment that they had been assigned to the bottom of the waiting list for an ADHD assessment.

In response to a question from Paul Butler as to whether the service had informed the commissioners that it would no longer be taking any new referrals, Pauline Butterworth confirmed that Clive Tracey, Community Services Director had had discussions with the commissioners. In the meantime, Sive Cavanagh would review the waiting list with the service.

The Committee **RECEIVED** the operational deep dive report.

049/23 Quality Committee Terms of Reference

This item would be deferred until the May meeting.

050/23 Patient Safety and Clinical Risk Group Chair's Assurance Report

Mercia Spare presented the report to the Committee for assurance.

Razia Shariff commented that some of the actions in the report had been identified in the previous year and were not yet resolved. In response to her question as to whether timeframes could be included in future reports, Mercia Spare confirmed that they would be. Mercia Spare added that some of the long-term risks remained static but were included on the corporate risk

register and were reviewed by the executive team. Pippa Barber highlighted that there were a number of estates issues. She was particularly perturbed about the risk relating to the faulty alarm at the urgent treatment centre in Deal and urged the executive to have it fixed as a matter of urgency. In response to her question as to whether the estate issues were being fed into the estate's maintenance programme, Pauline Butterworth confirmed that they were. Philip Griffiths, Director of Estates Optimisation and Clive Tracey, Community Services Director were overseeing the estates optimisation work. This meant that new models of care would drive the estates activity rather than vice versa. Pauline Butterworth was currently interviewing for a new Director of Estates and Facilities and once in post she expected them to address the various estates risks at pace.

Paul Butler suggested that the Patient Safety and Clinical Risk Group should report to the executive rather than be a subcommittee of the Quality Committee. He added that rather than seeing the detail of each risk, he wished to know that there was a good process to pick them up and have them resolved. He also sought clarification as to which member of the executive was accountable for the estates risks. Pauline Butterworth responded that the new Director of Governance would assess the current reporting structure and make recommendations for any improvements. With regards to which executive was accountable for the estates risks, she confirmed that she was. Georgia Denegri added that the executive was discussing how information flows could be restructured to improve reporting She commented that some of the risks were issues rather than risks. The Finance, Business and Investment Committee had oversight of the capital programme which also implied a maintenance schedule. There was a programme of work for the estates team which it was prioritising because of its limited resources. Razia Shariff reflected that some of the issues/risks could not be resolved and suggested that this should be noted in the report.

Pippa Barber questioned what the issue was in the Dysphagia Team which was leading to staff turnover.

In response to a question from Pippa Barber regarding the urgent treatment centres (UTC), Pauline Butterworth explained that a paper on the UTC strategy would be considered by the executive team and then brought to the Strategic Workforce Committee or the Quality Committee. She expected a paper to be ready in the next eight to twelve weeks. In the meantime, there were significant discussions continuing with the commissioners.

In response to a question from Karen Taylor as to whether the workforce risks highlighted in the report were being shared with the Strategic Workforce Committee, Mercia Spare confirmed that they were. The information would be found in the Workforce Report and any discussions around hotspot areas. The issues were also raised at the executive team meeting and with the relevant services at the executive performance reviews. Pippa Barber suggested that as Karen Taylor was on both the Quality Committee and the Strategic Workforce Committee she could have oversight of the risks and share her thoughts with both committees.

The Committee **RECEIVED** the Patient Safety and Clinical Risk Group Chair's Assurance Report.

The Patient Safety and Clinical Risk Group's terms of reference would be deferred to the May meeting.

051/23 Clinical Effectiveness Group Chair's Assurance Report

Sarah Phillips presented the report to the Committee for assurance.

In response to a question from Pippa Barber as to whether the assessment of lower leg wounds CQUIN would be missed, Sarah Phillips confirmed that that was likely. Pippa Barber confirmed that she would escalate that to the Board and also that the executive was discussing the implication for CQUINs going forward. Sarah Phillips confirmed that she would be presenting a proposal to the executive team which would set out what would replace CQUINS and provide assurance on quality. She would provide an update to the Committee on this final point at its next meeting.
Action – Sarah Phillips

The Committee **RECEIVED** the Clinical Effectiveness Group Chair's Assurance Report.

The Clinical Effectiveness Group's terms of reference would be deferred to the May meeting.

052/23 Population Health Group Terms of Reference

Ali Carruth presented the report to the Committee for approval.

The Population Health Group's terms of reference would be deferred to the May meeting.

Pippa Barber indicated that if the May meeting's agenda was full, she would consider holding a virtual extraordinary Quality Committee meeting to discuss its terms of reference and those of its subcommittees.

053/23 Update on legislation/regulations

There was nothing to report.

054/23 Quality Impact Assessments (QIAs) of 2022/23 Cost Improvement Programme Schemes

Mercia Spare and Sarah Phillips presented the report to the Committee for assurance.

All the schemes presented to the Committee that month represented a low risk.

With regards to scheme CS0116 (Paediatrics – pay – efficiency), Pippa Barber questioned why the Committee should be confident that the scheme would not introduce additional risk into a service which was already under pressure. Mercia Spare responded that she and Sarah Phillips had met with the service to discuss the scheme. Although there was a risk of delays in seeing patients and an impact on staff morale, the team had explained that although it was a potential risk it was unlikely to transpire. Therefore, the likelihood score had been two.

Razia Shariff offered to carry out a deep dive into the scheme later in the year. Vicki Stevens agreed to make the necessary arrangements.
Action - Vicki Stevens

In response to a question from Razia Shariff as to the capacity in the team, Sarah Phillips responded that as they had been unable to recruit to the post, the team was looking at other ways of managing their tasks through skill mixing, etc.

In response to a question from Paul Butler as to whether there were any more schemes for the Committee to review, bearing in mind that there was still a shortfall in schemes to meet the trust's 2023/24 CIP target, Sarah Phillips and Mercia Spare confirmed that they had reviewed all the schemes to date. Pippa Barber suggested that there would be further schemes to be reviewed at the May meeting.

The Committee **RECEIVED** the quality impact assessments of 2022/23 cost improvement programme schemes.

055/23 We Care Programme 2022/23 Annual Report and 2023/24 Plan

Vicki Stevens presented the report to the Committee for assurance.

Vicki Stevens explained that most of the recommendations in the 2022/23 programme had applied to the Well-Led Key Line of Enquiry (KLOE). The feedback from participants had been that they had a keen interest to look at this domain in more detail. Therefore in 2023/24, the programme would be using the well led domain to gain an overview of leadership in services. The intention was to extend the number of participants in the visits by including patient representatives and governors. Issues that were identified would be escalated to the senior leadership team. With regards to the CQC's inspection strategy, although it had been published it had lacked detail. Therefore, the programme would continue to use the KLOEs for the time being and develop a self-assessment to pilot with the services until further information was available. Her team would be looking to understand how services could use the feedback to drive their own improvement in the well-led domain. Also, in the 2023/24 programme, there would be a focus on integrated neighbourhood teams and how to future proof an integrated governance framework.

Razia Shariff asked for a correction in the report with regards to the equality, diversity and inclusion monitoring questions in table three. The report stated that the findings indicated that 98% of all staff understood why knowing quality monitoring information was important to their service. This was not accurate. It should say 98% of staff asked. She also commented that in table 4 there was no reference to black, Asian and minority ethnic staff, those with disabilities or other groups with protected characteristics and suggested that additional information should be included about how those groups were being addressed.

In response to a question from Pippa Barber as to why there were fewer service managers than previous on the visits, Vicki Stevens indicated there was variation across the visits which was dependent on a number of factors. Mercia Spare added that prior to the COVID pandemic there had been a large group involved in the visits. This had been scaled back during the pandemic but membership was now being boosted.

The Committee **RECEIVED** the We Care Programme 2022/23 Annual Report and 2023/24 Plan.

056/23 2023/24 Quality Priorities

Mercia Spare and Vicki Stevens presented the report to the Committee for information and assurance.

The consultation with the trust's stakeholders was open. The feedback would inform the final twelve quality priorities. Each would have a defined metric so that the Committee could monitor it through the year.

The Committee **RECEIVED** and **NOTED** the 2023/24 Quality Priorities.

057/23 Patient and Carer Partnership Team Quarter Three Report

Mercia Spare presented the report to the Committee for information.

The Committee **NOTED** the Patient and Carer Partnership Team Quarter Three Report.

058/23 Quality Committee Effectiveness Review

Committee members were thanked for returning their questionnaires. The main themes had been around the agenda, content, focus and the use of the cover sheet. Some changes had already been made and Pippa Barber was interested to know whether these had been helpful. The length of papers remained a challenge as did the length of the meeting which continued to overrun regularly.

Mercia Spare commented that she had not been surprised by the feedback. She and Pippa Barber had discussed about strengthening the papers. Historically, the Quality Committee had received a significant amount of

detail and she would welcome a refresh of this approach. She did not believe that the meeting needed to be longer and suggested that if the changes which had been identified were made the agenda would keep to time.

Georgia Denegri commented that the feedback had chimed with her own experience of the meetings. She agreed with the comments about the structure of the agendas and the length of papers. She had been surprised by the agenda discussion around risk where risks as low as eight were being considered by the Committee. She suggested that if the corporate risk register was managed effectively this would help the Committee focus on the higher-level risks. Pippa Barber suggested that Mercia Spare and Georgia Denegri discuss this further outside of the meeting.
Action – Mercia Spare / Georgia Denegri

Mercia Spare agreed that she would look again at the length of the papers and their content and added that she would be reviewing the Patient Safety and Clinical Risk Group and its report as well. The Committee discussed the dilemma of ensuring there was enough time to have useful discussions and making the best use of time. It was recognised that many other trusts met monthly and that their meetings were longer.

Sive Cavanagh commented that by improving the information that was included on the front sheet this would help towards a more efficient use of time.

Ali Carruth suggested that reports should be limited to ten pages as per the recommendation and suggested that sending questions in advance might be helpful as well.

Karen Taylor indicated that she found the presentation of papers by the authors to be helpful.

Paul Butler reflected that he had put a number of comments into the feedback. He emphasised the importance of the discussions, although the requirements of compliance did not always make this to achieve.

Mercia Spare questioned whether some items in the forward plan might be better considered elsewhere.

Pippa Barber confirmed that the May meeting would finish at 4pm.

Pippa Barber, Mercia Spare and Gina Baines would review the forward plan with input from Ali Carruth.

059/23 Forward plan

Pippa Barber presented the report to the Committee for information and approval.

The Committee **NOTED** and **AGREED** the forward plan.

060/23 Any other business

There was no other business.

061/23 Issues and actions for other committees / Board

Pippa Barber would circulate her report to the Committee for comment.

062/23 Evaluation of the meeting

063/23 Date and time of next meeting

Thursday 18 May;1.30 - 3.30pm

The meeting ended at 3.40pm.

