



Caring



Innovation



Compassion



Community



Health



Partnerships

Welcome

to our fifth annual report.

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At a glance...

2015/16 budget £234million

70 community based services

5,500 members of staff

2 million population served

3 million patient contacts

11,887 public members

36,685 Health Checks carried out

96.49% patient satisfaction score

GOOD care quality commission
rating

The Performance Report

Overview of performance

Welcome to our fifth annual report.

Over the last five years our trust has been through major change and progression. We merged two predecessor organisations, aligned ourselves to Clinical Commissioning Group boundaries, innovated in a number of areas and increased provision of services outside of Kent. Our relentless focus on quality continued ensuring that all our services are safe and provide the best quality care for our patients.

Our Care Quality Commission rating is GOOD following an inspection in June 2014 and on 1 March 2015 we were one of the first community health providers to be authorised as a foundation trust.

We worked closely with our commissioners to deliver new models of care, for example the Home Treatment Service in West Kent, and we are contributing to the national Vanguard in Whitstable. We also increased partnership working, working with Age UK and social care on its integrated care programme to cut hospital admissions in Ashford and Canterbury.

Our staff continued their dedication to provide high quality services for their patients, delivered with care and compassion to the high praise and appreciation of patients. Staff remained more likely than their colleagues nationally to recommend their trust's services to their friends and family and their trust as a place to work.

Community involvement has continued to grow. At the end of March 2015 we had almost 12,000 public members, several newly appointed governors and involvement from patients on many of our committees and working groups. Every community hospital had a patient engagement group and our volunteers continued to provide a valued service.

We said farewell to our founding Chief Executive Marion Dinwoodie who retired at the end of November 2015 after 40 years' service to the NHS.

The trust ended the period covered by the report within budget and made a small required surplus. We continued to have among the lowest running costs of NHS community health providers in England and our financial risk rating remains at the best possible score, a level 4.

It is the responsibility of the Board of Directors to prepare the annual report and accounts and we consider them, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the trust's performance, business model and strategy.

We hope you enjoy reading our annual report.
Kind regards



David Griffiths
Chairman

Date 26 May 2016


Paul Bentley
Chief Executive Officer

Date 26 May 2016

Overview: Who we are and what we do

Kent Community Health NHS Foundation Trust was formed in April 2011. We are one of the largest providers of NHS care in patients' homes and in the community in England. Our budget for 2015/16 was £234million. We employ in the region of 5,500 members of staff in a wide range of clinical and support roles. We serve two million people; 1.4million living in Kent and 600,000 people in areas outside of Kent, where we provide services.

We have 3million contacts with patients a year, many of these are in their own homes and in other locations, including GP surgeries, nursing homes, clinics, community hospitals, minor injury units and children's centres.

Our workforce includes doctors, community nurses, dieticians, health visitors, dentists, podiatrists, occupational therapists, physiotherapists, family therapists, clinical psychologists, speech and language therapists, radiographers, pharmacists, health trainers and many more.

The trust provides services for children and adults to support them to stay healthy, manage their long-term health conditions, help them avoid going into hospital and, when they have needed to be in hospital, help them to get home quickly.

Advice and support for children's emotional and physical health and wellbeing is available from a range of services, including health visitors, by attending one of the trust's parenting support groups in children's centres or from our school-based nurses.

Our health improvement services support people to make positive lifestyle choices. Help is available to increase exercise, eat healthily, quit smoking and assist with wider health and social needs. Sexual health services encourage safe sex and provide contraception, family planning and treatment.

If people do become ill and need treatment, they can access a minor injury unit, emergency and specialist dental treatment or a range of other specialist services, including therapists, podiatry, wheelchairs, orthopaedics and chronic pain.

These are provided in the community so that people can get treatment close to home. Nursing and therapy teams provide care in people's homes and help in managing long-term conditions, so they don't have to go into hospital unnecessarily.

We have a rapid response service 24-hours-a day, seven-days-a-week where experienced nurses, following a request from a GP or other health professional, assess a patient's needs within two hours and put support in place to enable the patient to stay at home rather than go to hospital.

Step-up and step-down care is provided in in-patient units in community hospitals. This more complex care means people are less likely to need to go into an acute hospital. If people do need to, our staff support them to get back home by providing rehabilitation at home and in community hospitals. We also provide specialist care in the community, for example for seriously ill children or rehabilitation following a serious illness or injury and provide care for disabled children and adults.

For more information about the trust's full range of services please visit our website www.kentcht.nhs.uk or contact us using the information on the back of this report.

Our mission, vision and values

Our mission is to provide high-quality, value for money community-based services to prevent people from becoming unwell, to avoid hospital or to leave earlier and to provide support closer to home.

Kent Community Health NHS Foundation Trust's vision is to be the provider of choice by delivering excellent care and improving the health of our communities. We will achieve this through our core values:

- caring with compassion
- listening, responding and empowering
- leading through partnerships
- learning, sharing and innovating
- striving for excellence

Our strategic goals

1. Preventing people from becoming unwell and dying prematurely by improving the health of the population through universal targeted services.

2. Enhancing the quality of life for people with long-term conditions by providing integrated services to enable them to manage their condition and maintain their health.

3. Helping people recover from periods of ill health or following injury through the provision of responsive community services.

4. Ensuring that people have a positive experience of care and improved health outcomes by delivering excellent healthcare.

5. Ensuring people receive safe care through best practice

Strategies that support our work

The trust uses a selection of enabling strategies to support the direct patient care that we provide. These include the workforce plan, organisational development plan, transformation framework, people strategy, estates strategy, financial plans, information and technology strategy, communications and engagement strategy and stakeholder engagement plan.

Our enabling strategies help secure:

- Care which is safe, clinically effective and improves the patient experience (Clinical Strategy, Governance and Quality)
- Patient and Carer Partnerships (Communication and Engagement)
- Clinical leadership and culture development (Workforce and Organisational Development)
- Information knowledge management
- The trust will push the boundaries of community health care to develop new, more innovative, cost effective pathways with our partners (Transformation Framework).

Overview: Going Concern

The annual accounts describe the trust's end of year financial position and key financial performance information. The Audit and Risk Committee considered the basis of the trust's ability to continue as a going concern and recommended this to the Board on the basis that:

- The trust does not have any plans to apply to the Secretary of State for dissolution
- The trust has cash balances forecast to be £17.9m to £19.5m during 2016-17
- The trust is forecasting a liquidity rating of 4 throughout 2016-17 the highest rating possible
- The trust has agreed contracts for 2016-17 with all CCGs
- The trust has not agreed a working capital facility in 2016-17 as this was unused in 2015-16 and not forecast as required after considering possible downside scenarios.

After making enquiries the directors have a reasonable expectation that the trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the Going Concern basis in preparing the accounts. The principle risks and uncertainties facing the trust are included in the Annual Governance Statement.

Performance analysis

In this section we describe some of the highlights of the year, the difference they are making to patients and our performance against our key performance Indicators. The trust measures its performance against the following strategic goals:

Strategic Goal 1: To prevent people from becoming unwell and dying prematurely by improving the health of the population through universal targeted services.

BEAM, a movement and screening development tool for young children, was re-launched in schools. Balance, education and movement (BEAM) is an easy-to-use schools-based programme developed by qualified physiotherapists in Kent. The six-week course is split into three blocks of graded activities, where the emphasis is on achievement and fun. It is easily run by school staff and requires minimal equipment – the majority of what is needed can already be found in schools, which is one of the reasons BEAM works so well. Early screening using BEAM ensures prompt identification of children with balance and movement difficulties. Research has shown that co-ordination and balance are necessary for children to develop classroom skills, such as the ability to sit still, to concentrate and listen, eye contact and tracking, as well as hand-to-eye co-ordination.

KCHFT is playing a part in the national 'Vanguard' programme, to integrate community and primary care to improve care and relieve pressure on acute hospitals. In East Kent the programme is known as 'Encompass'. Patients at the Northgate Medical Practice, Canterbury, are given extra support by one of KCHFT's health trainers to make long-term lifestyle changes.

A health trainer is available at the surgery three days a week to give practical advice and support to people about stopping smoking, losing weight, cutting down on alcohol or getting more active. The scheme encourages people to take ownership of their health and wellbeing by making lifestyle changes to help themselves in the longer term. Having a health trainer at the surgery means patients can easily access lifestyle support.



Dr Peter Biggs; Health Trainer Ellie McEwan; Anne Ford from KCHFT and Cllr Graham Gibbens at the Northgate Medical Practice.

Between April and October, our Health Improvement Services attended more than 30 mainly outdoor events across Kent with the 'Live Well, Live Longer Roadshow'. A total of 477 on-the-spot NHS Health Checks were carried out in areas of deprivation and 50 per cent of those were referred to their GP for follow up advice and treatment. A total of 2,870 additional contacts were recorded and 370 'more involved conversations' recorded, this is where a client was given specific advice and information on a service that they might be eligible to access. More than half of the people attending the roadshow were from deprived areas. Through the health checks programme a significant number of people are prevented from suffering acute episodes or developing serious long-term conditions. By screening people

opportunistically for these conditions, flagging concerns and giving timely and accurate advice we can potentially avert several acute episodes.

As part of the ongoing NHS Health Checks outreach programme, carried out by KCHFT, our health improvement teams spent a week 'in-situ' in Thanet during November. The team set up a temporary health clinic in ASDA in Broadstairs, as well as providing other drop-in clinics across the Isle in pharmacies, health centres and at Westwood Cross for the Big Thanet Health Check. They carried out more than 200 on-the-spot health checks and health MOTs during that time. The project showed that people want to get their health check and if offered it in a convenient place they will take up the offer.

East Kent Housing is one of the organisations taking advantage of the offer of free NHS Health Checks at work. The social housing company invited our team to carry out the checks at three of their offices, as part of their commitment to their colleagues' health and wellbeing.

During 1 April 2015 – 31 March 2016

- ❖ We reached 2766 positive results for Chlamydia screening, 65.4% of the target.
- ❖ 86,325 people were invited for a Health Check. 36,685 checks were carried out which is an uptake rate of 42.5% and 75% of our ambitious target of 48,893 checks.
- ❖ We achieved our target of 65% for increased uptake of child perinatal mental health assessment at 90%.

Strategic Goal 2: To enhance the quality of life for people with long-term conditions by providing integrated services to enable them to manage their condition and maintain their health.

A new Home Treatment Service, with IC24, replaced the Enhanced Rapid Response Service in west Kent. Community teams are made up of a geriatrician, speciality doctors and advanced health care assistants and are offering a seven-day service. They provide urgent care for up to seven days to patients in crisis, who will be seen within two hours of a referral. When needed, they will be transferred to KCHFT's community services for rehabilitation, long-term treatment or community support. The service's ultimate aim is to avoid patients being admitted to Maidstone or Tunbridge Wells hospitals by diagnosing, assessing and treating patients in their homes. The Home Treatment Service runs as a virtual ward, with patients under the care of a consultant geriatrician.



Our East Kent eight-week Pulmonary Rehabilitation Programme was extended to Dartford, Gravesham and Swanley, supporting people living with a chronic lung condition. Patients are given an introductory session and assessment, followed by a twice weekly, eight-week programme. Each session consists of an hour of supervised, individually-tailored exercise, including aerobic activity and resistance training – plus an education session on everything from medication and how to take it correctly to coping with breathlessness.

A pilot to reduce the numbers of people with long-term health conditions being unnecessarily admitted to hospital from care homes was launched in west Kent. The Intensive Support Team (IST), based at Coxheath Health Centre, helps patients who are identified by their GP as needing extra help to remain within their care home. IST is made up of senior nurses, a hospice doctor, a GP and a consultant geriatrician. The nurses give targeted training to staff in around 20 care homes to help them make decisions that will help their residents being admitted to hospital. They triage referrals from care homes and provide phone advice, face-to-face consultation, acute assessment and liaison with and referral to other health service providers, such as GPs and the Home Treatment Service.

A community phlebotomy service launched in Dartford and Gravesham made sure patients received blood results in seconds and gave community nursing teams more time for patient care. A sharp rise in the number of patients needing blood tests saw an unprecedented demand on the community nursing service so we launched a new outreach programme focused purely on caring for housebound patients who need their bloods tested regularly.

The Community Phlebotomy Service sees patients who are living with complex and multiple conditions, giving community nursing teams more time to spend on their patient's other needs. Retired nurse Mary Calvo is housebound and unable to attend her local GP surgery for her vital blood tests. She suffers with heart disease and fibrosis of the lungs, leaving her breathless, tired and unable to leave the house on her own. She is now seen at home at least once a week to take her blood and test the level of warfarin in her blood. The community team works closely with local GP practices, by reading someone's blood they instantly know whether their medication needs reviewing and refer the results on to their doctor.



Phlebotomist Kathy Main with Mary Calvo

A community nursing service launched in Dartford, Gravesham and Swanley to support children with complex nursing needs. The community nursing service supports children who need specialist nursing care to be given their vital treatment at home – instead of being admitted to hospital. The new team provides treatment to children from birth to 19-years-old, who are already on the clinical caseload of a specialist and registered with a GP.

During 1 April 2015 – 31 March 2016

- ❖ We achieved 74.7% of our target for face to face contacts with patients with long-term conditions and 64% of our target for intermediate care and rehabilitation patients.
- ❖ We exceeded our 4% target for patients who “Did Not Attend” appointments with a percentage of just 1.3%.
- ❖ The number of patients being managed using Teletext technology which enables people to remain at home and have their vital signs monitored by staff remotely has decreased. We now have 305 patients using Teletext technology. This was 63% of our 484 target.

Strategic Goal 3: To help people recover from periods of ill health or following injury through the provision of responsive community services.

A nationally-acclaimed scheme to cut hospital admissions for some of the frailest and most vulnerable older people was rolled out in Ashford and Canterbury. We were chosen to work with Age UK on its integrated care programme to support older people's health and care needs and help them regain their independence. Originally piloted in Cornwall, it brings together doctors, nurses, social workers and trained volunteers to provide a wealth of health, community and volunteer sector support. Volunteers work with GPs and our integrated teams to help patients identify their goals to improve their care. For example, a nurse might work with a patient to reduce their blood pressure, using medication and advising on diet, while the volunteer will work with the patient to look at activities in their own life that will help. The voluntary sector might help with access to exercise classes, for example. Often older people are isolated and this can contribute to their poor health. The programme improves the connection people have with their own communities. By putting more support around people, this can prevent people's health deteriorating and needing hospital admissions. Partners in the programme are Age UK, Ashford and Canterbury Coastal Clinical Commissioning Groups, Kent County Council, and East Kent Hospitals University NHS Foundation Trust.

A specialist wound medicine centre opened at the Queen Victoria Memorial Hospital in Herne Bay using the very latest technology. It is the second such centre run by KCHFT. As well as seeing staff at the centre, community nurses have handheld tablets to access live patient records – the new system allows them to photograph the wound and beam them back to base to get expert advice.

The specialist hub is used to train staff in wound care. This new system means teams in the community can get the advice of expert tissue viability nurses in Herne Bay and talk to the vascular team at the acute hospital – so our patients improve faster.

Age UK, Herne Bay Community Transport, which is transporting patients to the hospital, and Herne Bay League of Friends which donated £16,000 to buy a range of specialist equipment support the project.



Nurse Chris Sharp and patient Bill Conway

A new Discharge to Assess Scheme to improve the care for older people in east Kent was launched. It aims to help people leave hospital earlier by completing the assessment of their continuing care at home, in a community hospital or a care home – instead of in an acute hospital. This means when older, frail and vulnerable people present to accident and emergency they can be discharged safely and quickly into a more appropriate environment for assessment to speed up their recovery. The scheme involves East Kent Hospitals University NHS Foundation Trust and Kent County Council and has been commissioned by the four Clinical Commissioning Groups in the area. The Community hospitals supporting this project are Whitstable and Tankerton Hospital, Faversham Cottage Hospital, Deal Hospital and the Queen Victoria Memorial Hospital, Herne Bay. The scheme will support the achievement of A&E four-hour waits and improve quality and outcomes for patients.

We opened 10 more beds at Tonbridge Cottage Hospital to help patients on the road to recovery. The additional beds will provide rehabilitation for people from across West Kent and have been funded by West Kent Clinical Commissioning Group to create more opportunities for people to be cared for in the community, taking pressure off acute hospitals so beds are freed up for people who need emergency or critical care. The extra beds will be under constant review to make sure that they are being used to the maximum benefit of patients and are making the best use of NHS resources. This is in addition to the investment the CCG has already made to the home treatment service which is provided by KCHFT, GPs from IC24 and Maidstone and Tunbridge Wells NHS Foundation Trust. It provides urgent care seven days a week for up to 14 days to patients in crisis, who are seen within two hours of a referral by community teams made up of geriatricians, speciality doctors and advanced health care assistants. When needed, they are transferred to KCHFT's community services for rehabilitation, long-term treatment or community support.

Canterbury and Ashford Local Referral Unit prevented thousands of unnecessary admissions to hospital. The unit triages all referrals for community care in one place, giving faster access to experts in health and social care for people living in Canterbury, Ashford, Whitstable, Herne Bay, Faversham, Sandwich and Swale. The result is an innovative and integrated NHS system where patients are seen quicker, by the right professional at the right time so more people can be treated at home and avoid a hospital admission. GPs, the South East Coast Ambulance Service (SECAMB), healthcare professionals and patients each have a designated phone number to ring to refer into the hub, enabling people to be triaged effectively to initiate their care pathway. The LRU is a joint venture between Canterbury and Ashford CCGs and KCHFT. In just one month, November 2015, there were 2,933 referrals to the Canterbury LRU, which resulted in 2,245 cases being referred on to KCHFT community nursing teams. Nurses were able to conduct home visits rather than a patient being admitted to hospital. Pressure on the ambulance service has also been relieved, in the same month there were 32 cases of people avoiding being admitted to A&E across Canterbury, Ashford and Swale.

KCHFT won the tender to provide a Community Chronic Pain Service in the London Borough of Hillingdon, building on its award-winning service in Kent. The three-year contract starts on 1 July 2016; there is not currently a community-based chronic pain service in this borough. The service helps patients to receive alternative pain treatments, manage their pain more effectively and achieve long-term self-management.

During 1 April 2015 – 31 March 2016

- ❖ We exceeded our less than 15.9% target for people being readmitted to an acute hospital following care in one of our step down beds with just 15.4% needing to be readmitted.
- ❖ 99.5% of people waited less than 4 hours in our Minor injury Units.
- ❖ 99.9% of people were treated within 18 weeks of referral to our consultant led services.
- ❖ 100% of people had access to Genito Urinary Medicine within 48 hours of contacting us
- ❖ We exceeded our target for patients supported to remain out of hospital, 55,644 patients avoided a hospital admission, 240% above our target
- ❖ We had 88.8% of our beds occupied, within our target of between 87 and 92%
- ❖ The length of time patients needed to be in a community hospital ward increased to 24.2 days, from 22.3 days.
- ❖ Our delayed transfers of care increased from 6% to 13.8% against our target of 3.5%.

Strategic Goal 4: To ensure that people have a positive experience of care and improved health outcomes by delivering excellent healthcare.

A training programme to help people and their families cope with death, bereavement and making plans for their end of life was launched. Working with Canterbury Christ Church University and hospices in Kent, we have produced a free, 10-module training programme to support healthcare professionals, carers, families and patients to prepare for the end of life by making advance care plans. An advance care plan notes the wishes, preferences and expectations for the care a person would like as they approach the end of their life. It encourages people to talk about their future and share their wishes with their family, friends, carers and healthcare professionals, making sure they are in charge, right to the very end.

Deaf patients can now show a new card to make sure they have a British Sign Language (BSL) interpreter at every health appointment. The card may seem simple but it gives deaf people the confidence to feel in control of their own healthcare and help them communicate with healthcare colleagues in acute and community hospitals, clinics and local services so they can be ready to support patients as soon as they see the card. One thousand cards have been printed to give to deaf people across Kent. The card, produced by KCHFT, East Kent Hospitals University NHS Foundation Trust, Kent County Council and Healthwatch Kent was launched at Thanet Gateway with the local deaf community.

A diabetes group for people with learning disabilities was launched to talk about healthy food, medication and lifestyle choices. The pilot programme was the brainchild of Community Learning Disability Nurse Lynne McKay and colleague Pauline Tarrant, one of our diabetes specialist nurses. Lynne and Pauline adapted the DEREK tool – Diabetes Education and Revision in East Kent – especially for people with learning disabilities. The small group learned about healthy feet, how to test their monitors, why chocolate should be a treat, the impact of smoking and the importance of exercise. People with learning disabilities can attend the DEREK programme but it's not always suitable and this course helped to bridge the gap. In addition KAT1E – Kent Adult Type 1 Diabetes – is a structured educational programme for patients in east Kent. It's designed to help people with the disease to understand and manage it and improve their quality of life.

Our health visiting teams have been reaching out to the Roma community in Dover and Thanet at a series of Roma community events, organised by KCHFT. They welcomed 150 health and social care professionals from Kent County Council, Margate Task Force, East Kent Hospitals University NHS Foundation Trust, Oasis Domestic Abuse Service and Kent Fire and Rescue Service, to talk about the challenges facing Roma families and how to work together to support them. Jumble stalls, bouncy castle and arts and crafts engaged Roma families so they could find out more about the support available to them.



Children having fun at the Roma event

We are working with our commissioners to recognise and value carers, make sure they are sign-posted to support and know they have a right to a carer's assessment under the Care Act 2014. We updated our carers leaflet 'Being a Carer' and published a 'commitment to carers' charter. We launched a carer's survey in West Kent and will be rolling it out across community hospital in-patient, community nursing, rapid response and therapy services.

During 1 April 2015 – 31 March 2016

- ❖ The trust's overall patient satisfaction score was 96.49% based on 64,289 surveys.
- ❖ There were 407 complaints. The top three themes were treatment, staff attitude and access to appointments. This equates to 2 complaints per 10,000 patient contacts.
- ❖ There were 37 complaints about staff attitude. Or 0.2 complaints per 10,000 patient contacts.
- ❖ We asked 25.3% of patients in minor injury units and inpatient wards if they would recommend the service to friends and family, exceeding our target of surveying 20% of patients. Our Friends and Family Test Score was 96.8%, exceeding our target of 95%.
- ❖ 100% of patients died in their preferred place, better than our target of 90%.
- ❖ 93.1% per cent of patients achieved their desired outcomes following planned care and therapy services; our target was at least 80%.

Strategic Goal 5: To ensure people receive safe care through best practice.

The Docobo telecare device was introduced to care homes across Swale in August last year and is set to be rolled out across the county. It is used to keep track of patients' observations, such as blood pressure, blood sugars, oxygen saturation and heart rate and creates a text message alert for abnormal readings that is sent to the matron and other health professionals involved in their care. Community matrons can then review the data and telephone the care home to discuss the patients' health and decide on the best course of intervention, if needed. The device has made a huge difference to the care patients receive in care homes. Any unusual readings are picked up immediately and appropriate action can be taken. Over six months there was a 65% drop in hospital admissions and 68% drop in 999 calls from the four care homes compared to the same period the previous year. The care homes involved were Hanningfields Retirement Home, Sittingbourne; Court Regis Residential Home, Sittingbourne; Island Residential Home, Leysdown and Alma Residential Home, Sheerness.

A laser-pen trial has been shown to transform the skin of patients under the care of our Lymphoedema Team. The chronic condition causes swelling in the body's tissues, usually affecting people's arms and legs and can leave them feeling achy, heavy and difficult to move. It works by beaming light into the skin to help relieve fluid retention and skin hardness; breaking down the hard tissue fibres and 'waking up' dormant calls. Combined with massage and bandaging, the treatment helps lymphatic drainage, reducing the body in size. The results have been very successful and thanks to the Queen Victoria Memorial Hospital League of Friends the trust has purchased four laser devices.



Lesley Simpson, from Deal, (left) has had lymphoedema in her right leg for the past 16 years, which developed as a result of having non-Hodgkin's lymphoma. "I feel very self-conscious of my leg and because I always have to wear a compression stocking, I feel people are looking at me. It stops me doing activities like aerobics, which I used to enjoy. I can't wear the clothes I want to and my leg can be heavy and uncomfortable. "The treatment is painless, the nurses are professional and the results are fantastic. "I've seen more change through the laser treatment than in all the years I have had lymphoedema. The results have helped my self-esteem. My leg feels better and my clothes are more comfortable."

We are supporting the British Heart Foundation with a national study calling for adults with high blood pressure who are prescribed one or more once daily antihypertensive drug therapies to take part in a ground-breaking research project. The TIME (treatment in the morning versus evening) study will ask half of the group to take their medication at their normal time in the morning and the other half to take it in the evening. Results are fed back online, so you need an email address and internet access.

During 1 April 2015 – 31 March 2016

- ❖ There was 1 incidence of C.Diff, compared to 8 in the same period last year.
- ❖ There was 0 incidence of MRSA attributed to the trust
- ❖ There have been 0 “never events”
- ❖ There were 8 falls resulting in fractures, down from 13 in 2014/15
- ❖ Our safety thermometer which measures the level of harm free care in the trust is better than our 95% target at 99%
- ❖ We are 100% compliant with NICE guidance
- ❖ There were 13 grade 3 and 4 attributable and avoidable pressure ulcers, 36 less than the previous year. Our target was less than 40.

Our charity

We relaunched our charity under the name i care. Donations support patients by paying for things that go above and beyond what the NHS can pay for and looks after the health and wellbeing of our staff in Kent and parts of East Sussex and London. One scheme means that sensors to alert staff if patients try to get out of bed or a chair without help are now in place in all community hospitals, thanks to your donations. Our charity, i care, was able to fund £30,000 of bed and chair sensors to help colleagues care for patients with cognitive impairments and at a serious risk of falls.

The sensors emit a loud and distinctive sound. Community hospitals offer inpatient care for people who need rehabilitation and support to return home; many like Hawkhurst hospital have single rooms as well as bedded-bays. More information about the charity is available in our Charitable Fund Annual Report.

Sustainability report

Our buildings

Our Estates Strategy sets out how we intend to deploy our estate so we are able to invest and to respond to changes in service delivery and support sustainable development by optimising the size and location of our estate, driving energy efficiency, waste reduction and supporting a shift away from car travel to more sustainable and healthy transport alternatives.

Sustainable procurement

As a public sector body, employer, service provider and procurer of goods and services KCHFT has a duty to take a leading role in promoting and embedding sustainable procurement. We encourage our suppliers to be certified in standards of environmental management. Through our processes we seek to work with partners that support equality and diversity, are ethical and abide by the Bribery Act 2010.

Through the implementation of a new Sustainable Procurement Policy and tendering processes we endeavour to eliminate waste from our supply chain and demonstrate a clear commitment to ethical trade by integrating ethical trade principles into our core procurement practices. We continue to drive improvements in our environmental performance towards the

targets set by the Department of Health for reducing its carbon footprint due to energy use, procurement and waste disposal.

Procurement takes account of transport, utilities and waste (carbon footprint), as well as financial factors and social aspects when deciding which product or service to buy and to include Small and Medium Enterprises (SMEs) in purchase processes. It also involves looking at the costs over the whole life considering running costs, product lifespan and disposal as well as the acquisition costs.

Health and wellbeing

We have demonstrated our commitment to the health and wellbeing of their workforce, by being awarded the Kent Healthy Business (National Workplace Wellbeing Charter). These standards reflect best practice and are endorsed nationally by Public Health England. Gaining the award demonstrates how well we treat and support our staff and recognises the high level of ongoing commitment to change. The evidence we provided and the interviews that were held provided overwhelming assurance that KCHFT is an employer of choice, a successful and rewarding place of work.

The Charter takes a holistic approach that includes leadership, culture and communication, as well as health and wellbeing topics such as physical activity, alcohol and mental health. The framework promotes rounded discussions between employer and employees about health, safety and wellbeing.

Waste

Over the past year KCHFT has:

- Renewed the agreement with the South East NHS Total Waste Management Consortium and are currently out to tender for waste management services across 6 Kent & Medway based NHS trusts.
- Taken over responsibility for waste management on all sites where we are the majority occupants to ensure that waste is managed consistently across all sites for the benefit of our staff.
- Worked with clinical services to increase compliance in waste segregation activities.
- Improved processes for the vacation of buildings to ensure the appropriate re-use and disposal of redundant furniture and equipment.
- Completed an annual audit programme to monitor compliance across our sites, setting action plans to improve compliance where necessary.

The trust aims to continue to work with staff, contractors and building management to ensure that all clinical buildings have access to both infectious and offensive waste streams and that clinical waste is segregated correctly.

The trust aims to reduce the social and environmental impacts from the purchase, use, and disposal of the products we procure. The trust seeks to promote and maintain high standards of social, ethical and environmental conduct across its procurement activities and work with its suppliers to make sure they also adopt this approach.

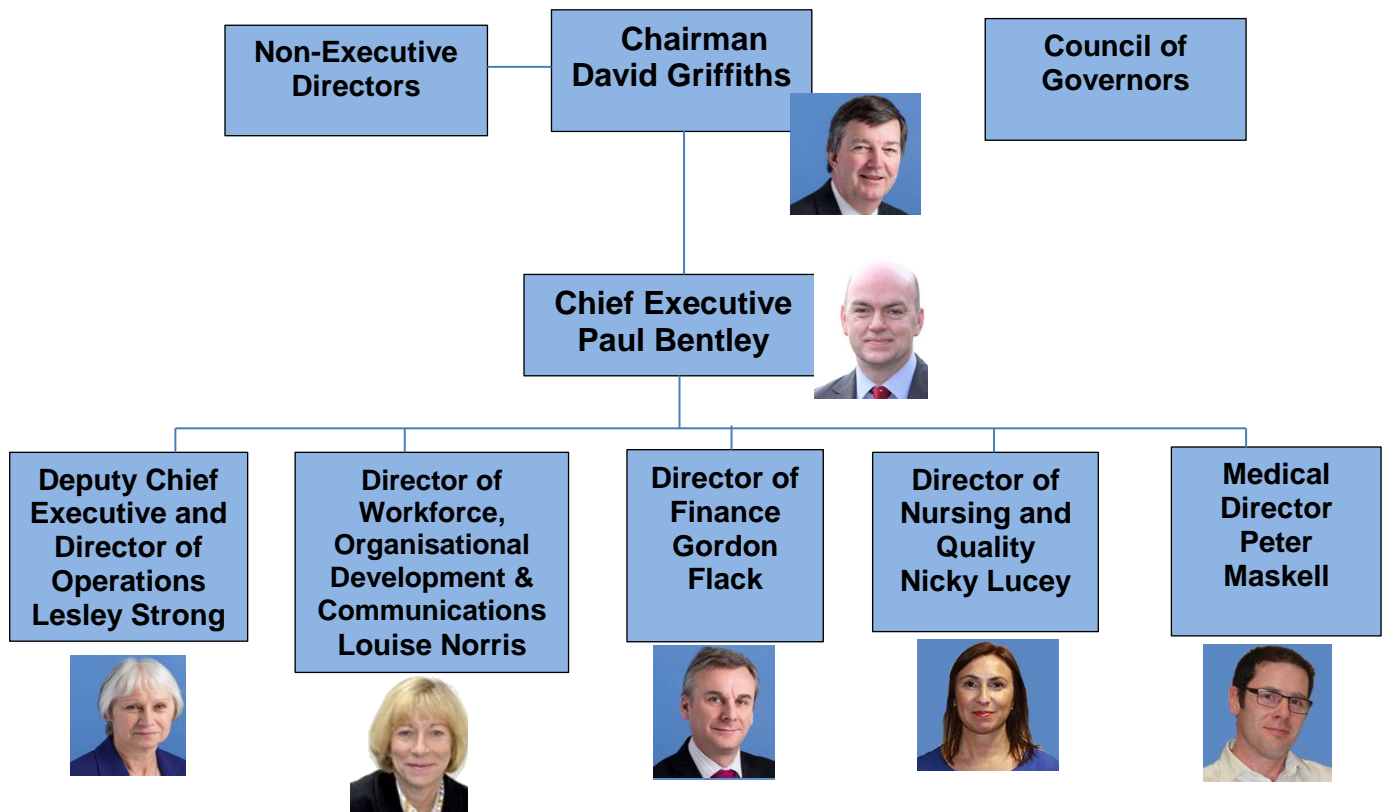
Signed: 

Date: 26 May 2016

Paul Bentley, Chief Executive Officer (On behalf of the Board)

The Accountability Report

The Directors' Report



*Since 1 March 2016. Marion Dinwoodie was Chief Executive until 30 November 2015 followed by Lesley Strong as Acting Chief Executive until 29 February 2016.

