Submission from KMMH

All Aged Eating Disorders and Child and Young Persons Mental Health Service Transfer

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Summary

This report provides an update on the preparedness for the transfer of all All-Aged Eating Disorders (AAED) services and Children and Young People's (CYP) mental health services from North East London Foundation Trust (NELFT) to Kent and Medway Mental Health (KMMH). It should be read in conjunction with the service transfer critical path and the onboarding schedule set out within the transfer mobilisation plan, which together outline the key activities, timelines, and dependencies required to ensure a safe and seamless transition of services.
In this report we summarise:

- Our approach to programme governance and joint working

- Safe provision of clinical services

- Digital continuity

- Workforce and TUPE transfer

- Risk identification, Business Continuity and management

1.   Programme governance and joint working

1.1.   We have established a shared governance framework, including:

1.1.1. Formal assurance routes through the Integrated Care Board (ICB) and both Trust Boards
1.1.2. A joint Steering Group with senior representation from all three organisations
1.1.3. A comprehensive readiness assessment framework reviewed by operational and clinical colleagues, the Transition Assurance Gorup and the KMMH Trust Board

1.2.   Regular alignment across clinical, operational, digital, workforce and finance workstreams.

1.3.   This approach has enabled visibility of risks, clarity of mitigations, and a collective grip on critical-path activities. A readiness workshop held on the 6th January confirmed a high degree of confidence among senior clinicians and operational leaders from both Trusts.

1.4. KMMH, ICB and NELFT board meetings schedule between now and the 31st March will continue to consider detailed readiness assessments, and these will inform continued oversight through to transfer.

2. Safe provision of clinical services

2.1. A Quality & Governance sub-group, led by nursing and operational colleagues from KMMH and NELFT, with ICB membership, has designed and overseen the transfer of all clinical elements since June 2025. Key points to note:

    2.1.1. Safeguarding - recruitment to new, key safeguarding roles to support the Service is complete, with all posts filled. Appointees are expected to be in post for March 1st.

    2.1.2. Pharmacy staffing, medicines safety and supply - all current CYPMHS pharmacy staff are transferring from NELFT to KMMH, and KMMH has approved six additional posts to enhance medicines governance and safety, and support CQC requirements. Recruitment is progressing with strong interest. Plans for continuity of medicines supply and prescribing systems access are secure.

    2.1.3. Medical workforce and agency cover - KMMH have launched recruitment to seven consultant posts and is working directly with medical agencies to enable smooth transfer of existing agency doctors. Letters from KMMH's Chief Medical Officer (CMO) have been issued to all relevant clinicians. These arrangements ensure no disruption to medical cover at the point of transfer.

2.2. Policy alignment - a comprehensive policy review is underway. Most policies are broadly aligned, and both Trusts are progressing towards a single, harmonised policy set. An extraordinary Trust Wide Patient Safety meeting is scheduled for 24th February, where all policies requiring amendments will be submitted for ratification. Approved policy changes will be included in staff induction materials.

3. Digital continuity

3.1. Digital continuity has been a central focus of joint planning. KMMH and NELFT have agreed a pragmatic two-phase approach:

    3.1.1. Phase 1 (Day 1):

        3.1.1.1. Clinical systems remain hosted by NELFT

        3.1.1.2. HR systems transition to KMMH

        3.1.1.3. Safeguarding systems (including CP-IS, MARAC Hub, and EPR flags) continue unchanged

3.1.2. Phase 2:

    3.1.2.1. Full transfer of clinical systems to KMMH

    3.1.2.2. This model significantly reduces digital risk and ensures that no staff member or patient will experience a reduction in digital capability or access.

3.2. Testing of cross organisation access, alongside the development of a detailed Service Level Agreement (SLA), is complete. Digital milestones remain on track, and all three organisations are confident that digital infrastructure, access, and continuity arrangements will fully support a safe Day 1.