Kent Community Health NHS Foundation Trust

CONFIRMED Minutes of the Audit and Risk Committee (ARC) Committee meeting, held on Monday 6 February 2023, Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT

Present:	Peter Conway	Non-Executive Director (Chair)
	Pippa Barber	Non-Executive Director
In attendance:	Gina Baines	Assistant Trust Secretary and Committee Secretary (minutes)
	Sophia Brown	Grant Thornton
	Georgia Denegri	Interim Trust Secretary
	Andy Ede	Local Counter Fraud, TIAA
	Gordon Flack	Chief Finance Officer
	Dale Harrison	Head of IT infrastructure and architecture
	Harbens Kaur	Trust Lawyer
	Karen Swainson	Director of Audit, TIAA
	Justine Thorpe	Grant Thornton
	Carl Williams	Head of Financial Accounting
Apologies:	Nigel Turner	Non-Executive Director

Members met informally in private with representatives from external audit, internal audit and local counter fraud.

001/23 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 noted as listed above.

The meeting was quorate.

002/23 Declarations of interest

There were no interests declared other than those formerly recorded.

003/23 Minutes from the meeting of 21 November 2022

The Committee **AGREED** the minutes of the meeting as an accurate record.

004/23 Action log and matters arising from the meeting of 21 November 2022

In response to a question from Pippa Barber regarding action 033/22 risk management strategy: appetite and view, Georgia Denegri explained that the plan was to produce a combined document that described the risk management framework, roles, responsibilities and reporting as well as the procedures. She would be working with the executives to review the

committee sub-structures and develop a more streamlined and integrated framework. The developmental well-led report was expected to be presented to the Board in February/March and any recommendations agreed by the board would also need to be taken into consideration. Peter Conway suggested that these were two different things and asked for clarification. Georgia explained that in parallel with the review of the risk management framework, the board assurance framework (BAF) would need to be refreshed once the breakthrough objectives for next year were agreed. The usual practice was for boards to hold an annual workshop/discussion at quarter one to refresh their BAF and risk appetite. The Committee was content with that approach.

The Committee agreed the closed action log.

The action log of open actions was discussed and it was agreed that action 074/22 (CARM group report) and action 078/22 (Forward plan) would remain open.

All other actions were closed.

005/23 Issues from the Quality Committee / Finance, Business and Investment (FBI) Committee / Strategic Workforce Committee (SWC) / Charitable Funds Committee (CFC) / Council of Governors (CoG)

Peter Conway reported that following the Finance, Business and Investment Committee meeting the previous week, the Audit and Risk Committee would lead on sustainability reporting. A report was expected in November.

Gordon Flack confirmed that the Council of Governors had approved the trust's external auditors for 2023/24.

In response to a question from Peter Conway regarding the auditing arrangements for the trust's charitable funds accounts, Gordon Flack commented that the current auditing fees were high and there was a conversation taking place about how they could be ameliorated.

006/23 Board Assurance Framework

Georgia Denegri presented the report to the Committee for assurance.

Pippa Barber confirmed that the Quality Committee had sight of risk 126 (winter pressures and system surge). However, she questioned the adequacy of controls more widely which she felt were not adequate or certain enough for some risks. She suggested the committee discuss whether such risks should be tolerated or escalated. Some risks had come to the Quality Committee and some not.

Georgia Denegri confirmed that the 15+ risks were reviewed weekly by the integrated management meeting (IMM) and were now also being reviewed by the executive team (ETM). The new proposal was to establish a monthly operational risk management meeting across all divisions which would be

reviewing both clinical and non-clinical risk. This would provide the opportunity for better standardisation, consistency and learning across divisions of risk descriptors, scores and controls.

Peter Conway suggested that the March 2023 target completion dates should be revised as they would expire in the next few weeks. He also believed that there was a disconnect between the risk scores and the target risk scores, for example, risk 123 (Kent County Council Funded Social Care Risk). This had been ameliorated to six but he felt that this did not reflect the reality of the situation and should be given further consideration. He would like to see more linkage of the actions with the likely achievement of the target date. It might be that the higher risks would need to be tolerated.

With regards to the trust wide register, Peter Conway questioned that some of the current risk scores were higher that their initial risk ratings which he concluded meant that risks were deteriorating even though actions had been put in place to mitigate them. He commented that the original scope of the BAF had been to identify those risks that scored 15 or over. There had been some debate in the well-led review that the framework should include risks of 12 and over. If that were so, then he suggested that this should be stated in the trust's risk management policy. Gordon Flack commented that the purpose of the BAF and the trust wide risk register being reviewed by the executive team was to have the opportunity to review the scores and moderate them if necessary.

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

007/23 Kent & Medway Integrated Care Board (ICB) Risk Register

Georgia Denegri presented the report to the Committee for assurance.

Georgia commented that there was considerable emphasis on the acute trusts in the register. Peter Conway suggested that some of the risks relied too much on controls rather than actions for mitigation. For the high risks, there was a lack of forward looking on what could be done to manage them. The general content reflected what the Committee was familiar with. There were no surprises.

Sophia Brown commented that this was the first ICB risk register that she had seen and agreed with Peter Conway's observations. With regards to the actions, it was not clear who was leading on them. She suggested that from the trust's perspective, the focus should be on identifying what was relevant to the organisation.

The Committee agreed that the register provided useful background context and suggested that the Committee receive it annually. Peter Conway highlighted the footnote to the report that described the high severity risk regarding capital planning requirements outstripping available capital. This had been discussed at the Finance, Business and Investment Committee the previous week.

The Committee **RECEIVED** the K&M Integrated Care Board's Risk Register

008/23 Internal Audit Progress Report

Karen Swainson presented the report to the Committee for assurance.

The contract for internal auditing was out to tender. Gordon Flack had agreed that the current contract would be extended by two months which meant that it would complete at the end of May. TIAA would complete any outstanding work in the meantime and prioritise the data protection tool kit audit.

In a question from Peter Conway as to when the Committee would see the 2023/24 work plan if TIAA was awarded the contract, Karen Swainson indicated that it would be submitted to the May Committee meeting.

Peter Conway added that the Finance, Business and Investment Committee had discussed the Healthcare Financial Management Association (HFMA) Checklist self-assessment at its meeting the previous week.

The Committee **RECEIVED** the Internal Audit Progress Report.

009/23 Local Counter Fraud Progress Report

Andy Ede presented the report to the Committee for assurance.

The contract for counter fraud auditing by TIAA was out to tender. It had been agreed with Gordon Flack that TIAA would provide eight days of counter fraud work in April and May. If TIAA was awarded the contract then the eight days would be subtracted from the 2023/24 work plan.

In response to a question from Pippa Barber as to whether the gifts, hospitality and conflicts of interest audit would take place, Andy Ede confirmed that it would take place before the end of the financial year.

With regards to TIAA's recommendations about preventing employment agency fraud, Andy Ede explained that the report set out the response from the Payments Team about how invoices were processed. Peter Conway suggested that the Committee be notified if TIAA was not comfortable with any further responses it received.

The Committee **RECEIVED** the Local Counter Fraud Progress Report.

010/23 External Audit Report

Justine Thorpe presented the verbal report to the Committee for information.

Grant Thornton had issued its charities independent examiners response report at the end of January. With regards to the audit of the annual report and accounts, Justine and her team were beginning their planning work which would be discussed with Peter Conway and Georgia Denegri in early March.

Once decided, the details would be sent round by email to the Committee for agreement.

The Committee **NOTED** the verbal external audit report.

011/23 Chief Finance Officer's report

Gordon Flack presented the report to the Committee for information.

In response to a question from Peter Conway as to whether the trust was ahead of other trusts on sustainability, Gordon Flack responded that the trust had done some good work but it could still learn from others. The regional group provided a best practice template and it appeared that the trust was in the upper half. There was more work to be done as regulation was changing all the time. The system was currently benchmarking on carbon outputs and the trust was calculating its carbon footprint against spend to input into this benchmarking exercise. The system's new deputy chief finance officer was a sustainability expert which also brought more resource into the region.

Sophia Brown added that more central information was anticipated which would provide for a more robust and structured approach to reporting. At present, organisations were coming up with their own policies and applying the value for money test against those policies to understand the final implications of their actions. It was still early days in this area.

The Committee **NOTED** the Chief Finance Officer's Report.

012/23 Single Tender Waivers (STWs) and Retrospective Requisitions Report

Gordon Flack presented the report to the Committee for assurance.

The Committee **RECEIVED** the Single Tender Waivers and Retrospective Requisitions Report.

013/23 Losses and Special Payments including Debt Write Off Assurance Report

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

The details of the bad debt write-offs had been reviewed and approved by the integrated management meeting on 3 February 2023.

Gordon Flack highlighted that there were some management issues that affected the volume and value of the write-offs. These related to the current payroll provider and were associated with salary overpayments and lease car issues. Discussions were under way with the payroll provider and in parallel the trust was seeking to change its provider in the near term.

In response to a question from Pippa Barber as to whether the trust had more risk in these areas or whether the risk would be mitigated by changing the provider, and what the timescale would be for the changeover, Gordon Flack indicated that there was more risk and the intention was to change provider by October 2023. Discussions were underway with the current provider to ameliorate the risks in order to forego going out to tender. For the time being, the HR Team was undertaking more work in the identified areas. Carl Williams indicated that there was provision in the background for the salary overpayment write offs but he would clarify this further and inform the Committee and the external and internal auditors.
Action – Carl Williams

Karen Swainson commented that often the salary overpayments were due to managers not completing and submitting change and leavers forms in a timely manner. With regards to lease car charges, managers did not flag that the staff member had a lease car. The HR Team was looking into this to see if that could be dealt with upstream. Gordon Flack suggested that automation of the process would remove some of the human error and the HR Team was at the forefront of implementing this approach.

Later during the meeting, Carl Williams updated the Committee on the write off of salaries. He confirmed that it had amounted to £128k for 2021/22. The value would be reviewed for the closing of the 2022/23 accounts, taking into consideration recovery rates because of the cost of living crisis.

The Committee **RECEIVED** and **NOTED** the Losses and Special Payments including Debt Write Off Assurance Report.

014/23 Accounting Policies and Timetable for Annual Report and Accounts

Carl William presented the report to the Committee for information.

An extraordinary Audit and Risk Committee meeting would be required in June to facilitate the signing of the annual report and accounts by the Board at its meeting in June. The plan was to share the working papers with the external auditors in late March. With regards to any changes in the accounting estimates, this would relate to IT hardware purchases. This had been discussed at system level and the numbers would be finalised nearer to year end.

In response to a question from Pippa Barber as to the timescale and auditing of the quality account, Carl Williams indicated that this was outside of the scope of the annual report process. With regards to the charitable funds annual report and accounts, the independent examination of the 2022/23 accounts would take place in November in line with the submission date in January 2024. The cost of the auditing of the charitable funds accounts was under discussion.