Portfolios of executive voting board members include:

- The Chief Executive: Has overall executive accountability to the board
- The Deputy Chief Executive/Director of Operations: Leads on operations, workforce and information technology
- The Director of Workforce, Organisational Development and Communications leads on workforce and organisational development, communications and engagement
- The Director of Finance: Leads on audit, finance, performance, information management, and commercial services
- The Director of Nursing and Quality: Leads on clinical strategy, quality, clinical governance and is the director of infection prevention and control and safeguarding assurance
- The Medical Director: Leads the clinical strategy, quality, medical revalidation, clinical audit and research and development

The Leadership Team also consisted of three additional posts, accountable to the Chief Executive:

- Trust Secretary: Includes regulatory framework, members and governors, governance and risk
- Director of Operations, Children and Young People: Includes universal targeted and specialist children's services and estates
- Strategy and Transformation Director

The Board of Directors is responsible for setting the vision and strategy of the organisation and for the overall performance of the organisation. This is informed by the views of the Council of Governors, following consultation with foundation trust members. The membership of the Board is consistent with the requirements of the foundation trust's constitution and the non-executive directors' skills and experience ensures that there is sufficient scrutiny of executive decision making. The Board meets in public every two months. The Board delegates responsibility for the day-to-day implementation of strategy through appropriate management systems to executive officers of the trust. All board members have confirmed their support for, and adherence to, the code of conduct for NHS board members. All non-executive directors are considered to be independent.

Directors' roles and responsibilities

David Griffiths,
Chairman



David has had a career in professional services for more than 25 years; initially as a chartered accountant and then for the majority of that time as a management consultant. He was a partner in Accenture, the leading global management consultancy, for more than 12 years and was responsible during that time for leading a large number of assignments for FTSE100 and other large, complex organisations operating at board level. He is a fellow of the Institute of Chartered Accountants in England and Wales. On leaving Accenture he established a portfolio of interests in the charitable and public sectors. Before becoming chairman of Kent Community Health NHS foundation trust, he held these posts:

- non-executive director of Kent and Medway Strategic Health Authority
- chairman of Swale Primary Care Trust
- chairman of NHS West Kent
- interim chairman of NHS Medway
- trustee, vice-chair and chair of the Royal London Society for the Blind
- governor of a leading independent school and chair of its finance committee
- chair of two smaller not-for-profit organisations

Jennifer Tippin,
Non-executive
Director



Jen has extensive experience as a senior executive in a wide range of industries. Jen is the Group Customer Services Director for Lloyds Banking Group leading a team of more than 11,000 people across the Group to deliver outstanding customer service. Previously Jen was the Managing Director of Business Banking and a member of the Retail Executive Committee. She has a breadth of skills including leading major transformational change, improving customer service and achieving strong commercial results. She is also the Group Ambassador for the South East. She is chairman of Kent Community Health NHS Foundation Trust's Charitable Funds Committee. Jennifer lives in Hildenborough, Kent, with her husband and three young children.

**Catherine Gaskell,
Non-executive
Director**



Catherine Gaskell has worked in healthcare for 30 years. She has had Chief Executive and Deputy Chief Executive positions and has been Director of Nursing in community and mental health trusts. She has carried out investigations and provided training in the acute sector and has worked for the past five years advising trusts on patient safety, patient experience, clinical governance and improving clinical practice. Catherine lives in Bromley, Kent. She is:

- member of Kent Community Health NHS Foundation Trust's Quality Committee and Patient Experience Committee
- non-executive lead for complaints
- Managing Director of The Results Company, a consultancy specialising in healthcare and estates management.
- healthcare trainer with Understanding Modern Government.
- Trustee of TalkEasy Trust (mental health promotion and anti-bullying awareness for teenagers)

**Bridget Skelton,
Non-executive
Director**



Bridget Skelton has 25 years' experience as a senior executive and board member in organisations in the legal, financial, management consultancy, retail, public and voluntary sectors. She brings particular expertise to effect business transformation, enhance performance and manage cultural development and change. Bridget lives in Otterden, Kent. She is:

- member of Kent Community Health NHS Foundation Trust's Finance, Business and Investment Committee plus Audit and Risk Committee
- Managing Director of Bridget Skelton Ltd a consulting business specialising in Executive and Board Development
- trustee of Demelza Hospice Care for Children
- Trading Director and Member of Finance and Fundraising Committee at Demelza Hospice Care for Children
- former Director and Managing Partner of PA Consulting Group
- former Practice Group Head Partner of the Global Business Transformation Group

**Peter Conway,
Non-executive
Director**



Peter has a professional background in banking and finance spanning 27 years, latterly as a finance director with Barclays Bank PLC. He now has a portfolio of primarily public sector roles and these include:

- chairman of Kent Community Health NHS Foundation Trust's Audit and Risk Committee
- non-executive director and audit chair of the Rural Payments Agency
- independent member of the Audit Committee of the Ministry of Justice
- trustee director of Tonbridge Citizens' Advice Bureau

Previous roles include Non-Executive Director and Audit Chair of NHS West Kent and Independent Member/Audit Committee roles with the Home Office, DEFRA, Health and Safety Executive and Child Maintenance and Enforcement Commission. Peter and family have lived in Kent for 22 years.

Richard Field, Non-executive Director



Richard has a professional background in the manufacturing sector with large multi-national organisations, including Unilever and Dalgety. His career has involved sales and marketing, general management and running manufacturing businesses and multi-site operations. He has also worked in the animal feeds business and is now carrying out consultancy work with a large animal feeds manufacturing organisation. He is:

- member of Kent Community Health NHS Foundation Trust's Audit and Risk Committee and Charitable Funds Committee
- chair of Kent Community Health NHS Foundation Trust's Finance, Business and Investment Committee
- chairman of Age UK Canterbury
- trustee of Age UK Sheppey
- director of the Canterbury Academy
- member and past president of the Canterbury Forest of Blean Rotary Club
- former non-executive director of Eastern and Coastal Kent Community Services NHS Trust
- former regional manager within a Unilever Agribusiness
- former regional general manager of Dalgety Agriculture
- former non-executive director of St Nicholas Court Farms Ltd

Steve Howe CBE, Non-executive Director



Steve served for 39 years in The Royal Army Medical Corps in command and staff appointments. He is:

- chair of Kent Community Health NHS Foundation Trust's Quality Committee
- former non-executive director of Eastern and Coastal Kent Community Services NHS Trust
- former brigade commander (Chief Executive) of the army's 11 deployable field hospitals
- former Ministry of Defence (MOD) director of medical operations responsible for contingency planning and strategic oversight of operations in Iraq and Afghanistan
- a fellow of the Institute of Healthcare Management

David Robinson, Non-executive Director



David has senior board experience in executive and non-executive roles. Executive roles have been in public affairs and government relations, including reputation and media management, crisis communications and government communications in both the private and public sector, nationally and internationally. He is:

- member of Kent Community Health NHS Foundation Trust's Quality Committee
- KCHFT's Senior Independent Director
- KCHFT's NED contact for whistleblowing
- Chair of Governors at Fulston Manor Academy and member of the multi-academy strategic board
- former director of public affairs, Texaco
- former executive director communications and marketing with the Qualifications and Curriculum Authority (QCA)
- former NED, Eastern and Coastal Kent Community Services

Paul Bentley
Chief Executive 1-31 March 2016



Prior to joining KCHFT as Chief Executive on 1 March, Paul was Director of Workforce and Communications at Maidstone and Tunbridge Wells NHS Trust since 2011. He has worked in the NHS since 1987 and as an NHS Director since 1998 leading on strategy, organisational development and workforce and communications. During this time he was also interim Chief Executive in Surrey. Paul undertook his graduate university education in the UK, before completing his post graduate education in the US. He lives in South West London with his wife and has grown up children.

Marion Dinwoodie,
Chief Executive until 30 November 2015



Marion has 40 years' experience working in the NHS and retired in November 2015. She starting in hospital pharmacy and then moving into general management. In 1985 she managed children's, maternity and community services as unit general manager in Harrow. She set up NHS trusts in North West Thames Regional Health Authority and primary care groups in Tyneside. She moved to Kent to take on the role of Chief Executive of Ashford Primary Care Trust when it was first established.

Kent Community Health NHS Foundation Trust was the sixth Chief Executive role Marion held in Kent and Medway.

Lesley Strong,
Deputy Chief Executive/Director of Operations



Lesley trained as a general nurse in 1976 at Middlesex Hospital London and then pursued a clinical career in the community as a health visitor and district nurse. She moved into a management role in the community sector in 1988. Lesley is also responsible for Information Technology. Lesley is:

- former primary care trust director of nursing and operations, Mid Sussex 2001
- former director of children's services, West Sussex 2007
- former chief operating officer, East Sussex 2008
- former managing director, Greenwich Community Health Services 2011

Louise Norris
Director of Workforce, Organisational Development and Communications



Louise has more than 30 years' experience in NHS Human Resources and joined the Trust from Central and North West London NHS Foundation Trust. She has an MBA and an MA in Strategic Human Resources. Louise is:

- a Fellow of the Chartered Institute of Personnel and Development.
- a management side representative on the NHS Staff Council.

Louise lives with her husband in West Malling.

**Gordon Flack,
Executive Director
of Finance**



Gordon has a professional background in NHS finance spanning 28 years. His experience is primarily within the acute sector and for a number of community trusts. His responsibilities include capital, performance and commercial services, as well as audit and financial control.

**Peter Maskell,
Medical Director**



Peter qualified from The Royal Free Hospital School of Medicine in 1995. He trained in general and elderly medicine at St Thomas' Hospital/Brighton and Sussex University Hospital.

Peter became a consultant in general and geriatric medicine with an interest in stroke medicine at Maidstone and Tunbridge Wells NHS Trust in 2005. He undertakes sessions as a stroke physician at Maidstone and Tunbridge Wells NHS Trust. His responsibilities at Kent Community Health NHS Trust include clinical strategy, quality, Caldicott Guardian, medical revalidation, clinical audit and research and development.

**Nicky Lucey,
Director of Nursing
and Quality**



During her career Nicky has held a number of senior roles, most recently director of clinical standards at Portsmouth Hospitals NHS Trust. Her wealth of experience includes having successfully led many initiatives, such as workforce redesign involving education and career development, as well as patient care improvements. Nicky, who trained at Uxbridge, Middlesex, also has an MBA from Solent University. She has a professional background in cardiothoracic and critical care.

Nicky's responsibilities include nursing leadership and providing advice to the board, quality standards and performance, clinical governance, improving patient experience and patient safety, safeguarding children and adults. She is also director of infection prevention and control.

Board and Committee Attendance

Board and Committee Attendance
Formal Board

		May-15	Jul-15	Sep-15	Nov-15	Jan-16	Mar-16
David Griffiths	Chairman	✓	✓	✓	✓	✓	✓
Paul Bentley	Chief Executive 1 - 31 March 2016	N/A	N/A	N/A	N/A	N/A	✓
Marion Dinwoodie	Chief Executive 1 April 15 – 30 November 2015	✓	✓	✓	✓	N/A	N/A
Peter Conway	Non Executive Director	✓	✓	x	✓	✓	✓
Richard Field	Non Executive Director	✓	✓	✓	✓	✓	✓
Jennifer Tippin	Non Executive Director	✓	✓	✓	✓	✓	✓
David Robinson	Non Executive Director	✓	✓	✓	✓	✓	✓
Cathe Gaskell	Non Executive Director	✓	✓	✓	✓	✓	✓
Steve Howe	Non Executive Director	✓	✓	✓	✓	✓	✓
Bridget Skelton	Non Executive Director	✓	✓	✓	✓	✓	✓
Natalie Davies	Trust Secretary	✓	✓	✓	✓	✓	✓
Gordon Flack	Finance Director	✓	✓	✓	✓	✓	✓
Peter Maskell	Medical Director	✓	✓	✓	✓	✓	✓
Nicky Lucey	Director of Nursing and Quality	✓	✓	✓	✓	x	✓
Lesley Strong	Director of Operations (acting Chief Executive 1/12/15 - 29/1/6)	✓	✓	✓	✓	✓	✓

Audit and Risk Committee

		May 15	Sept 15	Nov 15	Feb 16
David Griffiths	Chairman	N/A	N/A	N/A	N/A
Paul Bentley	Chief Executive 1 - 31 March 2016	N/A	N/A	N/A	N/A
Marion Dinwoodie	Chief Executive 1 April 15 – 30 November 2015	✓	x	x	N/A
Lesley Strong	(acting Chief Executive 1/12/15 - 29/1/6)	N/A	N/A	N/A	✓
Peter Conway	Non Executive Director (Chair)	✓	✓	✓	✓
Richard Field	Non Executive Director	✓	✓	✓	x
Bridget Skelton	Non Executive Director	✓	✓	x	✓

Finance Business and Investment Committee

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Jan-16	Feb-16	Mar-16
David Griffiths	Chairman	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Paul Bentley	Chief Executive 1 - 31 March 2016	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓
Marion Dinwoodie	Chief Executive 1 April 15 – 30 Nov 2015	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	N/A
Gordon Flack	Director of Finance	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lesley Strong	Deputy Chief Executive/Director of Operations (acting Chief Executive 1/12/15 - 29/1/6)	✓	✓	✓	✓	x	✓	x	✓	✓	✓	x
Peter Conway	Non Executive Director	✓	✓	x	✓	✓	x	✓	✓	✓	x	✓
Richard Field	Non Executive Director (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steve Howe	Non Executive Director	✓	x	✓	x	x	✓	✓	x	x	x	x
Bridget Skelton	Non Executive Director	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x
Jennifer Tippin	Non Executive Director	✓	x	x	✓	✓	✓	x	✓	✓	x	✓

Charitable Funds Committee 2015/16

		Aug	Nov	Mar
David Griffiths	Chairman			
Paul Bentley	Chief Executive 1 - 31 March 2016	N/A	N/A	x
Marion Dinwoodie	Chief Executive 1 April 15 – 30 Nov 2015			
Richard Field	Non Executive Director	✓	✓	✓
Jennifer Tippin	Non Executive Director (Chair)	✓	✓	✓
Gordon Flack	Finance Director	✓	x	x

Quality Committee		Apr-15	May 15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Feb-16	Mar-16
David Griffiths	Chairman	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Paul Bentley	Chief Executive 1 - 31 March 2016	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x
Marion Dinwoodie	Chief Executive 1 April 15 – 30 Nov 2015	x	x	x	✓	✓	✓	✓	✓	-	-	-
Peter Conway	Non Executive Director	x	x	x	x	x	x	x	x	x	x	x
Richard Field	Non Executive Director	x	x	x	x	x	✓	x	x	✓	x	x
Steve Howe	Non Executive Director (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
David Robinson	Non Executive Director (Chair - April 2014 only)	✓	✓	✓	✓	✓	x	✓	✓	✓	x	✓
Bridget Skelton	Non Executive Director	x	x	x	x	x	x	x	x	x	x	x
Cathe Gaskell	Non Executive Director	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peter Maskell	Medical Director	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓
Nicky Lucey	Director of Nursing and Quality	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓
Lesley Strong	Director of Operations (acting CE 1/12/15 - 29/1/6)	✓	✓	✓	✓	✓	x	✓	✓	x	✓	x

Directors' Report: Compliance Statements

The Director's register of interests is available on request.

The trust has in place a Major Incident Plan that is fully compliant with the requirements of the NHS Emergency Planning Guidance 2005. The trust regularly participates in exercises and training with public sector partners.

The trust's internal auditor produces an annual internal audit plan, which reviews the economy, efficiency and effectiveness of resources. The work programme is agreed and monitored by the Audit Committee.

The Board and Council of Governors comply with the Fit and Proper Person's test.

The trust complies with HM Treasury's guidance on setting charges and the Confederation of British Industry Better Payments Practice code. Details of compliance with the code are given in note 35 to the accounts on page 114. The trust has signed up to the Prompt Payments Code.

As required by Section 43 (2A) of the NHS Act 2006 (as amended), the Board has satisfied itself that the income from the provision of goods and services for the purpose of the delivery of health services in England is greater than that from the provisions of goods and services for any other purpose. The trust's income is shown in the Annual Accounts, which can be found on page 69. The Board considers that there is no material impact upon the provision of goods and services for the provision of healthcare in England from the income it has received from other sources.

The trust has had regard to Monitor's quality governance framework in arriving at its overall evaluation of the organisation's performance, internal control and board assurance framework and a summary of action plans to improve the governance of quality. The trust's Quality report is included as an appendix to this annual report. The aim of the report is to improve public accountability for the quality of care. The Quality Report has also been subject to a limited assurance report from the trust's external auditors, a copy of which is included in this Annual Report in Appendix 1.

So far as the Board is aware, there is no relevant audit information of which the trust's auditor is unaware. All members of the Board have taken the steps that they ought to have in order to make themselves aware of any relevant audit information and to establish that the trust's auditor is aware of that information.

The directors consider the annual report and accounts, taken as a whole, to be fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.

Council of Governors

Elected Public Governors as at 31 March 2016



Ashford
David Nutley



Canterbury
Kate Wortham



Dartford:
Gary Frost
(since Jan 2016)



Dover
Carol Coleman
(since Jan 2016)



Gravesham
Peggy Lawlor



Maidstone
David Price
(since Jan 2016)



Sevenoaks
Jo Naismith



Shepway
Alan Hewitt
(since July 2015)



Swale and Lead Governor
Ken Rogers



Thanet
Jane
Hetherington
(since Jan 2016)



Tonbridge and Malling
Jack Wise



Tunbridge Wells
Graham Shaw
(since July 2015)

Rest of England
Anthony Moore
(since Jan 2016)

Retired Governors



Dover
Roisin Murray
(until Aug 2015)



Shepway
Marion Keates
(until June 2015)



Thanet
Stuart Alexander
(until Aug 2015)



Rest of England
David Hoad
(until Oct 2015)



Hannah Guy
(staff governor)
(until May 2015)

Elected Staff Governors



Adult Services
Sonja Bigg



Adult Services
Garry Denman
(since July 2015)



Children's Services
Dr Mark Johnstone



Corporate Services
Kathy Walters



Health Improvement
Claire Buckingham

Appointed Governors



Police
Adrian Futers
(until Oct 2015)



Public Health
Andrew Scott-Clark



Universities
Dr Susan Plummer



Voluntary organisations
Jane Roberts

Governors are elected for a period of either 2 or 3 years

Membership: Representation, Engagement and Effectiveness

At the end of March 2016, the trust's total membership stood at 11,885. This represents nearly 0.9% of the population of Kent. The trust's aim is to achieve and maintain 1% of Kent's population as members of the trust.

We increased our overall membership by approximately 10% during 2015/16, from 10,975 at the start of April 2015 to 11,885 at the end of March 2016. Monitor's requirement is to increase membership by a minimum of 1% each year.

We increased our membership in 10 out of 17 ethnicity categories.
We increased our membership in 8 out of 9 age categories.

Areas where we need to increase our numbers to reach 1% are:

- Men
- BME and Asian ethnicities
- 30 to 59-year-olds and over 80-year-olds
- Working class people
- People in urban areas

Geographical areas we need to increase membership include:

- Dartford
- Tunbridge Wells
- Gravesham
- Shepway

Members are involved in a variety of ways, from responding to questionnaires and commenting on trust leaflets, to being invited to events or to sit on panels or working groups which are relevant to their interests. More than 8,300 members receive the trust's Community Health magazine (either by email or post), 1,760 members want to respond to surveys, more than 1,100 want to be invited to events, 440 want to comment on our leaflets and nearly 230 want to be part of a panel or working group. The trust attended 29 membership recruitment events throughout the year, the biggest being the Kent County Show where 230 new members were recruited. There were also visits to 20 voluntary and community sector organisations and groups about the trust and trust membership.

Understanding the views of governors and members

The trust has established a "Strategy Group" to which every Governor is invited. This group has regular meetings scheduled throughout the year. The group is designed to ensure that Governors' and their constituents' views are taken into account and information is shared during the strategy setting process. The Director responsible for setting the individual strategies or service plans on the agenda attend the meetings to encourage open discussion and ensure they directly receive information from governors and take their contributions into account. Further methods of effectively receiving information and views from members and the wider public via Governors and ensuring the trust acts on that information and sets effective methods of feeding back are currently being explored by the governors themselves as part of their development programme.

Overview and scrutiny committee activity and impact

The trust works closely with Kent County Council's Health Overview and Scrutiny Committee on any plans it has to improve services so that the committee is fully informed and can decide if it needs to consider any changes. No matters were formally discussed by Health Overview and Scrutiny Committee in 2015-16.

Consultation with local groups and organisations

We held four events across Kent in Dover, Gravesend, Thanet and Shepway to engage with the Roma population. They were attended by almost 200 Roma people. The events were preceded by meetings of the "Roma network", professionals from health, social services, police, fire service, education, children's centres and community organisations who have joined forces to raise awareness of the issues faced by Roma people in accessing services and to promote partnership working. This work was recognised by North Kent CCGs when it was shortlisted for its patient experience awards in March 2016.

KCHFT's engagement team attended 25 community events across Kent including events for carers, young people, older people, black and minority ethnic people and disabled people. This has raised awareness of KCHFT's services, helped to recruit new trust members and led to on-going work with carers organisations to raise awareness of carers issues, including a new section at staff induction. The team organised ten focus groups on a range of topics including developing a Relatives Charter for community hospitals, personalised care planning and improving patient information. This work has improved relatives' involvement in the care of their loved ones and provided our patients with clearer advice and information as well as greater involvement in their own care.

KCHFT continues to have a constructive relationship with Healthwatch Kent. We have been part of a working group looking at how complaints handling can be improved across health and social care. This work is on-going and will provide external assurance that the trust is meeting the key principles of good complaints handling as set out in 'My Expectations', a report published by the Ombudsman and Healthwatch England.

Remuneration report

This remuneration report presents information from the 1 April 2015 to 31 March 2016. Any comparative information for 2014/15 will only cover the period from 1 March 2015, when the trust became a Foundation Trust, to 31 March 2015.

Annual Statement on Remuneration

The salaries for two new director posts: Director of Nursing and Quality and Director of Human Resources, Organisational Development and Communications were decided with agreement of the Trust Development Authority. At the same meeting, the Remuneration and Terms of Service Committee considered a proposal to reinstate the post of Director of Corporate Services following a redistribution of portfolios amongst the executive team and to recognise the expected expansion of the role of Strategy and Transformation Director and the seniority and skill set required. As part of this overall review the salaries for those remaining directors were also rebased following a market testing exercise.

The appointment of the new Chief Executive was agreed together with the remuneration package. Ministerial approval was sought and agreed on the remuneration package.

There were no other substantial changes relating to senior managers' remuneration made during the year. No bonuses were paid during 2015/16.

The Council of Governors have not been asked to review the salaries for the Chair and non-executive directors as these were still in line with those offered across the sector and the salaries were agreed at the latter end of 2014/15.

Senior Managers' Remuneration Policy

Policy on Remuneration for Executive Directors

The Remuneration Committee determines the salaries of the Chief Executive and the other executive directors by considering market rates. Existing trust Very Senior Manager (VSM) contracts and notice periods of 6 months follow the VSM guidance from the Department of Health. Notice periods for all very senior managers hired after 1 March 2015 are 3 months' notice periods and should normally be worked to ensure the NHS receives benefit during the notice period. This could include undertaking special projects and short term placements.

Pay Component	How that component supports the trust short and long term strategy	How it operates	Maximum payable
Senior managers are entitled to a basic salary which is determined by the Remuneration Committee. The rates paid to individual directors are determined by the remuneration	The trust believes that its senior managers should be well remunerated for their work. trust salaries should be competitive and enable the trust to attract high calibre staff. However, salaries should not be overly high and should be positioned in the top quartile of salaries for similar organisations. The	Salaries are reviewed against external NHS benchmarking and set at the lower end of the upper quartile for similar organisations, taking into account other factors including performance and qualifications. A report is presented to the Remuneration Committee.	

Pay Component	How that component supports the trust short and long term strategy	How it operates	Maximum payable
committee who take into account: • Qualifications required for the role • Spans of responsibility and accountability • Performance • Market forces	Remuneration Committee will therefore reference its salaries to the NHS Providers survey of executive salaries and independent advice as required.		
Annual performance bonus scheme for directors comprising an annual uplift and a non-consolidated bonus described below		<p>Subject to annual appraisal as for all staff. Pay awards for the financial year will be based upon placing the individual into one of four categories:</p> <p>Category Award</p> <p>A) Outstanding annual uplift, consolidated into salary; plus a % non-consolidated bonus.</p> <p>B) Exceeds expectations annual uplift, consolidated into salary; plus a % non-consolidated bonus.</p> <p>C) Satisfactory annual uplift, consolidated into salary.</p> <p>D) Not satisfactory; No increase.</p> <p>The award payable to individual staff will be determined by the performance category into which they are placed. However, it is an essential criterion of the performance bonus scheme that the organisation achieves its financial control target. The annual uplift will be applied to the basic pay being paid to the post holder (which would include any long-term RRP payment), provided that:</p> <p>1) The organisation achieves its financial control target; and</p> <p>2) The individual concerned is judged as performing at</p>	Not more than 25%

Pay Component	How that component supports the trust short and long term strategy	How it operates	Maximum payable
		Category A, B or C. Those in Categories A, B and C will receive this annual uplift to their basic pay, which will be pensionable within the limits of the NHS Pension Scheme as they apply to each individual (provisions vary depending on date of joining the Scheme). Those in Categories A and B will receive, in addition to the annual uplift, a non-consolidated bonus payment, provided the essential criterion is met – i.e. that the organisation achieves its financial control target. Bonus payments will be non-pensionable, non-consolidated one-off payments paid in the following year. The value of the A & B non-consolidated bonus payments has been determined annually.	
The annual uplift		As described above. Not applied due to salaries established as first year as a Foundation Trust.	

Each contract for directors gives the trust the right to deduct from a director's salary, or any other sums owed, any money owed to the trust. If on termination of the appointment the director has taken in excess of their accrued holiday entitlement the trust shall be entitled to recover by way of deduction from any payments due. No provisions for the recovery of sums paid or for withholding of sums to senior managers have been made in the period. The trust's policy on senior managers' remuneration and its general policy on employees' remuneration differ only, in so far as other staff are on the *Agenda for Change* or *Medical and Dental* pay scales, while directors' pay is determined outside of this framework.

The Medical Director is on a consultant contract not VSM and this has not changed in 2015-16. In addition to the consultant salary a management responsibility allowance is paid. The total payment of £160,000 is capped to allow for increases within the consultant contract.

Policy on Remuneration for Non-Executive Directors

The remuneration for non-executive directors (NEDs) is set by the Council of Governors. No 'golden hellos', compensation for loss of office or other remuneration from the trust was received by any of the above during 2015/16. Non-executive members do not receive pensionable remuneration.

The Council of Governors determines the pay for the Chairman and non-executive directors and in so doing take into account comparative remuneration of other foundation trusts. They are on fixed term, renewable contracts. There is no performance related pay and no compensation for early termination.

There are three levels of remuneration based on the level of commitment expected of the post holder: Trust Chairman; Chair of Audit and Risk, Quality and Finance, Business and Investment Committees; other non-executive directors.

Pay Component	Description	Application
Chairman Basic Pay	A spot rate salary £48,600	Trust Chairman
Non-Executive Basic Pay	A spot rate salary £13,500	All NEDs
NED Committee – Chair responsibility	20% uplift	Audit and Risk, Quality and Finance, Business & Investment committee chairs

Service Contracts Obligations

There is one standard contract for all directors excluding the medical director who is employed on a standard consultant contract. This puts the following obligations on the trust

- Review performance annually.
- Give reasonable notice of any variation to salary.
- To determine redundancy pay by reference to Part XI of the Employment Rights Act 1996. Any redundancy payment will be calculated in accordance with paragraphs 16.8 and 16.9 of the NHS terms and conditions of service handbook.
- To pay appropriate expenses incurred in the course of duties in accordance with the trust's Travel and Expenses policy.
- Annual Leave follows standard NHS terms, likewise sickness.
- The notice period for all executive directors appointed post April 2015 except Chief
- Executive is 3 months; Chief Executive has to give 6 months' notice.
- No executive director is on a fixed term contract.

Policy on Loss of Office

- Notice periods as above for resignation of Chief Executive and all directors
- Payments in lieu of notice are at the discretion of the trust.
- Senior manager's performance is relevant for loss of office when a material element of the Business Plan has not been delivered and then there can be dismissal without notice.

Setting Senior Managers Remuneration Policy

This has been a matter solely for the Remuneration Committee Statement of consideration of employment conditions elsewhere in the Foundation Trust. The pay and conditions of employees (including any other group entities) were not taken into account when setting the remuneration policy for senior managers except in so far as senior managers were subject to the same financial restrictions as other staff.

The trust did not consult with employees when preparing the senior managers' remuneration policy.

The Chief Executive confirms that the remuneration report covers senior managers who have authority or responsibility for directing or controlling the major activities of the trust. These managers influence the decisions of the entity as a whole rather than the decisions of individual directorates or department. This definition includes all executives and the trust Secretary.

Annual Report on Remuneration

Information Not Subject to Audit

Remuneration Committee

The Remuneration Committee is a formal committee of the Board. The purpose of this Committee is to advise the Board on all aspects of the remuneration and terms of conditions for the Chief Executive, executive directors and directors reporting to the Chief Executive ensuring that these properly support the objectives of the trust, represent value for money and comply with statutory requirements.

The committee's members are the non-executive directors of the trust and the committee is chaired by the trust Chairman. Between 1 April 2015 and 31 March 2016 there were three meetings of the Remuneration Committee. All members were present at each one.

