Kent Community Health
NHS Foundation Trust

# BOARD OF DIRECTORS MEETING IN PUBLIC

## 17 January 2024, 9 – 11.15am

**Kent Community Health NHS Foundation Trust Offices, Rooms 6 and 7, Trinity House, 110 – 120 Upper Pemberton, Ashford, Kent TN25 4AZ**

# Supplementary pack with supporting papers

## Agenda Item 7 and 17

- **Progress report on breakthrough objectives**
- **Staff Voice model**

# We Care Strategy
# KPI Dashboard: Breakthrough Objectives

December 2023

# Kent Community Health NHS FT We Care Breakthrough Objectives 23-24

NHS Kent Community Health NHS Foundation Trust

## Ambition: Putting Communities First

| Objective | Target | February 2023 | March 2023 | April 2023 | May 2023 | June 2023 | July 2023 | August 2023 | September 2023 | October 2023 | November 2023 | December 2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 80 per cent of all contacts to have their ethnicity recorded on electronic patient records by March 2024 | 80% | 79.3% | 78.9% | 79.0% | 79.0% | 78.4% | 78.0% | 78.4% | 78.3% | 77.6% | 76.7% | 75.3% |
| Reduce the total DNA rate for patients from deprived localities to 4.7% by October 2024 | 4.7% | 5.2% | 5.4% | 5.3% | 5.7% | 5.6% | 5.5% | 5.6% | 5.3% | 5.3% | 5.0% | 5.7% |

An additional Breakthrough objective for 23/24 is for All services with waiting times of more than 12 weeks to have a plan in place by October 2023. There is no ongoing data for this metric at this stage

## Ambition: Better Patient Experience

| Objective | Target | February 2023 | March 2023 | April 2023 | May 2023 | June 2023 | July 2023 | August 2023 | September 2023 | October 2023 | November 2023 | December 2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Reduce the average number per month of patients who are No Longer Fit To Reside (NLFTR) in an acute bed and waiting for pathway 1 home with support in east Kent | 17 | 35.61 | 41.48 | 46.40 | 35.19 | 12.33 | 19.16 | 19.26 | 13.97 | 13.42 | 22.33 | 24.52 |
| Reduce the average number per month of patients who are No Longer Fit To Reside (NLFTR) in an acute bed and waiting for pathway 1 home with support in west Kent | 13 | 29.14 | 36.87 | 37.43 | 33.03 | 24.77 | 27.65 | 25.71 | 30.67 | 31.35 | 32.50 | 29.52 |
| Reduce the average number of patients per day who are in an acute bed and waiting to be discharged to a P2 (Community) bed in east Kent (by March 2024) | 10 | 17.14 | 10.90 | 10.77 | 8.26 | 18.70 | 11.19 | 5.74 | 6.40 | 9.03 | 18.43 | 11.71 |
| Reduce the average number of patients per day who are in an acute bed and waiting to be discharged to a P2 (Community) bed in west Kent (by March 2024) | 15 | 17.11 | 26.32 | 17.63 | 21.87 | 17.07 | 22.52 | 18.61 | 21.07 | 15.87 | 18.57 | 17.71 |

An additional Breakthrough objective for 23/24 is that KCHFT will be engaged in neighbourhood integration projects in at least 5 Primary Care Networks or neighbourhoods by March 2024. There is no ongoing data for this metric at this stage

# Kent Community Health NHS FT We Care Breakthrough Objectives 23-24

NHS Kent Community Health NHS Foundation Trust

## Ambition: A great place to work

| Objective | March 2023 |
|---|---|
| Breakthrough: GP1a Quality appraisal metric increases to 50 per cent (33 per cent in 2022/23) | 33.0% |
| Breakthrough: GP1b More than three per cent increase in staff survey response rates compared with 2022/23 | 61.6% |

| Objective | March 2023 |
|---|---|
| Breakthrough: GP1c Increase in 'we have a voice that counts' in staff survey from 7.26 (2022/23) to 7.46 | 7.26 |

| Objective | March 2023 |
|---|---|
| Breakthrough: GP2a Reduction in working unpaid hours to less than 20 per cent compared with average across 2022/23 | 63.0% |

| Objective | March 2023 |
|---|---|
| Breakthrough: GP2b Less than 1.5 times more likely to be appointed if white than BAME compared with 2022/23 (2.34 times) | 2.34 |

| Objective | March 2023 |
|---|---|
| Breakthrough: GP2c More than 97 per cent of colleagues have not personally experienced discrimination from colleagues compared to 2022/23 (94.8 per cent) | 94.8% |

## Ambition: Sustainable Care

**Breakthrough SC1a:** 20 per cent reduction by March 2024 in clinician time spent putting information into clinical systems. See detailed A3

**Breakthrough SC1b:** Deliver automations to meet 5% (£700k) of the efficiency target in 2023-24. See detailed A3

| Objective | April 2023 | May 2023 | June 2023 | July 2023 | August 2023 | September 2023 | October 2023 | November 2023 |
|---|---|---|---|---|---|---|---|---|
| Breakthrough: SC2a GreenHouse Gas (GHG) NHS Emissions Quantification tCo2e (tonnes of carbon dioxide equivalent) - % against plan | 96.5% | 97.1% | 101.6% | 102.7% | 92.3% | 95.6% | 104.4% | 108.3% |

**Breakthrough SC3a**: Estates condition surveys, locations and service needs mapped and a plan of improvement by March 24

Kent Community Health
NHS Foundation Trust

# We Care Strategy: Putting Patients First
# SRO – Ali Carruth

# A3 documents

## Breakthrough Objective: PC1a: 80 per cent of all contacts to have their ethnicity recorded on electronic patient records by March 2024
**Accountable person: Ali Carruth**

**Ambition 1: Putting communities first**

Date of update: Dec 23

RAG Status: ● (amber)

Status commentary: Concerns owing to potential downward trend, see actions to be taken for next steps.

### 1. Measurement of current state:

- **Narrative**: Baseline M 12 22/23 recording of contacts in month with ethnicity recorded 77.9%. November-23 76.4% YTD 23/24 77.0%. Recording levels increase retrospectively.
- **Graphic**:

| Objective | January 2023 | February 2023 | March 2023 | April 2023 | May 2023 | June 2023 | July 2023 | August 2023 | September 2023 | October 2023 | November 2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Breakthrough: 80 per cent of all contacts to have their ethnicity recorded on electronic patient records by March 2024 | 79.8% | 79.3% | 78.8% | 78.9% | 78.8% | 78.3% | 77.8% | 77.7% | 78.0% | 77.2% | 76.1% |



### 2. Actions taken in the last month:

| What | Who | Impact |
|---|---|---|
| Improved analysis of services with lowest ethnicity reporting. | SB | Allows for targeting |
| Delivery of 45 minute learning sessions to support services to increase recording co – delivered by RiO team and health inequalities team. | AL | 30 Attended drop in<br>40 Attended dedicated session for Orthopaedics & SPA |
| Ethnicity recording is included as part of the health equity programme and support to how to increase recording. | AL | Tailored support |
| Continued awareness campaign and promoted QI projects on topic | AL | Raise awareness |
| Explored feasibility of automated syncing of spine record of ethnicity or KMCR. Neither was possible despite initial promise | AL | No impact |
| Contact with priority services about recording levels to offer support | AL | Limited engagement |
| Observation of East Sussex Children's referral point to see how they approach recording | AL | Sharing Learning |

### 4. Risks and issues:

| Risk/Issue description | Mitigation/control/action | Residual rating | Lead |
|---|---|---|---|
| Recording rate needs to be sustained over time to ensure that data is high enough quality to be used in equity analysis. | New focus on services who have declining rates | 9 | AL |
| Capacity of services to engage with sessions & to change practice. | Suite of supportive approaches<br>Escalation of concern through ETM and CSDs | 9 | AL |

### 3. Actions to be taken in the next month:

| What | Who | When by |
|---|---|---|
| Further targeted ethnicity recording with services with lower completion or downward trend to invite to tailored training session and exploration of where key administration points are for recording are e.g. referral. | AL | Jan 24 |
| Papers about current challenge being taken to Executive Team Meeting and Clinical Services Directors. | AL/ SB | Jan 24 |
| Exploration of reporting through EPR | SB | Jan 24 |
| Collation of "how to" guides to include learning for services | AL | Jan 24 |

# Breakthrough Objective: PC1b:Reduce the total DNA rate for patients from deprived localities by 25% by October 2024.
**Accountable person: Ali Carruth**

## Ambition 1: Putting communities first

Date of update: Dec 23

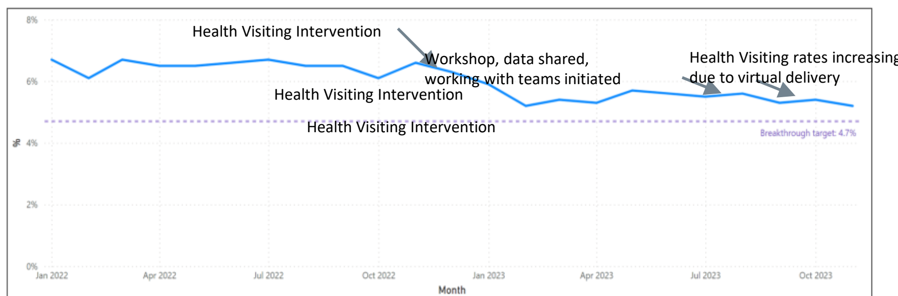
RAG Status: (green)

Status commentary: On track.