With regards to the auditing of the Quality Account, Pippa Barber indicated that she would like this to be discussed by Mercia Spare, Chief Nursing Officer and Gordon Flack to establish what other trusts were doing as the

account had not been audited for two years. She would also raise this in her one to one with Mercia Spare and bring any feedback to the next Quality Committee meeting.
Action – Gordon Flack

Sophia Brown explained that the external auditors reviewed the requirements for the quality account each year and ensured that these had been addressed in the account. They would also check that the content equated to their understanding of the trust. Internal auditors selected two or three indicators and then documented how evidence was captured, if the data was recorded and then tested to ensure that the indicators had been calculated correctly. Following that, there was a deep dive into the data capture for sample testing. Karen Swainson added that her team carried out data quality and key performance indicator audits in a similar way. Pippa Barber suggested that she would like a couple of indicators to be added to the internal auditors' plan for the following year and would welcome some external examination to check that the process was being carried out properly.

With regards to value for money of the quality account, Pippa Barber believed that that was being achieved in the circumstances and it was suggested that a quality account 'lite' report could be an alternative depending on what the guidance said.

Later at the meeting, Carl Williams confirmed that foundation trusts were no longer required to submit an audited quality account. However, they were still required to produce and publish it and an external audit of the account was down to local discretion.

The Committee **NOTED** and **RECEIVED** the Accounting Policies and Timetable for Annual Report and Accounts.

015/23 Legal Report

Harbens Kaur joined the meeting to present the report to the Committee for assurance.

Pippa Barber requested that in future reports, the Committee was provided with a breakdown of the claims data falling under the cause code 'treatment / procedure – inappropriate / wrong'.
Action – Harbens Kaur

With regards to consent, as highlighted in the learning from inquests, Pippa Barber suggested that collective consideration was given by IT and other relevant teams including Mercia Spare to the ongoing issue of documentation standards. This might include changing the trust's electronic patient record so that clinicians were unable to close the field before they had recorded consent. Harbens Kaur agreed to discuss this with Mercia Spare and feedback at the next Committee meeting.
Action – Harbens Kaur

Gordon Flack commented that achieving the right balance around clinical documentation, taking into account the risk, was a continuing challenge. It had been recognised that there were a large number of templates within the patient record and a collective decision would need to be made to get the balance right.

Karen Swainson asked for clarification about the category 'unknown' in the current claims graph. Harbens Kaur responded that this was a catch all category. It indicated that there was uncertainty about where the claim had stemmed from and where the negligence sat. Once these had been clarified, the claim was moved to the correct category.

In response to a question from Peter Conway about the reference to reserves, Harbens Kaur explained that this referred to a notional legal reserve rather than an actual accounting reserve. It identified how much the claim was potentially worth. The trust's CNST premium was calculated from the reserve value and the number of claims.

The Committee **RECEIVED** the Legal Report.

016/23 Cyber Security Annual Report

Dale Harrison joined the meeting to present the report to the Committee for assurance.

Recruitment into the cyber security officer post was underway and there had been a large number of applications.

With regards to the information governance team (IG), its links with cyber security were strengthening week on week. Evidence was being gathered for the data security tool kit submission and was going well.

In response to a question from Peter Conway as to whether the information provided under section five (additional information and alert report) was within tolerance, Dale Harrison suggested that he would RAG rate this information in future reports.

With regards to mobile devices – end of life, Dale Harrison explained that this related to some legacy mobile devices such as tablets and was unlikely to be in the next report.

In response to a question from Peter Conway around any more general areas of concern, Dale Harrison indicated that the NHS like many organisations continued to be on alert to cyber warfare. The UK was classed as a tier one nation which heightened the threat level. Information was cascaded quickly from NHS Digital to the trust and acted on as a priority.

The Committee **RECEIVED** the Cyber Security Annual Report.

017/23 Corporate Assurance and Risk Management (CARM) Group Report

Georgia Denegri presented the report to the Committee for assurance.

Georgia had chaired the CARM group meeting on 16 January. The meeting was quorate but there was poor attendance by services which was weakening the internal controls. The report to the Committee focussed on information governance, emergency preparedness, resilience and response, and health safety and security reported data with a supporting report on the triangulation of risk.

Georgia commented that the information that CARM considered was too operational and not suitable to be reported to ARC in such detail. For the first time, the report had been received by the executive team (ETM) where a number of comments and requests had been made. With regards to information governance, the ETM had asked for a thematic analysis of incidents and near misses. Also, of freedom of information requests. With regards to data security, following on from the earlier agenda item, preparation for the audit in May 2023 was going to plan with a final submission in June. The EPRR report described incidents in detail and reporting was duplicated with other groups and management meetings. With regards to health and safety and security reporting, there was room for improvement particularly to standardise the reporting periods so data could be more easily triangulated and benchmarked.

Peter Conway welcomed the revisions to the report particularly around identifying themes, trends and outliers and supported the inclusion of the triangulation report.

Pippa Barber confirmed that the Quality Committee had good oversight of the three main incident areas identified in the triangulation report. With regards to access, appointment, admission, transfer and discharge, she reflected that the Quality Committee should have more information and she would discuss this with Mercia Spare, Chief Nursing Officer. With regards to serious incidents, there had been a change in their definition following the introduction of the Patient Safety Incident Response Framework. They were now known as patient safety incidents. With regards to the abuse of staff, she suggested that an urgent deep dive should be undertaken to understand what was driving it and to support staff. Georgia Denegri suggested that this be carried out by the Strategic Workforce Committee but the reporting periods needed to be fixed and the categories better defined. She would liaise with the chair of the Strategic Workforce Committee about a deep dive on reported incidents relating to abuse and violence on staff.
Action – Georgia Denegri

Georgia confirmed that with the realignment of the executive portfolios, the IG Team had moved into Gordon Flack's portfolio.

The Committee **RECEIVED** the Corporate Assurance and Risk Management Group Report.

018/23 Any Other Business

There was no other business discussed.

019/23 Issues and actions for other committees / Board

The Strategic Workforce Committee would be alerted to the Committee's request to carry out a deep dive on data relating to violence to staff.

020/23 Evaluation of the meeting

The committee effectiveness survey had been circulated to committee members for them to complete and return.

The May Committee meeting would receive the draft 2022/23 annual report and accounts including the annual governance statement.

021/23 Date and time of next meeting

15 May 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 11.05am.

Kent Community Health NHS Foundation Trust

CONFIRMED Minutes of the Finance, Business and Investment (FBI) Committee meeting, held on Thursday 23 March 2023, Room 6, Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford Kent TN25 4AZ

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
	Sarah Phillips	Chief Medical Officer
In attendance:	Gina Baines	Assistant Trust Secretary and Committee Secretary (minutes)
	Georgia Denegri	Interim Director of Governance
	Mark Gray	Director of ICT (agenda item 13)
	Debra Ody	Deputy Director of Finance (agenda item 14)
	Natalie Parkinson	Associate Director Business Development and Service Improvement (agenda item 7)

021/23 Welcome and apologies

Paul Butler welcomed everyone to the Finance, Business and Investment Committee of the Kent Community Health NHS Foundation Trust Board (the trust).

There were no apologies. The meeting was quorate.

022/23 Declarations of Interest

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

023/23 Minutes from the meeting of 2 February 2023

The minutes were read for accuracy.

The Committee **AGREED** the minutes of its meeting held on 2 February 2023 as an accurate record.

024/23 Action log and matters arising from the meeting of 2 February 2023

The action log of closed actions was agreed.

With regards to the NHS productivity report, the Committee requested that it receive a regular report on productivity through the year. Gordon Flack would update the forward plan accordingly.
Action - Gordon Flack

The outstanding open actions were discussed and updated as follows:

073/22 Service Line and Reference Costs – Musculoskeletal Physiotherapy Service – Action open.
010/Focus items – Action open.
011/23 Edenbridge Project update – Action open.

All other outstanding actions were closed.

The Committee **RECEIVED** the action logs and matters arising.

025/23 Relevant feedback from other committees

Paul Butler reported that the Quality Committee had received a small number of quality impact assessments for the 2023/24 cost improvement programme (CIP) schemes at its last meeting. This was still short of the total that the trust needed to achieve and represented a large financial value.

The Committee **NOTED** the relevant feedback from other committees.

026/23 Finance Report including Service Line and Cost Improvement Programme Reports (Month 11)

Debra Ody presented the report to the Committee for assurance.

Paul Butler asked for further information about the three CIP schemes in the Adult Services worth £242k, £680k, and £173k respectively. With regards to the first scheme (£242k), Debra Ody explained that this was an opportunity that had occurred due to an underspend in Adult Services. Further information was available in the budget setting paper but in summary it reflected travel savings and on posts, the £680k saving, this was linked to the introduction of stroke beds and represented the slippage the service had experienced over and above the slippage that had been returned to the integrated care board. With regards to the £173k saving, Debra Ody explained that this represented slippage on posts. The management team had identified which posts could be put forward within the scheme. In response to a question from Paul Butler as to whether those posts were in the budget for next year, Debra Ody confirmed that they were.

Paul Butler commented that the trust had met its 2022/23 cost improvement programme target. However, because of the non-recurrent component, there would be ramifications for the trust in 2023/24. Gordon Flack confirmed that the trust had had to reduce its reserves in order to meet the target recurrently.

The Committee **RECEIVED** the Finance Report including Service Line and Cost Improvement Programme Reports (Month 11).

027/23 2023/24 Draft Annual Budgets – Revenue and Capital

Gordon Flack presented the report to the Committee for information and approval

The Committee's attention was drawn to the paper for agenda item eight Focus Items which described the financial backdrop for the system as it had finalised its forecast for 2022/23. He confirmed that the forecast had been submitted to NHS England. The system was now focusing on 2023/24 and the ramifications of its budget for services.

In response to a question from Peter Conway as to why the system thought it could generate a surplus in the last two months of the year, Gordon Flack responded that there had been some one off headroom. The system had received a number of credit notes and a private finance initiative (PFI) had been rescheduled. In response to the Committee's comment that the Kent and Medway NHS was particularly challenged, Gordon Flack explained that two of its organisations had been in financial deficit for some time and it was they that were generating a sizeable amount of that deficit.

Gordon Flack commented that the trust's draft annual budget was almost finalised and he expected to set a deficit plan of £2.3m based on current information. National funding was anticipated to cover inflationary pressures and the pay award would be larger than had been allowed for currently in the plan. There was some risk as some of the trust's service developments had started already and would have to stop if funding ran out. The budget sought to support the delivery of the trust's long-term plans which included delivering learning disability services, prevention services, supporting the workforce, digital levelling up and the health inequalities agenda. The workforce was in a good place around recruitment to substantive posts with the vacancy factor at its lowest level for some time which would make the trust more sustainable and less reliant on agency staff. The cost improvement programme plan had been developed around efficiencies particularly in procurement, improvements at system level and internally. It had a gap of £2m which would be challenging to meet. Some funding was available for cost pressures but with such a small contingency the budget would be carrying a fair risk. The draft budget recognised that there were a number of large uncertainties ahead and there would be a further revision once the trust knew from the ICB and NHS England what investments it could make in the coming year. It was hoped that that all the information would be available before the Board approved the budget the following week. With additional funding, the executive might be able to present a balanced budget to the Board.