Remuneration Committee	Meetings attended 15/16
David Griffiths	3
Richard Field	3
Peter Conway	3
Steve Howe	3
David Robinson	3
Catherine Gaskell	3
Bridget Skelton	3
Jennifer Tippin	3

The Chief Executive also normally attends meetings, except where matters relating to them are under discussion. NHS Providers survey of executive salaries benchmarking data was used to assist the committee in their decisions.

This committee determines the remuneration and conditions of service of the Chief Executive, other directors and senior managers with Board responsibility who report directly to the Chief Executive, ensuring that these properly support the objectives of the trust, represent value for money and comply with statutory requirements. The Committee does not determine the remuneration of the non-executive Chairman and the non-executive directors, which is set by the Council of Governors.

Service Contracts

Executive director service contracts are permanent with the following notice periods:

Senior Manager	Date effective	Notice
Marion Dinwoodie, Chief Executive (to 30 November 2015)	1 March 2015	6 months
Paul Bentley, Chief Executive	1 March 2016	6 months
Lesley Strong, Deputy Chief Executive and Director of Operations; Adults (Acting Chief Executive from 1 December 2015 to 1 March 2016)	1 March 2015	6 months
Clive Tracey, Acting Director of Operations; Adults	7 December 2015	3 months
Mark Shepperd, Director of Operations; Children and Young People (to 30 October 2015)	1 March 2015	6 months
Claire Poole, Acting Director of Operations; Children and Young People	1 November 2015	3 months
Nicola Lucey, Director of Nursing and Quality	1 June 2015	3 months
Gordon Flack, Director of Finance	1 March 2015	6 months
Peter Maskell, Medical Director	1 March 2015	3 months
Natalie Davies, Corporate Services Director (Was in Trust Secretary post prior to 1 June 2015)	1 June 2015	3 months
Nichola Gardner, Director of Strategy and Transformation	1 March 2015	3 months
Louise Norris, Director of Workforce, Organisational Development and Communications	7 July 2015	3 months

Non-executive director service contracts are fixed term with the following unexpired terms as at the 31 March 2016:

Senior Manager	Date effective	End Date	Unexpired term
David Griffiths, Chairman	1 March 2015	1 March 2017	11 months
Richard Field, Vice Chairman	31 March 2015	1 April 2017	1 year
Peter Conway, Non-Executive Director	1 April 2015	31 March 2018	2 years
Steve Howe, Non-Executive Director	1 April 2015	31 March 2018	2 years
David Robinson, Non-Executive Director	1 October 2014	30 September 2016	6 months
Catherine Gaskell, Non-Executive Director	7 April 2014	6 April 2016	6 days
Bridget Skelton, Non-Executive Director	7 April 2016	6 April 2019	3 years
Jennifer Tippin, Non-Executive Director	1 March 2015	28 Feb 2017	11 months

Expenses of the Senior Managers and Governors

The following expenses were paid to Senior Managers in the period:

Directors & Senior Managers	Non-Taxable Expenses *(Rounded to nearest 100) £00	
	2015/16	2014/15 (one month)
Marion Dinwoodie, Chief Executive Officer	22	-
Lesley Strong, Deputy Chief Executive and Director of Operations; Adults	31	2
Clive Tracey, Acting Director of Operations; Adults	10	-
Claire Poole, Acting Director of Operations; Children and Young People	10	-
Nicola Lucey, Director of Nursing & Quality	13	-
Gordon Flack, Director of Finance	16	2
Peter Maskell, Medical Director	30	-
Natalie Davies, Trust Secretary	18	2
Nichola Gardner, Director of Strategy and Transformation	23	1
Louise Norris, Director of Workforce, OD and Communications	18	-
David Griffiths, Chairman	1	-
Richard Field, Vice Chairman	0	3
Peter Conway, Non-Executive Director	1	-
Steve Howe, Non-Executive Director	1	4
David Robinson, Non-Executive Director	1	-
Catherine Gaskell, Non-Executive Director	1	-
Bridget Skelton, Non-Executive Director	1	-
Jennifer Tippin, Non-Executive Director	1	-
Total	196	14

*Taxable benefits are included within the Remuneration Table on page 38.

There were a total of 20 executive and non-executive directors in post in the reporting period and 18 of these received expenses paid by the trust. The aggregate sum of directors' expenses comes to £19,597.10.

The following expenses were paid to Governors in the period:

Governors	Expenses (Rounded to nearest 100) £00	
	2015/16	2014/15 (one month)
Graham Shaw	2	-
Jack Wise	1	-
Kate Wortham	10	0
Ken Rogers	11	-
Marion Keates	3	0
Peggy Lawlor	5	0
Roisin Murray	4	-
Stuart Alexander	3	0
Total	39	1

There were a total of 19 governors in office in the reporting period and eight of these received expenses paid by the trust. The aggregate sum of governors' expenses comes to £3,879.58.

Name & Title	2015-2016 (12 months)						2014-2015 (1 month)					
	Salary & Fees	Taxable Benefits	Annual Performance-related Bonuses	Long term Performance-related Bonuses	All pension related benefits	Total	Salary & Fees	Taxable Benefits	Annual Performance-related Bonuses	Long term Performance-related Bonuses	All pension related benefits	Total
	(bands of £5000) £000	(Rounded to the nearest £100) £00	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(Rounded to the nearest £100) £00	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
Marion Dinwoodie, Chief Executive Officer (left on 30/11/15)	90 - 95	0			0	90 - 95	10 - 15	1			0	10 - 15
Paul Bentley, Chief Executive Officer (from 01/03/16)	10 - 15				0	10 - 15						
Lesley Strong, Deputy Chief Executive, Director of Operations, Adults (Acting Chief Executive from 01/12/15 to 01/03/16)	125 - 130				150 - 152.5	275 - 280	5 - 10				0	5 - 10
Clive Tracey, Acting Director of Operations, Adults (from 07/12/15)	30 - 35	40			7.5 - 10	40 - 45						
Mark Shepperd, Director of Operations, Children and Young People (left on 30/10/15)	60 - 65				0	60 - 65	5 - 10				0	5 - 10
Claire Poole, Acting Director of Operations, Children and Young People (from 01/11/15)	40 - 45	0			30 - 32.5	70 - 75						
Karen Proctor, Director of Nursing & Quality (left on 22/03/15)							5 - 10				0	5 - 10
Nicola Lucey, Director of Nursing & Quality (from 01/03/15)	115 - 120				7.5 - 10	125 - 130	5 - 10				n/a	5 - 10
Gordon Flack, Director of Finance	110 - 115	82			0	120 - 125	5 - 10	6			0	10 - 15
Peter Maskell, Medical Director	155 - 160				245 - 247.5	405 - 410	10 - 15				12.5 - 15	25 - 30
Natalie Davies, Director of Corporate Services (from 01/06/15. Was Trust Secretary previous to this role)	90 - 95				57.5 - 60	145 - 150	5 - 10				0 - 2.5	5 - 10
Nichola Gardner, Director of Strategy and Transformation	90 - 95				57.5 - 60	150 - 155	5 - 10				0 - 2.5	5 - 10
Louise Norris, Director of Workforce, OD and Communications (from 07/07/15)	80 - 85				37.5 - 40	120 - 125						

Name & Title	2015-2016 (12 months)						2014-2015 (1 month)					
	Salary & Fees	Taxable Benefits	Annual Performance-related Bonuses	Long term Performance-related Bonuses	All pension related benefits	Total	Salary & Fees	Taxable Benefits	Annual Performance-related Bonuses	Long term Performance-related Bonuses	All pension related benefits	Total
	(bands of £5000) £000	(Rounded to the nearest £100) £00	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(Rounded to the nearest £100) £00	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
David Griffiths, Trust Chairman	45 - 50	20				50 - 55	0 - 5					0 - 5
Richard Field, Vice Chairman	15 - 20	13				15 - 20	0 - 5	2				0 - 5
Peter Conway, Non-Executive Director	15 - 20	11				15 - 20	0 - 5					0 - 5
Steve Howe, Non-Executive Director	15 - 20	20				15 - 20	0 - 5	3				0 - 5
David Robinson, Non-Executive Director	10 - 15	14				10 - 15	0 - 5					0 - 5
Catherine Gaskell, Non-Executive Director	10 - 15	16				15 - 20	0 - 5					0 - 5
Bridget Skelton, Non-Executive Director	10 - 15	9				10 - 15	0 - 5					0 - 5
Jennifer Tippin, Non-Executive Director	10 - 15	6				10 - 15	0 - 5					0 - 5

During the period 1 April 2015 to 31 March 2016 there were several changes in personnel. A new Chief Executive Officer, Paul Bentley was appointed and started on the 1 March 2016, after Marion Dinwoodie retired on 30 November 2015. From the 1 December 2015 to the 1 March 2016, Lesley Strong was Acting Chief Executive Officer, with Clive Tracey acting up to the vacant role as Director of Operations for Adults from 7 December 2015 until the period end. Mark Shepperd left the trust on 30 October 2015 with Claire Poole acting up to the vacant Director of Operations for Children and Young People post from 1 November 2015. Nicola Lucey was made permanent in her role as Director of Nursing and Quality on 1 June 2015 after an interim period that started on 1 March 2015. On 1 June 2015, Natalie Davies expanded her role as Trust Secretary and filled the reinstated post of Director of Corporate Services. Louise Norris was appointed to the new post as Director of Human Resources, OD and Communications on 7 July 2015.

Included in the above table, the salary of the Medical Director contains an amount totalling £87,624, paid in relation to his clinical role from 1 April to 31 March 2016.

No payments were made for loss of office or to past senior managers in the period.

Pension Benefits

Name and Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31.03.16 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31.03.16 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01.04.15 £000	Cash Equivalent Transfer Value at 31.03.16 £000	Real increase/(decrease) in Cash Equivalent Transfer Value £000	Employer's Contribution to stakeholder pension £000
Marion Dinwoodie, Chief Executive	0 - 2.5	0 - 2.5	70 - 75	215 - 220	n/a	n/a	n/a	n/a
Paul Bentley, Chief Executive	0	0	45 - 50	140 - 145	824	833	0	n/a
Lesley Strong, Deputy Chief Executive, Director of Operations, Adults (Acting Chief Executive from 01/12/15 to 01/03/16)	5 - 7.5	20 - 22.5	60 - 65	185 - 190	n/a	n/a	n/a	n/a
Clive Tracey, Acting Director of Operations, Adults	0 - 2.5	0	15 - 20	20 - 25	262	299	11	n/a
Mark Shepperd, Director of Operations, Children and Young People	0 - 2.5	0 - 2.5	40 - 45	125 - 130	783	800	4	n/a
Claire Poole, Acting Director of Operations, Children and Young People	0 - 2.5	2.5 - 5	25 - 30	75 - 80	391	491	40	n/a
Nicola Lucey, Director of Nursing & Quality	0 - 2.5	2.5 - 5	40 - 45	125 - 130	649	680	23	n/a
Gordon Flack, Director of Finance	0	0	40 - 45	130 - 135	824	825	-9	n/a
Peter Maskell, Medical Director	10 - 12.5	25 - 27.5	35 - 40	105 - 110	401	567	162	n/a
Natalie Davies, Director of Corporate Services	2.5 - 5	2.5 - 5	20 - 25	55 - 60	239	265	23	n/a
Nichola Gardner, Director of Strategy and Transformation	2.5 - 5	2.5 - 5	15 - 20	50 - 55	237	266	26	n/a
Louise Norris, Director of Workforce, OD and Communications	2.5 - 5	5 - 7.5	40 - 45	120 - 125	681	751	46	n/a

Any data expressed as n/a in the above tables is not applicable.

As non-executive members do not receive pensionable remuneration, there are no entries in respect of pensions for non-executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. CETV figures are only applicable up to the age of 60.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3% to 2.8%. This rates affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension Scheme are based on the previous discount rate and have not been recalculated.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Inflation Figure Applied to Calculate Real Increases to Pensions, Lump Sums and CETVs over the Period

The trust has used an inflation rate assumption of 1.2% to calculate real increases to pensions, lump sums and CETVs over the period. The trust considers this an appropriate inflation figure to be used in calculations as the Greenbury Pension Guidance lists it as value of the Consumer Price Index.

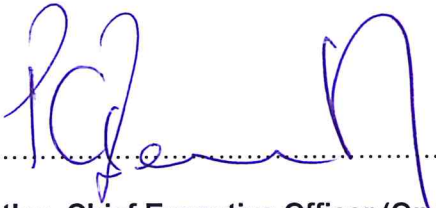
Fair Pay Multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in Kent Community Health NHS Foundation trust in the financial year 2015-16 was £155k-160k (2014-15, £135k-140k). This was 6.4 times (2014-15, 5 times) the median remuneration of the workforce, which was £25k (2014-15, £25k). The increase in the ratio from last period, between the remuneration of the highest paid director and the median remuneration is due to a change of the most highly paid director.

In 2015-16, one employee (2014-15, two employees) received remuneration in excess of the highest-paid director. Remuneration for this individual was £197k (2014-15, £138k & £198k)

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Signed: 

Date: 26 May 2016

Paul Bentley, Chief Executive Officer (On behalf of the Board)

The staff report

We launched a Clinical Leaders' Programme to support and develop clinical staff new to management and managers who would benefit from additional development. The first cohort started in West Kent in October and is being rolled out to other areas. Feedback from staff and managers and a wide-ranging 360 degree diagnostic exercise informed the content of the programme which covers 8 key areas of management and leadership competency. Experienced, senior managers and leaders from commissioning organisations introduce each session and provide valuable insight into how leaders address the challenges of working in the NHS.

Following a consultation with staff we introduced performance related incremental pay progression, from 2015/16 it applied to all staff. This means that increments are no longer automatic but dependent on an individual's performance throughout the year.

We also consulted staff on refreshing our values. The feedback was very positive and the refreshed values are compassionate, aspirational, responsive and excellence. We are also refreshing our Values into Action framework, which describes what our values mean and has examples of when we are and aren't demonstrating our values.

Two members of our team have picked up top awards for their work to support the vital part played by apprenticeships in the health service. Ellie Gawn and Hannah Millard (right) won two of the categories at the Apprenticeship and Support Workforce Awards 2016, organised by Health Education England (Kent Surrey and Sussex).

There were four other finalists, Katie Mackenzie, Laura Treharne, Garry Sampson and Amba Doughty. Hannah, a former apprentice who has worked full time in the trust's employee relations team since March 2015, was named Ambassador of the Year in recognition of her work to promote the benefit of apprenticeships across the organisation and to the wider world.

Ellie, now a member of the clinical education and standards team, won the award for Level 2 Non-Clinical Apprentice of the Year.



During 1 April 2015 – 31 March 2016

- ❖ Overall we exceeded our mandatory training target of 85%, achieving 94%.
- ❖ Sickness absence was above our 3.9% target at 3.98%
- ❖ Unplanned turnover exceeded our 8% target at 15% for the year
- ❖ We did not quite reach our target of a less than 5% vacancy rate, at 7.6%, however, the trust continues with a rigorous recruitment campaign.

Staff Sickness absence

	2015-16	2014-15
Total days lost	40,433	41,703
Total staff years	<u>4,491</u>	<u>4,455</u>
Average working days lost	9.00	9.36

The above staff sickness data is provided centrally by the Health and Social Care Information Centre using the statistics held within the ESR (Electronic Staff Record) Data Warehouse. The above data is based on the 2015 Calendar Year and therefore represents a full year (12 months) for comparison purposes. The Department of Health consider the resulting figures to be a reasonable proxy for

financial year equivalents. To further aid consistency the trust has also reconciled the centrally provided data to its own underlying local data.

The gender distribution of our workforce is:

FTE	Female	Male	Total	% Female	% Male	% Total
Directors	9.00	5.00	14.00	64.29%	35.71%	100.00%
Senior Managers	32.05	8.00	40.05	80.02%	19.98%	100.00%
Employees	3921.62	433.94	4355.56	90.04%	9.96%	100.00%
Total	3962.67	446.94	4409.61	89.86%	10.14%	100.00%

Average number of employees (WTE basis)

			2015/16	2014/15
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	60	2	62	65
Ambulance staff	-	-	-	-
Administration and estates	1,329	2	1,331	1,366
Healthcare assistants and other support staff	850	-	850	847
Nursing, midwifery and health visiting staff	1,403	5	1,408	1,478
Nursing, midwifery and health visiting learners	53	-	53	61
Scientific, therapeutic and technical staff	737	2	738	758
Healthcare science staff	-	-	-	-
Social care staff	17	-	17	21
Agency and contract staff	-	235	235	231
Bank staff	-	81	81	61
Other	-	-	-	-
Total average numbers	4,449	327	4,776	4,887
Of which:				
Number of employees (WTE) engaged on capital projects	21	-	21	34

Health and Safety Performance

The trust meets its obligations under the Health and Safety at Work etc. Act 1974.

The trust has a Health and Safety Committee that reports to the Corporate Assurance and Risk Management Group. Fire Safety, Water Quality and Medical Gases sub group's report into the Health and Safety Committee. During 2015-16 the trust did not receive any HSE Improvement Notices or prosecutions.

The trust reported 11 incidents which fell under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The trust's approach to health and safety is documented in its Health and Safety, and associated, policies, available on its staff intranet.

Occupational Health

PAM is our Occupational Health provider, the service is accessed via a referral by the manager. PAM also provides the staff counselling service. The trust's approach to occupational health is documented in its Occupational Health, and associated, policies, available on its staff intranet.

Counter Fraud

The trust's Counter Fraud Specialists provide professional expertise to tackle fraud, corruption and bribery and operate within a national legal framework for tackling fraud, corruption and bribery, with all work completed in accordance with legal standards and in compliance with guidance provided by NHS Protect. The trust's approach to counter fraud is documented in its counter fraud, corruption and bribery policy.

Equality and Diversity

As an inclusive employer, the trust is committed to ensuring equality of access to employment, career development and training and the application of human rights for all of its staff. This approach is set out in the trust's Equality and Diversity Policy which give full and fair consideration to disabled applicants and ongoing support to staff who become disabled.

Equality is written into the trust's values framework, it ensures all of our staff receive training in the subject, it uses equality analysis and equality and diversity is embedded into trust policies. Additionally the trust uses the Equality Delivery System 2 to record and evidence the work it does and publishes its equality objectives annually on its public website. Staff networks promote and support staff who are LGBTQ, disabled and have religious beliefs.

Communication with staff

The trust has good communication and engagement channels and mechanisms for gaining feedback and involving patients and staff in shaping our services. We value our staff - our most important asset. We recognise the challenges that they face and we want them to feel listened to and involved and create a culture of openness, trust and accountability. Research has shown that a more engaged workforce results in better patient care.

Actions are taken to provide employees systematically with information on matters of concern to them as employees and to encourage their involvement in improving trust performance including the financial and economic factors. The trust has a vibrant, interactive staff intranet which has news and picture stories, video messages, films, blogs and work spaces where colleagues can share information. Organisational updates and stories are featured on its home page and updated on a daily basis. A dedicated section promotes staff health and wellbeing. There is a section dedicated to consultations which provides an opportunity for all staff to give feedback on policy changes and restructures, in addition to consultation meetings with staff who are directly affected.

All of this information is publicised and summarised in a weekly bulletin emailed to all staff which is also printed out for staff who do not have easy access to a computer. A monthly briefing is produced to help managers cascade and discuss key messages from the Board with staff in team meetings. The trust's quarterly Community Health magazine is sent to all staff bases.

The Executive Team holds regular staff engagement events and the Chief Executive chairs a monthly sounding board with staff. The trust also has a Staff Partnership Forum which meets monthly. More information can be found in the trust's Communication and Engagement Strategy published on its [website](#).

Staff Survey summary of performance

Of the 5343 questionnaires sent out, 2873 staff surveys were returned. The response rate for the trust was 57% in 2015 which is above average when compared to other community trusts and a 2% increase on the previous year.

Key Findings

Staff are more satisfied with engagement than a year earlier, which is positive considering the amount of change the trust has been going through. Staff experience scores also improved: there was an increase in appraisals, staff feeling motivated at work and supported by their manager. However, more of staff felt pressurised to attend work when feeling unwell. The percentage of staff who would recommend the care the trust provides or the trust as a place to work to their friends and family has also gone up. There has been a reduction in the number of colleagues working additional hours unpaid and the trust scored higher than the national average for the way we use patient experience and for the fairness and effectiveness of reporting errors, near misses and incidents.

Top 5 ranking scores	Trust score 2015	National 2015 average for community trusts
KF16. Percentage of staff working extra hours	69%	74%
KF11. Percentage of staff appraised in the last 12 months	92%	89%
KF32. Effective use of patient/service user feedback	3.74	3.67
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	23%	24%
KF30. Fairness and effectiveness of procedure for reporting errors, near misses and incidents	3.81	3.75

There is still some way to go to improve the staff's belief that their role makes a difference to patients, 89 per cent do but that's below the 91 per cent national average. In the 5 top scoring Key Findings KCHFT scored above average when compared to other community trust across the country. A lower score is positive for KF16. Of KCHFT's five bottom ranking scores 4 are only just below the national average. KF18 is below the national average and the key area of enquiry where the trust score dropped from last year.

Bottom 5 ranking scores	Trust score 2015	National 2015 average for community trusts
KF3. Percentage of staff agreeing that their role makes a difference to patients/service users	89%	91%
KF13. Quality of non-mandatory training, learning or development	3.99	4.06
KF7. Percentage of staff able to contribute towards improvements at work	68%	71%
KF31. Staff confidence and security in reporting unsafe clinical practice	3.69	3.76
KF18 Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell	65%	58%

The good news is that the trust has improved in all those areas it identified last year as key measures of success. In some areas such as appraisals this has taken KCHFT from performing below average to above average. However in most other Key Findings other organisations have also improved in these areas and therefore KCHFT's improvement is not reflected in the overall rankings when compared to other comparable organisations.

Future Priorities

This year we will develop an action plan focused on the 5 bottom ranking scores and where we have shown a decline from our last year's score. Our main priority will be to increase staff engagement which in turn will impact positively on other scores. There is also a need to promote a cultural shift to ensure that the trust values are translated into management and leadership that supports the organisation and demonstrates a compassionate and caring workforce that is engaged and motivated, and able to deliver safe, quality patient care.

Each locality and directorate has also been asked to analyse their specific findings and develop an action plan to address key areas of concern. Our Communication Plan includes presentation of findings to key groups (Board/Exec/Senior Managers/JNCC) and communication to all staff groups, involving them in making sense of the findings and developing action plans for their areas. Findings are being discussed within each locality/ directorate (including Corporate Services) with action plans developed, agreed and monitored.

Overall, the survey findings for 2015 are quite positive and there have been some real improvements year on year in some key areas. However whilst there have been improvements on the scores the areas of staff feeling able to contribute to improvements at work, feeling satisfied with the quality of care they deliver and their overall motivation at work remain below average when compared to other organisations.

Off-payroll Engagements

Table 1: For all off-payroll engagements as of 31st March 2016, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2016	6
Of which...	
No. that have existed for less than one year at time of reporting.	2
No. that have existed for between one and two years at time of reporting.	4
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1st April 2015 and 31st March 2016, for more than £220 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016	2
No. of above which include contractual clauses giving the trust the right to request assurance in relation to Income tax and National Insurance obligations	0
No. for whom assurance has been requested	0
Of which...	
No. for whom assurance has been received	0
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received.	0

The trust has in place an Employment Status Policy but has not requested written confirmation from individuals in respect of income tax and national insurance obligations. The trust is refreshing this policy and will request this confirmation going forward.

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2015 and 31st March 2016

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	20

For exit packages see note 7.4 of the annual accounts at page 95 of this report.

NHS Foundation Trust Code of Governance

Kent Community Health NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The following table of disclosures are those that are required of the trust in order to comply with the requirements of the Code of Governance.

Disclosure relating to	Monitor Code of Governance Reference	Kent Community Health NHS Foundation Trust Disclosure
Board and Council of Governors	A.1.1	<p>The Trust Board meets 12 times per year and also attends 5 Strategy and Development days. The Trust Board meets formally in public every 2 months. There are currently approved Standing Orders, Standing Financial instructions and as Scheme of Delegation in place. The Annual governance Statement describes the role of each of the Board Committees.</p> <p>The Trust's constitution sets out how disagreements between the Council and the Board would be resolved; the Chairman, as Chair of both bodies would initially seek to resolve the disagreement, if this is not successful, a joint committee of Governors and Directors would be established. If this committee's recommendations were unable to resolve the dispute, the Board of Directors would make a final decision. A referral to Monitor or other external body might also be considered. There has been no requirement to activate this process during 2015/16.</p>
Board, Nomination Committee(s), Audit Committee, Remuneration Committee	A.1.2.	This Annual report describes the roles and responsibilities of the Board of Directors on pages 17-22. The number of Board and Committee meetings and a records of attendance is found on pages 23-25.
Council of Governors	A.5.3	Page 27 of this Annual Report identifies the members of the Council of Governors, the Lead Governor and their respective constituencies. The Council has formally met quarterly and has had two extra-ordinary meetings in September 2015 and March 2016. They are due to continue formal quarterly meetings.
Board	B.1.1	The Directors of the Trust all meet the required independence criteria set out by Monitor. The directors are identified on pages 17-22 of this Annual Report. All material pecuniary and non-pecuniary interests are declared and reported as per Trust policy and reported to the board regularly. They are also included in this Annual Report at page 26.
Board	B.1.4	The biographies of the Board members are included in this report on pages 17-22. The Board has completed a self-assessment and considers that the skills and experience of the members gives an appropriate balance in order to

		effectively conduct its business. This is reviewed in an on-going way through the Nominations Committee.
Nominations Committee(s)	B.2.10	The Nominations Committee is a Committee of the council which is designed to consider the appointment or removal, succession planning and process for appraisal for Non-Executive Directors. The Committee does this by reviewing the overall balance and skills of all the Non-Executive Directors and makes recommendations to the Council for consideration. The Nominations Committee has sat four times in the last year.
Chair/Council of Governors	B.3.1.	The job specification for the Trust Chair defines the role and capabilities required and the expected time commitment. The Chairman's other significant responsibilities are outlined in his biography on page 18 of this annual report. The Nominations Committee will oversee future appointments as required.
Council of Governors	B.5.6	The mechanisms for canvassing members continue to develop. Election of Governors – There is a process for electing new governors which is conducted by an external election company (Election Reform Services). In the last twelve months there has been two public elections and the Council is now consists of 13 publicly elected Governors and 5 staff elected Governors. The rest of the council currently consists of 3 appointed Governors. All have been to one formal meeting of the Council during the past twelve months.
Board	B.6.1	The Board is assessed for effectiveness and individual effectiveness assessments of Board members are conducted as part of the appraisal process. The Board collectively assesses its effectiveness after every formal meeting.
Board	B6.2	The Board and the governance processes have been reviewed during 2015/16 internally. As we received Foundation status in March 2015 and the review is facilitated every three years, no further external reviews been commissioned. The Audit and Risk committee takes responsibility for oversight of the Governance process. It achieves this through internal audit, external audit, deep dives and the assessment of the risk profile of the organisation.
Board	C.1.1	The Statement of the directors' responsibilities for the annual report and accounts is on page 52.
Board	C.2.1	This is covered in the Annual Governance Statement included in this Annual Report.
Audit Committee/control Environment	C.2.2	This is covered in the Annual Governance Statement included in this Annual Report. The Internal Auditor's report is on page 60.
Audit Committee/Council of Governors	C.3.5	The appointment of the External Auditor is considered every three years and was recommended and approved by the Council of Governors In May 2015.
Audit Committee	C.3.9	This information is included in the Trust's Annual Governance Statement, included in this report.

Board/Remuneration Committee	D.1.3	None of the Trust's Executive Directors are currently released to serve on external appointments such as non-executive directorships elsewhere.
Board	E.1.5	The members of the Board of Directors, and in particular the Non-Executive Directors, will attend the meetings of the Council of Governors as and when required in order to develop an understanding of the views of the Council and the Trust's members about the Trust. The Board will also take account of surveys and consultations canvassing the opinion of the membership.
Board/Membership	E.1.6	The Board and council have approved the Trust's membership strategy. The ongoing methodology for the monitoring of effective member engagement and how representative of the community the Trust serves is included in the Trust's Communications and Engagement Strategy. A membership Committee has been established by the Council for the purposes of discharging this responsibility.
Membership	E.1.4	The Trust Secretary, oversees compliance with this requirement. The Governors of the Trust can be contacted by: Email: kcht.governors@nhs.net Telephone 01622 By post at: Governor Support Office Kent Community Health NHS Foundation Trust The Oast Unit D Hermitage Court Hermitage Lane Barming Maidstone Kent ME16 9NT

Data Loss/Confidentiality

Summary of Serious Incidents requiring investigation involving personal data as reported to the Information Commissioner's Office in 2015/16					
Date of incident	Nature of incident	Nature of data involved	Number of data subjects potentially affected	Notification steps	Further action on information risk
May 2015	Disclosed in error	Medical information	1	Affected party was subsequently contacted.	Ensure staff follow appropriate policy, check data quality and accuracy and share lessons learned and outcomes.

KCHFT's Information Governance Assessment Report overall score for 2015/16 was 86% and was graded Satisfactory.

Regulatory Ratings Report

Monitor publishes two ratings for each NHS foundation trust.

- The financial sustainability risk rating (which replaced the former continuity of services risk rating) is Monitor's view of the level of financial risk a foundation trust faces and its overall financial efficiency. A rating of 1 indicates the most serious risk and 4 the least risk.
- The governance rating is Monitor's degree of concern about how the trust is run, any steps that Monitor are taking to investigate this and/or any action Monitor are taking.

During the second quarter of the year Monitor changed the continuity of services risk rating to the financial sustainability risk rating.

The continuity of services risk rating considered the liquidity and the balance sheet sustainability of the organisation. The financial sustainability risk rating still considers these measures but also incorporates the income and expenditure margin earned and to what extent the income and expenditure margin is in line with the plan.

The role of these ratings is to indicate when there is a cause for concern at a trust. The ratings do not automatically trigger regulatory action. They simply prompt Monitor to consider whether a more detailed investigation is needed.

Kent Community Health NHS Foundation Trust has achieved the best possible score for each of these ratings in each quarter of 2015/6 and in line with the expectation in its annual plan.

The results for each quarter are shown below:

2015/16	Annual Plan	Q1	Q2	Q3	Q4
Continuity of Service Risk Rating	4	4			
Financial Sustainability Risk Rating			4	4	4
Governance rating	Green – No evident concerns	Green – No evident concerns	Green – No evident concerns	Green – No evident concerns	Green – No evident concerns

Signed:



Date:

26 May 2016

Paul Bentley, Chief Executive Officer (On behalf of the Board)

Statement of the Chief Executive's responsibilities as the accounting officer of Kent Community Health NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by Monitor.

Under the NHS Act 2006, Monitor has directed Kent Community Health NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Kent Community Health NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

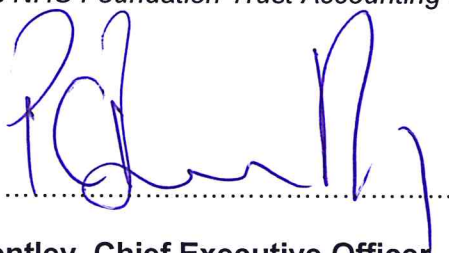
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum*.