### 1. Measurement of current state:

**Narrative**: Baseline 22/23 6.2% - Target 4.7%. November 23 5.2% -YTD 5.5%. There will be month on month variation

**Graphic**:



| Objective | January 2023 | February 2023 | March 2023 | April 2023 | May 2023 | June 2023 | July 2023 | August 2023 | September 2023 | October 2023 | November 2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Breakthrough: Reduce the total DNA rate for patients from deprived localities by 25% by October 2024 | 5.9% | 5.2% | 5.4% | 5.3% | 5.7% | 5.6% | 5.5% | 5.6% | 5.3% | 5.4% | 5.2% |



### 2. Actions taken in the last month:

| What | Who | Impact |
|---|---|---|
| Service DNA reduction projects supported by QI advisers, Health Inequalities Team and Patient Engagement Team | Teams/SB/JH/ DBE | Identifying reasons for DNAs to target action. Initial actions being taken |
| Dedicated Flo page including DNA resource pack. | SB | Resource to guide action |
| QI Cafes to support teams | JH | Learning from evidence and each other |
| New date set for DNA reduction workshop for January 2024 | SB/JH | Share information and successes |
| Worked with IT to understand use of text messaging reminders | SB | Support efficient and effective use of text messaging reminders |

### 3. Actions to be taken in the next month:

| What | Who | When by |
|---|---|---|
| Hold Workshop | SB | Jan 24 |
| Circulate updated data for services | SB | Jan 24 |
| QI resource pack and QI Cafes | JH | Ongoing |
| Services continue DNA reduction projects with support | SB/JH | Ongoing |
| Working with services about use of text messaging | SB | Ongoing |

### 4. Risks and issues:

| Risk/Issue description | Mitigation/control/action | Residual rating | Lead |
|---|---|---|---|
| Limited capacity and systems within services to dedicate to reducing DNA rate. | Importance of objective<br>Support package | 9 | SB/Operational services |
| Delays and limitations to rolling out one way and two way text messaging | Working with IT and Finance to look at efficiency and effectiveness | 9 | SB/IT/Operational Services |
| Health Visitor DNA increases due to staffing pressures | Work in service to sustain DNA reductions and reduce virtual delivery | 9 | Health Visiting |

**Breakthrough Objective: PC2a**: All services with waiting times of more than 12 weeks to have a plan in place by October 2023
**Accountable person: Pauline Butterworth**

**Ambition 1: Putting communities first**

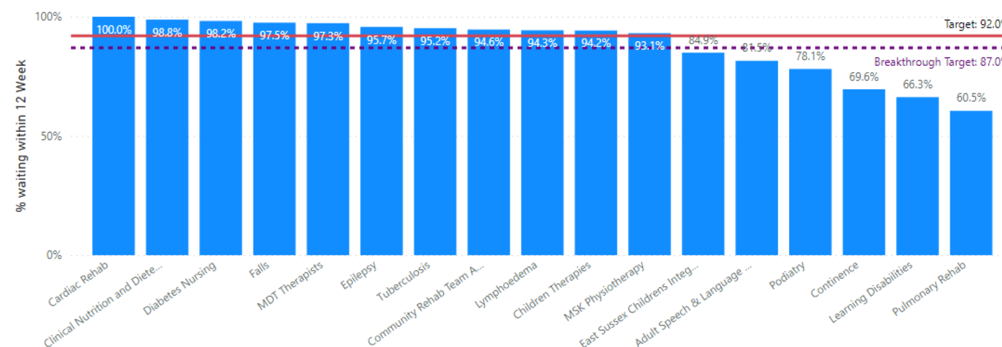
Date of update: Dec 23

RAG Status: ●

Status commentary: All plans in place. Next steps to progress this objective based on analysis indicating 6 services below 87% target (83.1%) - improved from 8 services in September. All services below target are improving. Focus will be on 6 services below target to test parameters.

## 1. Measurement of current state:

**Narrative** : All plans are in place, with next focus initially will be on six services to understand what is driving the waiting times.




## 2. Actions taken in the last month:

| What | Who | Impact |
|---|---|---|
| Confirmation all services have action plans in place | MJ | All services have plans in place. Monitored through EPR |
| Separate Power Bi report for ND | NP | Separate planning. |
| Power BI report in development to add variables | NPI/MJ | Able to analyse the different drivers for waiting times |
| Review of data with Business Partners and Service lead for Podiatry, continence, pulmonary rehab | MJ | Support and raise awareness/ identify metrics to support SMART action plan |

## 4. Risks and issues:

| Risk/Issue description | Mitigation/control/action | Residual rating | Lead |
|---|---|---|---|
| Maintain level of waiting times to below 12 weeks | Actively monitor waiting time s and identify emerging trends early | 6 | Ops leads |
| Consistent integrity of data | Agree unified approach to waiting times data reporting | 9 | MJ /Operational services |
| Services do not have SMART plans | Services to develop plans monitored through EPR. | 9 | Operational Servies |

## 3. Actions to be taken in the next month:

| What | Who | When by |
|---|---|---|
| Work on dashboard to include drivers behind waiting times | MJ/NPI | Dec 23 |
| Rio data quality group set up | MJ/NPI | Dec 23 |

Kent Community Health
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# We Care Strategy: Better Patient Experience
# SRO – Pauline Butterworth

# A3 documents

**Breakthrough Objective: BP1a: Reduce the average number per month of patients who are no longer fit to reside (NLFTR) and waiting to be discharged to a community hospital to no more than 10 for east and 15 for west Kent by March 2024 and reduce length of time patients waiting to access a pathway 2 bed from an average of 30 hours to an average of 24 hours**

**Accountable person: Pauline Butterworth**

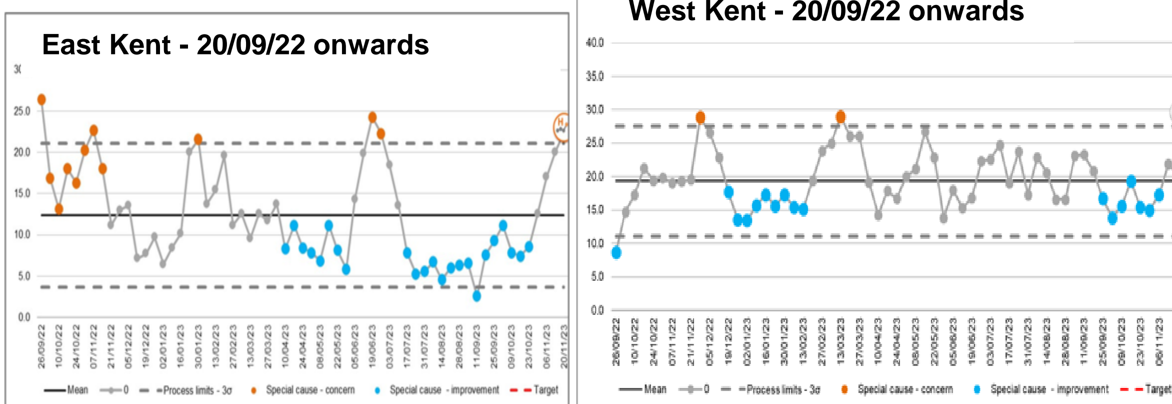
**Ambition 1: Better Patient Experience**

Date of update: Dec 23

RAG Status: Green

Status commentary: On track despite increases shown below, noting data lag and introduction of additional beds in Westbrook and planned for Westview in addition to internal flow improvement plan. Confident that actions being taken will show a reduction in future reports.

**1. Measurement of current state:**




Data indicating some increases in waits for P2 at the end of November for east and west Kent. In east Kent the additional winter bed capacity implemented in Westbrook & Westview in late December, early January will support a reduction in addition to improvement work commenced reference internal flow. Time waiting to access a bed – data sourced, baseline and suggested target show above, to be agreed at improvement board Jan 24.