In response to a question from Paul Butler as to how the full pay award would be funded if it was higher than the assumed 2 per cent in the budget,

Gordon Flack indicated that the chief finance officers were being told that NHS England would find the money to meet the pay award.

In response to a question from Paul Butler regarding services that were out of area such as dental services, Debra Ody indicated although they were being reviewed, she was not flagging a risk in the paper.

In response to a question from Paul Butler regarding the assumptions in the budget around the trust's reserves, Debra Ody indicated that the intention was to hold the reserve for risks rather than allocating to new initiatives. The reserve was smaller than before as some monies had been used to support meeting the trust's CIP target

In response to a question from Paul Butler as to whether the Edenbridge project was assumed in the budget, Debra Ody replied that its running costs were included. The rent that the trust was paying was factored in part year.

In response to a question from Peter Conway as to how much of the trust's income was from block contract compared to activity related, Debra Ody explained that very little was activity-based. On that basis, Peter Conway suggested that if the trust was struggling to meet its budget, it had the option to reduce its activity without impacting on the budget.

In response to a question from Peter Conway as whether the trust would be in surplus if the integrated care board agreed to continue its funding of services in full, Gordon Flack indicated that that would not be the case. The funding of the early discharge scheme would reduce the deficit while the other funding streams were cost neutral. He added that the costs and income related to the virtual wards were not included in the budget. With regards to the early discharge scheme, the cost had been included but the income had not as it was not guaranteed.

Kim Lowe welcomed the draft budget but expressed her doubts about how productivity was being measured and the cost improvement programme plan. She challenged the executive on how it could approach delivering the cost improvement programme differently. Paul Butler agreed and commented that this was a strategic piece for the executive to bring to the Board outside of the budgeting process.

The Committee received the draft budget and accepted the caveats surrounding it. It suggested that it would be difficult for it to approve the budget as it stood as the numbers might change before 31 March when it was presented to the Board. Also, it was not certain that the pay award would be funded and there was still some uncertainty about delivering the CIP. It believed that the balance sheet would be able to cope with the challenges if the various funding streams came through in the short term but the Committee had doubts about whether it was sustainable in the years ahead. Paul Butler suggested that Committee support the budget but with the expectation that there would be a revision by the end of the month. He would recommend it to the Board but with the various caveats that the

Committee had discussed. Gordon Flack suggested that, the Committee approve the approach that the executive was taking. He did not expect a radical change in the numbers between now and the end of the month. He was also confident that the pay award would be funded. With regard to the risk in the budget, he advised that the funding of the pay award was a lower risk compared to the delivery of the CIP.

The Committee **RECEIVED** the 2023/24 Draft Annual Budgets – Revenue and Capital and recommended it to the Board for approval.

028/23 2023/24 Going Concern Review including Working Capital

Gordon Flack presented the report to the Committee for approval.

The Committee **APPROVED** the trust's self-assessment as a going concern for the purposes of accounts preparation and that the trust would not seek a commercial working capital facility.

029/23 2023/24 Capital Plan Review and Forecast

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

The 2023/24 capital programme was small in value compared to previous years. The majority of the plan pertained to the Edenbridge project which was being funded by the integrated care board. The majority of the rest of the plan would be invested in the trust's digital commitment.

The Committee **NOTED** the 2022/23 Capital Programme Review and **RECEIVED** the 2023/24 Capital Plan Forecast.

030/23 2023/24 Cost Improvement Programme Plan

Sarah Phillips presented the report to the Committee for assurance.

Sarah Phillips responded to Kim Lowe's earlier comment about a more strategic approach to developing and delivering the cost improvement programme. The challenge for services was to have the time and space to explore how their delivery models might change in the medium and long term and to map out the efficiency savings that would result from the changes that would be made to their ways of working.

With regards to Paul Butler's earlier comment about the number of schemes that the Quality Committee had received earlier in the month, Sarah Phillips would check with Danny Sandhu, the Business Planning Manager to see if there were any further schemes working their way through the system.

The Committee **RECEIVED** the 2023/24 Cost Improvement Programme Plan.

031/23 Board Assurance Framework (BAF)

Gordon Flack presented the report to the Committee for assurance.

There had been no change since the last meeting. Within operations, there was a risk emerging around the deteriorating children's services but it had not yet been added to the assurance framework. Peter Conway reflected that he was uncomfortable with the status of some risks being amber and asked that that should be looked at alongside the target dates. Georgia Denegri confirmed that a refresh of the BAF was underway.

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

032/23 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 what the Committee's role would be in the trust's bidding process for the renewal of the Medway Sexual Health contract, Gordon Flack indicated that depending on the contract value the bid might need to come to the Committee for approval. The Committee suggested that the bid be shared with the Committee.

With regards to the estates optimisation work that was underway, Paul Butler indicated that the Committee would welcome a paper. Natalie Parkinson indicated that the estates model would be ready in the next two to three months followed by its delivery over a six to nine-month period. She and her team were supporting the development of the Community Hospitals Strategy but it was taking time to develop the new clinical model. The creation of a transformation board had been mooted to have oversight of the work. With regards to the governance of the estates work, it was agreed that oversight of this should sit with the Finance, Business and Investment Committee rather than the Audit and Risk Committee.

The Committee **RECEIVED** the Business Development and Service Improvement Report.

033/23 Focus Items

Gordon Flack presented the report to the Committee for information.

The Committee noted the Focus Items.

034/23 Digital Strategy Update Report

Mark Gray presented the report to the Committee for assurance.
Sarah Phillips supported Mark Gray's suggestion around integrating digital in the transformation agenda and aligning it with the trust's objectives. By doing this she suggested, it could make the digital programme more agile for the trust.

Peter Conway voiced his concerns around interoperability, particularly around the national NHS app, the Kent and Medway Care Record and the move to integrated neighbourhood teams. He reflected on the challenges that would be faced in joining these together and sharing patient data.

In response to a question from Peter Conway as to what was happening at the ICB level around aligning Rio to other organisations, Gordon Flack responded that a new director of digital had recently come into post at the ICB who would be focusing on how the system could improve its use of data. On the back of this, it would be for the trust to drive the benefits of the KMCR rather than the ICB. Mark Gray added that the new director of digital had met with the trust's main IT suppliers and indicated that he would like to work with them as collaborative suppliers as they are contracted with other providers in the system. The suppliers had been positive about this approach and system providers were now working together to map possible developments.

In response to a question from Paul Butler regarding the challenge that IT had in identifying the benefits it delivered in projects and the impact it had for users, Mark Gray indicated that services were not always confident in writing their business cases. Following joint discussions, the IT team often wrote them on their behalf which meant that benefits for services/users were not always clearly articulated as they could be.

In response to a question from Paul Butler as to how well the IT team was aware of developments in digital healthcare applications such as the Patient Knows Best app which had been discussed at the Quality Committee, Mark Gray indicated that he and his team were following the implementation of the app closely. NHS Digital had introduced the Wayfinder programme which was developing a patient portal that could enable appointment management by services. Funding was being allocated initially to the acute services in Kent. Dartford and Gravesham NHS Trust and East Kent Hospitals University NHS Foundation Trust were using PathEx and the Patient Knows Best app was part of that. All other trusts in Kent and Medway did not have a patient portal solution at present. The trust had planned for its portal to be the KMCR but with the development of the NHS app this was becoming less viable and Maidstone and Tunbridge Wells NHS Trust and Medway Foundation Trust were likely to use the Patient Knows Best app. The trust would look at what each of the systems delivered and make a decision. In response to a suggestion from Pauline Butterworth that the system should use one solution, Mark Gray indicated that would not happen but instead the different solutions would sit behind the NHS app and present as a single user interface.

The Committee **RECEIVED** the Digital Strategy Update Report.

035/23 Any Other Business

Paul Butler, as the non-executive director champion for security management, presented a short paper on his recent discussions with the management team involved with physical security across the trust sites.

There were a number of issues that he had identified but, in his opinion, the lone worker system was the weakest. Having read through the lone worker guidance, he wished to know from the executive whether the guidance was being implemented effectively and, where there were gaps, what the programme was to become compliant. He wished to know whether the lone worker smartphone application – SafeZone - enabled the trust to deliver what was stated in the guidance as the trust needed to be confident that it had embedded a robust approach to ensuring that staff were safe as they went about their work in the community and in people's homes.

Pauline Butterworth shared the paper that set out the executive team's response. She had asked for a review of the SafeZone app. The app had a range of functionality which would be reviewed to ensure that the trust was using the most appropriate functions to deliver the guidance. The Security Team had been giving out mixed messages to staff and she had asked for a paper to be presented to the integrated management meeting for clarification. Some aspects of the response arrangements were not in place as they had been unfunded.

The Committee **RECEIVED** the Physical Security Matters paper.

036/23 Terms of Reference review and approval

Paul Butler presented the report to the Committee for assurance.

There were no comments from Committee members and Paul Butler suggested that they contact him directly if they wished to raise any specific points. He would share these with the Committee when they met in June. **Action** - All

With regards to the appendices on the strategic goals / enabler assurance, Paul Butler suggested that these should be reviewed once the Board had completed its discussion around its new strategy and breakthrough objectives.

Gordon Flack reflected that in considering the terms of reference Committee members might wish to reflect on the changes in the system and where the trust now sat within it. Finances were already being managed in a different way and this would need to be borne in mind. In addition, a new code of governance for NHS provider trusts had been published which the terms of reference would need to reflect.

The Committee **RECEIVED** the Terms of Reference review.

037/23 Committee Effectiveness review

Paul Butler presented the report to the Committee for information.

With regards to progressing the comments, the Committee agreed to set some time aside in the coming weeks to discuss the detail. The new Director of Governance would be invited to attend. Gina Baines would make the necessary arrangements.

038/23 Forward plan

Paul Butler presented the report to the Committee approval.

The Committee **APPROVED** the forward plan.

039/23 Issues and actions for other committees/Board

No issues were identified in addition to those stated in the minutes.

040/23 Evaluation of the meeting

041/23 Date and venue of the next meeting

Thursday 8 June 2023; Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT

The meeting ended at 11.05am.