3.3. The provisional SLA between KMMH and NELFT underpinning the ongoing support of NELFT to KMPT over year has been agreed the SLA incorporates:

- Clinical system hosting and support

- User support and induction

- Disaster recovery

- Business continuity

- Incident management

3.4. Final Board approval of the SLA at KMMH is scheduled for 26 February 2026, aligned with contract signing.

4. Workforce and TUPE transfer

4.1. We confirm that:

- TUPE processes are being followed appropriately – TUPE was launched on Thursday 22nd January 2026. NELFT reports that TUPE consultation is progressing well and no concerns have been raised

- All transferring staff will move to KMMH HR systems

- Third-party suppliers (including IBM for ESR transfer) are engaged

- Six face-to-face induction events are planned for March, with an additional virtual option

- A full induction toolkit is being compiled

4.2. Both Trusts are working collectively to ensure a positive and smooth transition for all staff.

5.   Risks are understood and are being mitigated

5.1.   Programme (Day 1) and post-transfer risks are being monitored across the programme governance. We are assured that these risks are being effectively managed and confidence in our ability to deliver a safe and legal transfer on the 1st April and assure safe services thereafter remains high.

5.2.   *Programme (Day 1) risks*

   5.2.1.   The major risks to Day 1 are set out below – alongside a summary of the mitigating actions:

   5.2.2.   Availability of key operational data – mitigating action is that is the focus of Digital & Data workstream and forms part of SLA. Test reporting has been developed and was reviewed by the KMMH Board in January. Data sharing agreements discussions are ongoing.

   5.2.3.   Key supplier contracts supporting service provision in place to enable service continuity– mitigation action is the prioritisation of key contracts and ongoing negotiation taking place with NELFT / those suppliers, to ensure business continuity.

   5.2.4.   Alignment of directorate and trust governance – mitigation action will be the imminent receipt of the trust-wide governance structure, enabling this work to be complete by the end of February.

5.3.   *Business Continuity*

   5.3.1.   Post-transfer risks were revisited during a Business Continuity Planning session, facilitated on the 12/02, by the KMMH Emergency Preparedness and Resilience Lead.

   5.3.2.   The session brought together all CYP & AAED service transfer sub-group Chairs, or their nominated deputies, to confirm Day 1 risks and identify potential critical incidents and to review current mitigations or highlight where further mitigation is required.

   5.3.3.   The outputs from this work will be incorporated into the post-transfer risks and aligned to the evidence requirements for the NHSE EPRR Core Standards self-assessment for 2025, supporting preparation for the 2026 assurance programme, which will be audited by the EPRR Team within the Kent and Medway Integrated Care Board (ICB). Further work is ongoing to update the KMMH BAF with the post-transfer risks.

5.4.   *Post-transfer risks*

   5.4.1.   These are the major post-transfer risks that will be present on Day 1 of the service and require early mitigation and ongoing management.

   5.4.2.   NELFT emails are not yet on the central tenant. NELFT email transfer is required before full transfer of digital systems to KMMH is complete. This

is a significant project for NELFT. NELFT are in Stage 2 of 4 and are keeping the KMMH digital team briefed.

5.4.3. When clinical systems do transfer to KMMH from NELFT, configuration for each Trust's instance of those products will be different. This will need to be aligned to clinical processes which may also differ across organisations. A Digital Roadmap for this work (delivered from April 26-March 27) is currently being developed. Links with communication and HR workstreams will remain to ensure staff are involved and are aware of the transition plans.

5.4.4. If NELFT cannot meet all digital service obligations post-transfer (deliver the digital SLA). The SLA is agreed by both parties, and there will be close management of the SLA. Escalation of any issues will be managed through KMMH contractual management processes.

5.4.5. The contract is transferring with a financial deficit, and KMMH must deliver on its cost improvement programme. KMMH has developed a three-year financial trajectory which indicates that the Trust can deliver a breakeven position on the services within 2 years.

5.4.6. KMMH does not currently use a Direct Engagement Model for agency staff, whereas the NELFT does. KMMH plan to liaise directly, using agencies on the workforce alliance framework and monitor costs for review post-transfer.

5.4.7. There is a risk that pay errors may occur during the transfer of services. To avoid this where possible and to minimise any impact of staff, there will be through validation of the TUPE transfer information, and dedicated staff to resolve payroll issues, details of escalation points will be communicated to staff via the toolkit, reconciliation and mop up in April.

6. Conclusion and joint assurance

6.1. Based on the collective work completed to date, the governance and oversight in place, and the strong collaborative approach across KMMH, NELFT and the ICB, we are confident that:

6.1.1. The programme is on track

6.1.2. Risks are understood, mitigated and jointly owned

6.1.3. Clinical safety, digital continuity and workforce readiness are assured

6.1.4. A safe, effective and legally compliant transfer will be delivered on 1 April 2026

6.1.5. We remain fully committed to working together beyond the transfer date to maintain service stability and support continuous improvement.