**2. Actions taken in the last month:**

| What | Who | Impact |
|---|---|---|
| Engage with developing bed management into TOC hubs model in WK | Mgt. team | MDT agreement of pathway |
| Engaged with EKHUFT and KCC re winter bed model | CT | Flow for winter |
| Agree winter escalation actions | CT/LW | |
| Mobilised winter beds Westbrook | CT | Increased capacity |
| Agreed internal flow improvement plan which is being tracked regularly | CT | Improve flow |

**3. Actions to be taken in the next month:**

| What | Who | When by |
|---|---|---|
| Mobilise winter beds Westview | CT | Jan |
| Enabling system providers to have visibility of our data reference NLFTR and causes to support improvement | CT | Jan |
| Request & analyse breakdown of P2 NLFTR in MTW | CT | Jan |
| Implement winter actions against agreed criteria. | LW | Mar 24 |

**4. Risks and issues:**

| Risk/Issue description | Mitigation/control/action | Rating | Lead |
|---|---|---|---|
| Capacity for winter: If it is not possible to mobilise the extra winter capacity in time for Westview then there will be a bed gap in the east Kent system for winter. | Mobilisation plan in place | 6 | CT/LW/AK |

# Breakthrough Objective: BP1b: Reduce the average number per month of patients who are NLFTR and waiting for pathway 1 home with support in EKHUFT, MTW and KCHFT community hospitals to no more than 18 for east and 15 for west Kent by March 2024

**Accountable person: Pauline Butterworth**

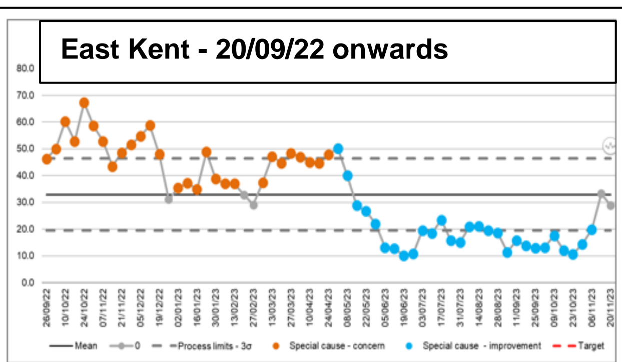
**Ambition 1: Better Patient Experience**

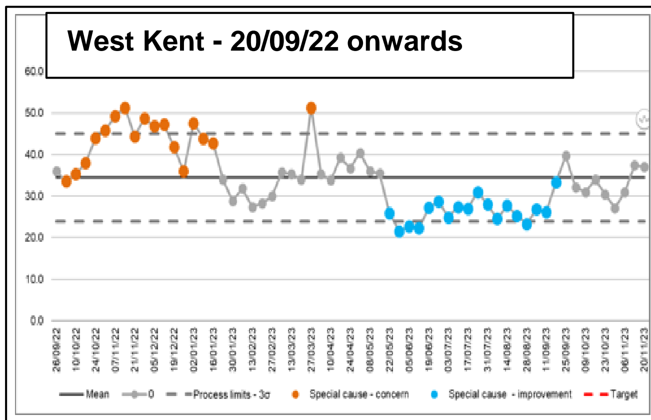
Date of update: Dec 23

RAG Status: Amber

Status commentary: At risk of not meeting the objective owing to system partners capacity issues.

## 1. Measurement of current state:




Narrative:
West Kent achievement of target of 15 prior to the last few weeks in Oct/Nov was making good progress, however, recently this has been hovering around 30 on average. East Kent prior to the last 3 weeks in Nov were achieving an average of no more than 18, however, this has started to increase. Both increases are owing to P1 services increasingly having to provide bridging while awaiting allocation of packages of care from social care services.

## 2. Actions taken in the last month:

| What | Who | Impact |
|---|---|---|
| Completed home first recruitment | CT | Increased capacity |
| Mapped potential benefit of Home First model trial in WK and sourced recruitment/ workforce | DH | Increased capacity |
| Discharge hubs commenced | CT | Supporting discharge |

## 3. Actions to be taken in the next month:

| What | Who | When by |
|---|---|---|
| Evaluate Home First Model | CT/KCC | Jan 24 |
| Identify the funding mechanism for the additional capacity (bank and third party) to supplement Home First Team for winter (EK) | DO | Jan 24 |
| Single handed care – agreed funding to deliver some single-handed manual handling training | CT/MD | Jan 24 |

## 4. Risks and issues:

| Risk/Issue description | Mitigation/control/action | Rating | Lead |
|---|---|---|---|
| If the newly agreed KPIs for sourcing dom. care cannot be maintained in winter then the pathway 1 flow will reduce (EK) | Agreement of revised KPIs that are deliverable and revise mapping | 16 | CT/RM/AB |
| If all bridging in the system (EK /WK) is not visible then the mapping for pathway 1 flow for winter will not be accurate resulting in issues | Agree shared data with Hilton and KEAH | 9 | CT/WA/DH |
| If capacity issues for access to social care are not resolved then our NLFTR numbers will increase resulting in reduced capacity to take more p1 patients impacting system flow | Review of data to understand LOS and bridging impact and working with KCC to bring timelines back down | 16 | CT |

**Breakthrough Objective: BP2a KCHFT will be engaged in neighbourhood integration projects in at least 5 Primary Care Networks or neighbourhoods by March 2024**
**Accountable person: Ali Carruth**

**Ambition 1: Better Patient Experience**

Date of update: Dec 23

RAG Status: Green

Status commentary: KCHFT engaged fully in 6 projects (4 east and 2 west) with work progressing to engage with a further 4 projects in west Kent.

**1. Measurement of current state:**
**Narrative:**

**East Kent Initiatives:**

In East Kent there are 4 active proposals for four INTs – THE, Canterbury, Romney Marsh and Mid-Kent. KCHFT attending all four development meetings. KCHFT has committed to supporting the proposed home visiting programme in Canterbury.

- THEEW Integrated Neighbourhood Team vision: supporting general practice and the children's MDT with up to date and comprehensive information to signpost families waiting for assessment or treatment by April 2024.
- Mid-Kent: to successfully scale up and spread the children's walk-in clinic to practices
- Romney Marsh: To increase the diagnosis of stage 1 and stage 2 cancers
- Romney Marsh: To increase the number of people identified in the last year of life.

**West Kent Initiatives:**

1. Tunbridge Wells Digital Front Door
2. Weald Adult Mental health MDT
3. Tonbridge Frailty
4. Sevenoaks Health and Well-being
5. Maidstone Children's Health MDT
6. Maidstone PCN Frequent Attenders
7. Resident & Patients Forum
8. Partnership Forum
9. Learning & Development Offer
10. Shared Learning Forum

**Challenges:**

- Sharing access to data systems
- Communication (frailty)
- Paramedics would like us to input into EMIS directly.
- ICB Funding to take forward programmes.
- Delayed and sporadic meetings

**2. Actions taken in the last month:**

| What | Who | Impact |
|---|---|---|
| Internal KCHFT INT steering group revitalised and refocussed to support increased activity. | AC | Agreeing targeted work and ensuring full awareness across directorates. |
| KCHFT attendance at various INT focused meetings. | Various | Wide KCHFT representation. |
| Active part of HCP development Boards | AC | Community representation. |

**3. Actions to be taken in the next month:**

| What | Who | When by |
|---|---|---|
| Identify any additional key KCHFT staff to attend development meetings now more detail understood on projects. | AC | 31/01/24 |
| Agree KCHFT specific strategy to implement INTs from a strategic perspective with a view to supporting long term planning. | AC | 31/01/24 |
| Ali following up with CDs to see if can progress joint roles. | AC | 31/01/24 |

**4. Risks and issues:**

| Risk/Issue description | Mitigation/control/action | Rating | Lead |
|---|---|---|---|
| INTs in differing stages of development and need for KCHFT involvement | Differing levels of input | 6 | AC |
| KCHFT capacity challenges to resource support to all proposed INTs and overall programme management. | Need to prioritise | 6 | AC |
| INTs develop as health focused activities, not realising the full potential of health, social care and voluntary sector integrated working. | Continued discussion and representation | 6 | AC |

Kent Community Health
NHS Foundation Trust

# We Care Strategy: Great Place to Work
# SRO – Victoria Robinson-Collins & Julia Rogers

## A3 documents

**Breakthrough Objective: GP1a Quality appraisal metric increases to 50 per cent, (33 per cent in 2022/23)**
**Accountable person: Victoria Robinson-Collins**

**Ambition 3: A Great Place to Work**

Date of update: Dec 23

RAG Status

Status commentary: On track, no further comments.

**1. Measurement of current state**:

**Narrative**:

•Current feedback based on NHS staff survey tells us 33% of colleagues report receiving a quality appraisal.
•Completion of appraisals is much higher; **KCHFT is consistent in achievement of 95%** compliance KPI
•At listening events some colleagues report feeling appraisal is a tick box exercise and requests for development do not always translate into results either training granted or promotion following completion of development
•At appraisal webinar many attendees fed back to advise the approach advocated is revolutionary; many leaders are still following historic KSF approach of including lots of evidence which has been burdensome and has taken away from the value of the conversation. Appraisal webinar/ workshop March 23 circa 70 attendees. Recording available on Flo.
•Colleagues report that confidence and competence of appraiser is critical to quality of discussion and outcomes
•Many appraisers report capacity issues as a key factor to appraisals feeling rushed
•Webinar on objectives/ with WC Strategy aspiration 3 completed May.
•182 responses to pulse survey- **75% said appraisal made them feel valued.**

**2. Actions taken in the last month:**

| What | Who | Impact |
|---|---|---|
| TAPs refresh | SC | Complete |
| Paper submitted to EMT and approved with recommendations for 23/24 appraisals. | SC | Complete |

**3. Actions to be taken in the next month:**

| What | Who | When by |
|---|---|---|
| Design and launch of leaders development programme and behaviours framework | KS | Dec 23 |
| Develop Comms plan to implement decisions from the paper to EMT. | KR | Dec 23 |
| Paper to EMT to explore the options for 360 feedback for senior leaders | SC | Dec 23 |
| Appraisal webinar to highlight the importance of people feeling valued | SC | Jan 24 |
| Proposal around appraisal and appraisal windows to be discussed at People's Committee | VRC | Dec 23 |

**4. Risks and issues:**

| Risk/Issue description | Mitigation/ control/action | Residual rating | Lead |
|---|---|---|---|
| If the volume of activity relating to listening, EDI, staff survey working groups is too great, it will result in fatigue amongst colleagues resulting in reduction of response | Careful consideration of surveys/ timing | 12 | VRC |
| If the only usable metric of measurement is the national SS then progress cannot be assessed resulting in lack of control or understanding of success measures | Use of test of change areas | 15 | VRC |

**Breakthrough Objective: GP1b More than three per cent increase in staff survey response rates compared with 2022/23**
**Accountable person: Julia Rogers**

**Ambition 3: A Great Place to Work**

Date of update: Dec 23

RAG Status: Green

Status commentary: Breakthrough achieved, results currently embargoed. Full results to be available in February 24.