Signed:



Paul Bentley, Chief Executive Officer

Date:

26 May 2010

Annual Governance Statement - 1 April 2015 – 31 March 2016
Kent Community Health NHS Foundation Trust
 (Organisational Code – RYY)

1. Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Kent Community Health NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Kent Community Health NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

In March 2015 the Trust was authorised as a Foundation Trust and continues to assess itself to meet all of the requirements of Monitor's Code of Governance.

The Governance Framework of Kent Community Health NHS Foundation Trust has a Board of Directors (the Board), which comprises of both Executive and Non-Executive Directors. The Board's function is to:

- Ensure all stakeholders have a good understanding of Kent Community Health NHS Foundation Trust's purpose;
- Set the values for the Trust and its strategic direction;
- Hold management to account for the success and safety of the Trust;
- Shape the organisational culture that supports its vision and values and encourages openness, honesty and integrity.

Through its strategic vision, values and goals, the Board is committed to delivering a strong, financially viable and sustainable organisation with quality of service at the heart of its business.

Leadership and co-ordination of risk management activities is provided by the Corporate Services Director and her team with support from all members of the Executive Team. Operational responsibility rests with all staff aligned to their individual roles. Risk management training is part of induction and training updates for existing staff are also provided.

Risk identification, prioritisation, mitigation or elimination occurs through assessment and grading using a nationally-recognised matrix of impact and likelihood. Incident reporting is a factor in the on-going assessment of risk and results in the instigation of changes in practice. Complaints and other feedback from users and stakeholders are also used and reported to the Board. Risk management is incorporated in objective setting and appraisals.

The Board has dedicated days set aside for developing the organisational strategy in line with national and local guidance and commissioning intentions. Part of this process is the identification of key areas of development for them, which has to take into account the mandate in the 2015/16 NHS Operational Plan to develop Sustainability and Transformation Plans (STPs) in partnership arrangements with other organisations and agencies.

In order to give the Board members grounding and greater understanding and clarity there has been development in engaging each member with Quality and Safety Walkabouts, understanding the patient journeys and pathways with case interrogation of individual case studies. The Board are also invited to the Executive and Heads of Service conferences where they meet the senior management and discuss new service models, service improvements and innovations.

4. The risk and control framework

As Accounting Officer I have overall responsibility for risk management. Specific responsibilities are delegated to senior managers throughout the organisation. The Board oversees risks, establishes a risk appetite for high level risks on a risk by risk basis and encourages proactive identification and mitigation of risks.

The Risk Management Strategy was ratified by the Audit and Risk Committee in February and presented to the Board in March 2016. The strategy explicitly describes the Trust's approach to tolerating risks. The Trust is continuing to implement and embed the principles contained within the strategy.

The top risks identified through the risk management process that have a significant impact on the ability of the Trust to deliver its strategic goals are documented on the Board Assurance Framework. During 2015/16 there has been a significant amount of work undertaken to manage, rationalise and ensure consistency of the risks identified through the risk management process.

Key strategic risks have been identified through strategic assessment and business planning processes. These are:

- Patient care may suffer detriment if we are unable to recruit and retain a quality workforce, increasing reliance on agencies and resulting in an inability to capitalise on clinical leadership.
- Failure to successfully manage the north Kent service transfer plan may adversely affect patient experience and result in financial or reputational damage and have a negative impact on staff and patients.
- Risk that the Trust will be unable to continue to meet Cost Improvement Plan targets as detailed in 16/17 and 17/18 plans.
- Risk that the benefits of the Community Information System (CIS) will not be realised within the required timescales and budget.

These risks continue to be managed through the risk management and assurance processes throughout 2016/17. Where appropriate, the Trust will discuss risks which threaten the achievement of its objectives with commissioners, our partners in healthcare and social services,

the local authority, voluntary bodies and through involvement of public (particularly members) and patients' representatives in Trust business.

4.1 Care Quality Commission

Kent Community Health NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC) and has specific statutory duties which are established in law. The arrangements for discharge of these statutory duties are in place, have been checked and are legally compliant. Mechanisms include the committee structure and terms of reference detailed below, assurance sources detailed further in this statement include internal and external audit.

During the year there have been two routine CQC inspections to our Prison Dental Services (Dental HMP Stanford Hill in July and Dental HMP Maidstone in August). A Requirement Notice was given for Dental HMP Stanford Hill in relation to infection control and an action plan was submitted to the CQC on 2 December 2015. This was completed and submitted to the CQC in February 2016 and the Trust has now received confirmation from the CQC that this Requirement Notice has now been closed.

Committee Structure

Throughout the whole of 2015/16, the Board and its Committees have met and were quorate on all occasions.

To discharge its duties effectively, the Board has a number of formally constituted Board committees with delegated responsibilities as set out within the Trust's Scheme of Reservation and Delegation. The established Board committees, alongside their respective delegated responsibilities are detailed below.

The Trust's committee structure is based on a rationale that the Committees' purpose is to receive assurance and hold the executive team to account. The key features of the committee structure include:

- All committees are assurance committees in that they do not undertake management duties.
- All are chaired by a Non-Executive Director of the Board.
- All Committees work closely with others to ensure that all governance issues relating to quality, finance, risk management and internal control are considered in a holistic and integrated way.
- Streamlined and effective administration of the Board Committees with structured reports, forward planning, schemes of delegation and escalation processes.
- A centralised business intelligence function to manage the annual work programme and data flows.

All committees report regularly the findings, issues and assurances discussed at each of their meetings to the Board.

4.2 The Quality Committee

The Committee is comprised from amongst the Non-Executive Directors of the Trust. The Director of Nursing and Quality, the Medical Director and Directors with Operational portfolios attend meetings. Other individuals with specialist knowledge attend for specific items with the prior consent of the Chairman. In particular and where appropriate, the Committee invites clinical teams to attend its meetings to provide assurance on key governance and risk issues.

The purpose of the Committee is to:

- Support the Board in ensuring that quality is integral to the function of the organisation by providing assurance on the quality and clinical governance issues identified that may influence the overall success of the organisation.
- Review all elements of the quality strategy, assessing if measures for success are implemented in the agreed timescales.
- Focus on quality and risk issues and to assess the assurance provided that the appropriate governance structures, systems and processes are in place across the Trust to assure performance and quality on behalf of the Trust Board.
- Ensure that there is clear strategic direction, strong leadership and transparent lines of accountability and that the organisation has the right systems from a patient perspective to deliver safe and effective services.
- Review specific issues where the Board requires additional assurance about the effectiveness of systems of internal control or areas where quality indicators highlight concerns.
- Review serious incidents; ensure that action plans are appropriate and that any lessons learned have been shared across the Trust.
- To monitor production of the Quality Report and implementation throughout the year ensuring that it is produced annually in line with national guidance.

4.3 The Audit and Risk Committee

The Audit and Risk Committee is the committee of the Board with delegated authority to provide assurance and hold the Executive to account for the corporate governance and internal control.

The Director of Finance, Corporate Services Director, Head of Internal Audit, Head of External Audit and the Local Counter Fraud Specialist attend meetings. Other individuals with specialist knowledge attend for specific items with the prior consent of the Chairman.

The purpose of the Audit and Risk Committee is to:

- Seek assurance that the financial reporting, risk management and internal control principles are applied;
- Maintain an appropriate relationship with the Trust's internal and external auditors; and
- Offer advice and assurance to the Board about the reliability and robustness of the systems of internal control.

As it deems necessary, the Board requests the Audit and Risk Committee to review specific issues where it requires additional assurance about the effectiveness of internal control or areas where risk management reports highlight concerns.

It is incumbent upon the Audit and Risk Committee to work closely with other committees of the Trust Board to ensure that all issues relating to finance, risk management and internal control are considered in a holistic and integrated way.

4.4 Finance, Business and Investment Committee

The Committee membership is appointed from amongst the executive and Non-Executive Directors of the Trust and includes the Chief Executive, the Director of Finance and the Deputy Chief Executive/Director of Operations Adults.

Executive Directors and senior service leads attend by invitation when the Committee discusses issues relating to their area of responsibility.

The overall objectives of the Committee are to:

- Scrutinise current financial performance and future financial plans (Annual Plan and Budget and Long Term Financial Model);
- Monitor performance against the Cost Improvement Programme;
- Scrutinise the development and implementation of service line reporting and service line management;
- Monitor decisions to bid for business opportunities;
- Review capital investment decisions over £1m and the overall capital programme development;
- Review revenue business cases between £1m to £3m annual value;
- Approve treasury management policy and scrutinise implementation;
- Promote good financial practice throughout the Trust.

The Trust's Standing Financial Instructions extend the delegated limit of the Committee to £3m. All procedural matters in respect of conduct of meetings follow the Trust's Standing Orders.

4.5 Remuneration and Terms of Service Committee

The Committee's members are the Non-Executive Directors of the Trust and the Committee is chaired by the Trust Chairman. The Chief Executive and Director of Workforce, Organisational Development and Communications will also normally attend meetings, except where matters relating to them are under discussion.

This Committee determines the remuneration and conditions of service of the Chief Executive and other Directors with Board responsibility who report directly to the Chief Executive, ensuring that these properly support the objectives of the Trust, represent value for money and comply with statutory requirements. The committee does not determine the remuneration of the Non-Executive Chairman and the Non-executive Directors, which is set by the Council of Governors.

When required, the Committee will oversee the appointment of the Chief Executive and executive directors in accordance with Standing Order 4.8.2. During these sittings the committee will be known as the Executive Appointments Committee and the minutes will reflect this position.

4.6 Charitable Funds Committee

Members of the Charitable Funds Committee include two Non-Executive Directors (one as Chairman), Director of Finance and Deputy Chief Executive/Director of Operations Adults, Staff Side Representative and a Patient Representative.

The Charitable Funds Committee acts on behalf of the Corporate Trustee, in accordance with the Trust's Standing Orders to oversee the charity's operation and to ensure that the administration of charitable funds is distinct from the Trust's exchequer funds.

4.7 Council of Governors

The purpose of the Council of Governors is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors and to represent the interests of NHS Foundation Trust members and of the public.

Governors have an important role in making an NHS foundation trust publicly accountable for the services it provides. They bring valuable perspectives and contributions to its activities.

During 2015/16 the Council of Governors have met quarterly and two extraordinary meetings were held in September including the appointment of the new Chief Executive.

4.8 NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

4.9 Sustainability

The Trust has produced a Sustainability Strategy. This is being currently updated to be brought to the Board including risk assessments and carbon reduction delivery plans in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5. Review of economy, efficiency and effectiveness of the use of resources

The Board takes responsibility for oversight and risk management assurance throughout the Trust and receives the Board Assurance Framework at its formal meetings.

The Trust's strategic goals form the basis of the Board Assurance Framework. The strategic goals are linked to key risks, internal controls and assurance sources. Mitigating controls and assurances are recorded and monitored to deliver reasonable assurance for prevention of risks, deterrent to risks arising and management of current risks. The control mechanisms in place are designed to minimise or eliminate the risk of failure to deliver business objectives, including robust corporate and performance management frameworks, service level agreements and contract monitoring, policies and procedures.

The Board delegated detailed oversight of the Board Assurance Framework to the Audit and Risk Committee. This Committee assesses the effectiveness of risk management by: managing and monitoring the implementation of the Risk Management Strategy; considering findings from internal and external audit reviews; calling Executive Directors to account for their risk portfolios and monitoring the Board Assurance Framework at each of its meetings. The Audit and Risk Committee is supported by the Corporate Services Director who produces regular reports on risk for review.

The end of year review of the Board Assurance Framework by the Head of Internal Audit has resulted in an opinion of reasonable assurance that the Board Assurance Framework is effective.

Clinical risk and patient safety are assured by the Quality Committee, the Director of Nursing and Quality, the Medical Director and the Operational Directors. The Board receives monthly quality reports encompassing the quality and patient safety aspects for the Trust. The Quality Committee has focused on assurance that the Trust is embedding the lessons learned from incidents across the Trust. It has also sought assurance on the progress of the action plans that were developed in relation to the Trust's NHS Improvement Quality Governance Assurance Framework score, and the Care Quality Commission's inspection of the Trust. This assurance is reported to the Board.

Specialised risk management activities, for example information governance; emergency planning and business continuity; and health and safety, fire and security, are undertaken by the Corporate Assurance and Risk Management Group which reports to the Executive Team and is accountable to the Audit and Risk Committee.

The Audit and Risk Committee received regular reports from the Local Counter Fraud Specialist which identified specific fraud risks and investigated whether there was evidence of those being exploited. No significant risks, classes of transactions or account balances were identified. The Committee has focused some attention on the relationship between claims and the associated costs, and incidents reported.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

These include policies, the committee structure and Board assessment of compliance with, and progress against, Equality and Diversity best practice.

6. Information Governance

There have been 341 reported IG incidents in 2015/16 compared with 426 last year. Of these, 174 were actual incidents and the remaining 167 were near miss events. Of the actual incidents, there was 1 'serious untoward incident' which was categorised as sufficiently serious to be reported to the Information Commissioner's Office (ICO). 5 incidents met the criteria of 'serious untoward incidents' in 2014/15. Following review by the ICO, no further action was required to be taken.

7. Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Reports for each financial year. NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

Each year The Trust consults with the public and other stakeholders to align the priorities for the Quality Report to the risks, business objectives and national priorities.

During the year as data is collected the Trust report quarterly to the Quality Committee and CCGs on progress with all metrics.

The draft Quality Report is presented to the Quality Committee, Governors and Trust Board for comments/additions. In addition it is presented to all CCGs, Health Watch, Kent County Council and other stakeholders for comments.

Policies and protocols are updated when new guidance e.g. NICE is issued; audits and incidents will confirm when a review is warranted e.g. following a serious incident.

A monthly review of all quality related information, including waiting list data and soft intelligence is carried out by the Executive Team, and queries are followed up by the Nursing and Quality Team who conduct quality reviews both proactively and reactively.

8. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit and Risk Committee and Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit provides reasonable assurance that the Trust had an effective system of internal control in 2015/16, based on the completed internal audit work programme for the year.

The opinion by the Head of Internal Audit concluded:

“I am satisfied that sufficient internal audit work has been undertaken to allow me to draw a reasonable conclusion as to the adequacy and effectiveness of Kent Community Health NHS Foundation Trust internal control processes. In my opinion, Kent Community Health NHS Foundation Trust has adequate and effective management, internal control processes to manage the achievement of its objectives.”

One internal audit report had a rating of ‘limited assurance’ at the year end. This was:

- Nurse Staffing Arrangement – this is still under limited assurance, there are a number of points that need to be reviewed and this is in process.

There is a clear, dynamic process for monitoring progress against audit recommendations with oversight by the Audit and Risk Committee. Recommendations from any reports providing limited assurance are prioritised.

Director statements from Executive Directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Board Assurance Framework provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed and addressed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board supported by the Audit and Risk and Quality Committees’ regular reports to the Board.

Processes are in place to maintain and review the effectiveness of the system of internal control by:

- The Board providing overall leadership for the management of risk against the achievement of organisational objectives;
- The Board's receipt of the Board Assurance Framework at its meetings

- The Audit and Risk Committee and the Corporate Assurance and Risk Management Group providing assurance on the effective operation of the risk management system;
- Each level of management being responsible for the risks in their areas, regularly reviewing them and the controls in place to mitigate them;
- The internal assurance process used to monitor compliance with the Care Quality Commission Essential Standards.

For the year 2015/16 the following significant issues have been identified:

Significant Issue Description:	Remedial Action Taken and Plans for Mitigation:
Vacancies and overspending on agency staff resulting in high costs and reduce control	Full review of actions and strategy for both recruitment and retention including <ul style="list-style-type: none"> • new career pathways • leadership development with a focus on clinical leadership • overseas recruitment • stability of the internal bank.
Potential loss of North Kent Adult Services Contract	Full project plan for transfer devised to ensure patient safety as part of transfer. On-going dialogue with the Commissioner
Full implementation of the Community Information System (CIS) and benefits realisation delayed	Governance group with responsibility of full transformation plan supported with KPIs and user reports. Interoperability between systems being embedded. Robust scrutiny and review by the Board at every formal meeting.
High levels of transfer of care delays impacting on whole system performance	Task and finish group established to analyse issues and take action. Community Services Directors linked into the Urgent Care Board and Delayed Transfer of Care meeting(s) Forging strong links with social care and a whole system approach.
Pressures in the whole health economy in relation to demand, finances and complexities of care	Active partner in the Sustainability and Transformation Plan. Whole system boards. Developments of new models of care and new alliances for the delivery of coordinated and integrated care across health, social care and the voluntary sector

Conclusion

With the exception of the internal control issues that I have outlined in this statement, which have been or are being addressed, my review confirms that Kent Community Health NHS Foundation Trust has a sound system of internal control. This supports the achievement of its goals, vision, values, policies, aims and objectives.

Signed: 

Date: 26 May 2016

Paul Bentley, Chief Executive Officer (On behalf of the Board)

Independent auditor's report to the Council of Governors of Kent Community Health NHS Foundation Trust

Our opinion on the financial statements is unmodified

In our opinion the financial statements of Kent Community Health NHS Foundation Trust (the Trust):

- give a true and fair view of the state of the financial position of the Trust's affairs as at 31 March 2016 and of the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the 2015/16 FReM as contained in the NHS Foundation Trust Annual Reporting Manual and the Directions under paragraph 25(2) of Schedule 7 of the National Health Service Act 2006.

Who we are reporting to

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

What we have audited

We have audited the financial statements of Kent Community Health NHS Foundation Trust for the year ended 31 March 2016 which comprise the statement of comprehensive income, the statement of financial position, the statement of cash flows, the statement of changes in taxpayers' equity and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and IFRSs adopted by the European Union, and as interpreted and adapted by the 2015/16 Government Financial Reporting Manual (the 2015/16 FReM) as contained in the NHS Foundation Trust Annual Reporting Manual (ARM) and the Directions under paragraph 25(2) of Schedule 7 of the National Health Service Act 2006 issued by Monitor, the Independent Regulator of NHS Foundation Trusts.



Overview of our audit approach

- Overall materiality: £4,680,000, which represents 2% of the Trust's gross revenue expenditure;
- Key audit risks were identified as:
 - occurrence and valuation of healthcare income, and existence of existence of associated receivable balances
 - completeness of operating expenditure

Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risks that, in our judgement, had the greatest effect on our audit:

Audit risk	How we responded to the risk
<p>Occurrence and valuation of healthcare income, and existence of associated receivable balances</p> <p>Over 98% of the Trust's income is from healthcare including income from NHS commissioners. The Trust invoices its commissioners throughout the year for services provided, and at the year-end estimates and accrues for activity not yet invoiced. Invoices for the final quarter of the year are not finalised and agreed until after the year-end and after the deadline for the production of the financial statements. This will involve further negotiation of contractual adjustments with commissioners.</p> <p>We, therefore, identified the occurrence of healthcare income, and existence of associated receivable balances as a significant risk requiring special audit consideration. We also identified valuation of healthcare income as a risk requiring particular audit consideration</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> evaluating the Trust's accounting policy for recognition of healthcare income for appropriateness and consistency with the prior year; gaining an understanding of the Trust's system for accounting for health care income and evaluating the design of the associated controls; using an analysis provided by the Department of Health to identify any significant differences in income and receivable balances with contracting NHS bodies, and obtaining supporting evidence to confirm the validity of these differences; agreeing, on a sample basis, amounts recognised in income in the financial statements to signed contracts and invoices; agreeing, on a sample basis, receivables to supporting documentation, such as subsequent cash receipts; and agreeing, on a sample basis, other income transactions to supporting documentation. <p>The Trust's accounting policy on healthcare income, including its recognition, is shown in note 1.2 to the financial statements and related disclosures are included in note 3.</p> <p>The Trust's accounting policy on healthcare receivables is shown in note 1.10 to the financial statements and related disclosures are included in note 20.1.</p>
<p>Completeness of operating expenses</p> <p>Expenditure on goods and services represent 27% of the Trust's total expenditure. Management uses judgement to estimate accruals of expenditure for amounts not yet invoiced at the year end.</p> <p>We therefore identified completeness of expenditure on goods and services as a risk which requires particular audit consideration.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> gaining an understanding of the systems used to recognise goods and services expenditure and year-end procedures, and evaluating the design of the associated controls; reviewing the year-end reconciliation of the subsidiary system interface and general ledger control accounts to ensure that all transactions from the subsidiary system are reflected in the financial statements; testing, on a sample basis, post year-end payments one month after year-end (to reflect a reasonable cut-off period for making year-end accruals) to confirm the completeness of year-end payables and accruals; and reviewing Trust Board and Committee minutes and papers, correspondence with solicitors and with

Audit risk	How we responded to the risk
	<p>management to ensure all potential material claims are reflected in the financial statements.</p> <p>The Trust's accounting policy on expenditure on goods and services is shown in note 1.4 to the financial statements and related disclosures are included in note 5.1.</p>

Our application of materiality and an overview of the scope of our audit

Materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

We determined materiality for the audit of the financial statements as a whole to be £4,680,000, which represents 2% of the Trust's gross revenue expenditure. This benchmark is considered the most appropriate because we consider users of the Trust's financial statements to be most interested in how it has expended its revenue and other funding.

Materiality for the current year is higher than the level we determined for the one month period ended 31 March 2015 to reflect the fact that we are auditing a full financial year.

We use a different level of materiality, performance materiality, to drive the extent of our testing and this was set at 75% of financial statement materiality for the audit of the financial statements.

We also determined a lower level of specific materiality for certain areas such as cash, and disclosures of senior manager salaries and allowances in the remuneration report.

We determined the threshold at which we would communicate misstatements to the Audit and Risk Committee to be £234,000.

Overview of the scope of our audit

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We conducted our audit in accordance with ISAs (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of Financial Statements of Public Bodies in the UK (Revised)'. Our responsibilities under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We

believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the Trust in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based, and in particular included an interim visit to evaluate the Trust's internal control environment including its IT systems and controls over key financial systems.

Overview of the scope of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2015, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016 and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Other reporting required by regulations

Our opinion on other matters required by the Code is unmodified

In our opinion:

- the part of the Remuneration Report and Staff Report subject to audit has been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 FReM as contained in the NHS Foundation Trust Annual Reporting Manual; and
- the other information published together with the audited financial statements in the annual report is consistent with the financial statements.

Matters on which we are required to report by exception

Under the ISAs (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to report to you if:

- we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the annual report is fair, balanced and understandable; or

- the annual report does not appropriately disclose those matters that were communicated to the Audit and Risk Committee which we consider should have been disclosed.

Under the Code of Audit Practice we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust ARM or is misleading or inconsistent with the information of which we are aware from our audit; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in respect of the above matters.

Responsibilities for the financial statements and the audit

What the Chief Executive, as Accounting Officer, is responsible for:

As explained more fully in the Statement of Chief Executive's Responsibilities as the Accounting Officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Direction issued by Monitor and for being satisfied that they give a true and fair view. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

What we are responsible for:

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code of Audit Practice and ISAs (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

We are also required under Section 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the financial statements of Kent Community Health NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Darren Wells
Director
for and on behalf of Grant Thornton UK LLP
The Explorer Building
Fleming Way
Manor Royal
Gatwick RH10 9GT

26 May 2016

Kent Community Health NHS Foundation Trust

Annual accounts for the year ended 31 March 2016

Statement of Comprehensive Income for the year ended 31 March 2016

		2015/16 (12 months)	2014/15 (1 month)
	Note	£000	£000
Operating income from patient care activities	3	230,179	19,910
Other operating income	4	4,428	482
Total operating income from continuing operations		234,607	20,392
Operating expenses	5, 7	(231,158)	(20,332)
Operating surplus/(deficit) from continuing operations		3,449	60
Finance income	10	60	4
Finance expenses	11	-	-
PDC dividends payable		-	-
Net finance costs		60	4
Surplus/(deficit) for the year from continuing operations		3,509	64
Surplus/(deficit) on discontinued operations and the gain/(loss) on disposal of discontinued operations	13	-	-
Surplus/(deficit) for the year		3,509	64
Other comprehensive income		-	-
Total comprehensive income/(expense) for the period		3,509	64

The notes on pages 74 to 114 form part of this account

Statement of Financial Position as at 31 March 2016

	Note	31 March 2016 £000	31 March 2015 £000
Non-current assets			
Intangible assets	14	49	71
Property, plant and equipment	15	15,393	14,379
Trade and other receivables	20	154	-
Total non-current assets		15,596	14,450
Current assets			
Inventories	19	-	-
Trade and other receivables	20	14,506	10,602
Cash and cash equivalents	22	23,027	18,799
Total current assets		37,533	29,401
Current liabilities			
Trade and other payables	23	(29,300)	(23,598)
Other liabilities	24	(318)	(289)
Provisions	27	(1,022)	(984)
Total current liabilities		(30,640)	(24,871)
Total assets less current liabilities		22,489	18,980
Total non-current liabilities		-	-
Total assets employed		22,489	18,980
Financed by			
Public dividend capital		2,613	2,613
Revaluation reserve		766	766
Income and expenditure reserve		19,110	15,601
Total taxpayers' equity		22,489	18,980

The notes on pages 74 to 114 form part of these accounts.

The financial statements on pages 69 to 73 were approved by the Board on 26 May 2016 and signed on its behalf by:

Signed



Name

Paul Bentley

Position

Chief Executive

Date

26 May 2016

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2016

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2015 - brought forward	2,613	766	15,601	18,980
Surplus/(deficit) for the year	-	-	3,509	3,509
Taxpayers' and others' equity at 31 March 2016	2,613	766	19,110	22,489

Statement of Changes in Taxpayers' Equity for the period ended 31 March 2015

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 March 2015	2,613	766	15,537	18,916
Surplus/(deficit) for the period	-	-	64	64
Taxpayers' and others' equity at 31 March 2015	2,613	766	15,601	18,980

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the NHS foundation trust.

Statement of Cash Flows for the year ended 31 March 2016

	2015/16	2014/15
Note	£000	£000
Cash flows from operating activities		
Operating surplus/(deficit)	3,449	60
Non-cash income and expense:		
Depreciation and amortisation	5.1 2,276	181
(Gain)/loss on disposal of non-current assets	5.1 (11)	-
(Increase)/decrease in receivables and other assets	(4,271)	1,021
(Increase)/decrease in inventories	-	-
Increase/(decrease) in payables and other liabilities	5,719	(755)
Increase/(decrease) in provisions	38	161
Net cash generated from/(used in) operating activities	7,200	668
Cash flows from investing activities		
Interest received	60	4
Purchase of property, plant, equipment and investment property	(3,266)	(170)
Sales of property, plant, equipment and investment property	21	-
Net cash generated from/(used in) investing activities	(3,185)	(166)
Cash flows from financing activities		
PDC dividend received/(paid)	213	-
Net cash generated from/(used in) financing activities	213	-
Increase/(decrease) in cash and cash equivalents	4,228	502
Cash and cash equivalents at 1 March	-	18,297
Cash and cash equivalents at 1 April	18,799	-
	-	-
Cash and cash equivalents at 31 March	22 23,027	18,799

Notes to the Accounts

Note 1 Accounting policies and other information

Basis of preparation

Monitor is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual (FT ARM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2015/16 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Kent Community Health NHS Foundation Trust (the Trust) received authorisation as a Foundation Trust on 1 March 2015. All associated assets and liabilities of the former Kent Community Health NHS Trust as at 1 March 2015 were transferred to Kent Community Health NHS Foundation Trust.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Going concern

After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the Going Concern basis in preparing the accounts.

Note 1.1 Interests in other entities

NHS Charitable Fund

The NHS foundation trust is the corporate trustee to Kent Community Health Charitable Fund. The foundation trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the foundation trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund. However, the transactions are immaterial in the context of the group and transactions have not been consolidated. Details of the transactions with the charity are included in the related parties' notes.

Note 1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

The trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

Note 1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period. Payments for overtime and enhancements are paid one month in arrears and the accounts presented incorporate an accrual for the cost of overtime and enhancements worked in March 2016 but to be paid in April 2016.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.5 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year and
- the cost of the item can be measured reliably
- the item has a cost of at least £5,000 or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single management control or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Subsequent measurement is as follows:

- Assets held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use.
- Specialised assets are held at current value in existing use which is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential.
- Assets held for their service potential but are surplus are valued at current value in existing use, if there are restrictions on the Trust or the asset which will prevent access to the market at the reporting date. If the Trust can access the market then the surplus asset is valued at fair value using IFRS 13.
- Assets which are not held for their service potential are valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale.
- Assets which are not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and do not meet the IFRS 5 and IAS 40 criteria, these assets are considered surplus and are valued at fair value using IFRS 13.

IFRS 13 Fair Value is adopted in full; however, IAS 16 and IAS 38 have been adapted and interpreted for the public sector context which limits the circumstances in which a valuation is prepared under IFRS 13.

Land and buildings used for the trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the current value at the date of revaluation less any impairment.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on the basis of a modern equivalent asset.
- Leasehold improvements in respect of buildings for which the trust is a lessee under an operating lease will be depreciated over the lease duration (or other period deemed appropriate) and carried at depreciated historic cost, as this is not considered to be materially different from current value. Thus improvements are not revalued, and no indexation is applied as the adjustments which would arise are not considered material.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23. Assets are revalued and depreciation commences on assets when they are brought into use, other than grouped information technology (IT) assets. Depreciation commences on grouped IT assets on receipt by the Trust and not when the separable parts are brought into use, as this is more practicable by alleviating the requirement to depreciate the assets individually.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from current value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Useful Economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings*	1	35
Plant & machinery	1	12
Transport equipment	2	4
Information technology	1	10
Furniture & fittings	1	4

**Category consists of both Trust Owned properties and Leasehold improvements*

Note 1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at current value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for current value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Useful economic life of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Intangible assets - purchased		
Software	1	5

Note 1.7 Depreciation, amortisation and impairments

Freehold land, assets under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives .

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Note 1.8 Revenue government and other grants

Government grants are grants from government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. The Trust did not receive any Government Grants in 2015/16.

Note 1.9 Inventories

The Trust holds no material inventories. Community Hospitals hold consumables to cover approximately one week's consumption. Consumable expenditure is directly charged to revenue.

Note 1.10 Financial instruments

Financial assets

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

The Trust does not currently hold any financial assets with different risk characteristics to their host contract (and so requiring a fair value adjustment), held to maturity investments, or available for sale financial assets.

The Trust's financial assets consist of accrued and invoiced receivables, and cash. The Trust has not issued any loans.

Financial liabilities

Financial liabilities are recognised on the statement of financial position when the trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

The Trust does not have any loans, financial guarantee contract liabilities, liabilities which require a fair value adjustment, or other financial liabilities. The Trust's financial liabilities consist of payables and provisions.

Note 1.11 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. The Trust does not currently have any finance leases.

All other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Note 1.12 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 27.2 but is not recognised in the NHS foundation trust's accounts.