Kent Community Health NHS Foundation Trust

CONFIRMED Minutes of the
Strategic Workforce Committee
held on Tuesday 21 February 2023 at 2.30pm
The Boardroom, The Oast, Hermitage Court, Maidstone, Kent, ME16 9NT

Present:

Kim Lowe, Non-Executive Director (Chair) (KL) (virtual)

Pauline Butterworth, Chief Operating Officer (PB) (virtual)
Sarah Hayden (Deputy Director of People and Organisational Development, Ops) (SH)
Victoria Robinson-Collins, Chief People Officer (VRC) (virtual)
Dr Razia Shariff, Non-Executive Director (RS) (virtual)
Dr Mercia Spare, Chief Nurse (MS)
Karen Taylor, Non-Executive Director (KT) (virtual)

In Attendance:

Sarah Cook, Executive Assistant, minute taker (SC)
Andrew Martin, People and OD Business Partner (AM) (virtual)
Rachel Mulgrew, People and OD Business Partner (RM) (virtual)
Julia Rogers, Director of Communications and Engagement (JR)
Nicola Rutter, Head of People (ER, EDI, Recruitment and Business Partnering) (NR) (virtual)

018/23 Welcome and apologies

KL welcomed everyone to the Strategic Workforce Committee meeting of the Kent Community Health NHS Foundation Trust Board.

Apologies were received from Margaret Daly and Debra Ody.

The meeting was quorate.

019/23 Declarations of Interest

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

020/23 **Staff Network – Staff Story**
Neurodiversity Network – Mark Anderson

MA shared a paper with the group for information.

The first network meeting took place in November, with over 80 members of staff in attendance. A further follow up meeting is planned for February.

Currently there are over 130 – 140 members, which is really positive.

The network has secretarial support, but still looking for co-chairs.

MA had posted a blog on Flo to promote awareness across the trust.

Lots of feedback has been shared with the group and also within the paper some of the challenges have been listed for consideration.

MA relayed recommendations / requests which highlighted support standardising the terms of reference (ToR) and also with regards to protected time – who would this be agreed by.

VRC thanked MA for a helpful overview and as the Exec sponsor, she was pleased that the network had such momentum.
In response to the ToR, the EDI specialist is spending time with networks to look and support with any requests.

In response to protected time, the network chair, co-chair and secretary do have protected time.

MA also shared that national training is available (Oliver McGowan – HEE), but has more of a clinical content focus.

It is recognised the need for sensitivity with network members and also whether there may be a need for additional support groups, e.g. dyslexia / ADHD etc. as all have different needs.

KL thanks MA and recognised a great start to the network and also the need for supporting line managers to help and understand the needs of staff.

021/23 **Minutes from previous meeting held on 9 January 2023**

The Minutes of the meeting of 9 January 2023 were read for accuracy and were agreed.

The Minutes were **AGREED.**

022/23 **Matters Arising**

There were no current actions.

023/23 Relevant feedback / updates from other Committees

The Audit and Risk Committee (ARC) had asked the committee to review the violence and aggression statistics. A brief overview will be provided later within the agenda.

024/23 Updates on Legislation / Regulations – Changes and Impact

VRC advised of the proposed changes to make the pension scheme more flexible with regards to retire and return. Everyone in the scheme should receive a letter outlining the changes. However, the consultation has not yet officially closed.

NHSE have communicated a national report on ET claims, they will be selecting cases of successful cases, the trust may be selected to partake.

SPOTLIGHT

025/23 Industrial Action (IA)

VRC shared that this time the RCN weren't prepared to agree any local derogations, so this round of IA will include critical care and A&E.

The tactical group meetings have been re-instated to co-ordinate the planning.

Staff are being talked to with regards to re-deployment to cover critical services.

The trust is also reaching out to the system for mutual aid support.

The BMA have also voted for strike action, currently waiting on dates to be announced, which is expected imminently.

KL presumed that the board would receive an overview / update for assurance prior to IA.

The Committee **NOTED** the Industrial action update.

026/23 Retention Task and Finish Group – Conclusion report

RM provided those in attendance with a summary of the work the People and Organisational Development Business Partners (PODBP's) and wider HR team have been focussing on.

A task and finish (T&F) group was created to focus on retention. The group has unpicked all of the processes as part of the recruitment journey. Lots of staff have been involved to provide insight on their experience.

RM believes the paper provides assurance to the committee the importance of retention.
The group continues to engage at system level, a brief overview is provided in the paper.

KT said it was good to explain the problems, but provide solutions too. But also asked the changes with retirement and how successful was this proving to be.

RM responded that there is a need to think more creatively and innovatively as it needs to be understood the need for staff to balance a work life balance and appreciate that sometimes this needs to be at an individual level.

NT commented on a very impressive report, with lots of intel included. He has received feedback challenges from visits, it's good to see the shift moving to pro-activity. NT also asked whether it has been discussed to create a risk retention matrix to assist with anticipating who may be due to leave / retire.

In response, RM advised that there isn't a matrix, but information is added to the workforce planning narrative.

KL thanked RM for a very good paper, but suggested limited assurance, as a lot of work has been done and a lot of intel used, but now it needs to be assured how to get more output from the changes.

KL suggested for the agenda item to be bought back to the committee in six months' time and to include appraisal information and exit interview themes.

The Committee **NOTED** the Retention Task and Finish group and received it with **Limited Assurance**.

027/23 Workforce Report

- **BAF review**
- **Exceptions report**

VRC discussed with the committee that BAF 115 has been rated at 20 for some time. However, there has been a continual improvement trend, with voluntary turnover at 8.94%, which is a significant improvement.

The vacancy gap has also significantly reduced and although it is still above the threshold, there is a big acknowledgement to the recruitment team in the great work that has been achieved. In January there were 103 new starters.

The recruitment KPI dashboard was all rated as green last week.

The stability rate is outside of the target, but again continues to improve.

Seasonal sickness and absence is predominantly due to short term sickness, which is always expected during this period.

BAF risk 124 relates to industrial action and following the successful planning of the January strikes, it would be suggested to consider if this risk may change.

NT commented that the benchmarking seems to identify that KCHFT is outperforming across the system and would encourage to highlight this to the board.

NT also raised the stability numbers didn't match turnover and the numbers were disappointing. SH was happy to talk though offline and explain in greater detail, but advised that it needs 12 months stability data to be able to match.

KL noted that the headcount had increased and whether someone was looking at overall productivity and whether this should be added to the FBI agenda.

SH advised that the WTE hasn't changed, there are more part time staff so results in a higher head count.

The Committee **NOTED** the Workforce Report.

028/23 Recruitment KPI's

NR took the paper as read and asked those in attendance for any questions.

RS couldn't see assurance how to focus on quality of recruitment to support retention. In response NR advised that there had been lots of work within the new team and they have made significant progress. One of the benefits of the new team is that staff have recruitment agency background, which is proving really beneficial.

There is also a great training suite in TAPs.

SH offered to provide additional assurance is the implementation of docu-sign, which results in a smoother and customer friendly paperwork, which has also speeded up the process.

KL fed back that when on team visits, recruitment is mentioned frequently. But also to ask whether anything has been done to playback the achievements to the organisation.

JR responded that this is starting to be communicated and the KPI detail will be shared.

KL asked for an update to come back to the committee in six months.

The Committee **NOTED** the Recruitment KPI's and received it with **Substantial Assurance.**

029/23 Staff Incidents – Violence and Aggression

The agenda item is due to an update provided at the November CARM meeting.

VRC advised that there were 69 total incidents, 15 reported as physical violence and 38 as verbal.

There appears to be an ongoing theme with verbal abuse and predominantly experienced via telephone calls.

A number of workstreams are in place and there are plans to reform and information to be shared with patients.

Health and Safety along with the EDI team are in discussions to review the training available. The current e-learning package is being replaced with the national package.

Case study information is available via other routes (IOM and the Health and Safety group).

NT also commented that at the meeting it was also recognised as a BAME issue and noted that a disproportionate number of issues were from BAME colleagues. Victoria agreed to explore further and provide an update.

ACTION – Victoria to provide an update on BAME experiences of violence and aggression and report back to Committee.

The Committee **NOTED** Staff Incidents – Violence and Aggression.

PRIORITIES

030/23 **Operational Workforce Report**

PB provided an update on the hotspot areas in community hospitals and the community nursing teams, alongside speech and language therapy which are all hard to recruit to vacancies. A huge amount of work with IMSK physio has started to show an improving picture.

Currently there are two community paediatric consultant vacancies that are proving to be difficult to recruit to, but the service is trying to continue to be as flexible as possible.

The Committee **NOTED** the Operational Workforce report.

031/23 **Equity, Diversity and Inclusion update**

VRC provided the highlights from the EDI action plan T&F group, which has been running since November. A Critical Friends group has also been established, with the first meeting occurring this week.
PEA have conducted a wide amount of engagement and also attended a large number of forums across the trust.

VRC shared that the messages being received from staff are still of a mixed picture, there are clearly still pockets of lived experiences, which isn't good and these need to be unpicked to be able to do further work.

RS relayed that it was a great initiative and looks well thought through, but asked how to involve wider stakeholder engagement to include patients and carers etc.

VRC responded that PEA had already attended the Health Inequalities board meeting, Adam Lott (Head of Health Inequalities) is also involved with this important piece of work, so he is feeding back and involving relevant parties with the engagement piece.

It's recognised that some colleagues are also still referring to the issues from the Red Quadrant previous work and it's important to acknowledge the lessons learnt and take these forward.

NT commented that it was a very good report and is great to have things moving in the right direction again.

In response to a question from NT, VRC expressed that the work commissioned for PEA to complete is quite expensive, but it is recognised that this is covering a wide range of engagement. Lorraine has got a very inclusive style and is very good with staff, Julie also has a good NHS background. So far there has been very positive feedback from staff that are involved and colleagues are really interested in this piece of work.

JR wished to echo what VRC had said with regards to PEA and re-iterated that Lorraine has a very good inclusive style and is great to work with.

In response to a question from KL, VRC explained that the project plan has been reviewed and its key to listen to the group and acknowledge the need to take time to ensure this piece of work is done properly and to also recognise the recent winter pressures on clinical colleagues that wish to be involved. So, this has resulted in some of the actions being stretched to be manageable and meaningful.

The Committee **NOTED** the Equity, Diversity and Inclusion update and received it with **Moderate Assurance.**

032/23 **Resourcing of Emergency Nurse Practitioners (ENP) and Urgent Treatment Centres (UTC)**

PB informed the committee that the issues were discussed at Quality Committee following a we care visit.

This is a bigger piece of work and will be a significant journey, but also to recognise the need for a strategy, possibly in conjunction with the acute. It is likely that Clare Thomas will undertake this piece of work.

KT felt it would be useful to have a specific discussion within this committee regarding UTC's regarding staffing and retention.

The Committee **NOTED** the resourcing of emergency nurse practitioners and urgent treatment centres.

ASSURANCE

033/23 **Benefits Reward Package**

SH took the paper as read as it was discussed at the previous meeting. The diagram has been refreshed and is now used as part of the recruitment package.

SH was happy to take any questions from those in attendance.

KL wished to highlight why tea & coffee was put above flexible working – what was the reason for this. SH responded that the feedback from staff is that this is really recognised as a positive benefit and one which staff always highly rate.