**1. Measurement of current state**:
Noting results currently embargoed, following highlights results, more detail once results are able to shared:

- KCHFT has achieved the breakthrough objective target of increasing the staff survey response rate by more than 3%. **Achieved 8%.**
- For 2023 the Trust has achieved 69.6% (3572) compared to 61.6% in 2022 (3067).
- KCHFT has highest response rate nationally (33%) (157/474) eligible staff) for bank staff participation.

**2. Actions taken in the last month:**

| What | Who | Impact |
|---|---|---|
| 2023 campaign complete | JR/ VRC | Survey results |
| Advertise and encourage response to latest pulse survey which closes end January 2024 | JR | High response rate |
| | | |

**3. Actions to be taken in the next month:**

| What | Who | When |
|---|---|---|
| Once results able to be shared detailed action plans will be developed from a trust perspective and where required at directorate and service level with the support of the business partners. | JR and VR-C | Feb/Mar 24 |
| Continue work to ensure any barriers to completion of surveys, including pulse surveys, is discussed and actions taken to mitigate or remove these barriers. | JR and VR-C | Ongoing |

**4. Risks and issues:**

| Risk/Issue description | Mitigation /control/action | Residual rating | Lead |
|---|---|---|---|
| None reported currently | | | |

## Breakthrough Objective: GP1c Increase in 'we have a voice that counts' in staff survey from 7.26 (2022/23) to 7.46
**Accountable person: Julia Rogers**

**Ambition 3: A Great Place to Work**

Date of update: Dec 23

RAG Status: (green)

Status commentary: On track, results will be available in February 24

### 1. Measurement of current state:

| | 2022 Score | 2021 Score | Diff | Sector Score | Diff |
|---|---|---|---|---|---|
| Motivation | 7.27 | 7.26 | +0.01 (Not sig.) | 7.20 | +0.07 (Not sig.) |
| Involvement | 7.20 | 7.08 | +0.12 (Not sig.) | 7.04 | +0.16 (Not sig.) |
| Advocacy | 7.45 | 7.47 | -0.02 (Not sig.) | 7.22 | +0.23 (Sig.) |
| Overall Staff Engagement | 7.31 | 7.27 | +0.04 (Not sig.) | 7.16 | +0.15 (Not sig.) |

- **Staff engagement** is measured through: **Motivation, involvement** and **advocacy**. Motivation stayed the same as 2021, advocacy declined by 0.02 per cent and involvement increased by 0.13 per cent.
- **We have a voice that counts** is made up of three sub themes – we each have a voice that counts, autotomy and control, and raising concerns – all three scored 7.3 in 2022. Raising concerns was the same in 2021 and the other two each scored 7.2.

| | 2021 | 2022 |
|---|---|---|
| KCHFT | 7.2 | 7.3 |
| Best | 7.3 | 7.3 |
| Average | 7.2 | 7.1 |
| Worst | 6.7 | 6.7 |
| Responses | 3174 | 3037 |

**Where are we now?**
- Benchmark well with NHS organisations, developing model for structured listening.
- Move from broadcasting and transactional engagement to better two-way conversations where feedback is heard, acted on and loop is closed.
- Learning from other organisations public and private – John Lewis Partnership, CSH Surrey's 'The Voice'.
- Significant work to refresh Nobody Left Behind action plan and improve WRES and WDES performance.

### 2. Actions taken in the last month:

| What | Who | Impact |
|---|---|---|
| Four staff voice working groups re new staff listening forum and how it would work. | Julia Rogers | High |
| Mapped current staff engagement model and developed principles for new model | Julia Rogers | High |
| Devlopment of Staff Council including arranging simulation event | Julia Rogers | High |

### 4. Risks and issues:

| Risk/Issue description | Mitigation/control/action | Residual rating | Lead |
|---|---|---|---|
| Apathy towards 'another' ask to engage. Need to deliver follow-up actions and feedback quickly | Careful targeted engagement to engage without apathy. Regular we said we did via communication channels and staff groups i.e. champions, networks and ambassadors | 12 | Julia Rogers |
| Managing expectations – we will not get it right first time and model will evolve, and risk people disengage. | Use of QI and engagement methodologies to promote test beds of change | 12 | Julia Rogers |
| Reduced FTSU funding which could impact people's ability to raise concerns. | Promotion via comms channels and staff groups to spread learning. Promotion of F2SU training in TAPS | 12 | Joy Fuller |

### 3. Actions to be taken in the next month:

| What | Who | When |
|---|---|---|
| Simulation event to test Staff Voice model prototype | JR | Feb - 24 |
| Continue Nobody Left Behind action plan refresh and bring together work of Staff Survey working group, EDI and Staff Council. | VRC | Feb 24 |
| Explore increasing number of governors to support model including proposal to Board and CoG | JR | Jan - 24 |

# Breakthrough Objective: GP2a Reduction percentage of people working unpaid hours from 63% to 50 per cent compared by March 2024
**Accountable person: Mercia Spare**



## Ambition 3: A Great Place to Work

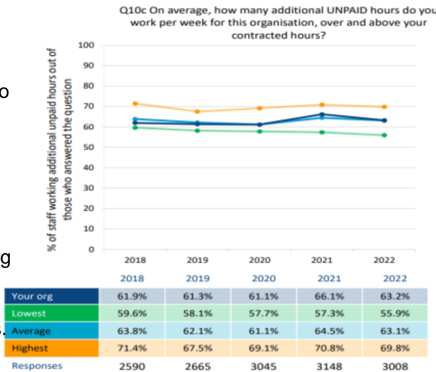
Date of update: Dec 23

RAG Status: (green)

Status commentary: On track, concerns include measurement to capture situation and impact in real time, variation of approach within teams and services, broader system and political landscape influencing pressure. Results from staff survey will be available from Feb 24

### 1. Measurement of current state:

The staff survey 2022/23 identified 63% stated they had worked additional unpaid hours, over and above their contracted hours (average 63.1%). This equates to 1,901 of 3,008 colleagues who responded.
If colleagues are required to work additional hours these should be paid however, definition of required and approach to financial position locally impact on whether additional hours are required/paid/unpaid.
The July pulse survey on taking breaks identified 69% of respondents feel they get sufficient rest between shifts or working days. Only 35% have sufficient rest breaks during the working day. 1,332 responses to the pulse survey.
Hot spots are **planned care and dental and specialist** services. These are also hotspots for lower staff survey response rates.




| | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Your org | 61.9% | 61.3% | 61.1% | 66.1% | 63.2% |
| Lowest | 59.6% | 58.1% | 57.7% | 57.3% | 55.9% |
| Average | 63.8% | 62.1% | 61.1% | 64.5% | 63.1% |
| Highest | 71.4% | 67.5% | 69.1% | 70.8% | 69.8% |
| Responses | 2590 | 2665 | 3045 | 3148 | 3008 |

### 2. Actions taken in the last month:

| What | Who | Impact |
|---|---|---|
| Module in leadership programmes – wellbeing culture | VRC | Improved leadership |
| Pulse survey specifically focussing on taking breaks at work undertaken | JR/ VRC | Identification of areas of focus |
| Commence work on approach to meeting culture | JR/ VRC | TBC |
| Demand and capacity modelling - update blog from Mercia on flo, project group meeting monthly | MS | Demand and capacity |
| Strengthen existing definitions on what additional hours are worked and paid within staff handbook | VRC | Improving equity across the Trust |

### 4. Risks and issues:

| Risk/Issue description | Mitigation//action | Rating | Lead |
|---|---|---|---|
| If there is no standardised approach to defining and approving additional hours, or taking breaks, then there will be variation and inequity resulting in low morale. | Identify local plans and monitor | 12 | IMM |
| If there are differences in team financial position, then there will be variation /inequity in the payment of additional hours/taking breaks resulting in low morale. | Policy & messaging for consistent application, | 12 | VRC/ JR |
| If cost of living pressures require colleagues to take up additional paid hours, then this could impact wellbeing resulting in increased sickness & low morale. | All financial wellbeing initiatives | 12 | VRC |
| If the pressure on demand from the broader national financial and political landscape continues to increase, then productivity will remain variable, resulting in additional unpaid hours. | Policy and messaging to encourage consistency | 15 | ETM |
| If we do not define agreed measurement outside of national and pulse survey, then we will not have measures in real time, minimising evidence of impact of interventions. | Test bed with number of teams to establish metric | 12 | MS |