Non-clinical risk pooling

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.13 Contingencies

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

Note 1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts. For 2015/16 the average carrying amount is negative and thus the Trust is not obligated to pay a PDC dividend.

Note 1.15 Value added tax

Most of the activities of the NHS foundation trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 Corporation tax

The trust has determined that it has no corporation tax liability on the basis it has no activities subject to corporation tax as all activities are core or related to core healthcare as defined under Section 14(1) of HSCA.

Note 1.17 Foreign exchange

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are re-translated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the trust's surplus/deficit in the period in which they arise.

Note 1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2015/16.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2015-16. These standards are still subject to HM Treasury FReM interpretation, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue for Contracts with Customers - Application required for accounting periods beginning on or after 1 January 2017, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 11 (amendment) – acquisition of an interest in a joint operation. Not yet EU adopted. Expected to be effective from 2016/17.
- IAS 16 (amendment) and IAS 38 (amendment) – depreciation and amortisation. Not yet EU adopted. Expected to be effective from 2016/17.
- IAS 16 (amendment) and IAS 41 (amendment) – bearer plants. Not yet EU adopted. Expected to be effective from 2016/17.
- IAS 27 (amendment) – equity method in separate financial statements. Not yet EU adopted. Expected to be effective from 2016/17.
- IFRS 10 (amendment) and IAS 28 (amendment) – sale or contribution of assets. Not yet EU adopted. Expected to be effective from 2016/17.
- IFRS 10 (amendment) and IAS 28 (amendment) – investment entities applying the consolidation exception. Not yet EU adopted. Expected to be effective from 2016/17.
- Annual Improvements to IFRS: 2012-15 cycle. Not yet EU adopted. Expected to be effective from 2017/18.

Note 1.22 Critical accounting estimates and judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Redundancy and Legal Claims provision

A provision has been recognised in respect of redundancy and legal costs as a result of service changes and other events, based on estimated probabilities as noted below. Note 27.1 provides further analysis of the provisions accounted.

Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Redundancy provision

Probabilities were estimated of the likelihood of redundancy and other payments arising from service changes. As a result, a redundancy provision of £382k has been recognised at the end of the reporting period. This is disclosed in note 27.1.

Legal Claims

The Trust has received expert opinion from external advisers as to the expected value and probability of such costs being settled.

Valuation of Land and Buildings (Owned)

This is based on the professional judgement of the Trust's Independent Valuer with extensive knowledge of the physical estate and market factors.

The Trust has not made any other assumptions concerning the future or applied any estimations that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Note 2 Operating Segments

The trust does not produce any segmental analysis for any individual elements of the trust's operations. Indicative Service Line Reporting for income and expenditure is produced as management information. Assets and liabilities are not segmented.

The majority of funding was provided by Clinical Commissioning Groups, Local Authorities and NHS England. Revenue for patient care and other operating activities from these bodies was as follows:

	2015/16	% of total
	(12 months)	revenue
	£000s	
Clinical Commissioning Groups	159,928	68%
Local Authorities	34,585	15%
NHS England	25,784	11%

	2014/15	% of total
	(1 month)	revenue
	£000s	
Clinical Commissioning Groups	14,186	70%
Local Authorities	2,369	12%
NHS England	3,052	15%

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2015/16 (12 months) £000	2014/15 (1 month) £000
Community services		
Community services income from CCGs and NHS England	185,620	17,238
Community services income from other commissioners	44,498	2,668
All services		
Private patient income	61	4
Other clinical income	-	-
Total income from activities	230,179	19,910

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2015/16 (12 months) £000	2014/15 (1 month) £000
CCGs and NHS England	185,620	17,238
Local authorities	34,585	2,369
Other NHS foundation trusts	3,896	111
NHS trusts	3,515	156
Non-NHS: private patients	61	4
NHS injury scheme (was RTA)	395	13
Non NHS: other	2,107	19
Total income from activities	230,179	19,910
Of which:		
Related to continuing operations	230,179	19,910
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the NHS FT)

	2015/16 (12 months) £000	2014/15 (1 month) £000
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-

Note 4 Other operating income

	2015/16 (12 months) £000	2014/15 (1 month) £000
Research and development	-	-
Education and training	2,979	262
Charitable and other contributions to expenditure	113	42
Non-patient care services to other bodies	297	6
Profit on disposal of non-current assets	11	-
Other income	1,028	172
Total other operating income	4,428	482
Of which:		
Related to continuing operations	4,428	482
Related to discontinued operations	-	-

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider license, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2015/16 (12 months) £000	2014/15 (1 month) £000
Income from services designated (or grandfathered) as commissioner requested services	212,324	17,149
Income from services not designated as commissioner requested services	22,283	3,243
Total	234,607	20,392

Note 4.2 Profits and losses on disposal of property, plant and equipment

No land and buildings assets used in the provision of commissioner requested services have been disposed of during the year. A profit of £11k was recorded in 2015/16 on the disposal of Trust owned vehicles.

Note 5.1 Operating expenses

	2015/16 (12 months)	2014/15 (1 month)
	£000	£000
Services from NHS foundation trusts	108	27
Services from NHS trusts	2,804	273
Employee expenses - executive directors	1,250	69
Remuneration of non-executive directors	166	6
Employee expenses - staff	166,994	14,279
Supplies and services - clinical	23,535	2,363
Supplies and services - general	1,645	157
Establishment	5,314	464
Transport	4,820	452
Premises	5,349	279
Increase/(decrease) in provision for impairment of receivables	(53)	(10)
Drug costs	4,677	281
Rentals under operating leases	8,919	972
Depreciation on property, plant and equipment	2,254	179
Amortisation on intangible assets	22	2
Audit fees payable to the external auditor		
audit services- statutory audit	58	42
other auditor remuneration (external auditor only)	41	-
Clinical negligence	212	18
Legal fees	757	134
Consultancy costs	518	47
Internal audit costs	152	13
Training, courses and conferences	666	189
Patient travel	1	-
Redundancy	324	54
Hospitality	25	4
Insurance	183	18
Other services, eg external payroll	413	20
Losses, ex gratia & special payments	4	-
Total	231,158	20,332
Of which:		
Related to continuing operations	231,158	20,332
Related to discontinued operations	-	-

Note 5.2 Other auditor remuneration

	2015/16 (12 months) £000	2014/15 (1 month) £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	41	-
Total	41	-

Note 5.3 Limitation on auditor's liability

In accordance with the terms of engagement with our external auditors, Grant Thornton UK LLP, its members, partners and staff (whether contract, negligence or otherwise) in respect of services provided in connection with or arising out of the audit shall in no circumstances exceed £2 million in the aggregate in respect of all such services.

Note 6 Impairment of assets

No assets were impaired in 2015/16 (nil in 2014/15).

Note 7 Employee benefits

	2015/16 (12 months)		2014/15 (1 month)	
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	128,766	2,437	131,203	10,985
Social security costs	7,801	111	7,912	702
Employer's contributions to NHS pensions	16,608	162	16,770	1,385
Termination benefits	344	-	344	58
Agency/contract staff	-	13,089	13,089	1,348
Total gross staff costs	153,519	15,799	169,318	14,478
Recoveries in respect of seconded staff	(147)	-	(147)	-
Total staff costs	153,372	15,799	169,171	14,478
Of which				
Costs capitalised as part of assets	583	-	583	72

Note 7.1 Retirements due to ill-health

During 2015/16 there were 7 early retirements from the trust agreed on the grounds of ill-health (none for the period of March 2015). The estimated additional pension liabilities of these ill-health retirements is £274k.

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 7.2 Directors' remuneration

The aggregate amounts payable to directors were:

	2015/16 (12 months)	2014/15 (1 month)
	£000	£000
Salary	776	66
Taxable benefits	19	1
Performance related bonuses	-	-
Employer's pension contributions	74	10
Total	869	77

Further details of directors' remuneration can be found in the remuneration report.

Note 7.3 Average number of employees (WTE basis)

			2015/16	2014/15
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	60	2	62	65
Ambulance staff	-	-	-	-
Administration and estates	1,329	2	1,331	1,366
Healthcare assistants and other support staff	850	-	850	847
Nursing, midwifery and health visiting staff	1,403	5	1,408	1,478
Nursing, midwifery and health visiting learners	53	-	53	61
Scientific, therapeutic and technical staff	737	2	738	758
Healthcare science staff	-	-	-	-
Social care staff	17	-	17	21
Agency and contract staff	-	235	235	231
Bank staff	-	81	81	61
Other	-	-	-	-
Total average numbers	4,449	327	4,776	4,887

Of which:

Number of employees (WTE) engaged on capital projects

21 - 21 34

Note 7.4 Reporting of compensation schemes - exit packages 2015/16

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	5	16	21
£10,001 - £25,000	4	-	4
£25,001 - 50,000	2	-	2
£50,001 - £100,000	2	-	2
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	13	16	29
Total resource cost (£)	£320,500	£55,700	£376,200

Note 7.5 Reporting of compensation schemes - exit packages 2014/15

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,001 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	1	-	1
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	1	-	1
Total resource cost (£)	£58,000	£0	£58,000

Note 7.6 Exit packages: other (non-compulsory) departure payments

	2015/16		2014/15	
	Payments agreed Number	Total value of agree- ments £000	Payments agreed Number	Total value of agree- ments £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	16	56	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	16	56	-	-
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The Trust's estimated annual contributions in relation to the NHS Pension Scheme for 2016/17 are £17,199k.

Note 9 Operating leases

Note 9.1 Kent Community Health NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Kent Community Health NHS Foundation Trust FT is the lessee.

	2015/16 (12 months) £000	2014/15 (1 month) £000
Operating lease expense		
Minimum lease payments	8,919	972
Contingent rents	-	-
Less sublease payments received	-	-
Total	8,919	972
	31 March 2016 £000	31 March 2015 £000
Future minimum lease payments due:		
- not later than one year;	2,867	3,091
- later than one year and not later than five years;	6,482	6,842
- later than five years.	4,297	5,561
Total	13,646	15,494
Future minimum sublease payments to be received	-	-

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2015/16 (12 months) £000	2014/15 (1 month) £000
Interest on bank accounts	60	4
Total	60	4

Note 11.1 Finance expenditure

The trust has no finance costs to report for 2015/16. Nil for March 2015.

Note 11.2 The late payment of commercial debts (interest) Act 1998

There was no interest incurred arising from claims made under this legislation in 2015/16. Nil for March 2015.

Note 12 Corporation tax

The trust has no corporation tax liability as outlined in note 1.16.

Note 13 Discontinued operations

The trust has no discontinued operations.

Note 14.1 Intangible assets - 2015/16

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation/gross cost at 1 April 2015 - brought forward	71	22	93
Reclassifications	22	(22)	-
Gross cost at 31 March 2016	93	-	93
Amortisation at 1 April 2015 - brought forward	22	-	22
Provided during the year	22	-	22
Amortisation at 31 March 2016	44	-	44
Net book value at 31 March 2016	49	-	49
Net book value at 1 April 2015	49	22	71

Note 14.2 Intangible assets - 2014/15

	Software licences £000	Intangible assets under construction £000	Total £000
Gross cost at 1 March 2015	71	22	93
Valuation/gross cost at 31 March 2015	71	22	93
Amortisation at 1 March 2015	20	-	20
Provided during the year	2	-	2
Amortisation at 31 March 2015	22	-	22
Net book value at 31 March 2015	49	22	71
Net book value at 1 March 2015	51	22	73

Note 15.1 Property, plant and equipment - 2015/16

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2015 - brought forward	1,472	7,280	314	1,474	566	7,813	629	19,548
Additions	-	348	158	449	-	2,206	117	3,278
Reclassifications	-	87	(289)	42	-	148	12	-
Disposals / derecognition	-	-	-	-	(80)	-	-	(80)
Valuation/gross cost at 31 March 2016	1,472	7,715	183	1,965	486	10,167	758	22,746
Accumulated depreciation at 1 April 2015 - brought forward	-	1,102	-	490	424	2,732	421	5,169
Provided during the year	-	757	-	230	103	1,069	95	2,254
Disposals/ derecognition	-	-	-	-	(70)	-	-	(70)
Accumulated depreciation at 31 March 2016	-	1,859	-	720	457	3,801	516	7,353
Net book value at 31 March 2016	1,472	5,856	183	1,245	29	6,366	242	15,393
Net book value at 1 April 2015	1,472	6,178	314	984	142	5,081	208	14,379

Note 15.2 Property, plant and equipment - 2014/15

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 March 2015	1,472	7,268	272	1,196	566	7,449	601	18,824
Additions	-	12	42	278	-	364	28	724
Valuation/gross cost at 31 March 2015	1,472	7,280	314	1,474	566	7,813	629	19,548
Depreciation at 1 March 2015	-	1,027	-	474	419	2,655	415	4,990
Provided during the year	-	75	-	16	5	77	6	179
Accumulated depreciation at 31 March 2015	-	1,102	-	490	424	2,732	421	5,169
Net book value at 31 March 2015	1,472	6,178	314	984	142	5,081	208	14,379
Net book value at 1 March 2015	1,472	6,241	272	722	147	4,794	186	13,834

Note 15.3 Property, plant and equipment financing - 2015/16

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2016								
Owned	1,472	5,856	183	1,245	29	6,366	242	15,393
NBV total at 31 March 2016	1,472	5,856	183	1,245	29	6,366	242	15,393

Note 15.4 Property, plant and equipment financing - 2014/15

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2015								
Owned	1,472	6,178	314	984	142	5,081	208	14,379
NBV total at 31 March 2015	1,472	6,178	314	984	142	5,081	208	14,379

Note 16 Revaluations of property, plant and equipment

A revaluation exercise was undertaken of the Trust's owned buildings and land in March 2016, to consider whether movement in the value of these assets for the 12 month period to 31 March 2016 had been material. This followed the last full revaluation exercise carried out as at 28 February 2015. Both revaluation exercises were completed by Stephen Boshier MRICS of Boshier & Company Chartered Surveyors, an independent valuer.

The properties valued were all non-specialised operational assets. Non-specialised operational assets are valued to Existing Use Value and do not reflect the Market Value for an alternative use which may be higher or lower than the reported value.

Having researched the movement in market value of healthcare property over the past 12 months in Kent, the valuer is of the opinion that there has not been a material change in the value of the Trust's freehold operational assets during the 12 month period to 31 March 2016. The change in capital value over the period is limited to an increase of 0-5% and therefore deemed not a material movement.

There were no material changes made to accounting estimates related to the valuation and none of these are idle assets.

Note 17 Investments - 2015/16

The trust has no investments (including investments in property). Nil for March 2015.

Note 18 Disclosure of interests in other entities

The trust has no interests in other entities other than those disclosed in note 1.1

Note 19 Inventories

The trust has no material inventories.

Note 20.1 Trade receivables and other receivables

	31 March 2016	31 March 2015
	£000	£000
Current		
Trade receivables due from NHS bodies	5,230	5,721
Receivables due from NHS charities	26	12
Provision for impaired receivables	(356)	(457)
Prepayments (non-PFI)	1,804	1,535
Accrued income	353	519
PDC dividend receivable	27	240
VAT receivable	209	555
Other receivables	7,213	2,477
Total current trade and other receivables	14,506	10,602
Non-current		
Prepayments (non-PFI)	154	-
Total non-current trade and other receivables	154	-

Note 20.2 Provision for impairment of receivables

	2015/16	2014/15
	£000	£000
At 1 April	457	-
At 1 March	-	467
Increase in provision	(6)	(10)
Amounts utilised	(48)	-
Unused amounts reversed	(47)	-
At 31 March	356	457

The Trust adheres to best practice in credit control activities for which includes referral of debt to an external debt collection agency and formal litigation procedures if required to trace debtors and seek to recover overdue debt. Debts are reviewed on a regular basis and a detailed assessment made to determine those debts deemed irrecoverable or at risk of non-payment. This forms the basis for the provision for impairment of receivables in the accounts.

Note 20.3 Analysis of impaired receivables

	31 March 2016		31 March 2015	
	Trade receivables	Other receivables	Trade receivables	Other receivables
	£000	£000	£000	£000
Ageing of impaired receivables				
0-30 days	-	-	-	-
30-60 Days	-	-	-	1
60-90 days	-	6	-	25
90-180 days	-	13	-	49
Over 180 days	-	337	-	382
Total	-	356	-	457

Ageing of non-impaired receivables past their due date

0-30 days	-	791	-	515
30-60 Days	-	404	-	117
60-90 days	-	462	-	525
90-180 days	-	518	-	33
Over 180 days	-	795	-	22
Total	-	2,970	-	1,212

Non-impaired receivables not past their due date are primarily those receivables supported by underlying contractual agreements and therefore full payment is expected on a timely basis.

Note 21 Other assets

The trust has no other assets. Nil for 2014/15

Note 22 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2015/16	2014/15
	£000	£000
At 1 April	18,799	-
At 1 March	-	18,297
Net change in year	4,228	502
At 31 March	23,027	18,799
Broken down into:		
Cash at commercial banks and in hand	58	36
Cash with the Government Banking Service	5,469	18,763
Deposits with the National Loan Fund	17,500	-
Total cash and cash equivalents as in SoFP	23,027	18,799
Total cash and cash equivalents as in SoCF	23,027	18,799

Note 22.1 Third party assets held by the NHS foundation trust

Kent Community Health NHS Foundation Trust held cash and cash equivalents which relate to monies held by the the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March	31 March
	2016	2015
	£000	£000
Bank balances	-	-
Monies on deposit	-	2
Total third party assets	-	2

Note 23.1 Trade and other payables

	31 March 2016 £000	31 March 2015 £000
Current		
NHS trade payables	724	938
Other trade payables	1,524	2,471
Capital payables	673	661
Social security costs	1,517	1,550
Other taxes payable	1,148	1,240
Other payables	2,240	2,623
Accruals	21,474	14,115
PDC dividend payable	-	-
Total current trade and other payables	29,300	23,598
Total non-current trade and other payables	-	-

Note 23.2 Early retirements in NHS payables above

There are no early retirement payables. Nil in 2014/15

Note 24 Other liabilities

	31 March 2016 £000	31 March 2015 £000
Current		
Other deferred income	318	289
Total other current liabilities	318	289

Note 25 Borrowings

The trust has no borrowings. Nil for 2014/15

Note 26 Finance leases

Note 26.1 Kent Community Health NHS Foundation Trust as a lessor

The trust has no finance lease arrangements. Nil for 2014/15.

Note 26.2 Kent Community Health NHS Foundation Trust as a lessee

The trust has no finance lease obligations.

Note 27.1 Provisions for liabilities and charges analysis

	Other legal claims	Redundancy	Total
	£000	£000	£000
At 1 April 2015	336	648	984
Arising during the year	585	459	1,044
Utilised during the year	(128)	(344)	(472)
Reversed unused	(153)	(381)	(534)
At 31 March 2016	640	382	1,022
Expected timing of cash flows:			
- not later than one year;	640	382	1,022
Total	640	382	1,022

The redundancy provision is a recognition of the expected redundancy costs associated with service changes. These are recognised following the development of detailed formal plans for service change with uncertainties typically about which staff will be successful with re-deployment etc. The legal provision relates to on-going Employment Tribunals, the provision for LTPS claims administered and informed by the NHSLA and an estimation of the legal costs to be borne by the Trust following submission of a particulars of claim with the courts. See also Accounting Policy Notes 1.12 and 1.22.

Note 27.2 Clinical negligence liabilities

At 31 March 2016, £1,826k was included in provisions of the NHSLA in respect of clinical negligence liabilities of Kent Community Health NHS Foundation Trust (31 March 2015: £733k).

Note 28 Contingent assets and liabilities

	31 March 2016 £000	31 March 2015 £000
Value of contingent liabilities		
NHS Litigation Authority legal claims	(40)	(27)
Gross value of contingent liabilities	(40)	(27)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(40)	(27)
Net value of contingent assets	-	-

Note 29 Contractual capital commitments

	31 March 2016 £000	31 March 2015 £000
Property, plant and equipment	122	194
Intangible assets	-	-
Total	122	194

Note 29.1 Other financial commitments

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements) at 31 March 2016 as follows, analysed by the period during which the payment is made:

	31 March 2016 £000	31 March 2015 £000
not later than 1 year	703	560
after 1 year and not later than 5 years	149	900
paid thereafter	0	0
Total	852	1,460

Note 30 Defined benefit pension schemes

The trust has no defined benefit scheme.

Note 31 Financial instruments

Note 31.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Due to the continuing service provider relationship that Kent Community Health NHS Foundation Trust (KCHFT) has with NHS and Local Authority commissioners and the way those commissioners are financed, KCHFT is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. KCHFT as an NHS Foundation Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the organisation in undertaking its activities.

The organisation's treasury management operations are carried out by the finance department, within parameters defined formally within the organisation's standing financial instructions and policies agreed by the board of directors. Treasury activity is subject to review by the organisation's internal auditors.

Currency risk

KCHFT is a wholly UK based organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. KCHFT has no overseas operations. The organisation therefore has low exposure to currency rate fluctuations.

Interest rate risk

KCHFT has no borrowings and so is not exposed to any interest rate risk.

Credit risk

As the majority of KCHFT's revenue comes from contracts with other public sector bodies, the organisation has low exposure to credit risk. The maximum exposures as at 31 March 2016 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

KCHFT's operating costs are incurred under contracts with commissioning organisations, which are financed from resources voted annually by Parliament. The organisation funds its capital expenditure through internally generated cash. The organisation is not, therefore, exposed to significant liquidity risks.

Note 31.2 Financial assets

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available-for- sale £000	Total £000
Assets as per SoFP as at 31 March 2016					
Trade and other receivables excluding non financial assets	12,702	-	-	-	12,702
Cash and cash equivalents at bank and in hand	23,027	-	-	-	23,027
Total at 31 March 2016	35,729	-	-	-	35,729

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available-for- sale £000	Total £000
Assets as per SoFP as at 31 March 2015					
Trade and other receivables excluding non financial assets	9,057	-	-	-	9,057
Cash and cash equivalents at bank and in hand	18,799	-	-	-	18,799
Total at 31 March 2015	27,856	-	-	-	27,856

Note 31.3 Financial liabilities

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
Liabilities as per SoFP as at 31 March 2016			
Trade and other payables excluding non financial liabilities	29,300	-	29,300
Total at 31 March 2016	29,300	-	29,300

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
Liabilities as per SoFP as at 31 March 2015			
Trade and other payables excluding non financial liabilities	23,597	-	23,597
Total at 31 March 2015	23,597	-	23,597

Note 31.4 Maturity of financial liabilities

	31 March 2016 £000	31 March 2015 £000
In one year or less	29,300	23,602
In more than one year but not more than two years	-	-
In more than two years but not more than five years	-	-
In more than five years	-	-
Total	29,300	23,602

Note 31.5 Fair values of financial assets and financial liabilities at 31 March 2016

There is no material difference between the carrying value and fair value of the Financial Assets and Financial Liabilities shown above.

Note 32 Losses and special payments

	2015/16 (12 months)		2014/15 (1 month)	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	1	8	-	-
Bad debts and claims abandoned	131	48		
Total losses	132	56	-	-
Special payments				
Ex-gratia payments	4	14	-	-
Total special payments	4	14	-	-
Total losses and special payments	136	70	-	-
Compensation payments received		-		-

Note 33 Events after the end of the reporting period

There are no events after the end of the reporting period.

Note 34 Related parties

All bodies within the scope of the Whole Government Accounts (WGA) are treated as related parties of an NHS Foundation Trust including the Department of Health as the Trust's parent organisation. Income and expenditure for the reporting period and year-end Receivable and Payable balances with these organisation types is summarised below:

As at 31st March 2016 the Trust has a receivable of £26k with Kent Community Health Charitable Fund whose Corporate Trustee is the Trust's Board of Directors. The accounts of the charity are available separately and are not included in these accounts as per note 1.1.

	Receivables		Payables	
	31 March 2016 £000	31 March 2015 £000	31 March 2016 £000	31 March 2015 £000
Department of Health	27	241	-	-
NHS England & Clinical Commissioning Groups	3,518	4,455	2,465	1,607
NHS Trusts	1,447	675	1,833	914
NHS Foundation Trusts	836	857	1,097	1,067
Other DH Bodies	543	-	6,763	3,322
NHS Shared Business Services	-	-	33	-
Local Authorities	5,249	1,709	1,455	519
Other Government Departments*	17,766	621	4,860	5,054
Total	29,386	8,558	18,506	12,483

*includes £17,500k short-term deposit with the HM Treasury National Loans Fund

	Income		Expenditure	
	2015/16 (12 months) £000	2014/15 (1 month) £000	2015/16 (12 months) £000	2014/15 (1 month) £000
Department of Health	-	-	2	-
NHS England & Clinical Commissioning Groups	185,715	17,256	-	-
Health Education England	2,339	226	-	-
NHS Trusts	4,037	214	6,688	614
NHS Foundation Trusts	4,058	139	3,921	483
Special Health Authorities	-	-	372	33
Other DH Bodies	110	-	7,500	737
NHS Shared Business Services	-	-	413	21
Local Authorities	34,585	2,368	779	194
Other Government Departments	-	-	24,682	2,087
Total	230,844	20,203	44,357	4,169

Note 35 Better Payment Practice Code

Better Payment Practice Code	2015/16 Number	2015/16 £000s
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Period	50,773	64,808
Total Non-NHS Trade Invoices Paid Within Target	<u>45,915</u>	<u>59,898</u>
Percentage of NHS Trade Invoices Paid Within Target	<u>90.43%</u>	<u>92.42%</u>
NHS Payables		
Total NHS Trade Invoices Paid in the Period	2,072	12,815
Total NHS Trade Invoices Paid Within Target	<u>1,873</u>	<u>11,546</u>
Percentage of NHS Trade Invoices Paid Within Target	<u>90.40%</u>	<u>90.09%</u>
Total		
Total Non-NHS & NHS Trade Invoices Paid in the Period	52,845	77,623
Total Non-NHS & NHS Trade Invoices Paid Within Target	<u>47,788</u>	<u>71,443</u>
Percentage of Non-NHS & NHS Trade Invoices Paid Within Target	<u>90.43%</u>	<u>92.04%</u>

The Better Payment Practice Code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

Quality Report

2015–2016



Quality Report 2015-2106

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Part 1

1.1 What is a Quality Report?

Quality Reports are annual reports that all providers of NHS services in England have a statutory duty to produce to the public about the quality of services they deliver and their plans for improvement. Some of the information in a Quality Report is mandatory but most is decided by patients and staff. This Quality report contains information about the quality of our services, the improvements we have made during 2015-2016 and sets out our key priorities for next year.

This report covers the full year 1 April 2015 to 31 March 2016

Commissioning

Commissioning involves deciding what services are needed, and ensuring that they are provided. Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible. We are also commissioned by NHS England and local authorities, for example Kent County Council.

In our locality clinical commissioning groups are

- Ashford CCG
- Canterbury CCG
- Dartford , Gravesham and Swanley (DGS) CCG
- South Kent Coast (SKC) CCG
- Swale CCG
- Thanet CCG
- West Kent CCG
- East Sussex CCG

Information in this report may differ between CCGs, for example, there are no community hospitals in Thanet CCG.

1.2 Statement on quality from the Chief Executive of the NHS Foundation Trust

Welcome to our Quality Report for Kent Community Health NHS Foundation Trust. I am delighted to share the progress and achievements we have made in 2015-2016 with our patients, staff and stakeholders and inform you of the quality of care and services we provide, together with the priorities we will deliver in 2016-2017.

Providing high quality care for our patients is our absolute priority. It is central to our values and at the heart of our vision.

Our staff strive to provide excellent care and we aim to continually improve the quality of our services.

We work closely with Clinical Commissioning Groups, our health and social care partners, NHS England and the voluntary sector to deliver joined-up care which meets people's needs. We have actively engaged with our partners, stakeholders and service users to develop our Quality goals and priorities.

We know how important safe care and effective treatment is and this has been endorsed by the Care Quality Commission which rates the Trust as GOOD. However, we are not complacent and our Board closely monitors performance in every area of patient care.

Our Council of Governors, made up of local people, staff and representatives from partner organisations, has a leading voice in the future of community services and we have already signed up more than 11,800 public members, who along with our staff, have a greater say in the running of our Trust.

We are a learning organisation, striving to learn lessons when care does not meet expectations, implementing changes to improve standards.

We share lessons through quality forums, mock CQC visits, root cause analysis of incidents and in our weekly communications with staff. We are committed to being "open and honest" and adhere to our duty of candour responsibilities.

We report our patient experience and complaints in public reports to the Board and on our website, our Quality Committee's in-depth focus every month scrutinises safety and quality, every directorate has a quality group and quality is on every team meeting agenda.

We are proud of our culture of compassionate care, recognised by the CQC and endorsed by our patients in their positive feedback.

We are dedicated to building a highly competent workforce through education, that can demonstrate courage to innovate and challenge, to improve patient care.

We are ready to meet the challenges and opportunities for 2016/2017 and those set in the NHS Five Year Forward Plan. We need to use our resources wisely, remaining focused on quality, but also to maintain our financial responsibility for the present and the future.

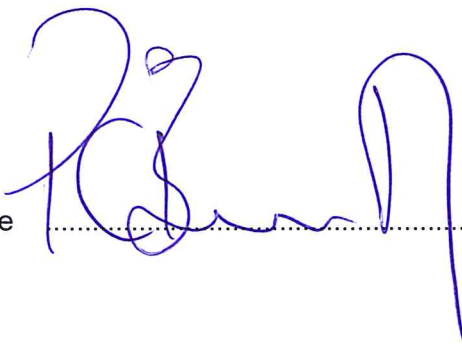
There is more information about our Trust in our annual report which can be downloaded from our website www.kentcht.nhs.uk



Paul Bentley, Chief Executive

Declaration

The Chief Executive should be the accounting officer for the Trust and that responsibility includes accountability for clinical governance and hence the quality and safety of care delivered by the Trust. The information in this Quality Report is provided from our data management and our quality improvement systems and to the best of my knowledge is accurate and provides a true reflection of our organisation.

26 May 2016 Date 

Chief Executive
Paul Bentley

Part 2; Our Quality Priorities

2.1 Priorities for Improvement

For further information please visit our website www.kentcht.nhs.uk to view our latest Board papers.

We have three important quality improvement areas that are the core of all our work:

- Patient safety
- Clinical effectiveness (how well the care provided works)
- Patient experience (how patients experience the care they receive)

Every year we develop our priorities for the coming year, following engagement with our partners, service users and families.

Last year we set our priorities;

Patient Experience: Aligned to our Strategic Goal 4

- End of Life care
- Patient feedback: listening and engaging with the public - increasing feedback
- Optimising health promotion and independence - health visitor metric; pathways such as the older person's volunteer programme with partners
- Right care in the right place at the right time – long-term conditions, continence services

Patient Safety: Aligned to our Strategic Goal 5

- Reduction in Harm: measured through reductions in avoidable pressure ulcers; falls with harm; healthcare associated infection
- Medicines optimisation
- Vulnerable patients/clients: improve pathways for vulnerable patients - looked after children; dementia care; older person's health and wellbeing

Clinical Effectiveness: Aligned to our Strategic Goals 1-3

- Reduction in Harm: measured through reductions in avoidable pressure ulcers; falls with harm; healthcare associated infection
- Medicines optimisation
- Vulnerable patients/clients: improve pathways for vulnerable patients - looked after children; dementia care; older person's health and wellbeing

These are all underpinned by enabling work streams that support quality care:

- | | |
|--------------------------|---------------------------------|
| • Education and training | • Financial stability |
| • Estates strategy | • Partnership working |
| • Organisational culture | • Innovation and transformation |

These priorities are reported on in section three of this report. These key areas are underpinned by enabling strategies to transform services to meet the needs of our population.