KT expressed that she has visited a number of sites and they state that this is not offered and staff are also not taking breaks. SH responded that the free tea and coffee is provided for free at all trust sites – it may be that some staff are working in an acute or non KCHFT setting. It is highlighted within the staff survey about staff not taking breaks, which all staff are encouraged to do.

KT wished to continue by also questioning free car parking for staff. But also, to recognise that the poster was great.

SH advised that all car parking at KCHFT sites is free for staff, if staff are based at a site that they have to pay to park, the trust has agreed to reimburse these costs.

The Committee **NOTED** the Benefits Reward Package, which was received with **Significant Assurance.**

034/23 **Staff Survey**

JR advised that the results for 2022 are provided, but under embargo until 9 March 2023.

IQVIA are due to present to the Exec team on 28 February 2023, to explain the results in detail.

The overall result for the 2022 survey was 61%, it is noted that this is comparable to other trusts, as generally all trusts scored lower this year.

When compared to other trusts KCHFT did benchmark well. However, the results weren't significantly different from the previous year.

Health and Wellbeing scores were positive. The negative being staff saying that action isn't taken on concerns.

In terms of recommendations, hot spots will be reviewed and a working group is to be set up to look at the results in detail. Comms are developing a tool kit to help support this.

The trust is also exploring to set up a staff council style group and how this would work as a staff voice.

VRC commented that appraisals had a lot of feedback last year and a big piece of work has been undertaken to engage with our people. The document on TAPs has been updated. A paper copy will be available for facilities staff.

A comms promotion will be launched to focus on the new approach. A new deadline has also been agreed until the end of May.

VRC continued that the results are good overall, the key will be in the deep dives to establish where and how to direct efforts.

NT would like to see that the communications are absolutely transparent and if there was any shift in particular results needs to be reported carefully. The middle ranking results need to be looked at to acknowledge what work can be done to improve.

NT also commented that the IQVIA results are very complicated.

VRC responded that a drop in results has been seen nationally. Once the embargo is lifted there may be more comparative snapshots of data available.

RS agreed that the trust must be honest and open and if something has shifted, then this needs to be addressed and seen as a learning tool and how to see outcomes from a positive learning experience.

KL wished to highlight that the results isn't just a workforce issue but a board issue.

The committee agreed the recommendation in the paper.

KL suggested this should be a regular update to the board.

The Committee **NOTED** the Staff Survey Report which was received with **Significant Assurance.**

COMMITTEE BUSINESS

035/23 **Focus Items**

No relevant items to be highlighted on this occasion.

036/23 **Committee Effectiveness**

KL thanked those who had provided feedback, the ones received were very useful.

KL & VRC are due to meet to discuss further and suggested a 2 – 3 hour session with committee members and the appropriate key HR team. This would focus on who to

embed what we have and how to be fit for the future. Also, what is currently in the ToR and whether they are still valid / need to change.

KL, asked those in attendance how they would feel about holding a facilitated workshop. KT responded that 2 hours would be long enough to remain focussed, 3 hours would be too long.
ACTION – SC To arrange a workshop session before summer 2023.

037/23 Terms of Reference

Updates required to the NED membership of the Committee and VRC job title. ToR will be updated and agreed at April's meeting.

038/23 Forward Plan

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

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

039/23 Any other Business

No further business was raised.

KL thanked all those present for attending.

040/23 Date and time of next meeting;

Wednesday 26 April 2023, In Meeting Room 3, The Oast.

Kent Community Health
NHS Foundation Trust

CONFIRMED Minutes of the Strategic Workforce Committee meeting, held on Wednesday 26 April 2023 in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 0NN

Present:	Kim Lowe, Non-Executive Director (Chair) Margaret Daly, Director of People (Education Workforce and Development) Debra Ody, Deputy Chief Finance Officer (representing Gordon Flack) Victoria Robinson-Collins, Chief People Officer Dr Mercia Spare, Chief Nursing Officer
In Attendance:	Gina Baines, Assistant Trust Secretary and Committee Secretary (minute-taker) Sive Cavanagh, Deputy Chief Nursing Officer Samantha Clark, Head of Talent and Development (agenda item 3.5) Georgia Denegri, Interim Director of Governance Joy Fuller, Freedom to Speak Up Guardian (agenda item 4.3) Leanne Hately, People and Organisational Development Business Partner Andrew Martin, People and OD Business Partner Claire Poole, Director of Operations (representing Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer) (agenda item 3.1) Rachel Mulgrew, People and OD Business Partner Nicola Rutter, Head of People, ER, EDI, Recruitment and Business Partnering Dr Razia Shariff, Non-Executive Director

041/23 Welcome and apologies

Kim Lowe welcomed everyone to the Strategic Workforce Committee of the Kent Community Health NHS Foundation Trust Board (the trust).

Apologies were received from Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer; Emma Darvill, People and Organisational Development Business Partner; Gordon Flack, Chief Finance Officer; Sarah Hayden, Director of People (Operations); Karen Taylor, Non-Executive Director and Nigel Turner, Non-Executive Director.

The meeting was quorate.

Kim Lowe welcomed Gina Baines as the new Committee Secretary and thanked Sarah Cook for the help and support that she had given over the previous five years.

042/23 Declarations of Interest

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

043/23 Minutes from previous meeting held on 21 February 2023

The minutes were read for accuracy.

The Committee **AGREED** the minutes of its meeting held on 21 February 2023 as an accurate record.

044/23 Action Log and Matters Arising

The closed action log was agreed.

With regards to providing further information about incidents of violence and aggression particularly towards black, Asian and minority ethnic (BAME) colleagues, Victoria Robinson-Collins reported that she had circulated an email to the Committee prior to the meeting with the latest data and information that the trust held. A national document had been released recently looking at violence and aggression towards staff and the system was asking trusts for a response on the work that they were doing in this area. The Incidents Team was also looking at how the trust recorded this information on Datix for BAME.

Both open actions were closed.

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

045/23 Relevant feedback / updates from other Committees

The Audit and Risk Committee had asked the Committee to review the data that was held by the trust about violence and aggression towards staff particularly BAME colleagues. See the minute number 044/23.

The Finance, Business and Investment Committee had expressed an interest around agency staff levels and productivity.

046/23 Updates on Legislation/Regulations - Changes and impact

Victoria Robinson-Collins presented a verbal report to the Committee for information and assurance.

The trust was preparing for the forthcoming Royal College of Nursing (RCN) industrial action in May. The government had challenged the RCN in the high court regarding the final day of the current strike period as the government believed this final day was unlawful. Tactical meetings were

underway to ensure that services were as prepared as possible should the government lose its challenge.
New model contracts for consultants had been published and there were no revisions to the 2003 contract for medical consultants.

With regards to the pending strike by RCN members, Mercia Spare indicated that the trust should know the outcome of the court ruling by the end of the week. Currently there were no derogations for this round of industrial action. The RCN had instructed its members to inform their employers if they intended to strike. Claire Poole commented that planning for the disruption took a considerable amount of management time and affected a lot of staff. Victoria Robinson-Collins thanked everyone who had been involved in preparations.

The Committee **NOTED and RECEIVED** the verbal update on legislation/regulations - changes and impact.

047/23 IEN driving Issue

Victoria Robinson-Collins presented the verbal report to the Committee for information and assurance.

The trust was working closely with Bevan Brittan, the trust's lawyers for advice around the wording of any documentation. Staff had made themselves available on 9 May to conduct meetings with individual members of staff. She welcomed that there would be non-executive director oversight and scrutiny of the meetings and the appeals process. Welfare support had been arranged through Kent and Medway NHS and Social Care Partnership (KMPT) and one of the named support workers was of the same nationality as the individuals involved. All documents were having a sensitivity read by a colleague of the same nationality. TIAA, the internal auditors would be carrying out an audit on the process to identify learning. The incident had had a huge impact on all colleagues involved and the trust was keen to provide wraparound support to all of them. The Committee recognised that it had been a very difficult situation for all concerned and there was much to learn from it.

The Committee **RECEIVED** the verbal report on the IEN driving issue.

048/23 Leadership Apprenticeships via Qube

Margaret Daly presented the verbal report to the Committee for information and assurance.

Qube, one of the trust’s apprenticeship providers had collapsed overnight. The company provided support to 38 colleagues who were studying for level three and level five leadership qualifications. The Education, Workforce and Development Team was in touch on a weekly basis with all those who were affected. The trust could either procure another provider or, if that was not possible, explore other options. There were risks associated

with moving the apprentices to another provider as some of the students were now out of funding. This funding had been paid to Qube and could not be reallocated. Once a new provider had been identified, the funding arrangements would become clearer and a paper would be presented to the Executive Team to set out how further support could be provided to the apprentices.

In response to a question from Mercia Spare as to whether the apprenticeship levy could be used again for the same training, Margaret Daly responded that this was not possible. Some of the apprentices had completed their training and there were others who might decide not to progress further. A review of the financial case would need to be carried out.

In response to a question from Kim Lowe as to whether the trust would take a no detriment approach, Margaret Daly confirmed that it would but the funding would have to be reviewed. She added that the trust had carried out its usual due diligence checks on the provider and had been surprised by its collapse. It was agreed that Margaret Daly would update the Committee on developments at its next meeting.
Action - Margaret Daly

The Committee **NOTED** and **RECEIVED** the Leadership Apprenticeships via Qube Report.

049/23 Workforce Report including the Board Assurance Framework review

Victoria Robinson-Collins presented the report to the Committee for assurance.

Risk 115 on the Board Assurance Framework continued to be rated at 20 and related to on-going pressures which combined with staff shortages and skill mix issues was generating an impact on retention and stability. Although inroads were being made to mitigate the risk, Victoria Robinson-Collins suggested that the risk should remain at 20.

With regards to the agency rate cap, the trust was taking a stringent approach. In relation to other providers in the system and the national climate, the trust benchmarked well.

Risk 124 (industrial action) on the Board Assurance Framework had been reduced to a rating of 12 following the conclusion of the industrial action in January. With the forthcoming series of strike days planned in May, the proposal was to raise the risk score to either 15 or 20.

With regards to risk 115, Razia Shariff questioned whether an analysis could be undertaken on how long posts had been vacant for, bearing in mind that there were a number of cost improvement programme schemes where long-term vacancies were being removed from services. Victoria Robinson-Collins indicated that there was no simple answer. When

comparing current models of care with future models of care there would be vacancies that would no longer be needed. Claire Poole added that when the schemes were being worked up for their quality impact assessments (QIAs), the senior management team looked at how long the vacancy had been back-filled by agency staff as part of a full skill mix analysis. Mercia Spare reported that she and Dr Sarah Phillips, Chief Medical Officer looked at the vacancy element in the quality impact assessments to understand whether the responsibilities within the vacancy had been picked up in a new way. Claire Poole added that, in addition, the cost pressure process was rigorous in checking whether posts which were being put forward for consideration had previously been taken out through a CIP scheme. Kim Lowe reflected that this was a challenge and risk when services were moving to new models of care without the support of additional monies. The Committee indicated it would be helpful to understand from QIAs any resultant staff and patient risks around staff and linked to analysis of long-vacant posts and using them for CIP.