### 3. Actions to be taken in the next month:

| What | Who | Complete |
|---|---|---|
| Establish local interpretation of policy and drivers for not paying additional hours – targeted focus groups in hotspot teams | JR | Jan 2024 |
| Identify how the demand and capacity work could use a QI approach to enabling any released time to factor in breaks, as well as culture to support wellbeing | MS | Dec 2023 |
| Framework of approach relating to meeting/ scheduling culture in the organisation, co-designed and agreed via IMM and ETM, supported by networks and PODBPs | VRC/ JR | Dec 2023 |
| Re-visits for ETM schedule ask specifically re taking breaks. Also targeted shadowing for hot spot areas to understand more why issues taking breaks | ETM | Mar 2024 |

## Breakthrough Objective: GP2b Less than two times more likely to be appointed if white than Black, Asian and Minority Ethnic groups compared to 2022/23 (2.34 times more likely if White)

**Accountable person: Victoria Robinson-Collins**

**Ambition 3: A Great Place to Work**

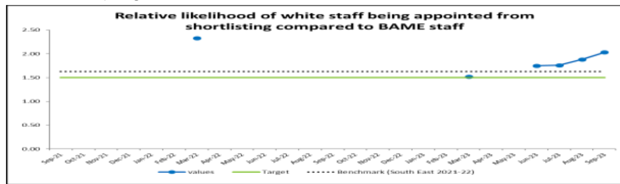
Date of update: Dec 23

RAG Status: 🟡

Status commentary: Metric improved slightly in November. Test of change team has been identified and early discussions in hand. Intro of Inclusion Ambassador role progressing

### 1. Measurement of current state:

- 2022 WRES data tells us that white colleagues are 2.34 times more likely to be appointed after shortlisting than BAME colleagues.
- Deep dive data tells us that at B5 nursing level, white colleagues are 5 times more likely to be appointed after shortlisting as BAME colleagues
- 2023 WRES data confirms that white colleagues are 1.52 (1.8 if you exclude international recruitment) times more likely to be appointed after shortlisting than BAME colleagues
- Dashboard has been created in Power BI to enable deep dive into specific teams and services to aid targeting of hotspots and selection of tests of change (see following slide)
- Data analyst in EDI team is able to pull ratios in real time from data in TRAC to inform measurement of progress




### 2. Actions taken in the last month:

| What | Who | Impact |
|---|---|---|
| NLB action plan refresh engagement programme complete and resulting action plans being stress tested. WRES, WDES action plans complete and approved by Board. Board dashboard for IPR complete | VRC | High |
| Senior posts include diversity ambassador on interview panels 8a and above – approved by ETM and implementation plan underway | EDI team | High |
| Review of job descriptions and myth busting re 'qualifications v experience' | AD of People Ops | High |
| Reciprocal/ reverse mentoring conversations ongoing | EDI/ CEO | |
| System development for BAME colleagues being accessed by KCHFT staff | EDI team | |
| Creation of Dashboard to deep dive into this metric using Power BI | EDI team | High |
| Selection of first test of change teams identified (PH Assistants) and action plan being finalised with service | PH team and PODBP | |

### 3. Actions to be taken in the next month:

| What | Who | When |
|---|---|---|
| Selection of further teams for QI test of change work | EDI and QI teams | Ongoing |
| Completion and launch of leadership behaviours framework and leadership development framework | EWD | Dec 23 |
| Recruit inclusion ambassadors. Commence use of NLB ambassadors to support recruitment | Resourcing | Dec 23 |
| BPs to have conversations with directorate leads. | BPs | Jan-24 |

### 4. Risks and issues:

| Risk/Issue description | Mitigation/control/ action | Residual rating | Lead |
|---|---|---|---|
| If insufficient inclusion ambassadors are available due to lack of capacity then recruitment campaigns may be delayed or go ahead without EDI rep resulting in lack of constructive challenge | Sufficient time to recruit numbers required, use of NLB Ambassadors | 12 | Hasan Reza |
| If data quality in TRAC is poor then inaccurate data will be available in power BI resulting in inability to assess success or areas of deep dive into hotspots | Support to recruitment team and recruiting managers to improve data | 15 | SRO |

**Breakthrough Objective: GP2c More than 97 per cent of colleagues have not personally experienced discrimination from colleagues compared with 2022/23 (94.8 per cent)**
**Accountable person: Victoria Robinson-Collins**

**Ambition 3: A Great Place to Work**

Date of update: Dec 23

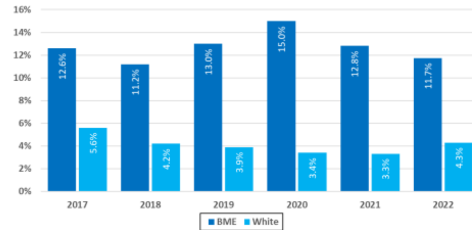
RAG Status: ●

Status commentary: This metric is only formally measured annually so working through options to aid tracking in real time. To be updated by staff survey results in February 24.

**1. Measurement of current state:**

- 94.8% of colleagues report they haven't personally experienced discrimination from colleagues. Therefore 5.2% of colleagues have personally experienced discrimination.
- NLB feedback reported to SWC and Board offe themes of discrimination based on disability/ carer responsibilities
- NLB feedback also suggests 'bandist' approach influencing psychological safety and F2SU in th organisation
- Suggest that number of discrimination cases considered as part of ER caseload used as metric, together with F2SU cases
- Consideration of snap survey approach to witnessing discrimination in teams/ from colleagues throughout year in hot spot areas

**Figure 7. Percentage of staff experiencing discrimination at work from manager /team leader or other colleagues in the last 12 months**




**NHS Staff Survey: 2017-2022**

- BME Nurses within the Trust experience particularly high levels of discrimination (15.9%) compared to white Nurses (4.5%)
- Across the different Ethnic Groups, Black colleagues experienced the highest level of discrimination at work from managers or colleagues (17.2%)
- The levels of discrimination experienced at the Trust are in line with the community trust benchmark group.

**2. Actions taken in the last month:**

| What | Who | Impact |
|---|---|---|
| 'Not in a days work' programme in Adults being extended into Specialist Services | PODBP/ C SD | Equity/equality |
| NLB action plan refresh engagement complete and action plan being stress tested. WRES and WDES complete | EDI team | Staff inclusion |
| Mandatory EDI training module in place with 12 month refresher/ options of modules to access | EWD | Staff education |
| Leadership behaviours framework and development framework under development | EWD | Improved culture |

**3. Actions to be taken in the next month:**

| What | Who | When |
|---|---|---|
| Triangulation of F2SU, RAF, staff side, network feedback, governors and other forums to pick up themes/ hot spots | ER/ EDI | Dec 23 |
| Review number of cases or instances of reporting, including freedom to speak up employee relation cases | ER/ EDI | Dec 23 |
| Introduction of snap survey approach for hot spot areas in staff survey to understand progress | EDI | Dec 23 |
| Complete review / launch behaviours framework for leaders and staff | EWD | Dec 23 |
| Identify hot spot teams for targeted work / test of change | ER / EDI | Feb 24 |

**4. Risks and issues:**

| Risk/Issue description | Mitigation/action | Residual rating | Lead |
|---|---|---|---|
| If the only usable metric of measurement is the national SS then progress cannot be assessed resulting in lack of control or understanding of success measures | Use of hot spot teams to create tests of change | 15 | SRO |
| If the cases cannot be collated across F2SU, ER and networks then it will not be possible to use this as a measurement of success resulting in lack of control or understanding of success measures | Use of ER cases as a minimum to benchmark | 15 | SRO |

Kent Community Health
NHS Foundation Trust

# We Care Strategy: Sustainable Care
# SRO – Gordon Flack

## A3 documents

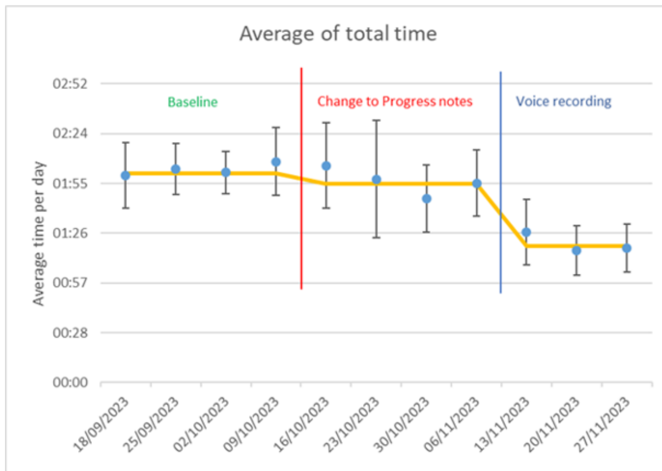
**Breakthrough Objective:SC1a: 20 per cent reduction by March 2024 in clinician time spent putting information into clinical systems**
**Accountable person: Sarah Phillips**

| Ambition 4: Sustainable Care | Date of update: Jan 24 | RAG Status: (green) | Status commentary: On track |
|---|---|---|---|

**1. Measurement of current state**: Meridian baseline 26% clinical admin (east Kent team 2017). ABC community nursing team : Oct 23 baseline data collection. Total of 27%.
ABC Test of change outputs – 23% time saving on baseline:

**Overall findings**

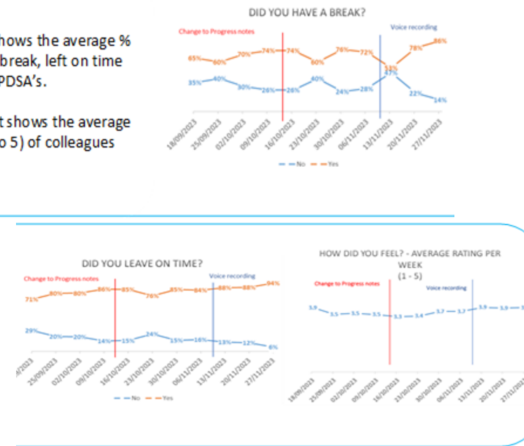
- The project collected data daily from 18th September to 3rd December 2023.
- An average of 55 forms were completed each week or 8 per day (612 forms were completed in total)
- The average time saved by the end of the project is 41 minutes per day per staff member (reduced from 2:01hrs to 1:19hrs). This is due to switching from Rio windows to Rio Progress notes (6 minutes average saved) followed by colleagues using voice recording software (an additional 35 minutes per colleague per day).