Quality Achievements 2015-2016**Patient Experience**

End of Life training undertaken by 270 staff

91% of patients dying in their preferred location

100% Friends and Family Test coverage

96.79% Friends and Family Test

Internal stop smoking referrals increased by 10%

Family Nurse Partnership mother's smoking prevalence reduced by 5% at 36 weeks

98% continence service patient satisfaction

**Patient Safety**

43% reduction in attributable pressure ulcers

70% reduction in falls in community hospitals

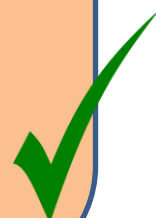
95% of patients have medications reconciled within 24 hours of admission

100% of relevant patients screened for dementia

10% reduction in hospital acquired CAUTI and UTI

64% reduction in falls in community hospitals

44% reduction in harm from falls in community hospitals

**Clinical effectiveness**

Research Strategy and Annual plan agreed and completed

100% compliance with NICE technological appraisals completed



Our priorities for 2016-2017

Quality is defined nationally as being safe, effective and providing a positive patient experience. In addition, quality care should be timely, efficient and equitable. KCHFT has achieved a lot over the year in improving quality care and through consultation of internal and external stakeholders, including patient engagement, have refreshed the quality priorities for 2016/17.

We will continue our Sign up to Safety Pledges to reduce harm and will further reduce Community Acquired Urinary Tract Infections, falls with harm and pressure ulcers. We will further improve our End of Life Care ensuring more patients pass away in their preferred place of death. We will continue to monitor our patient and staff experience; we will audit our carers experience and develop a staff retention metric, in addition to improving on our annual staff survey.

We will develop appropriate service improvement plans and metrics, and continue to report on our priorities, with appropriate internal and external governance.

We have therefore set the following priorities;

Patient Experience

Attract, retain and support the best staff, who feel valued and have access to development that meets their needs
To strengthen involvement and engagement with patients and their loved ones through strong communication, underpinning every decision made and their care

Patient Safety

Support staff to provide the safest care to our patients by adopting the best practice evidenced through working with the Patient Safety Collaborative

Clinical effectiveness

To develop local and national relationships and partnerships that support the integrated working, which benefits the patient from the very young to end of life

These are all underpinned by enabling work streams that support quality care:

- Education and training
- Estates strategy
- Organisational culture
- Financial stability
- Partnership working
- Innovation and transformation

Trust Goals

Goal 1:

Prevent people from becoming unwell and dying prematurely by improving the health of the population through universal targeted services.

Goal 2:

Enhance the quality of life for people with long-term conditions by providing integrated services to enable them to manage their condition and maintain their health.

Goal 3:

Help people recover from periods of ill health or following injury through the provision of responsive community services.

Goal 4:

Make sure people have a positive experience of care and improved health outcomes by delivering excellent health care.

Goal 5:

Make sure people receive quality and safe care.

2.2 Statements of Assurance from the Board

1. During 2015-2016 Kent Community Health NHS Foundation Trust provided for and/or sub-contracted sixty three relevant health services
 - 1.1 Kent Community Health NHS Foundation Trust has reviewed all the data available to it on the quality of care in sixty three relevant services
 - 1.2 The income generated by the relevant health services reviewed in 2015/16 represents 100% of the total income generated from the provision of relevant health services by Kent Community Health NHS Foundation Trust for 2015/16.
2. During 2015/16 3 national clinical audits and 1 national confidential enquiry covered relevant health services that Kent Community Health NHS Foundation Trust provides.
 - 2.1. During that period Kent Community Health NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.
 - 2.2. The national clinical audits and national confidential enquiries that Kent Community Health NHS Foundation Trust was eligible to participate in during 2015/16 are as follows:

National Clinical Audit Title
Sentinel Stroke National Audit Programme
National Audit of Intermediate Care
National Diabetes Foot care
National Confidential Enquiry Title
Sepsis – organisational survey

- 2.3 The national clinical audits and national confidential enquiries that Kent Community Health NHS Foundation Trust participated in during 2015/16 are as follows:

National Clinical Audit Title
Sentinel Stroke National Audit Programme
National Audit of Intermediate Care
National Diabetes Foot care
National Confidential Enquiry Title
Sepsis – organisational survey

- 2.4. The national clinical audits and national confidential enquiries that Kent Community Health NHS Foundation Trust participated in, and for which data collected was completed during 2015/16 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audit Title	Percentage Submission
Sentinel Stroke National Audit Programme	N/A – there is no set case number requirement.
National Audit of Intermediate Care	N/A – there is no set case number requirement
National Diabetes Foot care	0%. There have been issues with design of this audit including the need to consent patients which is not normal practice for audit. These issues have been raised with the audit provider.

National Confidential Enquiry Title	Percentage Submission
Sepsis – organisational survey	N/A – Organisational survey completed by 10-12 Community Hospitals. Not eligible for clinical audit element.

2.5-2.8 The reports of 1 national clinical audit were reviewed by the provider in 2015/16 and Kent Community Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Audit of Intermediate Care. Findings shared via deep dive at Trust Clinical Audit Group and presented to peers at Quality Forum which was streamed to sites across the Trust. Key actions relate to:

1. Community Hospitals - Adults Directorate to encourage referrals from community and primary care to prevent admission to hospital. Currently used to facilitate discharges from acute.
2. Rapid Response – investigate differences across Kent in referral sources and discharge destinations.
3. Home Based – establish reasons for variation in services across Kent.

The reports of 128 local clinical audits were reviewed by the provider in 2015/16 and Kent Community Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Health Trainer Service to develop a bank of hard copy and digital copies of resources that could be easily accessed by the workforce
- New leaflet created to support annual health checks.
- To prepare for CIS implementation by ensuring that all East Kent Outcome System treatment/ assessment templates are up to date before uploading onto system
- Share KCHFT Child Sexual Abuse pathway with social services to reinforce multiagency working
- Dissemination of British Association for Sexual Health and HIV Partner Notification Guideline to all Sexual Health staff by email
- Increase the level of loan equipment agreements completed and signed.
- In relation to record keeping Ward Sister to meet with Band 6 and Band 5 staff to discuss responsibilities in relation to Band 5 named nurse and overseeing function and responsibilities of Band 6.
- Provide further training to ward staff in all 12 community hospitals in patient MRSA screening criteria
- To ensure MUST training includes scoring, care planning and monitoring of dietary intake
- Put Skin integrity care plan in place for all patients identified as at risk, that supports best practice and updated in timeframe agreed on care plan
- Band 7 to include as part of team handover questions relating to MUST and Waterlow assessments
- ADHD Team to order new Transition leaflets for clinics so that the information can be easily given to the young person/ parents/ carers.

3.0 The number of patients receiving relevant health services provided or sub-contracted by Kent Community Health NHS Foundation Trust in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee is 100.

4 - 4.1 A proportion of Kent Community Health NHS Foundation Trust's income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between Kent Community Health NHS Foundation Trust and any person or body they entered into a contract agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

The agreed goals for 2015/16 are as follows:

National Goals:

- Dementia – Case finding, staff training and support for carers
- Urgent Care – Reducing the proportion of avoidable emergency admissions to hospital by increasing use of Step up into our community hospitals and upskilling staff

Local Goals:

East Kent:

- COPD – Working with Health and Wellbeing services, Acute trust colleagues and patients to prevent admission and exacerbation.
- Heart Failure - Working with Acute trust colleagues and patients to prevent admission and exacerbation. Re-introducing EQ measures as best practice guidelines.
- Over 75's Frailty – Agreement and introduction of a pathway for patients including working with GP colleagues and acute trust. Introduction of a screening tool.
- Diabetes – Whole system work to introduce a new pathway with a model based on levels of care, involving GPs and acute trust.

West Kent:

- Self-care – COPD - Introduction of our outcomes tool. Provision of patient information around their condition.
- Carers - Agreement to a carers strategy and introduction of a survey for carers. Training and awareness for clinicians around recognising and supporting carers. Provision of information to carers on accessing services and support.
- Falls – Ensuring take up and completion of courses.
- Continence – champions trained for each cluster in continence issues. Awareness training delivered to all staff.

North Kent:

- MUST, Water low and Pressure Ulcers ;continued work around reduction of pressures ulcers in teams, focussing on ensuring MUST and Water low assessments are undertaken and acted upon.
- Integrated Primary Care Team; Increasing attendance at MDT meetings with GP colleagues to improve patient care and relationship building.

East Sussex:

- Ensuring recycling and decontamination of equipment is undertaken effectively.

Health Visiting:

- National checks for mother and baby, related to reviews from pre-birth to 2 ½ years.

The goals for 16/17 are currently being finalised with Commissioners.

In 2015/16 £3.9m of income was conditional upon achieving quality improvement and innovation goals, in 2014/15 the CQUIN payment was £4.0m.

5.0 - 5.1 Kent Community Health NHS Foundation Trust is required to register with the CQC and its current registration status is registered without conditions. The CQC has taken enforcement action against KCHFT during 2015-16.

(This was a requirement notice issued in November 2015, at the Dental service, HMP Stanford Hill relating to regulation 12 safe care and treatment. The CQC re-inspected in February 2016 and have closed the requirement notice).

7- 7.1 Kent Community Health NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

8 - 8.1 Kent Community Health NHS Foundation Trust submitted 2235 records during April 15 to March-16 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 99.6% for admitted patient care
- which included the patient's valid General Medical Practice Code was 99.7% for admitted patient care.

Kent Community Health NHS Foundation Trust submitted 112,781 records during April-15 to March-16 to the Secondary Uses service for inclusion in the A+E dataset 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 99.43% for admitted patient care
- which included the patient's valid General Medical Practice Code was 98.96% for admitted patient care.

9.0 Kent Community Health NHS Foundation Trust Information Governance Assessment Report overall score for 2015/16 was 86% and was graded Satisfactory. (Green)

10.0 Kent Community Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2015-2016 by the Audit Commission.

Kent Community Health NHS Foundation trust considers that this data is as described for the following reasons

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

Kent Community Health NHS Foundation Trust will be taking the following actions to improve data quality

- All applicable services are now using our new Community Information System (CIS) which is directly linked to the NHS Spine.
- Working with the systems teams to ensure gaps in data quality are investigated and actions put in place to improve.
- Regularly running data quality reports and sharing with services and systems teams.
- Populating and analysing the Community Information Dataset (CIDS) which standardises data collection.
- We have a data quality improvement plan in place with CCGs, so we will be monitoring these plans and making improvements where necessary.

2.3 Reporting against core indicators

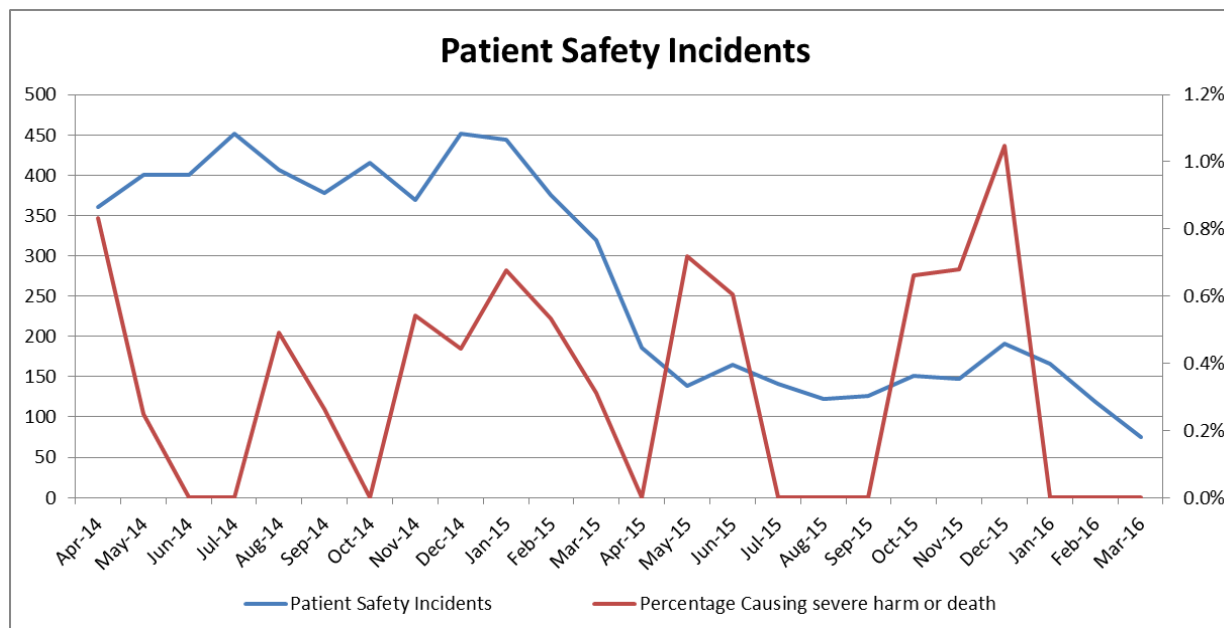
Mandatory Statement 19

During 2015/16, 245 of 2858 patients discharged from our community hospitals (all aged 15 or over) were re admitted to our community hospitals within 28 days (8.57%). This is an increase from the 2014/15 figures of 240 of 3,079 patients readmitted (7.79%)

	2014/15	2015/16
Number of 28 day Readmissions from Discharge	240	245
% 28 day Readmissions	7.79%	8.57%

Mandatory Statement 25; Patient Safety Incidents

	2014/15	2015/16
Attributable Patient Safety Incidents	4773	1704
Attributable Patient Safety Incidents (causing Severe Harm or Death)	17	5
Percentage causing Severe Harm or Death	0.36%	0.29%



During 2014/15, Kent Community Health NHS Foundation Trust had 4773 patient safety incidents, of which 17 (0.36%) resulted in a serious harm or death. In 2015/16, Kent Community Health NHS Foundation Trust had 1704 patient safety incidents, of which 5 (0.29%) resulted in a serious harm or death. This is a decrease by 64% of all incidents and a decrease by 65% of incidents that resulted in serious harm or death. Kent Community Health NHS Foundation Trust considers that this can be attributed to changes to the attributable criteria. The number of attributable safe medicines errors was 688 in 2015-2016

Part 3; Our Quality Priorities

CIS: Community Information System

What is CIS?

CIS is a Community Patient Administration system with clinical data recording facilities for all aspects of community patients' interactions.

Chief features are:

- Patient administration system (PAS)
- Electronic patient records
- Secure mobile working in a semi connected environment; the ability to work off-line when required.
- Caseloads and workflow management, scheduling and diary management
- Ward management, inpatient booking and virtual wards
- Activity and discharge notification with messaging to GPs and other services

As well as office based access to the above features, there is a Tablet (hand held device) based version of the system which enables staff to use the facilities in patients' homes.

KCHFT has invested in the development and implementation of CIS to provide an electronic patient record. This will allow us to be paper light, and create an electronic patient record that can be shared between services, reducing the need for patients to be repeatedly asked the same questions regarding their history and condition. This will provide a better continuity of care, ensuring that the information follows the patient, improving the quality of care for the patient.

This has continued to roll out to services throughout 2015-2016 with staff undertaking the use of new technology and appropriate training to use the system. This has been an enormous project with resulting challenges. Challenges and concerns have been monitored and the CIS team are now working to further develop the tools, hardware and support for staff to facilitate a more effective and efficient working of CIS. Ongoing monitoring of the system performance, development is in place in partnership with the supplier.

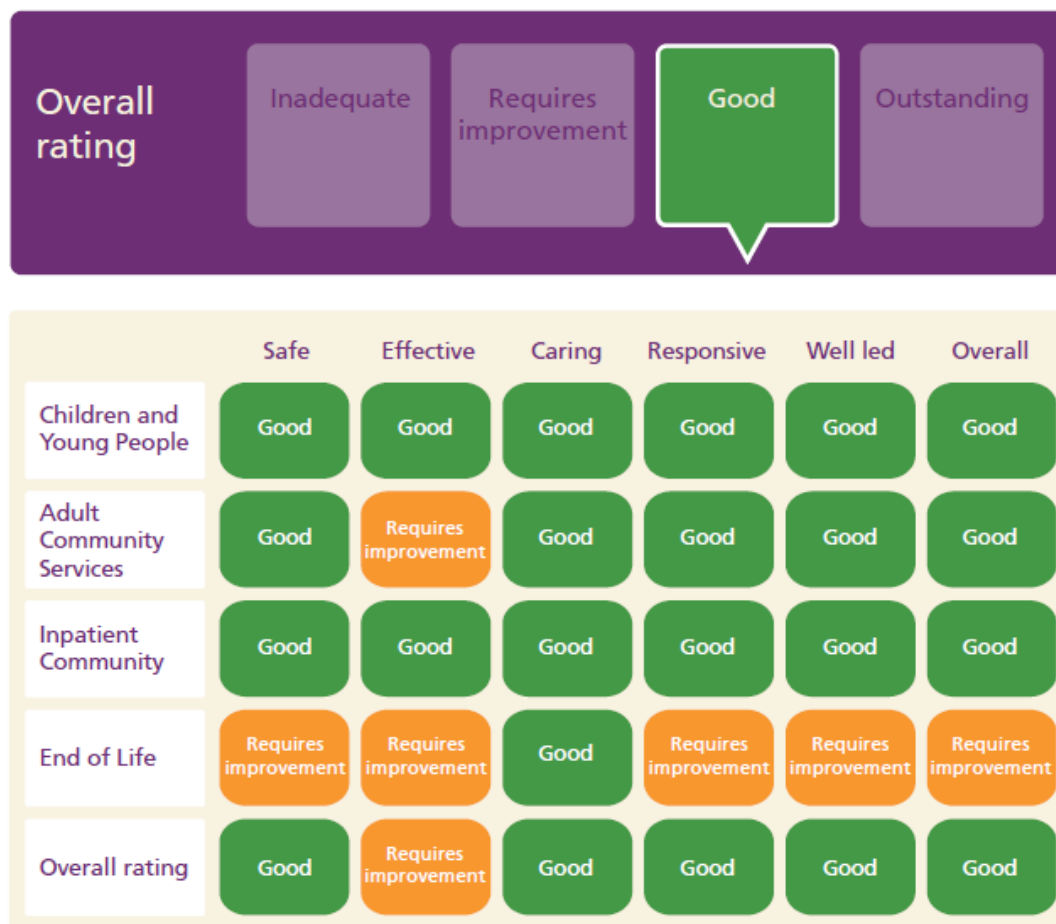
The implementation of CIS has an impact across all services and is referred to in many sections of the report.

Care Quality Commission (CQC) Rating

Kent Community Health Foundation NHS Trust was rated GOOD by the CQC following inspection in June 2014. The areas that were rated 'require improvement' have been addressed by a Trust-wide improvement plan. The improvements have been made and evidence of sustained high quality care has been submitted to the CQC. For the end of life service we were issued with a compliance notice in relation to staff not consistently completing and auditing Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. The CQC has confirmed it is satisfied that we have now addressed their recommendations.

The CQC visited HMP Swaleside dental service and issued a requirement notice in November 2015, relating to regulation 12 Safe care and treatment. The Trust was required to make improvements to cleanliness and decontamination arrangements in the dental suite. The CQC re-inspected in February 2016 and have closed the requirement notice.

Our ratings grid, as published by the CQC on its website, shows the ratings given to the four core services and five domains at the time of inspection in June 2014:



Patient Experience

		2015-16	2014-15
End of Life Care	Roll out training to relevant staff, improved documentation and processes and improved patient engagement	✓ Achieved	Partially achieved
	End of Life training for 270 staff	✓ Achieved	n/a*
	90% people achieve preferred place of death	✓ Achieved	✓ Achieved
Patient Feedback	100% coverage of Friend and Family Test (FFT)	✓ Achieved	n/a*
	At least 30% patients <ul style="list-style-type: none"> • in community hospitals and • MIU surveyed 	✓ Exceeded Partially achieved	n/a*
	At least 60,000 surveys undertaken across the Trust	✓ Achieved	n/a*
	70% of services scoring red in first quarter show green by quarter 4	✓ Achieved	n/a*
	Higher than 90% FTT at year end	✓ Achieved	n/a*
Stop Smoking	Very Best Intervention (VBI) campaign launched with established metrics for internal referrals and Implementation of 6 and 12 month follow-ups	✓ achieved	n/a*
	'Internal referrals increase by 10%	✓ achieved	n/a*
	4,500 four week quits	Partially achieved	n/a*
	48,893 checks carried out	Partially achieved	n/a*
Health checks	48,893 checks carried out	Partially achieved	n/a*
Health visitor metrics	95% of 5 mandated visits achieved	Partially achieved	n/a*
	Year 6 obesity prevalence reduced by 1%	Partially achieved	n/a*
	Family Nurse Partnership mother's smoking prevalence reduced by <ul style="list-style-type: none"> • 5% at 36 weeks and • 10% at 1 year post natal. 	✓ Exceeded X not achieved	n/a* n/a*
Continence Services	Review trust pathway against NICE guidelines, with gap analysis and audit of compliance with pathway	✓ achieved	n/a*
	Product request forms processed within 2 weeks on receipt of appropriate assessment	✓ achieved	n/a*
	Increase patient engagement by conducting yearly Hartmann's audit for product delivery service feedback	✓ achieved	n/a*
	Monitor group sessions as first contact for patients seeing Urogynae physiotherapists to review % of patient satisfaction with information and advice received.	✓ achieved	n/a*

n/a* not a reported goal 2014-2015

**Patient Experience
National Campaign**

Always Events

Always Events® are aspects of the patient experience that are so important to patients and families that health care providers must perform them consistently for every patient, every time.

A national campaign was launched in 2015 supported by The Picker Institute and the Institute for Healthcare Improvement. NHS England has been working with organisations across England to develop consistent ways to meet the individual needs of patients to ensure that care is patient centered and delivered in partnership with them and those close to them. Always Events, initially conceived in the United States by the Picker Institute and now led by the Institute for Healthcare Improvement (IHI), laid the foundation for the development of the Always Events framework. This framework provides a strategy to help health care providers identify, develop, and achieve reliability in person and family-centered care delivery processes.

NHS England, IHI and Picker (Europe) initially worked in 2015 with a small number of provider organisations to test out the Always Events methodology. Organisations have now been enrolled for phase two of the project that will, from November 2015, test out a toolkit to develop Always Events within the NHS. We will also be working with NHS commissioners to develop effective ways of embedding this approach in commissioning processes.

Kent Community Health Foundation Trust became a pilot site and since February 2015 the Nursing and Quality Team has been supporting the implementation of Always Events® across our services.

Following a conference held in April 2015, supported by the Director of Nursing as Executive Sponsor, teams across the Trust were tasked with looking at opportunities for improvement in mind, finding out 'what matters' to patients. At this conference our "Hello, my name is" campaign (pictured) was launched; this is a National campaign to ensure staff always introduce themselves.



- Throughout 2015/16 we have engaged with patients and staff to develop Always Events around personalised care planning which will ensure that patients are always involved as partners in agreeing their care. We plan to continue this work throughout 2016/17 with particular emphasis on the in-patient units
- In 2016 following outcomes from a medicines safety focus group, an aide-memoir 'PREPARE' will be produced on cards and stickers to support clinical staff with safer medicines administration, prompting staff to read the prescription first. It is in addition to the existing 5 R's guide (The Right patient, receives the Right medicine by the Right route in the Right dose at the Right time), and expected to promote easy to follow safety checks, to ensure medicines are always administering patient medicines safely.

We will continue to use Always Events® methodology within our quality service improvements. We are very proud of our Learning Disabilities Team who will be taking Always Events forward within their services.

Patient Experience

Improving End of Life Care 90% of patients die in their preferred place

Goals for 2015-2016

Implementation of year 2 End of Life Care strategy including

Roll out training to relevant staff, improved documentation and processes and improved patient engagement	Achieved 1,181 training sessions facilitated
270 further courses completed by staff	Achieved 1500+ end of life competences completed
90% people achieve their preferred place of death	Achieved
KCHFT staff are supportive and competent in providing end of life care for patients in their preferred place.	

What is end of Life?

The terms 'End of Life care' and 'palliative care' are often used interchangeably by many people. 'End of life care' is used more frequently since the government released its End of Life Care Strategy in 2008. End of Life care 'helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patients and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support' (End of Life Care Strategy DH 2008).

End of Life care is important as we only have one chance to get it right. In recent years independent reviews, system-wide alliances, the Health Ombudsman, the work of national charities and the government's own priorities for the NHS, have brought reflection and urged change, to better support the increasing needs of people as they approach the end of their lives. It is important to emphasise that while death may not be a failure, poor care is.

How did we perform in 2015/16?

The organisational End of Life strategy has been reviewed and refreshed this year.

Our Strategy Goals include:

- Having a shared understanding and purpose End of Life care
- Development of a skilled, competent and sustainable workforce to support patients their families and those closest to them in the care, treatment and support they require at the end of their lives
- Proactive identification of people at end of their life and planning for the future
- Developing systems that support efficient and effective palliative and End of Life care
- Raising awareness of Dying and End of Life Care
- Reduction in deaths in inappropriate care setting and allowing patients to meet their wishes in achieving preferred place of care
- Offering comprehensive holistic assessment in response to patients, carers and those closest to the patients changing needs

We are working in collaboration with other providers and commissioners of End of Life services to improve care for those people at the end of their life.

This year we have expanded on the work undertaken in previous years.

- We have reviewed and validated our End of Life policies and procedures.
- In line with our core End of Life competencies for staff providing care across KCHFT we have run an extensive training programme. We have met our overall training target with 1181 training sessions attended, meeting and exceeding the set target. This training has included communication skills and key End of Life care skills.
- Over 1500 competency assessments of clinical staff, including nurses, therapists and healthcare assistants have been undertaken specifically on end of life care competence
- We planned to develop and use shared IT systems with other providers of care, such as the hospice, that support 24/7 communication of care. However these Electronic palliative care systems are not in place in all areas as they are determined by commissioning intentions. We have developed our own IT system which capture important key information for people at the end of their life.
- We have developed new documentation to help with communication for those people wishing to die at home. This gives the opportunity, at patient assessment, to discuss End of Life care and what is important to the person and their family.
- New End of Life drug charts are being implemented across regions together with “just in case boxes” containing crisis medication that may be required in the last days of life.

- Work continues to develop 'patient held' documentation records to stay within the home to provide seamless care with multiple provider agencies. A new document for dying children has also been developed collaboratively within local networks to support planning and decision making.
- The Liverpool care pathway review (2013) known as More Care, Less Pathway guidance was incorporated into our training. A new National guidance document, Ambitions for Palliative and End of Life Care: A National Framework for local action 2015-2020 (2015) will continue to be implemented.
- A national marker is utilised known as "preferred place of death" to see if people are dying in their place of choice. Our data collected shows that we have met the 90% set target for all areas. 91% of those that we cared for, from our data, shows they met their preferred place of death. We need to undertake further work and work closely with our commissioners to identify why people may not meet their preferred place this may be for many reasons including limited social care support.
- We have worked to improve public awareness about planning for End of Life care this has included hosting public events across Kent in "Dying matters week" and at the Kent County Show.
- We have participated in a research study related to medication at end of life, known as the CHI+MED study.

The End of Life Team has received the following achievements of recognition in 2015-16

- Runners up in the Kent Surrey Sussex Academic Health Science Network End of Life Awards
- Finalists in the National Nursing Times awards 2015 Enhancing Patient Dignity category
- Our Nurse Consultant is the clinical lead for Kent Surrey Sussex Academic Health Science Network

In the coming year we plan to:

- Continue to implement our strategy
- Continue to competency assess and train staff
- Develop our patient care planning process
- Fully implement the 'just in case' medication boxes across the county
- Work more closely with patients and their family/carers to ensure we are meeting their needs at end of life
- Continue to work in collaboration with other providers of care such as Ambulance services and hospices to improve care for people at the end of their life

Patient Experience

Patient Feedback

Goals for 2015-2016

100% coverage of Friend and Family Test (FFT) across services	Achieved
At least 30% patients surveyed in community hospitals and MIUs (minor injury units)	Exceeded 45% Partially achieved 25%
At least 60,000 surveys undertaken across the Trust	Achieved 64,289
70% of services scoring red (less than 75% scored) in first quarter show green (greater than 90% score) by quarter 4	Achieved
Higher than 90% FTT at year end	Achieved 96.78%
Our patients, service users, friend and families view our Trust positively	

What is the NHS Friends and Family Test?

The NHS Friends and Family Test is a national measure of patient satisfaction. It should not be used as the only indicator of patient experience. However it is one way to gauge how patients feel. It is a standard question asking whether based on their experience of using the service, would they recommend it to their friends and family? There is then an option to make comments.

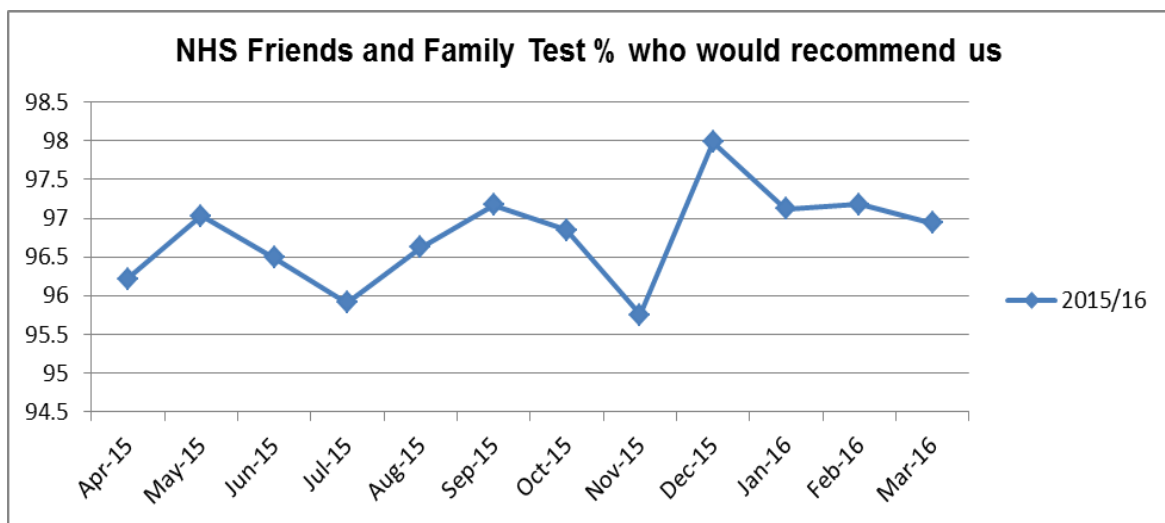
How did we perform in 2015/16?