The Committee supported the raising of the risk score for risk 124.

The Committee **RECEIVED** the Workforce Report including the Board Assurance Framework review.

050/23 Operational Workforce Report

Claire Poole presented the verbal report to the Committee for assurance.

The East Sussex Children's Integrated Therapy Services were experiencing high turnover and sickness and were an outlier in the Staff Survey. A deep dive was taking place to understand and address the underlying issues. Vacancy levels were inflated as well which was a cause for concern. With regards to the Audiology Service, it too had vacancies. A development post was being introduced to mitigate the risk to the service and make it more resilient in the future. With regards to services in East Sussex, overseas recruitment for occupational therapists was underway along with the introduction of a development apprenticeship role for speech and language therapists. The latter would go live in 2024. More generally, the services were linking with the University of Brighton to act as a feeder institution for therapists into the services.

With regards to the Adult long-term conditions and rehabilitation services, there was a sustained improvement in vacancy levels. Urgent care services were improving as well. Vacancies in the community hospitals remained static. Recruitment into the stroke services was challenging and was reliant on funding for beds. Dental Services were performing well around recruitment and the Podiatry Service and the iMSK services were also performing better. There was concern around the recruitment of band seven chronic pain specialists and this was being addressed.

In response to a question from Kim Lowe regarding the University of Kent offering to train clinical and health and social care specialists, Victoria

Robinson-Collins responded that the University was linking into the Kent and Medway NHS Academy programme. Links were also being formed with local schools and higher education. The key to unlocking skills development by these institutions was firstly through establishing what the new models of care would look like. Once these had been agreed, the universities, colleges and schools would have a clearer understanding of what courses needed to be developed to provide the workforce of the future. These conversations had begun and there would be a workshop event in May held by the system to launch the new Academy and discuss how the various stakeholders would be brought together to influence what would happen in the future.

The Committee **RECEIVED** the verbal Operational Workforce Report.

051/23 Equity, Diversity and Inclusion (EDI) Engagement Update

Victoria Robinson-Collins presented the report to the Committee for information.

The EDI Team was actively bringing the various elements of the engagement work together which included the Critical Friend group, the Staff Survey group and Staff Voice group. The final EDI workshop had taken place and similar themes to those which had been highlighted to the Board had been identified. The World Cafés were also scheduled and were taking place face-to-face.

The Committee **NOTED** the EDI Engagement Update.

052/23 Admin Academy Update

Margaret Daly presented the report to the Committee for assurance.

In response to a question from Kim Lowe as to which executive director would be responsible for the trust's administrative function, Margaret Daly explained that no one director would have responsibility but rather individual executive directors would have responsibility for the administrators that sat within their portfolio.

Kim Lowe questioned whether the structure would allow administrators to line manage other administrators. Margaret Daly confirmed that it would.

Victoria Robinson-Collins reflected that this renewed focus on the administrative function fed into a broader piece of work on succession and talent management and calibrating appraisals in order to identify emerging talent that could be nurtured.

The Committee **RECEIVED** the Admin Academy Update.

053/23 Staffing Update – Operations/Nursing/People

Sive Cavanagh presented the verbal report to the Committee for information.

Over the previous eighteen months, a project had been undertaken to understand the relationship between demand, capacity and acuity management in the community setting. Initially, the focus was on the inpatient wards in the community hospitals. The work was successfully embedded in that setting and attention moved to the community teams. A model was developed by the trust with support from NHS England who has asked that the trust lead on rolling it out nationally. The project has produced a rich dataset which shows where most staff spend their time around patient interactions and adding value. Viewed electronically, the operations teams were able to view the data and adjust their staffing arrangements accordingly. Sive Cavanagh with Natalie Parkinson, Associate Director Business Development and Service Improvement, Clare Thomas, Community Services Director, Claire Poole, Deputy Chief Operating Officer and Director of Operations, were responsible for the various work streams and were monitoring the outputs from the work.

Mercia Spare commented that some aspects of the project would depend on funding streams and there were broader discussions on how this information might inform intermediate care services and the new models of care that were being developed. Sive Cavanagh added that the new information provided improved assurance on the levels of care that the trust provided and allowed managers to continuously triangulate on all key areas. She and Clare Thomas would be working together to reduce duplication of effort and better understand the challenges each faced.

The Committee **NOTED** the verbal update on Staffing Update – Operations/Nursing/People.

054/23 Leadership Programmes Refresh

Sam Clark presented the report to the Committee for information and assurance.

Razia Shariff questioned whether there would be scope within the programme to address some of the feedback from the Staff Survey results and the equity, diversity and inclusion work and appraisals. Claire Poole suggested that there could be an annual reflection of the intelligence that was extracted from the Staff Survey so that the courses could be updated to reflect current issues. She also asked about the length of the programme and whether there were action learning sets included. Debra Ody highlighted the importance of including financial knowledge into the higher-level courses. Victoria Robinson-Collins agreed and confirmed that an explanation of the trust's standing financial instructions and the manager's responsibility to comply with them were included as part of the induction element of the programme. Mercia Spare commented that banding and managerial responsibilities were an important element to consider.

Margaret Daly agreed and highlighted that a national piece on this was due to start shortly and she would welcome Mercia Spare to be part of that.

Sam Clark confirmed that findings from the Staff Survey and the trust's strategy reset had been used to inform the content of the sessions to keep them relevant. This refresh would continue on an annual basis. Feedback from students and managers who had attended the course would also be fed into future iterations of the course. The length of the programme was twelve months and an action learning set occurred every four months. Those members of staff who had completed a previous programme were to be approached to mentor current students. With regards to improving financial awareness amongst those on the course, the intention was that the programme would produce leaders and managers who had a clear understanding of their budgetary responsibilities.

Margaret Daly added that she was working with Clare Thomas to provide some bespoke sessions to her managers in Adult Services. The aim was to provide them with basic knowledge to empower them as managers and build their confidence. Areas that would be covered would include understanding the place of the one-to-one in developing team members, chairing and managing team meetings and conducting appraisals.

The Committee welcomed the report and challenged how the team would measure success and how the Committee could be assured of the impact of the work.

The Committee **NOTED** and **RECEIVED** the Leadership Programmes Refresh Report.

055/23 **Staff Engagement**

- **Staff Survey Working Group**
- **Staff Voice**

Victoria Robinson-Collins presented the report to the Committee for assurance.

With regards to the development of the Staff Voice forum, Razia Shariff commented that invited groups such as the staff governors and staff networks represented certain groups of people in the organisation and questioned what other channels were available for staff to engage with. Victoria Robinson-Collins explained that there was a plethora of channels. Some had statutory responsibilities such as the Staff Partnership Forum. Other channels included the health and wellbeing champions, the mental health first aiders and the freedom to speak up guardian. The challenge was how to connect these various groups and adjust the trust's communication from a broadcasting model to a listening and responding model. Razia Shariff suggested that a mapping piece might ensure that no voices were missed. Margaret Daly commented that the health and well-being champions had identified that there was under-representation in some services and the organisational business development partners were

looking at how this could be improved. Razia Shariff emphasised the importance of it being equitable across all groups.

Victoria Robinson-Collins agreed to share the comments of the Committee with Julia Rogers, Director of Communications and Engagement to inform the communication piece.
Action – Victoria Robinson-Collins

Mercia Spare commented on the importance of the channels being effective and whether people felt they provided a safe space in which to speak up. Victoria Robinson-Collins responded that the need for safe spaces had been raised a number of times and the intention was to encourage this in all areas.

The Committee **RECEIVED** the Staff Engagement Report.

056/23 Workforce Performance Report

Victoria Robinson-Collins presented the report to the Committee for assurance.

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

057/23 Ratification of Policies

Victoria Robinson-Collins presented the report to the Committee for assurance and ratification.

The following policies had been approved at the Integrated People and Organisational Development Management meeting on 28 March 2023.

Disclosure and Barring Services (DPS) Policy
Temporary an Agency Worker Policy
Gender Identity Transitioning at Work Policy and Procedure
Recruitment Policy
Overpayment Policy
Equality and Diversity Policy

The Committee **RECEIVED** the report and **RATIFIED** the policies.

058/23 Freedom to Speak Up Report

Joy Fuller presented the report to the Committee for assurance.

The report provided an overview of the concerns raised to the Freedom to Speak Up Service during 2022/23. The paper also detailed the work to be undertaken by the Freedom to Speak Up Guardian during 2023/24.

With regards to the training module on TAPS, this was being accessed by staff but Joy Fuller indicated that she would like to know the actual number

of staff who had accessed the training so far. The HR Team confirmed that they could supply this information to her.
Action - Joy Fuller

Kim Lowe, and Razia Shariff supported Joy Fuller's wish to share her gap analysis with the Board and questioned how the focus on patient safety could be maintained.
Action – Joy Fuller

Victoria Robinson-Collins reflected that the number of contacts from staff appeared low and questioned how that compared to other organisations. She questioned whether it reflected that staff were raising concerns through other channels or whether they were reluctant to come forward. Joy Fuller responded that she was part of the National Freedom to Speak Up Network and attended the regional network meetings. Talking to colleagues in other organisations, the trust numbers although they were low, were on a par with other community services trusts. Acute trusts had higher numbers. She suggested that more could be done in the trust to raise the profile of the Freedom to Speed Up Guardian. Some staff members with protected characteristics did not feel safe to speak up and the staff networks could provide a safe space for them to do so. She challenged as to whether people were finding the other channels that have been discussed and whether these were always the most appropriate way of raising issues of concern.

Margaret Daly reported that she knew that some staff had spoken to their line manager rather than the Freedom to Speak Up Guardian which was a good way to address issues of concern. Joy Fuller explained that the new policy identified this approach as the preferred option before signposting to other channels. Victoria Robinson-Collins questioned whether there was some way in which the information from the various sources could be triangulated and collated to identify any particular themes. Mercia Spare commented that the Staff Survey provided the clearest measure as to whether the actions were making a difference.

Margaret Daly highlighted that the numbers around patient safety concerns were low. However, Mercia Spare responded that the staff survey had indicated that staff felt comfortable to raise concerns around patient safety.

The Committee **RECEIVED** the Freedom to Speak Up Report.

059/23 Forward Plan

Kim Lowe presented the report to the Committee for approval.

The workshop on committee effectiveness would take place on 1 June and all Committee members and attendees were invited. Victoria Robinson-Collins would find a facilitator for the session.
Victoria Robinson-Collins suggested that she would like to bring a paper to the next meeting which would set out the priorities her team would be

working during 2023/24. These would be drawn from the breakthrough objectives in the We Care strategy and would link to a refresh of the People Strategy. A follow-up paper would come to the August meeting.
Action – Victoria Robinson-Collins

A request was also made to add an item regarding occupational health to the agenda of the June meeting.

The Committee **APPROVED** the Forward Plan.