**Wellbeing-**

The graphs on the right shows the average % of colleagues that took a break, left on time during each stage of the PDSA's.

The graph on the far right shows the average wellbeing score (from 1 to 5) of colleagues during each PDSA.




**2. Actions taken in the last month:**

| What | Who | Impact |
|---|---|---|
| Completed tests of change and shared results. | QI and ABC teams | Results of changes and next steps. |

**3. Actions to be taken in the next month:**

| What | Who | When |
|---|---|---|
| Agree standard work with the team to ensure embedded and sustained. Plan follow up 'audit' against the standard end January/February. | QI & ops teams | Jan/ Feb 24 |
| Agree next steps including rollout plan to the remaining community nursing teams. Agree any wider spread opportunities into other services where appropriate. | QI, ops and exec | Jan 24 |
| Include in the productivity workstream set up as part of wider sustainable care efficiency programme. | Natalie Parkinson | Jan 24 |

**4. Risks and issues:**

| Risk/Issue description | Mitigation/ control/action | Residual rating | Lead |
|---|---|---|---|
| Reference rollout plan – if there is not sufficient capacity to support the wider rollout to all community nursing teams then the rollout will take longer than ideally 6 months resulting in benefits not being realised in a timely manner | Agreeing rollout plan with the operational leads and determining which teams go when in context of pressures | 9 | Natalie Parkinson & Clare Thomas |

**Breakthrough Objective:SC2a: To identify and report on the trust's carbon footprint based on non-pay spend and the true emissions from staff travel that all budget holders understand and use by March 2024**
**Accountable person: Gordon Flack**

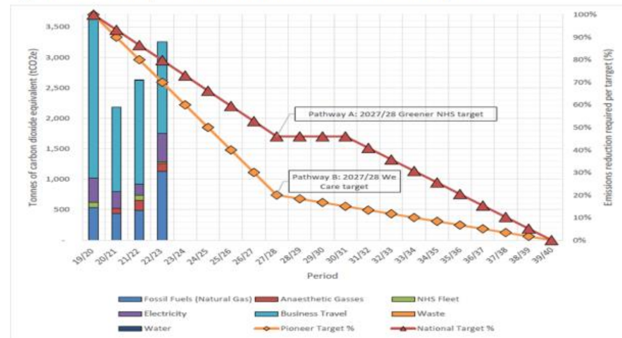
**Ambition 4: Sustainable Care**

Date of update: Dec 23

RAG Status:

Status commentary: Achieved with the caveat that the transfer of NHSPS properties to our ownership will impact negatively on our direct emissions.

- **Measurement of current state**:
- **Controlled emissions are estimated to have reduced by 16%** between 2019/20 (3,665t$CO_2$e) and 2022/23 (3,067t$CO_2$e). The reduction includes the offsetting of approximately 467tCO2e facilitated by ensuring that all electricity is backed by Renewable Energy Guarantees of Origin. While the trust's footprint fell during the COVID-19 pandemic, the **increase of trust-owned estate portfolio has increased**




**2. Actions taken in the last month:**

| What | Who | Impact |
|---|---|---|
| Conversion factors matched to financial account codes | DO | Enabling reporting |
| Budget statement redesigned to include Kg CO2 and Green House Gas equivalent CO2 based on non-pay budget and non-pay actuals | DO | Transparency of data |

**3. Actions to be taken in the next month:**

| What | Who | When |
|---|---|---|
| Review summary data and compare to K&M external commissioned emission work for alignment | DW | Q4 |
| Review feedback from budget managers and develop FAQs and guide | JI | Q4 |
| Review and refine conversion factors for any updates, mapping to account codes and any specific supplier data | ASW | Q4 |
| Update supplier information when tendering (80% of emissions over 89 suppliers). | ASW | Q4 |
| Raise awareness of carbon emissions and what individuals can do to contribute to target e.g. Carbon calculator, Add to induction, Team meetings/team brief | FBPs | Q4 |

**4. Risks and issues:**

| Risk/Issue description | Mitigation/control/action | Residual rating | Lead |
|---|---|---|---|
| Issues around level of understanding | Raise awareness of carbon emissions through induction and team brief e.g. carbon calculator. Loss of trust sustainability lead | 6 | GF |
| Accurate supplier information not forthcoming through commercial solutions which will impact on tendering | Work with Commercial Solutions | 9 | GF |

**Breakthrough Objective:SC1b: Deliver automations to meet 5% (£700k) of the efficiency target in 2023-24**
**Accountable person: Gordon Flack**

**Ambition 4: Sustainable Care**

Date of update: Dec 23

RAG Status: ●

Status commentary: shortfall of up to £600K anticipated against the efficiency target of £700K for 23/24.

- **Measurement of current state**:

Robotic Process Automation is part of KCHFT digital strategy and the wider ICS digital strategy and has been very successful within the People Directorate. This is an invest to save scheme which will assist future delivery of cost improvement plans and mitigate risks associated with vacant posts. Investment has been made into a team of 12.8 WTEs to accelerate the automation of processes already in the pipeline and expansion of that pipeline.

- Focus in on 6 processes prioritised for automation on the basis of implementation effort and potential impact. Indicative, unvalidated savings will be £297K (12.34 WTE) - not all will be delivered within 2023/24. Processes to be focussed on include:
  - BCP HCP Diaries
  - ERS Rio IMSK
  - Community Paediatrics – uploading questionnaires
  - E-booking
  - E-referrals Adult Clinical Services to start with blood tests.
  - Additional focus on scale up and spread of letters trialled and successful in clinical nutrition and dietetics service. Agreed four services: Community paeds, health visiting, IMSK and neurodevelopmental. Validated finance data estimates total saving of 620hrs from go live 22/11/23 to end of Q4 with 1004 letters generated saving 33hrs, 0.44WTE if averaged across 2 wks. Cost saving across the above services is estimated at £175K on the basis of £0.52 saving per letter.

**Challenge:** Understanding the size of the opportunity in the early stages and ensuring this comes to fruition and can be evidenced. Getting engagement from teams and available capacity to develop SOPs which can then be automated.

## 2. Actions taken in the last month:

| What | Who | Impact |
|---|---|---|
| Agreed more granular plan re roll out of discharge letter and 4 priority services to take this forward. | BCM & relevant services | Clearer plan with dates |
| Communications to encourage more ideas for pipeline to continue | BCM | Understanding of opportunity |
| Overview of work in digital solutions group | GF | Co-ordinated approach |

## 3. Actions to be taken in the next month:

| What | Who | When |
|---|---|---|
| SOP's to be shared for the three CND letters to the steering group and for the representatives to share them with the appropriate person to action within their service.<br><br>Move Health Visiting up the prioritisation list for letters automation.<br><br>Explore opportunity to save additional money from reduction in postage costs. | Ops/BCMs/ Developers | Jan/Feb 2024 |
| Proposal to be taken to Improvement Board to discuss amendment to breakthrough objective, making it full year effect. | GF | Jan 24 |

## 4. Risks and issues:

| Risk/Issue description | Mitigation/control/action | Residual rating | Lead |
|---|---|---|---|
| If we do not start to increase pipeline with validated potential savings, then we will not be able to increase efficiency, resulting in not achieving he £700k target. | Process for validating ROI strengthened; Steering Group re-instated; Prioritisation process implemented; Proposal to amend breakthrough making it full year effect. Spending 1:1 time with services to increase engagement, mitigate capacity issues and support identification of potential processes ripe for automation. | 12 | GF |

**Breakthrough Objective:SC3a: : Establish a delivery strategy and implementation plan by Mar 24 plan for the improvement, development and transition of the Estate that will meet the 2028 target of having the right space, in the right condition, in the right location, and based on closing the gap between the current portfolio and the "Optimum" portfolio**
**Accountable person: Pauline Butterworth**

**Ambition 4: Sustainable Care**

Date of update: Dec 23

RAG Status:

Status commentary: **On Track:** Across all applicable workstreams expected completion of activity is at circa 47% v an expected completion of 59%. Even though this suggest the programme is slightly behind overall status is still considered to be