The Trust takes a proactive approach to patient, public and community involvement. Key achievements include the refresh of our Carers Strategy 'Keeping Carers in the Loop' and the Trust's Commitment to Carers, which has led to carer awareness as part of corporate induction and a new leaflet for carers; development of a professionals network of nearly 300 people from the statutory and voluntary sector who are working with Roma communities; patient and carer involvement in developing the continence product pathway; a Relative's Charter for community hospitals and increased patient participation in Patient Led Assessments of the Care Environment (PLACE) visits to our community hospitals and minor injury units.

- We have achieved 64, 289 surveys this year and have 100% coverage of Friends and Family testing across our services.
- We exceeded our goal to survey community hospitals, achieving 45% of patients surveyed, but only achieved 25% of MIU patients. Whilst in community hospitals we are able to ask patients to complete a survey on their day of discharge, and often provide volunteers to

assist with this, in minor injury units many patients chose not to complete a survey as they wish to leave after waiting for treatment and then being treated. The volume of Minor Injuries Unit surveys completed is significant (25,322) which gives us assurance that people's experience is as overwhelmingly positive as the results suggest.

- In April 20 teams had a "red" friends and family score of less than 75%; by March 2016 this number had reduced to only 6 teams; achieving an improvement greater than the 70% change stated in our goal. Teams are encouraged to survey their patients and respond to their views.



- We have achieved our goal of a Friends and Family Test of greater than 90% throughout 2015-2016. The vast majority of patients would recommend our services. There are on-going discussions with CCGs and other providers regarding FFT figures that relate to services that we are not currently commissioned to provide.

Patient Experience

Optimising health promotion and independence – Stop Smoking

Goals for 2015-2016

Very Best Intervention (VBI) campaign launched with established metrics for internal referrals and Implementation of 6 and 12 month follow-ups

Achieved

Internal referrals increase by 10%

Achieved

4,500 four week quits

Partially achieved
3,500

We recognise the difficulties people have when quitting and are innovative in our approach to support our service users

Smoking Cessation

Smoking cessation is offered through an abrupt cessation programme or a harm reduction, cut down to quit programme where smoking is reduced over a four week program before setting a date to quit. Smoking cessation has an extremely positive impact on improving the health and wellbeing of our communities.

How did we perform in 2015/16?

The Trust has taken an important focus on smoking cessation and all staff receive “making every contact count” training at induction. VBI training is important for all staff to improve their own health and wellbeing as well as our service users.

Live well, live longer!

www.kenthealthandwellbeing.nhs.uk

VBI training has been reviewed and redesigned with a more interactive approach to develop the skill to be able to raise the issue of smoking, and to refer to the Stop Smoking Service, with positive feedback. VBI training has been additionally delivered to other service providers; Kent and Medway Partnership NHS and Social Care Partnership Trust, East Kent Hospitals University NHS Foundation Trust, Ashford Leisure Centre, Ashford Borough Council Housing Team, Global Generation, Ashford and Canterbury Job Centres, Children’s Centre and Kent Fire and Rescue Service Teams.

Referrals are being positively influenced by the roll out of our Community Information System (CIS) which requires staff to ask the service user about smoking cessation and generates referrals to the service, and using to contact staff to promote internal referrals to the service. The service has a robust marketing strategy in place to raise its profile and is developing partnerships to increase referrals from other organisations including Kent Fire and Rescue Service, CRI and Turning Point, Ageless Thanet, Family Nursing Partnerships, Kent and Medway NHS and Social Care Partnership Trust Partnership Trust (KMPT) and Adult Education.

Final year end data for four week quits is not available until the end of June; we are projected to achieve 3,500 quits. At twelve months a 'boomerang' initiative sends a text to all clients who have quit twelve months previously to find out if they have started smoking again; responses are acted upon and clients re-engaged if appropriate. Some people find it difficult to quit so in the last quarter we contacted all 'Lost to Follow Up' treatment outcomes to establish smoking status. Six month follow ups have started from 1 October 2015.

Although the National programmes of harm reduction targets were removed, we have continued to drive this forward. The uptake is very slow, due to three main factors:

- NICE guidance states that we must inform clients that the most successful way to stop smoking is by an abrupt quit; therefore this encourages clients to join the standard abrupt quit programme.
- Lack of awareness of Harm Reduction – we are engaging in a marketing campaign to increase awareness
- Clients are starting the Cut Down to Quit programme but then wanting to quit abruptly rather than continuing with this intervention type.

The service has taken forward the Patient Group Directive (PGD) for Nicotine Replacement Therapy across Kent and will be used in practice from 1 April 2016. This will mean that Harm Reduction can also be extended to West Kent and DGS with progress being measured, monitored and reported via the Quit Manager database.

Further development will be made in to strengthen making every contact count on

- How best to engage with services on CIS to provide them with VBI training so they refer appropriately.
- How to continue to engage and establish good working partnerships and referral pathways
- A VBI campaign to raise awareness throughout the Trust
- These initiatives will ensure staff make every contact count to improve smoking cessation with staff and service users improving the health and wellbeing of our community.

Patient Experience

Optimising health promotion and independence – Health Checks

Goals for 2015-2016

Improve the take up rate for health checks across Kent

Goal of 48,893 health checks carried out

Partially achieved 75% of target

An excess of 36,000 patients undertook a health check last year and with appropriate onward referrals to improve the health and well being of our population

What are health checks?

The NHS Health Check is a national risk assessment, awareness and management programme for those aged 40 to 74 living in England who do not have an existing vascular condition, and who are not currently being treated for certain risk factors. It is aimed at preventing heart disease, stroke, diabetes and kidney disease.

How did we perform in 2015/16?

During 2015/16, 86,325 invites have been sent out to eligible patients calling them for a Health Check. However, out of this, 36,685 Health Checks have been performed. This is 42.05% uptake from invites, but with a target of 48,893 Health Checks, it equates to 75% of our required target.

The Outreach element in conjunction with Wellbeing People, Skip to be Fit and Health Trainers saw almost 1,500 patients who all received a Health Check. KCHFT staff attended 30 high profile events and delivered almost 500 Health Checks of which 50% resulted in referrals to GPs for Blood Pressure; Cholesterol; Creatinine and/or Diabetes. In addition, 15% were referred to internal Health Improvement Services. During 2015/16 the team suffered from a large turnover of staff; these issues have now been resolved and resulted in GP practices being fully supported.

KCHFT is working on a plan for 2016/17 to increase invitations for health checks which will enable the service to start working at full capacity at the beginning of the new financial year. We are working in partnership to improve the capacity of GP practises by using internal quality assurance, reviewing clinic appointment forecast to maximise clinic usage, alternative referral options, and maximising the efficiency and workload of staff.

We are also focusing on work-based health checks in conjunction with KCC Healthy Business Awards. This will see clinics arranged for larger businesses in the construction sector. The service is leading in the introduction of The Royal Society for Public Health accredited training for all staff delivering health checks, which rolled out from April 2016. KCHFT has rolled out the external quality assurance process for the county which will ensure the accuracy of equipment used in all checks and standardise our practices.

The Health checks service has received the following achievements of recognition

- Our Health Checks film (pictured below) was created by KCHFT and recognised by Public Health England which is showing it on its website. This will enhance the credibility of the Kent Health Checks Team.



- Health Checks team won first prize in the poster competition at the recent annual NHS Health Checks national conference, organised by Public Health England, which saw health check teams from all over England and Wales come together to share ideas and best practice. The team won the competition for a poster that featured the successful Live Well, Live Longer roadshow that toured Kent festivals and events last year

Health Checks per CCG locality

CCG specific reporting	Annual Eligible Pop./ 55%	Total Checks	% Eligible	% Population
Ashford	3915	3795	97%	53%
Canterbury	6055	4991	82%	45%
D.G.S.	8065	4579	57%	31%
S.K.C.	5962	5643	95%	52%
Swale	3684	2211	60%	33%
Thanet	4359	3689	85%	47%
West Kent	15393	11109	72%	40%

Patient Experience

Optimising health promotion and independence – Health Checks

Goals for 2015-2016

To increase the uptake of the mandated visits and meet the KPIs that have been set by Commissioners accordingly.

Five mandated visits 95% achieved
Year 6 obesity prevalence reduced by 1%

Partially achieved
Partially Achieved
0.9%

Family Nurse Partnership mother's smoking prevalence reduced by

- 5% at 36 weeks and
- 10% at 1 year post natal.

Exceeded
Not achieved

KCHFT continually strives to reach excellence. for children in our services

What is a health visitor?

Health visitors are qualified nurses with an extra post graduate qualification in public health nursing. They work in partnership with families with children under the age of 5 to help them have the best start in life.

This is done through supporting families to meet public health outcomes using a variety of evidence-based tools to advise on child development, parenting skills, healthy lifestyle choices and health protection. They also play an integral role in safeguarding and protecting children. Health visitors are now commissioned by Kent County Council.



How did we perform in 2015/16?

The key performance indicators' for health visiting set a target for 95% against all five mandated contacts. KCHFT undertook a large scale recruitment initiative in 2014-15 and has spent the last year building its skill set and processes to support achieving these mandated contacts. Although there have been some challenges through working with our partners, midwives and carers we are pleased to see an improving picture.

We are not yet achieving 95% for all five visits but the on-going progress for all five indicators is being managed via a service delivery group and data quality has increased since the implementation of CIS within the service in the last six months.

The current targets of 95% have been partially achieved against the visits both within the required time frame and actual visits completed.

Visit	Target time	YTD within target time	Visits completed (outside of time frame)
Antenatal	24 weeks to pre-birth	24%	-
New birth	14 days	71%	98%
6-8 week check	Within 8 weeks	70%	88%
1 year check	Within 12 months	47%	85%
2-2 1/5 year check	Within 2 1/5 years	81%	89%

Based on the above, all teams are aware of their contribution to improve and consistently sustain the performance for all 5 mandated contacts. The teams that are still outliers have been given targets to incrementally improve their performance.

It is anticipated that the service will be able to meet the KPIs by the end of 2016/17 quarter one and actions are in place to meet these visits targets;

- The service has reviewed workforce numbers, roles and functions that are required from the senior grades who have specialist interests and provide a lead role in relation to caseload activity. This will release significant clinical availability to support progress being made against the targets.
- Operational improvements in CIS compliance in recording visits are assisted by staff dedicated to support CIS.
- Weekly activity reports compare actual activity with uploaded activity – a gap of 10% had been identified and this is now reducing
- Improved working relationships with our acute trust midwife colleagues will assist us to get the right information at the right time for the Antenatal Health Visitor contact.

We will continue to improve the skill set of our staff to improve their effectiveness and efficiency to provide the mandated visits for our service users within the required timescales.

Year 6 obesity prevalence reduced by 1%

The goal to reduce year 6 obesity by 1% is achieved in collaboration with other internal and external services, and as such is a goal that the team contribute to achieve. The goal has been partially achieved at 0.9% reduction.

The National Child Measurement Programme (NCMP) annually measures the height and weight of children in reception and year 6 in state maintained schools in England. The programme began in 2006 and provides the most robust source of child obesity data in England. One of the aims of the NCMP is to increase public and professionals understanding of weight issues in children and use this data to engage with children and families about healthy lifestyles and weight management. The target for the number of children measured in each cohort is 85% and we have exceeded this target consistently achieving over 95% since 2006.

Our rates for child obesity Kent 18% and East Sussex 15.7% are below the national rates 2014-2015 of 18.1%.

Number of year 6 children weighed and measured as part of the NCMP 2014/15	14,836
Number of children overweight	2051
Number of children very overweight (obese)	1698

In Kent the school health team is made up of public health practitioners, registered nurses and school nurse assistants with the addition of health and wellbeing practitioners who provide the “healthy schools” element of the healthy child programme. As a preventive measure against increasing childhood obesity we implement a universal healthy schools programme, providing advice, training and operational support to schools to adopt a whole school approach to promote physical activity, healthy eating and improved emotional health and wellbeing, aimed at to raising self-esteem and improving body image.

We work with other Kent programmes for health, sports and culture and have proved successful in engaging schools. This programme offer works alongside the NCMP in schools adding targeted support to schools serving the communities with the highest levels of deprivation in order to reduce levels of unhealthy weight at year 6. Sixty eight percent of Kent primary schools were engaging with the universal healthy schools offer 48% of which are developing a school health improvement plan for this priority area.

From the NCMP we have locality steering groups mainly chaired by the Health and Wellbeing Practitioners which bring together representatives from KCC and our school nurses are active members of these groups. The aim of these groups is to identify local needs and identify where to target work, joining up school health and early help to provide the support needed to tackle obesity and create a positive and proactive approach to the NCMP, also considering the wider impact of unhealthy schools. To achieve this we work closely with the healthy weight team which has delivered training to all School Nurse teams to enable them to confidently raise the issue of weight and to provide support for families.

Anecdotally we know that parents/carers are more inclined to complain after receipt of their child's measurement results letter. In recognition that parental engagement is key in preventing and reducing childhood obesity we are currently undertaking a proactive and positive approach to engaging families.

The School Nurse team has been contacting families from target schools where the children have been identified as being overweight. They offer support to encourage families to access the intervention programmes which includes an assessment of whether families are ready to change which can be followed up where families are not ready to engage. This pilot is due to be evaluated within the next two months but early indicators suggest that the pilot has resulted in an increase in referrals to local community healthy weight programmes.

We are pleased to report that on January 1 2015 KCHFT successfully secured the contract to provide school health services in East Sussex. On becoming the provider in East Sussex the NCMP process was reviewed and amended in line with the National Guidance. This has resulted in all parents receiving appropriate feedback and equitable service delivery.

In East Sussex the school health teams are similarly involved with local health improvement initiatives and have successfully undertaken a pilot to develop district and school health profiles in East Sussex schools adapting the same model as Kent.

Due to this success we have been approached by East Sussex County Council to submit a proposal to form a school health promotion team to support schools to develop a health improvement initiative. 180 schools have taken up the offer and have received a grant of £10,000 to create a step change in the way that schools improve the health and wellbeing of children and young people. Schools are required to develop a school health profile and a health improvement action plan and one of the priorities must be reducing obesity.

Family Nurse Partnership (FNP) mother's smoking prevalence

The FNP's home visiting programme is for first time young mothers aged nineteen or under to improve the health, social and economic wellbeing of young parents and their babies. Reducing smoking in pregnancy is important for both the health of the mother and unborn child, and a priority for our team.

- We have exceeded the 5% reduction in smokers from intake (41.5%) to 36 weeks gestation (35.5%)
- However we did not achieve the target of 10% decrease at 1 year infancy – there was an increase of 19%. A contributing factor of not meeting the metric goals is that in some locations particularly the high levels of deprivation and generational attitudes towards smoking habits are proving difficult to overcome. However, clients are adapting their

smoking behaviour having more smoke free homes and reduced rates of smoking, but currently we do not collect these statistics.

We will continue to reduce smoking ensuring:

- That all nurses are trained both in the use of carbon dioxide monitors and smoking cessation skills.
- The topic of smoking cessation will continue to be explored with the clients at regular intervals throughout the programme.
- We will explore the possibility of collecting data on rates of cigarettes smoked and also data on smoke free environments. This could more accurately record the impact and success of the service as any reduction in smoking and smoke free environments will have a positive impact on both the client and infant.

The Family Nurse Partnership Kent has won the High Sheriff award with a small monetary prize.

Patient Experience

Optimising health promotion and independence – Continence Services

Goals for 2015-2016

Review trust pathway against NICE guidelines, with gap analysis and audit of compliance with pathway	Achieved
Product request forms processed within two weeks on receipt of appropriate assessment	Achieved
Increase patient engagement by conducting yearly Hartmanns audit for product delivery service feedback	Achieved
Monitor group sessions as first contact for patients seeing urogynae physiotherapists to review percentage of patient satisfaction with information and advice received.	Achieved

Our patients have a positive experience when using our continence services to improve their health and wellbeing.

What are continence services?

We are a specialist nurse and physiotherapy service providing professional clinical advice, support and information directly to patients or indirectly to healthcare professionals/carers on continence promotion and the treatment and management of symptoms of bladder, bowel and pelvic dysfunction, including incontinence.

How did we perform in 2015/16?

- We reviewed our stress incontinence and patient pathway, provided evidence of the updated pathway and monitored adherence via patient notes.
- The NICE (National Institute for Health and Care Excellence) standard 77 for urinary incontinence for women was published in January 2015. We collaborated in a Kent-wide multidisciplinary review and supervision of the guidelines, noting the shortage of specialist physiotherapists in Kent. We added a stage to our pathway - the triage of patients with stress urinary incontinence to groups prior to individual supervised pelvic floor exercises. The groups encompass the lifestyle alteration advice as stated in the guidelines.
- A pilot audit of 51 female urinary incontinence patients referred to physiotherapy in 2015 was completed (six per cent of completed cases in 2015/6 by two clinicians) to compare our service against these standards. This audit will be easier to repeat in the future now that diagnostic codes have been introduced on CIS.

We are pleased with our results demonstrating that the pathway and the Nice guidelines/standards are being followed:-

- 100 per cent of patients were given bladder diaries, but only 59 per cent completed them as patients felt they did not apply to their symptoms. 78per cent were discharged after at least

three months of pelvic floor rehabilitation. One patient was discharged prior to the end of three months of treatment at her request.

- 22per cent were referred on to secondary care after at least three months of pelvic floor rehabilitation.
- Biofeedback or muscle stimulation was used in 25 per cent of patients showing that equipment is used where needed but is not used routinely with all patients.
- A full medical history was completed for all appropriate patients.

No patients had red flags that needed to be acted on.

Results that we will improve upon;

- Only 14 per cent attended group appointments in this audit. This number should increase over 2016/7 due to staffing increases and nursing colleagues also starting to run groups. The number of patients declining a group appointment is unknown as this was not recorded in the patient records.
- Patient goals on assessment and discharge were noted in the patient record and CIS. Although outcomes were evaluated using the Bothersome Scale (0-10) in 84 per cent of patients on assessment, this was only repeated in 2 per cent of patients on discharge. This has instigated a pilot of a Patient-Orientated Outcome Measure and we are currently trialling Mymop as a means of ensuring that we can score improvement and are able to prove our effectiveness in the future without having to trawl through individual notes. Combining this with the diagnosis codes should allow the service to monitor outcomes with regard to conditions quickly and accurately moving forwards.

We are pleased to report that all our patients product request forms were processed within two weeks on receipt of appropriate assessment, leading to patient satisfaction and improved quality of life. Our annual Hartmaan's audit (regarding product delivery) was completed in January 2016 and results demonstrate a 98 per cent patient satisfaction rate, with an action plan to address the remaining patients who weren't totally satisfied. Areas of dissatisfaction are being addressed through collaboration with our industry partners.

Pelvic floor educational groups are being held in the majority of areas and are hosted by specialist physiotherapists and nurses. The groups are held on a regular basis and the number of patients invited varies depending on the session location and capacity. This can vary from six to 20 people per group. An evaluation of patient experience of these groups demonstrated 98 per cent found the session 'excellent' (87 per cent) or 'very good' (11 per cent) with one person (2 per cent) rating it 'good'. Our invitation letters to the groups will be made clearer to ensure people are aware that they can request a one-to-one session instead of a group, as suggested by three participants.

Patient Safety

		2015-16	2014-15
Harm-free care	Harm-free care reported on National Safety Thermometer maintained above 98 per cent (adults)	✓ Achieved	✓ Achieved
Reduction in severity and numbers of falls	10 per cent reduction in falls in community hospitals	✓ Exceeded	✓ Achieved
	10 per cent reduction in harm from falls in community hospitals	✓ Exceeded	✓ Achieved
Reduction in pressure ulcers	20 per cent reduction in category 2 attributable pressure ulcers	✓ Exceeded	Partially achieved
	20 per cent reduction in attributable and avoidable Category 3 and 4 pressure ulcers	✓ Exceeded	n/a*
Infection prevention and control	Report no more than seven attributable cases of <i>Clostridium difficile</i> infection and no level 3 lapses in care	✓ Achieved	X Not achieved
	Reduce hospital-acquired catheter associated urinary tract infections and urinary tract infections by a further 10 per cent	✓ Exceeded	✓ Achieved
	Ensure 100 per cent compliance with MRSA screening	X Not achieved	X Not achieved
	Ensure zero tolerance of MRSA bacteraemia	✓ Achieved	✓ Achieved
	Increase the percentage scores on the PLACE audit to the national average	X not achieved	X not achieved
	Ensure full compliance with infection prevention and control and hand hygiene training	✓ Achieved	✓ Achieved
Medication	95 per cent of patients have their medicines reviewed and reconciled within 24 hours of admission to a community hospital and within three days by a pharmacy technician	✓ Achieved	n/a*
	10 per cent increase in near miss drug incidents reported	X Not achieved	n/a*
	10 per cent increase in self-administering patients in community hospitals	X Not achieved	n/a*
	75 per cent of patients satisfied after using the medicines patient information line	Data unobtainable	n/a*
Looked after children	90 per cent of LAC have six- monthly dental assessment and annual health assessment	Partially achieved	
Dementia	60% relevant patients tested for dementia	✓ achieved	n/a*
	85% appropriate staff received Dementia Training	✓ achieved	n/a*

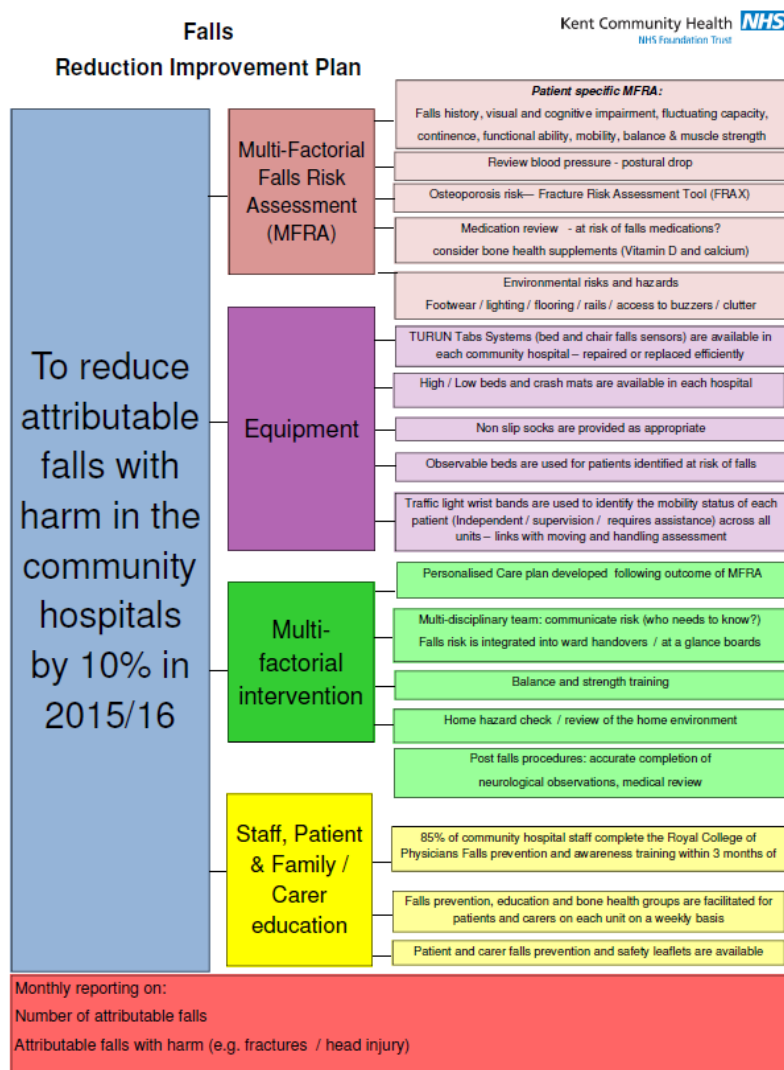
n/a* not a reported goal 2014-2015

Patient Safety
National Campaigns

Sign up to safety

Kent Community Health NHS Foundation Trust is committed to providing safe care to its patients. It is one of the trust's five strategic goals and underpins all of the trust's work and plans. We have engaged with the NHS England three-year Sign up to Safety Campaign to reduce patient harm by 50 per cent saving 6,000 lives over three years, and committed to NHS England's Five Sign up to Safety pledges:

1. Put safety first
2. Continually learn
3. Honesty
4. Collaborate
5. Support



Our three Sign up to Safety improvement plans build on existing activities and improvement plans to:

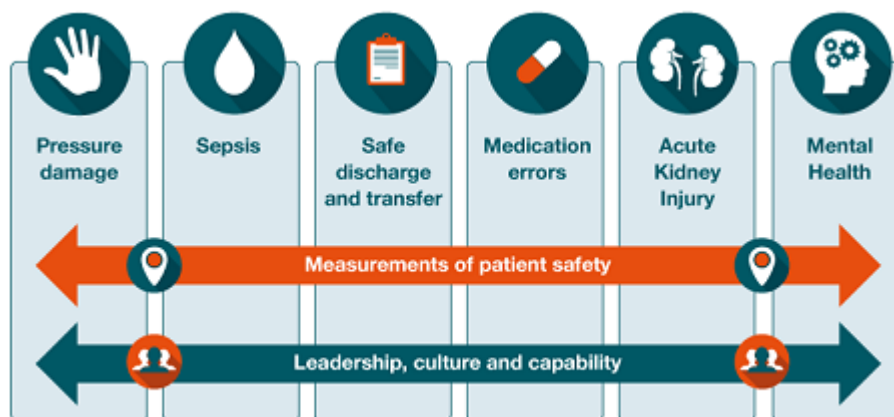
- Reduce category 3 and 4 attributable avoidable pressure areas by 50 per cent by December 2017
- Build on the 50 per cent reduction in CAUTIs by reducing a further 10 per cent in community hospitals
- Achieve a further 10 per cent reduction of attributable falls causing moderate or severe harm

Action plans for these harm reductions are shown in driver diagrams for staff to easily understand and own.

We are pleased to report that we have excelled at harm reduction, exceeding our goals in 2015 to 2016.

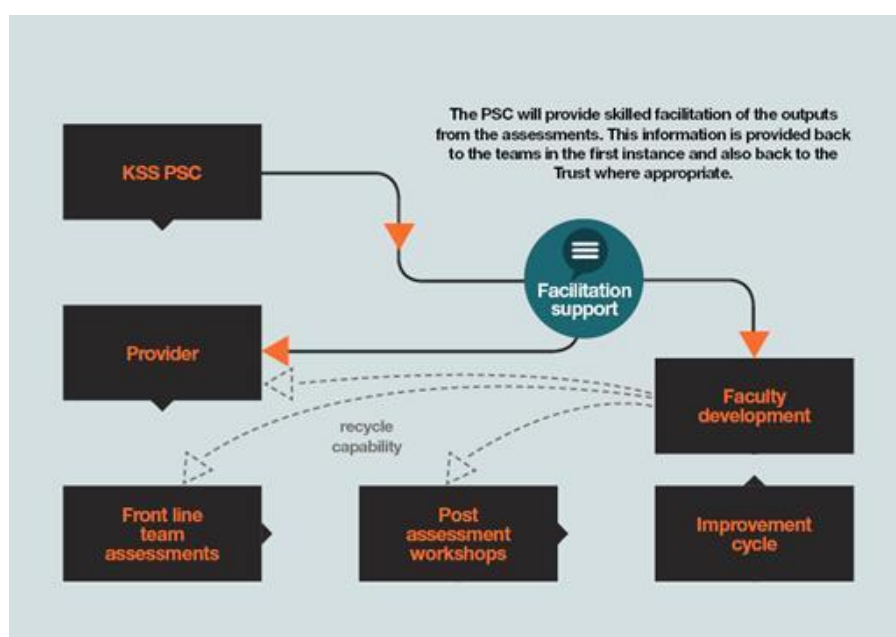
Kent Surrey Sussex Academic Health Science Network, Patient Safety Collaborative (KSS PSC)

The trust has actively engaged with our local collaborative since its launch in November 2014 and are committed to the seven workstreams that were developed through consultation and link to the Sign up to Safety campaign.



The collaborative works with health, social care, commissioners and industry to improve patient safety, through identifying and sharing best practise. We are pleased that a number of our staff are represented in these workstreams, as lead roles within the collaboratives.

KSS PSC has launched a new initiative to explore and improve the safety culture within frontline teams and to develop quality improvement capability and we look forward to collaborating within this work stream.



Patient Safety

Duty of Candour

Duty of candour is a regulation made in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 and became a legal obligation from April 2015.

The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The trust has robust systems in place to ensure duty of candour is implemented for all attributable moderate and severe harm incidents and any incidents resulting in death.

To ensure trust staff were aware of the process a series of one-day training events were put on by an external law firm for senior managers across the county and all directorates were accommodated. Information was cascaded to staff, shared on StaffZone and further support and guidance was provided by the clinical governance team.

Duty of candour is implemented for all incidents (including complaints, comments and claims) which meet the criteria in one of two ways – via the incident team once reported on Datix or via the serious incident process if the incident is reported as such, with the duty of candour process being led by the head of service.

The reporting of the duty of candour is included within serious incident reports, to provide information and assurance to the trust and commissioners on how the duty of candour is implemented within the trust.

We have provided assurance to our Quality Committee that duty of candour has been implemented in 100 per cent of eligible incidents.

We have recently completed a duty of candour audit. Results are due in May which will be reviewed and actions made on the findings.

Patient Safety

Reduction in severity and numbers of harm overall – harm-free care

Goals for 2015/2016

Harm-free care reported on National Safety Thermometer maintained above 98 per cent (adults) **Achieved 99%**

Our patients can consistently expect harm-free care greater than the national average.

What is the Safety Thermometer?

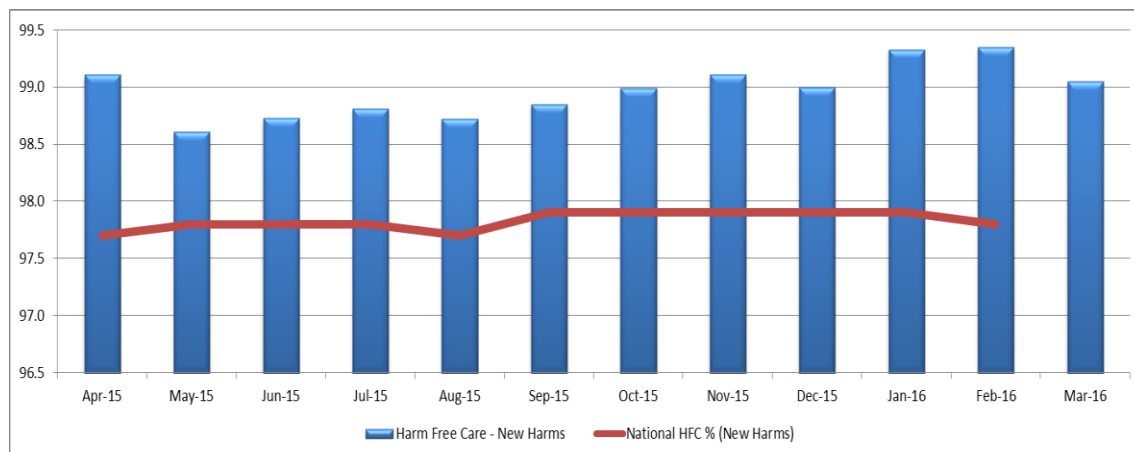
The Safety Thermometer is a once per month snapshot survey measuring patient safety from the following harms: pressure ulcers, falls, CAUTIs (catheter acquired urinary tract infections) and VTEs (venous-thromboembolism)

How did we perform in 2015/16?