060/23 Terms of Reference

Kim Lowe presented the report to the Committee for approval.

Victoria Robinson-Collins had made some small amendments to the terms of reference but they were not material. However, it was anticipated that further changes would be made following the Committee workshop in June. It was agreed that the Terms of Reference would be brought back to the next Committee meeting.

The Committee **NOTED** the Terms of Reference.

061/23 Any other business

There was no other business. The meeting ended at 10:35 am.

062/23 Date and venue of next meeting

Thursday, 22 June 2023, the Boardroom, The Host, Hermitage Court, Hermitage Lane, Farming, Maidstone, Kent ME16 9NT

Kent Community Health
NHS Foundation Trust

CONFIRMED Minutes of the Charitable Funds Committee (CFC) meeting, held on Wednesday 8 March 2023 in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT

Present:	Nigel Turner	Non-Executive Director (Chair)
	Ruth Davies	Public Governor Tonbridge and Malling
	Victoria Robinson-Collins	Chief People Officer
	Dr Razia Shariff	Non-Executive Director
	Dr Mercia Spare	Chief Nursing Officer
In attendance:	Gina Baines	Assistant Trust Secretary and Committee Secretary (minute-taker)
	Jo Bing	Assistant Financial Accountant
	Jo Treharne	Head of Campaigns and Digital
	Carl Williams	Head of Financial Accounting
Apologies:	Georgia Denegri	Interim Trust Secretary
	Natalie Wanstall	Fund Manager

001/23 Welcome and apologies

Nigel Turner welcomed everyone present to the meeting of the Charitable Funds Committee.

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 24 November 2022

The minutes were read for accuracy.

The Committee **AGREED** the minutes of its meeting held on 24 November 2022 as an accurate record.

004/23 Action log and matters arising from the meeting of 24 November 2022

Matters arising

028/22 Reserves Policy – Ruth Davies questioned what the value would be for a three-month reserve. Razia Shariff responded that the value was

usually based on the charity's running costs so that the amount would cover any final overhead costs should the fund fold. Carl Williams indicated that the fund reported overhead costs of £18k for 2021/22 which would equate to between £4k and £4.5k for a reserve. Victoria Robinson-Collins suggested that the hardship fund would need its own reserve as well which Razia Shariff explained was a different type of reserve known as a grant reserve. Carl Williams agreed and confirmed that the Reserves Policy related only to the charity ceasing trading and would not extend to the hardship fund.

The closed actions were agreed.

The open actions were discussed and updated as follows:

011/22 Board Assurance Framework – Mercia Spare explained that the action had been brought by Paul Butler, Non-Executive Director who had suggested that a risk register specific to the charitable fund sit alongside the BAF. She, Paul Butler and Carl Williams had met and discussed the proposal. Their conclusion had been that if Carl Williams was able to identify any risks then a register would be drawn up. Carl Williams reported that he had found some general guidance around governance, financial and compliance risk factors which he would look at further. Nigel Turner responded that the recent Good Governance Institute Well – Led review of the Board had led to some challenges around the reporting of risk on the BAF and to the committees. Following on front that, Mercia Spare suggested that charitable funds risks would be more appropriate on the corporate risk register which the executive team regularly monitored. It was agreed that this would be the way forward. The action would be closed.
042/22 Charitable Funds Marketing report – Mercia Spare would contact the Herne Bay staff to confirm it they would be attending the workshop. If they were unable to attend, they would be invited to the July Committee meeting. Action open.
046/22 Fund manager presentation – With regards to the return of the overheads, Carl Williams suggested that this had not been a valid request. The Committee agreed to close the action.
024/22 Relevant feedback from other committees and the Board Assurance Framework – With regards to the proposal for a budget, Razia Shariff commented that the restricted funds budgets were clearly defined. With regards to the unrestricted funds, the trust might have spending priorities for the year which would mean that some of the unrestricted funds would be allocated to those priorities. Good practice was to have an overview of what money was available to spend and how it would be spent. Carl Williams agreed and challenged whether a budget would add value. He suggested that the funds were the budget. He added that the fund managers needed to develop their plans for their spend on an annual basis so that the Committee could then monitor this. The Committee agreed that there was no need for a budget and that the action would be closed.

All other actions were closed.

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

005/23 Relevant feedback from other committees

Nigel Turner reported that the hardship fund had been discussed at the Strategic Workforce Committee meeting.

The Committee **NOTED** the relevant feedback from other committees.

006/23 Board Assurance Framework

Mercia Spare presented the report to the Committee for assurance.

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

007/23 2022/23 Quarterly finance update

Jo Bing presented the report to the Committee for information.

Recent bids that had been authorised included a £10k bid for an electric bike for patients in one of the services to use, £5k administration costs which had been transferred to the Hardship Fund, and new chairs for the day room at Deal Hospital.

The Committee **RECEIVED** the 2022/23 quarterly finance update.

008/23 Charitable funds marketing report

Jo Treharne presented the report to the Committee for information.

With regards to text giving, Jo Treharne explained that the trust did not currently have a mechanism in place. This was a popular way to donate and she and Jo Bing were keen to reinstate it. They had researched the market and suggested that their preferred option would be to enter into a contract where the supplier of the service would take a percentage of the amount donated. The Committee supported the proposal.

NHS Charities Together were offering post-covid recovery grants to patients or colleauges of up to £125k. A message had been put out on flo asking for ideas. Unfortunately, these had not been forthcoming.

Victoria Robinson-Collins suggested that the trust could bid for support for the Talking Wellness package that was being provided by Kent and Medway NHS and Social Care Partnership (KMPT). The national funding for this service would be ending and the system was looking for other ways to continue its funding. Mercia Spare suggested a family fun day which would involve hiring a venue that any member of staff could visit. Jo Treharne would check the guidelines to ensure that any bids fit the parameters. Nigel Tuner suggested that this was discussed further at the Committee workshop. The deadline for applications was 30 June 2023.

The King's coronation would be taking place in May which community hospitals and other services would be keen to celebrate. Jo Treharne suggested that some funds should be earmarked for the event which services could bid for in order to buy decorations, etc. The Committee was happy to support the idea and suggested that an allocation should be made to each of the community hospitals of around £200 to £250. Jo Treharne would communicate this to the community hospital matrons.
Action – Jo Treharne

Steve Bamford, a long-time fund raiser for the HIV funds, had indicated that he would like to raise some money for the general fund. He owned a holiday cottage in Dorset and had suggested a raffle for one week's holiday at the property. This was worth around £1500. Jo Treharne had discussed this with Carl Williams and Jo Bing and they had had some doubts around the governance of the fund-raising activity. The Committee welcomed the offer from Steve Bamford and suggested a number of ways that the raffle could be managed but it was clear that a licence would be needed. Jo Treharne agreed to find out more about applying for a licence and what its scope would be. The Committee advised that if it was straightforward then it would support Steve Bamford's offer. However, if it proved more difficult then it advised that the fund-raising activity should not go ahead.
Action – Jo Treharne

The Committee **NOTED** the charitable funds marketing report.

009/23 Financial Health and Well-being offers update report

Victoria Robinson-Collins presented the report to the Committee for information.

In response to a question from Ruth Davies as to whether the trust could track the repayment of the long-term loans offered by Salary Finance, Victoria Robinson-Collins responded that it was unlikely at this early stage. Loans were taken out over five years. Repayments were taken out of the borrower's salary to avoid a default on payments. Defaults would only be an issue when the member of staff left the trust and then it would be between them and the loan company rather than the trust.

In response to a question from Razia Shariff as to how often the different schemes were promoted, Victoria Robinson-Collins explained that this was done periodically. The companies would time any promotions in the calendar with when people might have a stronger need to buy something.

Razia Shariff questioned the low take up of the Wagestream app compared to the sector average. Victoria Robinson-Collins reflected that this might indicate that there was not the need for it. The driver for using it was either that an individual was desperate for additional finance or was looking at avoiding using a pay day lender. The Committee suggested that this should be monitored on a six to twelve-month basis.

With regards to the hardship fund, Victoria Robinson-Collins confirmed that the provider, North and West Kent Citizen Advice Bureau (CAB) was now in place to manage applications for the hardship fund. Its service would cover application triage, administration, support, and independent and confidential counselling. The fund was open to anyone in the trust and was accesses online, by phone or face to face at one of the CAB's offices. Further work was being done around data protection, data protection impact assessments (DPIAs) and confidentiality. Once that was completed, staff engagement around the scheme would start. Gordon Flack had confirmed that the hardship fund could access the general fund if required but she would prefer to apply for the NHS Charities Together funding if possible.

The report would be submitted to the Strategic Workforce Committee as well.

In response to a question from Jo Treharne about the promotion of the scheme, Victoria Robinson-Collins indicated that the CAB should be able to advise on the best targeted and most sensitive approach. It was agreed she would invite Jo Treharne to the hardship fund launch meeting with the CAB. **Action** – Victoria Robinson-Collins

In response to a question from Nigel Turner about the resources required to run the fund, Victoria Robinson-Collins responded that she would be undertaking an assessment once she had had further conversations with the CAB. Currently, the resource requirement had been absorbed into her team.

The Committee **NOTED** the Financial Health and Well-being offers update report.

010/23 Terms of Reference Review and Approval

Nigel Turner presented the report to the Committee for approval

The objectives would be amended to reflect that the annual accounts and report were recommended by the Committee to the Board for approval.

Razia Shariff commented that the objectives came across as investment focussed and questioned whether that was still relevant. She suggested that the Committee's role was more centred on having oversight of access to funding and fundraising initiatives and setting the principles and direction to support this; and monitoring the utilisation and impact that the funds had had. She proposed that these should be reflected in the objectives.

The objective relating to the approval of new funds, their name and terms of reference of the fund and the identification of the nominated fund holder would be withdrawn from the terms of reference. Reference to the Department of Health would be changed to the Department of Health and Social Care.

The Committee **APPROVED** the Terms of Reference, subject to the amendments.

011/23 Committee Effectiveness

Nigel Turner presented the report to the Committee for information and assurance.

The Committee agreed that the results would be discussed further at the Charitable Funds workshop at the end of the week.

The Committee **RECEIVED** and **NOTED** the Committee Effectiveness report.

012/23 Forward plan

Nigel Turner presented the report to the Committee for approval.

The Committee **APPROVED** the forward plan.

013/23 Any Other Business

Carl Williams reported that the audit fee for the auditing the Charitable Funds account had quadrupled over the last four to five years. This had the led the trust to decide to ask for expressions of interest from local auditors to take over the contract at a more competitive price.

014/23 Issues and actions for other committees/Board

There were no issues or actions to raise with other committee or the Board.

015/23 Evaluation of the meeting.

The Committee evaluated its meeting and no issues were raised.

The meeting ended at 1.55pm.

016/23 Date and venue of the next meeting

5 July 2023 between 9.30 and 11am in Room 7, Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford, Kent TN25 4AZ