## 1. Measurement of current state:

**Key Headlines**

- At least 30% of portfolio is more than 60 years old
- 51% of our Community Hospitals portfolio were built before 1948
- Minimum **£30m** backlog maintenance liability across estate
- Old buildings with on-going and intermittent infrastructure issues;
- Poor environmental conditions and challenging space management issues;
- Total GIFA circa 69,000 sqm
- Total annual expenditure across portfolio c£20m
- **Estimated average utilisation of clinical space circa 35%-50%**
- **Potential commercial opportunity for improvement of between £1.5m to £3.7m**

Based on a principle of delivering services close to patients and centred on ensuring service delivery teams are able to maximise their patient facing time and work seamlessly within the community, a new Real Estate Strategy and Property Operating model is being developed to support the provision of premises in locations that maximise meeting the logistical and functional needs of clinical staff and patients. In order to meet operational needs the Real Estate Strategy and Property Operating Model must provide the **right space, in the right condition, in the right location** and to the most advantageous timeline and cost. The Estates Optimisation Project will provide a programme aimed at ensuring these fundamental pillars are achieved across the estate, as much as possible, and deliver a portfolio that eliminates poor quality assets either by investment and or relocation but critically rationalises the portfolio in line with clinical and operational needs. A 6 step process is proposed: 1)Establish the "As Is" and Benchmark; 2)Requirements Definition 3) Develop New Strategy 4)Gap analysis 5) Sign Off and Implement Strategy 6) Roll out and Transition to new Operating Model. **Team Needed:** Phillip Griffiths & Kevin Galvin

## 2. Actions taken in the last month:

| What | Who | Impact |
|---|---|---|
| Establish As-Is – baseline data of existing portfolio and infrastructure as well as establishing baseline clinical activity - **Complete** | PG | Baseline position |
| Requirements Definition – establish operational and clinical space requirements, based on converting activity to a optimum schedule of accommodation – **85% complete** | PG | Clarity on requirements |
| Strategy - Establish a proposed real estate and property strategy and operating model – **65% complete** | PG | Deployment of Vision |

## 3. Actions to be taken in the next month:

| What | Who | When |
|---|---|---|
| Close out and sign off Baseline workstream<br>Complete and close out Requirements Definition workstream<br>Progress the "Design" schedule of accommodation | PG | Jan 24 |
| Gap Analysis – of the new proposed real estate and property strategy and operating model v existing solution | PG | Jan 24 |
| Implementation - Implement new real estate and property strategy closing gaps | PG | Mar 24 |
| Roll out / Transition - Roll out and delivery of new operating portfolio. Transition from existing portfolio to new updated portfolio that provides the right space, in the right condition in the right location | | |
| Added from leaders: Estate building ratings produced and published | | |

## 4. Risks and issues:

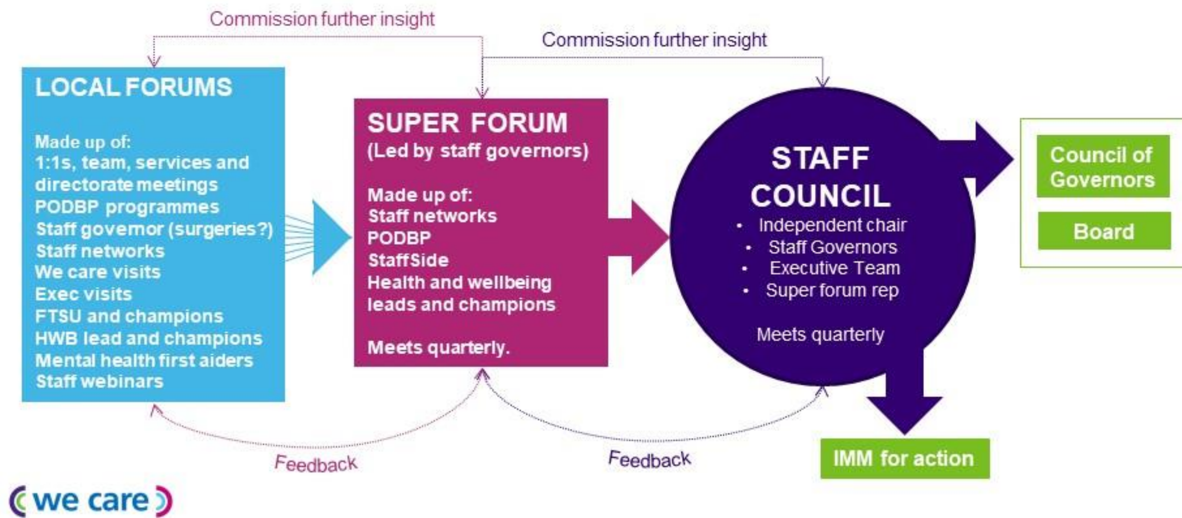
| Risk/Issue description | Mitigation/control/action | Residual rating | Lead |
|---|---|---|---|
| Current estates & facilities governance process – mitigation in place through reviewing E&F governance | New ESSC meeting now in place creating required visibility of plan | Green | PG |
| Resource availability to maintain pace | ESSC monitoring workstream progress | Amber | PG |
| ICB estates strategy in development – need to ensure KCHFT direction is reflected in this | D of EO liaison with H&CPs and ICB | Green | PG |

**Appendix one: Evolution of our co-produced staff voice model**

Figure 1: Following initial discussions last year, the first version of our model looked like this:

Our draft staff voice model

Our staff voice has three levels – local forums, super forum and staff council.

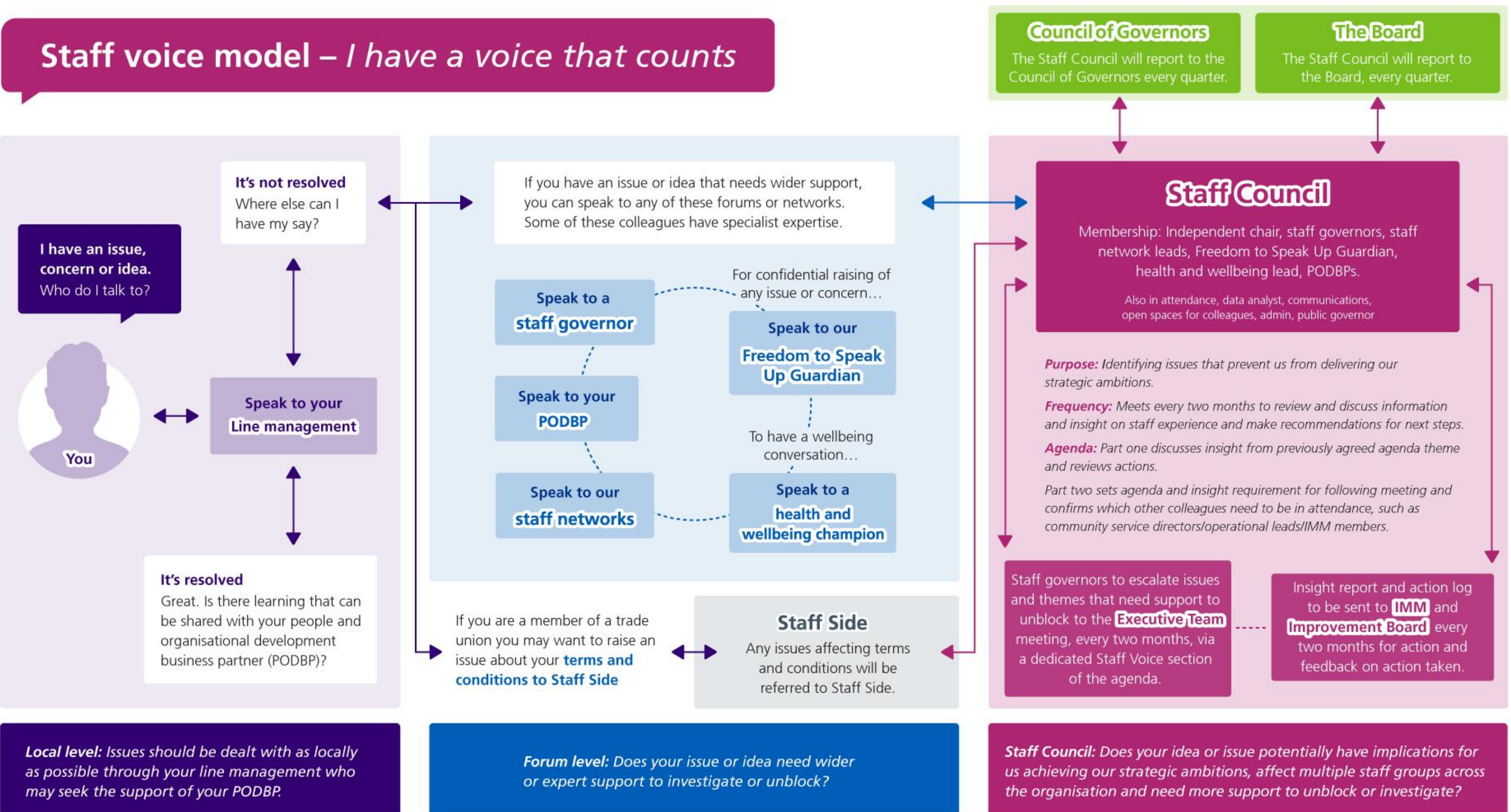



Through the We Care conference and further engagement, we listened and evolved the model.

| What colleagues told us | What we have changed |
|---|---|
| This looks very hierarchical and does not put the individual at the heart of the model | Changed the model to look more like a flow chart/process with the individual at the start/heart. |
| Local forums were confusing as the pathway into the model was not clear for the individual | The model has been edited to show how an individual would move through the process and better explains what the local forums are in relation to extra support needed to resolve concerns. |
| Suggests the process is very linear but doesn't explain how things will be dealt with as locally as possible – need to make it clear the importance of line management and not diminish their role in problem solving. | The dotted lines and double-ended arrows demonstrate that issues may not always move in one direction and could involve several partners at different levels.<br><br>We have made it clear the first step in this process is always for the individual to go to their line manager and if they cannot help, to escalate through their line management. If the line manager is unable to resolve or needs further support, they would and should travel through this model or support their colleague to travel through this model to resolution.<br><br>The intention is for this model to give colleagues the information to take things forward with the support of their line manager, but also give them alternative routes if they do not feel they are getting the support they need through their line management structure. |
| Need to explain the role of local forums available for people to reach out to and how things move from one level to the next | This has been expanded upon and the flow chart approach is intended to show the different routes of accessing support. Further detail will be added to flo and the supporting narrative when we launch the model. |
| Needs to meet more regularly than quarterly otherwise it will become a blocker rather than an enabler of change and action | Staff Council and much of its reporting governance has been increased to every two months. Only item that remains quarterly is reporting to the Board and Council of Governors. |

| | |
|---|---|
| Not clear who and how feedback will be shared | This needs to be tested at the simulation. The double ended arrows demonstrate that these are two-way conversations where feedback at every level is vital. We are suggesting that feedback should follow the same route back as through the chain of people it came to the council by. It would also be part of the action log/agreed way of working of the council to note how information presented at meetings was being fed back. |
| How does Staff Side fit into this? | We have been committed from the beginning to making sure the Staff Council does not impede or step into the remit of what Staff Side is responsible for. Any issues brought to the local forums or Staff Council will be referred to Staff Side and the updated model makes it clear that colleagues who are members of a trade union can contact Staff Side about issues relating to their terms and conditions. |
| Did not like the term super forum | We have removed the word super forum and changed some of the levels. Staff Council was also a term that some people didn't warm to, but when mapping out the journey of how issues/ideas would be escalated or raised, the resulting 'listening group' was an evolution of the super forum into what is now called the Staff Council in the below graphic. |
| Needs to include the Freedom to Speak Up Guardian (FTSU) further into the model | The membership of the Staff Council is outlined below and includes the FTSU. The membership are the representatives who need to be present for meetings, with staff governors and staff network leads representation being quorate. Other roles/individuals will also be invited to attend to enable/support the council. |
| To ensure it feels like a safe space, where should the Executive Team sit in this model? | The Executive Team has been taken out of the Staff Council layer and now sits as an escalation route for issues and ideas to be reported to. Staff governors will have protected time every other month on an Executive Team agenda to discuss issues and update on actions. |
| How will you make sure this is not just a model that can be accessed by managers and senior people but that frontline staff have a way in and its business is transparent. | There will be open places made available for people to attend the Staff Council meetings and the agenda, action log and feedback from these meetings will be available through flo and our usual communications channels. The route for doing this needs to be tested via the simulation, but colleagues sitting in our local forums will be guided to nominate people who have raised issues and ideas with them who would be willing to speak about their experience at council meetings.<br><br>We have discussed the opportunity to live stream these meetings but the working group feels strongly that this would not create the safe space for people to speak and be heard that we know is a key concern of those we have engaged with.<br><br>Feedback and progress will be embedded at every level and issues requiring further support will be reported through several routes to make sure the Staff Council is able to hold the trust to account for delivering on the actions. These routes include via the Executive Team, Integrated Management Meeting (IMM), Improvement Board, the KCHFT Board and Council of Governors |

Figure 2: Current draft staff voice model



## Appendix 2: Draft roles and responsibilities

*These are draft roles and responsibilities. It's important to note that everyone who sits on the Staff Council will be provided with support and training, so they feel confident to fulfil their role and have a good knowledge of the organisation and the context and environment in which decisions are made.*

### Staff Networks

KCHFT has a proud tradition of supporting a number of staff networks. They are an important mechanism to allow colleagues to discuss their lived experiences and help KCHFT shape its organisational culture and create a fairer and inclusive work environment for all.

There are seven Staff Networks that support all our colleagues with advice, sharing of ideas, promoting opportunities available across the county and nationally, training and advocacy support. The active network groups are as follows:

1. Armed Forces Community Network
2. Black, Asian and Minority Ethnic Network
3. Disability and Carers' Network
4. LGBTQ+ Network
5. Menopause Network
6. Neurodiversity Network
7. Men's network

A review of staff networks is underway, but we anticipate the networks being part of the new staff voice model so the insights and lived experience they gather from the groups they work with, can be shared and understood more widely and inform policy development from the outset. We would also suggest that the model may provide a route through which issues across the networks can be considered and addressed.

### Freedom to Speak Up

KCHFT recognises how important it is to provide trusted opportunities for staff to speak up about concerns that they may have at work. The best performing trusts are able to use the freedom to speak up process to improve patient safety and outcomes as well as the working environment.

The Freedom to Speak Up Guardian (FTSUG) provides help to colleagues who want to speak up about anything that gets in the way of patient care or affects their working life. For example, this could be something which doesn't feel right, a way of working or a process that isn't being followed or something where staff feel discrimination is taking place. It may also be where the behaviours of others are affecting the wellbeing of colleagues or patients.

The most important aspect of speaking up is the information being provided, not anyone's identity and therefore many of these conversations are likely to be confidential or in some instances anonymous. Nevertheless, the working group is keen to have input and insight from the FTSUG so issues raised through this channel can be considered and support improvement even with these insights anonymised.

### People and Organisational Development Business Partners (PODBPs)

KCHFT's PODBPs provide leadership to their service areas, by developing a robust understanding of their workforce and contributing to the delivery of the People Strategy and Plan. To do this, they develop and maintain positive relationships with their specific services and other corporate teams to influence, challenge and support service delivery and monitor success.

Given this remit, it is clear that PODBPs can provide valuable insights and understanding of what is happening at operational levels across KCHFT. They are a conduit through which workforce data and intelligence can be used to identify people management requirements. They are also key to developing ideas and detecting issues that may need to be addressed and shared.

The model therefore includes the PODBPs as part of the blue forum level so their expertise and workforce insight can be understood, triangulated and shared to support performance improvement.

### Health and Wellbeing Champions

Our Health and Wellbeing Champions are colleagues who work at all levels of KCHFT to promote, identify and signpost their colleagues to local and national health and wellbeing support offers. They do this by having conversations at a local level with their peers. They are uniquely placed to make a positive contribution to the new staff voice model because, they are a trusted group who work within a credible national framework and are trained and equipped to help colleagues think about their health and wellbeing; providing choices and options that are responsive to their local circumstances and issues.

Because champions are having regular conversations with staff across the trust, we hope intelligence gained through their activities can be shared in a more systematic and coordinated fashion.

### Staff Governors

Staff Governors have the same rights and responsibilities as other types of governors at KCHFT and play a key role informing the Council of Governors about staff views and perspectives. This is particularly important if these views have an impact on patient experience and delivery of services.

In recent months there have been ongoing discussions about how staff governors operate across KCHFT and a consensus that the new staff voice model could provide a helpful vehicle through which the staff governor role can be supported.

This paper is not intended to provide details of those ongoing discussions but is proposing that staff governors play a significant role leading and coordinating the formal staff council that will be established as part of the new voice model and, will report to the Council of Governors on a quarterly basis. The way in which the staff council will operate is in the paper and more detailed terms of reference will be drafted as the engagement progresses.

The working group is proposing that staff governors develop new channels, such as regular surgeries and engagement sessions to listen, question, discuss and feedback to, staff providing a link between the Council of Governors, NEDs and

Executives in line with their statutory duties. They will manage the staff council activities and work closely with the independent chair to manage agendas and ensure issues are being dealt with in an appropriate way.

In addition, it is suggested they liaise with the support and enabling staff including administrative staff, the Communications Team and data analysts alongside networks and forums.

### Executive directors

Executive level engagement in the new staff voice model will be a success factor and an important part of the escalation process. This may be necessary if, for example, there are service-specific issues that may require intervention or, if there are corporate issues that need wider investigation, problem-solving and collaboration.

### Staff with leadership, supervisory or management roles

The new model assumes all staff will be able to engage regardless of role or grade. Colleagues with leadership supervisory or management roles play an important role facilitating and supporting engagement because they have a close relationship with staff teams and understand issues at a local level. When implementing the new model, our ambition is to harness the engagement that already takes place through team meetings, supervisions and one-to-ones so that intelligence can be triangulated. We will also seek to develop new opportunities to gather and share ideas, based on local staff feedback. Raising awareness with this group of staff will be a critical success factor.