During the 2015/16 year (April 2015 to March 2016), KCHFT has exceeded the goal of 98 per cent or more 'harm-free care' on the monthly Safety Thermometer survey. We have consistently achieved a greater harm-free care survey than the national achievement.

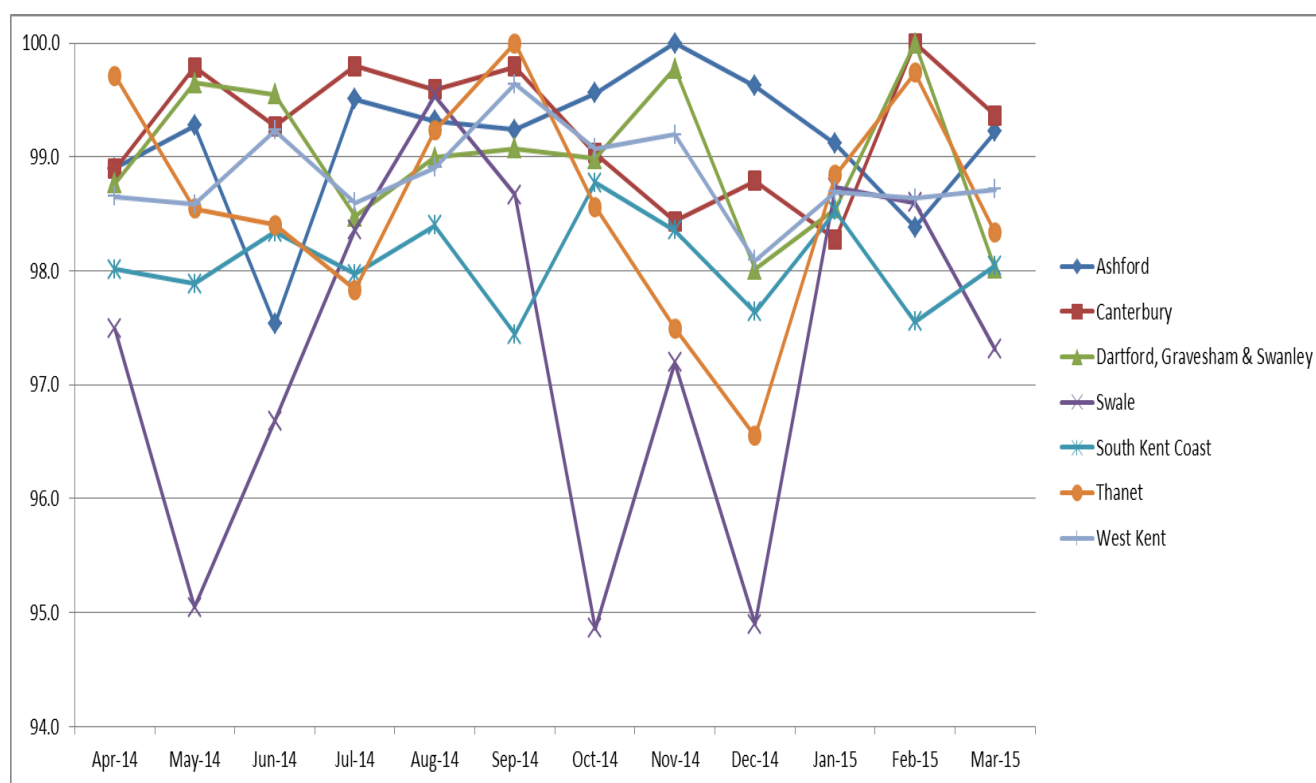
During the 2015/16 year, 35,739 patients were surveyed under Safety Thermometer, and 35,371, or 99 per cent, of these patients were found to be 'harm-free' from new harms (those acquired whilst under our care) at the point of survey.

The table below shows the results of the safety thermometer for the current reporting year:



Harm-free care per CCG

Harm Free (New Harms) by CCG		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	YTD
Ashford	%	98.9	99.3	97.5	99.5	99.3	99.2	99.6	100.0	99.6	99.1	98.4	99.2	98.6	99.3	99.7	98.9	99.1
Canterbury	%	98.9	99.8	99.3	99.8	99.6	99.8	99.0	98.4	98.8	98.3	100.0	99.4	99.3	99.7	98.8	99.2	99.3
Dartford, Gravesham & Swanley	%	98.8	99.7	99.6	98.5	99.0	99.1	99.0	99.8	98.0	98.5	100.0	98.0	99.3	98.9	99.0	98.9	99.0
Swale	%	97.5	95.0	96.7	98.4	99.5	98.7	94.9	97.2	94.9	98.7	98.6	97.3	96.4	98.9	95.8	98.2	97.4
South Kent Coast	%	98.0	97.9	98.3	98.0	98.4	97.4	98.8	98.4	97.6	98.5	97.6	98.0	98.1	97.9	98.3	98.1	98.1
Thanet	%	99.7	98.5	98.4	97.8	99.2	100.0	98.6	97.5	96.6	98.8	99.7	98.3	98.9	99.0	97.5	99.0	98.6
West Kent	%	98.7	98.6	99.2	98.6	98.9	99.6	99.1	99.2	98.1	98.7	98.6	98.7	98.8	99.0	98.8	98.7	98.8



All teams within the trust that have not had a patient experience moderate or severe harm from a fall or CAUTI, or attributable category 2, 3 or 4 pressure ulcer throughout 2015/2016 have received a letter celebrating harm-free care from the Chairman and the Chief Executive.

Patient Safety

Reduction in severity and numbers of falls in community hospitals

Goals for 2015-2016

10 per cent reduction in falls in community hospitals **Exceeded 64%**

10 per cent reduction in harm from falls in community hospitals **Exceeded 44%**

Patients can expect falls assessments and prevention strategies when in our community hospitals to reduce their risk from falls and harm.

How did we perform in 2015/16?

In 2015/16 KCHFT attributable harms were defined if all appropriate interventions were not in place, this definition was not in place the previous year. Assurances have been sought that the reduction in harms in 2015/16 are not due to the definition change from 2014/15: harms in 2014/15 were recalculated with the current definition and the 2015/16 reductions compared to 2014/15 figures confirm a true reduction in harms.

The trust targets of reducing attributable falls and falls with harm in our community hospitals has greatly exceeded the initial target of 10 per cent reduction, reaching 64 per cent reduction in falls and 44 per cent reduction in falls with harm; this is a fantastic achievement and demonstrates the hard work the clinical teams have undertaken..

Rate of falls per 1,000 occupied bed days (October 2015 to March 2016)	
KCHFT	6.35
Other benchmarked community trusts average	8.98
Rate of injurious falls per 1,000 occupied bed days (October 2015 to March 2016)	
KCHFT	1.34
Other benchmarked community trusts average	4

The Safe Care Steering Group and the seconded Falls Patient Safety Facilitator have worked in collaboration with operational leads to develop and embed good clinical practice and falls

prevention processes. A robust falls action plan was developed through 2015/2016 and a number of key objectives have been achieved to date in this targeted work stream:

- Funding and installation of an additional 36 TURUN TAB bed and chair sensor systems
- Audit of hospital environments regarding risk of falls, with particular focus on the bathroom and toilet areas; this process is highlighting gaps with regard to grab rails, alarm bells, colour contrasting toilet seats and use of metal bins and funds have now been secured to purchase these items for the wards
- Following a full review of the current KCHFT falls screening assessment, processes and documentation to comply with NICE guidance, we have launched a new community falls screening tool, a multi-factorial falls risk assessment tool with inpatient and community versions and an osteoporosis screening tool (which includes FRAX- a World Health Organisation tool to evaluate the fracture risk of patients). Electronic versions are being developed.
- Falls awareness and prevention training for clinical staff - following a review of potential options we have recommended the use of the Royal College of Physicians (RCP) online falls prevention training. Raising falls prevention awareness for our staff is a key factor in the achievement of this target. We also aim to introduce face-to-face train the trainer workshops for falls link-workers/champions in the future.

In 2016/17 the KCHFT Patient Falls Policy will be re-drafted to reflect changes to this work stream. Nursing and Quality continue to work with each Head of Service, Matrons and Allied Health Professionals (AHPs) to ensure they understand the trajectory for falls reduction and support them to implement local action plans where they are off trajectory.

The Safe Care Group combines the previous pressure ulcer; falls and transfer of care groups and will develop the strategic programme for the reduction of associated harms within KCHFT. The improvement programme focuses on the development of sustainable strategies and reporting structures to support an effective reduction across KCHFT services.

Driver diagram models have been developed and reviewed with service leads to support the assurance process within each locality which will be submitted at the bi-monthly Safe Care meeting. The driver diagram tool is based on agreed metrics within the organisation including key performance indicators and national targets to support reports and outcome measures.

Falls harms per CCG

Attributable Falls

	Year total 2014/15	Year total 2015/16
Trust-wide	232	58
Canterbury	14	6
Dartford, Gravesham and Swanley	87	6
Dover, Deal and Thanet	14	12
Swale	34	8
West Kent	83	26

Falls with harms

	Year total 2014/15	Year total 2015/16
Trust-wide	62	25
Canterbury	6	3
Dartford, Gravesham and Swanley	18	5
Dover, Deal and Thanet	6	4
Swale	10	2
West Kent	22	11

Patient Safety

Reduction in severity and numbers of pressure ulcers

Goals for 2015/2016

20 per cent reduction in category 2 attributable and avoidable pressure ulcers **Exceeded 43%**

20 per cent reduction in attributable and avoidable category 3 and 4 pressure ulcers (serious incidents) **Exceeded 70%**

Patients can be assured that preventing pressure ulcers is a priority for KCHFT. We consistently have lower pressure ulcer harms than other community trusts.

What is a pressure ulcer?

Pressure ulcers, previously known as bed sores, are a type of injury that affect areas of the skin and underlying tissue and are caused when placed under pressure over time. Their presentation can vary in severity from discoloured skin to open wounds.

How did we perform in 2015/16?

In 2015/16 KCHFT attributable harms were defined if all appropriate interventions were not in place, this definition was not in place the previous year. Assurances have therefore been sought that the reduction in harms in 2015-16 are not due to the definition change from 2014/15. Harms in 2014/15 were recalculated with the current definition and the 2015/16 reductions compared to 2014/15 figures confirm a true reduction in harms.

New category 2, 3 and 4 avoidable pressure ulcers rate per 1,000 patients on the caseload (October 2015 to March 2016)	
KCHFT	0.01
Other benchmarked community trusts average	4.7

20 per cent reduction in category 2 attributable and avoidable pressure ulcers

Avoidable – category 2	2014/15	2015/16
Kent-wide	46	29
Ashford CCG	4	4
Canterbury CCG	6	4
Dartford/Gravesham/Swanley CCG	6	1
South Kent Coast (Dover/Deal) CCG	9	3
South Kent Coast (Shepway) CCG	6	1
Swale CCG	4	2
Thanet CCG	2	5
West Kent CCG	11	9

20 per cent reduction in attributable and avoidable category 3 and 4 pressure ulcers

Avoidable – categories 3 and 4	2014/15	2015/16
Kent-wide	47	14
Ashford CCG	4	0
Canterbury CCG	4	3
Dartford/Gravesham/Swanley CCG	13	1
South Kent Coast (Dover/Deal) CCG	10	2
South Kent Coast (Shepway) CCG	4	0
Swale CCG	5	0
Thanet CCG	2	6
West Kent CCG	5	2

The trust-wide agenda for the reduction and eradication of pressure ulcers continues supported by a multifactorial ‘Stop the Pressure’ campaign” to reinforce key messages, including the SSKIN bundle which is “5 simple questions” for all clinicians to ask as part of making every contact count. These key questions should identify patients at risk before damage occurs to enable preventative measures to be put in place in a timely manner.

Here are five simple steps to remember to help prevent pressure ulcers – **SSKIN**.

- Surface.
- Skin.
- Keep moving.
- Incontinence/moisture.
- Nutrition and hydration.



Partnership working to reduce unavoidable pressure ulcers e.g. in residential care, is being explored via the Rules of Engagement group. Carer information and the new SSKIN leaflets are being shared to raise awareness relating to skin integrity and pressure ulcer prevention and support self-management.

Changing the culture to include a 'healthy living' approach to pressure ulcer care to support the prevention agenda is now coming to fruition.

A carers handbook, video and competency booklet are currently being reviewed with a plan to create and implement within our care homes as evidence strongly suggests that this has a positive impact on reducing pressure ulcer harms in care.

KCHFT continue to be actively involved in the Patient Safety Collaborative led by Health Education Kent, Surrey and Sussex (HEKSS). This programme of work includes a workstream for the reduction of pressure ulcers across the health economy. It is also one of the key safety pledges agreed and published for KCHFT in the Sign Up to Safety Campaign.

Thanet is the only area where we have seen an increase in pressure ulcers. To combat this, we have implemented a targeted education and awareness strategy and increased the presence of TVN nurses to improve knowledge and practise. We have worked in collaboration with the CCG to provide assurance that the small numbers of cases are not a significant trend.

It is imperative that other teams continue to learn from their peers. Teams with a proven track record of prevention have been interviewed; case studies presented and success celebrated with the aim of understanding what can be learned by peers.

Patient Safety

Reduction in severity and numbers of harm overall – Infection Prevention and Control

Goals for 2015-2016

Report no more than seven attributable cases of <i>clostridium difficile</i> infection and no level 3 lapses in care	Exceeded
Reduce hospital acquired catheter associated urinary tract infections and urinary tract infections by a further 10 per cent	Exceeded
Ensure 100 per cent compliance with MRSA screening	Not Achieved; 4 of 378 patients not screened within time span
Ensure zero tolerance of MRSA bacteraemia	Achieved
Increase the percentage scores on the PLACE audit to the national average	Not Achieved
Ensure full compliance with infection prevention and control and hand hygiene training; trust goal of greater than 85 per cent	Achieved

Patients using our services can be assured our services are effective at reducing the risk of healthcare-associated infections

How did we perform in 2015/16?

***Clostridium difficile* infections:**

There has been one *Clostridium difficile* infection case attributed to KCHFT in this time period. - an 87.5% reduction from last year.

Hospital-acquired catheter-acquired urinary tract infections and Urinary Tract Infections (CAUTIs and UTIs)

The target for 2015/2016 was to reduce both hospital-acquired CAUTIs and UTIs by 10 per cent compared to 2014/15, (no more than 178 hospital acquired UTIs and 35 CAUTIs). This target has been exceeded, with 31 reported CAUTIs and 167 reported UTIs; a 16 per cent reduction in UTIs and 20 per cent reduction in CAUTIs.

MRSA (Methicillin-resistant staphylococcus aureus) screening

Expected compliance is that 100 per cent of patients admitted for surgery and 100 per cent of assessed 'high risk' patients admitted to our community hospitals are screened for MRSA. This has been achieved consistently in podiatric surgery. In our community hospitals compliance has been 99

per cent with four patients out of 378 not being screened in a timely manner. These patients were subsequently screened and tested negative.

PLACE assessments (Patient Led Assessment of the Care Environment)

PLACE scores were below average in three areas:

1. Privacy, dignity and wellbeing
2. Condition, appearance and maintenance
3. Dementia

It should be noted that the PLACE assessment is not limited to the community hospital wards, but the whole site and will be affected by the condition of buildings for which KCHFT has no control. Our wellbeing scores were low as some sites did not have access to televisions or entertainment systems. However, the results have been reviewed and each site has an action plan to improve these areas. A specific workstream has been implemented between estates, the dementia nurses and the matrons to improve our 'dementia friendliness' with funding being made available to improve the dementia-friendly environments.

Compliance with hand hygiene

Community hospitals report their compliance with hand hygiene policy monthly; the trust target is 95 per cent compliance. Link workers are trained to undertake the education of staff and audit of compliance. Full compliance within community hospitals has been achieved throughout the year, averaging 99 per cent.

Improve compliance with infection prevention training

Overall trust compliance has exceeded its target of 85 per cent since May 2015 although some services continue to require training to improve compliance. The IPC team receive data monthly and target services with bespoke training as required. Trust compliance with hand hygiene training reached 93.5 per cent and mandatory training reached 93 per cent. Clinical staff compliance was 92.1 per cent for hand hygiene, and 91.6 per cent for mandatory training, the highest compliance rates in over three years.

The KCHFT team have continued to lead on the Kent-wide campaign with the Kent and Medway HCAI Improvement Group to reduce CAUTIs and UTIs and increase awareness of the 'green card' antimicrobial awareness scheme for *Clostridium difficile* infection. As part of the CAUTI reduction campaign, KCHFT led the review of their catheter passport for adoption by all other health providers in Kent, and subsequently have been contacted by a London teaching hospital and a hospital in Ireland asking for copies for them to adopt and implement.

Infection Prevention and Control data per CCG

DGS

Location	MRSA screening compliance	Hospital acquired CAUTIs	Hospital acquired UTIs	Hand hygiene audit result
Livingstone	98% (1 missed screen)	2	5	97%
Gravesham	97.25% (2 screens missed)	6	10	100%

West Kent

Location	MRSA screening compliance	Hospital acquired CAUTIs	Hospital acquired UTIs	Hand hygiene audit result
Sevenoaks	100%	2	21	97.5%
Tonbridge	100%	0	13	100%
Hawkhurst	100%	3	16	97.3%
Edenbridge	100%	4	15	100%

Ashford and Canterbury

Location	MRSA screening compliance	Hospital acquired CAUTIs	Hospital acquired UTIs	Hand hygiene audit result
Whit and Tank	100%	0	23	100%
Faversham	100%	0	6	100%
QVMH	100%	3	12	100%

SKC

Location	MRSA screening compliance	Hospital acquired CAUTIs	Hospital acquired UTIs	Hand hygiene audit result
Deal	100%	0	6	100%

Swale CCG

Location	MRSA screening compliance	Hospital acquired CAUTIs	Hospital acquired UTIs	Hand hygiene audit result
Sheppey	100%	7	24	100%
Sittingbourne	96% (1 missed patient screen)	4	19	97.5%

Patient Safety

Reduction in severity and numbers of harm overall – Medicines Optimisation

Goals for 2015/2016

Implement year two of the Medicines Optimisation Strategy including making medicines optimisation integral to clinical working practice, evidencing excellent clinical outcomes through partnership working with staff and patients

95 per cent of patients have their medicines reviewed and reconciled within 24 hours of admission to a community hospital and within three days by a pharmacy technician	Achieved
10 per cent increase in near miss drug incidents reported	Not achieved
10 per cent increase in self-administrating patients in community hospitals	Not achieved
75 per cent of patients satisfied after using the medicines patient information line	Data unobtainable

Effective management of patients' medication assists to improve their health outcomes

How did we perform in 2015/16?

Inpatients have had their medicines reconciled within three working days by the use of nursing staff and medicines management staff. Medicines management staff have increased their visits to community hospitals from once a week to twice a week in order to achieve this.

Near miss reporting for this year compared with last year, has decreased. There has been an emphasis this year on correcting inaccurate categorising of Datix incidents resulting in many incidents being reclassified from near misses to incidents. A near miss reporting campaign is planned for 2016/2017 with a re-design of the incident reporting page on the staff intranet to highlight the definitions of near misses and incidents and to simplify the reporting of a near miss.

We have not achieved our goal to increase patients using the SAM (self-administered medication) scheme. There are currently only two to three patients at any one time on the SAM scheme in each unit. Low numbers of patients may be due to patients not being assessed as suitable for the scheme, high levels of agency staff unfamiliar with the process and other compounding issues on some units. The SAM scheme is to be reviewed in 2016/2017.

The medicines information patient line was introduced at Faversham Hospital in November 2015 to provide telephone support to patients on discharge regarding any queries they have regarding their medications. The service has been rolled out to other hospitals but no calls have been received to audit. A patient information card is in packs of discharge medication from the pharmacy contractor.

Achievements of the service include:

- Local and regional recognition for the collaborative work done to design a children's palliative care prescription chart for all organisations in Kent to use.
- A pilot scheme in Swale has resulted in 23 fewer community nurses' domiciliary visits per day through teaching patients to self-administer their own medicines. The pilot is continuing until April. We hope to roll out this scheme across all CCGs.
- KCC-run schools received medicines training packages for school nurses and teaching staff. This was well received and is therefore to be rolled out to other schools across Kent.
- A medicines safety campaign has been implemented with the aim of reducing incidents of medication errors in community nursing. The campaign involves collaboration between patients and staff and is an 'Always Event'.
- The omitted dose audit for 2015 demonstrates a very low rate of omitted doses in community hospitals (0.76 per cent) compared to national figures (4.5 per cent).
- A significant achievement is the agreement to use the palliative care drug chart and 'just in case' boxes. The new authorisation to administer has been approved for use and the clarification document has resulted in time-saving for GPs from fewer prescriptions.
- The medicines information service continues to be widely used with an increase in enquiries and development of training packages.
- The lead pharmacist for sexual health services is working with the team to host the first CTIMP (Clinical Trial of an Investigational Medicinal Product) trial for KCHFT; a clinical medication trial involving our consenting service users.
- We have achieved our targets of 90 per cent compliance with the first choice dressings list and antibiotic prescribing compliance is good and being monitored.
- The Community Medicines Team has been implemented in Canterbury and Ashford with a different model and is integrated with the nursing services.
- A second non-medical prescribing conference was held in March 2016 following on from the success of the first conference. This was a joint venture with Maidstone and Tonbridge Wells NHS Trust and was open to external participants.
- The Medicines Quality of Care Improvement tool has progressed with work having started on the Medicines Early Warning Trigger Tool; this pilot tool reviews live data rather than historic data.
- The new pharmaceutical supplies contract has been successfully implemented and we have become the first community trust in the country to gain the same recognition as the acute trusts with regards to preferential contracts from a pharmaceutical company. This has resulted in further collaboration with other community trusts to gain access to preferential prices with other manufacturers.

Patient Safety

Improve pathways for vulnerable patients – to maintain or improve service levels for 'Looked After Children' (LAC)

Goals for 2015/2016

90 per cent LAC have six monthly dental assessment and annual health assessment

Partially achieved

In 2015/2016 we provided 15,158 dental health checks and 14,872 health checks, for LAC to maintain or improve their health and wellbeing

Looked After Children (LAC) - what does this mean?

A child or young person is 'looked after' if they are in the care of the local authority for more than 24 hours. Legally, this could be when they are: living in accommodation provided by the local authority with the parents' agreement or if they are subject to an interim or full care order.

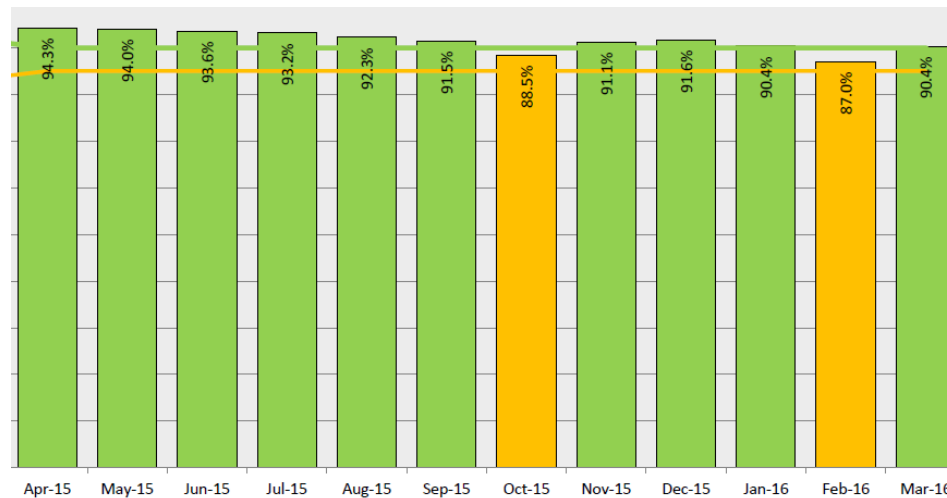
When a child is accommodated the local authority is responsible for making sure an initial health assessment (IHA) is undertaken. KCHFT are contracted to deliver IHAs across the DGS, Swale and West Kent localities. The statutory guidance is that the IHA is completed within 28 days of the child or young person entering care, which includes the report being available in time for the first statutory review by the independent reviewing officer. This service also undertakes Initial and review adoption medicals and, when required, attends adoption panels.

Review Health Assessments (RHA) are undertaken every six months for children under five years old and annually for children up to the age of 18, or until they leave care. KCHFT are contracted to undertake RHAs across all Kent districts which are completed by our Looked after Children (LAC) nurses.

At the end of March 2016, there were 2331 Looked After Children in Kent. This figure also includes the Unaccompanied Asylum Seeking Children (UASC) population (>850). A UASC is defined as an individual, who is under 18, has arrived in the UK without a responsible adult and has applied for asylum in his/her own right.

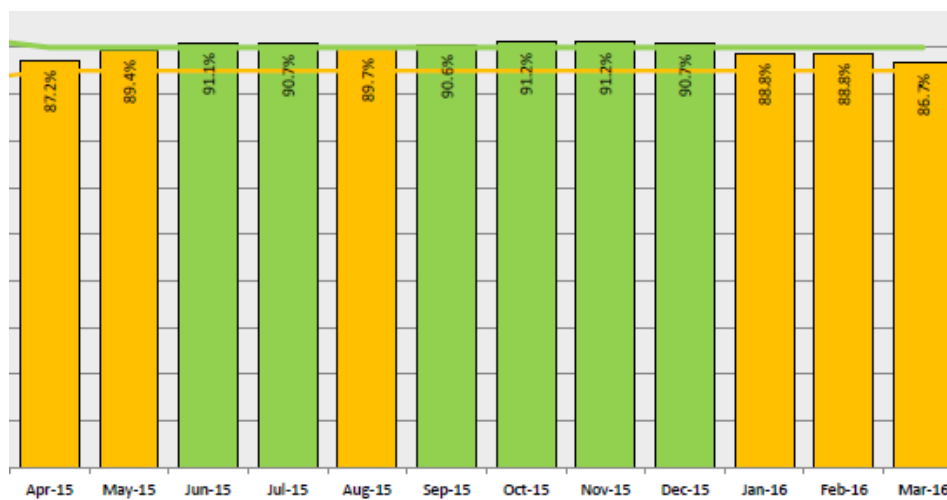
How did we perform in 2015/16?

Percentage of dental health checks within timescale for our LAC



Over the past year, we have achieved the target of 90 per cent of looked after children having an annual dental health check in 10 out of 12 months.

Percentage of annual health checks within timescale for our LAC



The target of 90 per cent of children who are currently looked after who have had all health assessments held within timescale has been more difficult to achieve. This target has ranged between 86.7 per cent and 91.2 per cent and was achieved in six out of 12 months, with a year average of 89.7 per cent achieved within timescale.

We are currently undertaking a service review (nursing and paediatrics), and working with the transformation team to explore smarter and more efficient ways of working. We plan to evaluate our staffing levels with the recommendations of 1 WTE LAC specialist nurse per 100 looked after children as recommended by The Intercollegiate Role Framework (March 2015).

Patient Safety

Improve pathways for vulnerable patients – Dementia

Goals for 2015/2016

Review of the dementia pathway confirming the identification and referral of dementia patients locally

60 per cent relevant patient tested for dementia within community hospitals	Exceeded
85 per cent appropriate staff received dementia training	Achieved

Patients benefit from excellent dementia screening and care within KCHFT services

What is The Six Item Cognitive Test (6CIT)?

The Six Item Cognitive Test is a screening tool for dementia used in primary care and consists of six questions that can be completed relatively quickly. If required, we can make prompt referrals to memory clinics for further assessment and possible diagnosis.

How did we perform in 2015/16?

100 per cent of all relevant patients have been screened by staff using the 6CIT within the communities and the community hospitals, exceeding our 60 per cent goal. The community hospitals have dementia champions on each site who support the screening process and the collection of relevant data. The data is collected by the dementia service and sent to the performance team for processing.

The 6CIT is now on CIS for all staff to access and there is a dementia algorithm available on Flo. All staff are now trained in basic dementia awareness (from January 2016). This training includes the use of the screening tool and the importance of early screening and intervention/treatment. The 6CIT is embedded in KCHFT and is being used to support patients where there are concerns related to cognition enabling further screening and treatment if necessary.

The early screening of patients entering the services of KCHFT is in accordance with the guidance of the Governments National Dementia Strategy and meets the requirements of a local CQUIN. Up to January 2016 91.4 per cent of staff received basic dementia awareness training. This training has been delivered face-to-face and via e-learning. From January 2016 onwards, all staff joining KCHFT will receive basic dementia awareness training as part of their induction. The delivery of basic dementia training was originally a local CQUIN. The National Dementia Strategy states that by 2020 all staff working in the NHS should have basic dementia awareness.

Clinical Effectiveness

		2015-16	2014-15
Increase in research activity	Research strategy and annual plan agreed and completed	✓ Achieved	n/a*
	At least 130 patients enrolled in NIHR portfolio research studies.	X Not achieved	✓ Achieved (100)
	To establish Good Clinical Practice Training (GCP) standards for research-active staff across the trust.	✓ Achieved	n/a*
	To develop, agree and implement Standard Operating Procedures (SOP's) for		
	a. hosting both Clinical Trials of an Investigational Medicinal Product (CTIMP) and non-CTIMPs	✓ Achieved	n/a*
	b. Sponsoring non CTIMP's.	X Not achieved	n/a*
	To adopt the Clinical Research Network preferred Local Portfolio Management System (LPMS) to gather higher level research activity data.	✓ Achieved	n/a*
	Sponsor a research study from within KCHFT.	✓ Achieved	n/a*
	For KCHFT to act as host to a CTIMP.	✓ Achieved	n/a*
	To agree a structure for external research specific finances coming into the trust, with the intention of building a pool of research funds for research active staff to access to support their projects.	✓ Achieved	n/a*
Compliance with NICE guidance	All technological appraisals are completed within three months of being issued	✓ achieved	✓ achieved

n/a* not a reported goal 2014-2015

Clinical Effectiveness

Increase research activity, innovation and evidence-based care

Goals for 2015/2016

Annual plan established in line with strategy, agreed and implemented, Improve coverage of evidence-based research

Research strategy and annual plan agreed and completed	Achieved
At least 130 patients enrolled in NIHR Portfolio Research Studies.	Not achieved
To establish Good Clinical Practice Training (GCP) training standards for research active staff across the trust.	Achieved
To develop, agree and implement Standard Operating Procedures (SOP's) for	Achieved
a. hosting both Clinical Trials of an Investigational Medicinal Product (CTIMP) and non-CTIMPs	Not achieved
b. Sponsoring non-CTIMPs.	
To adopt the Clinical Research Network preferred Local Portfolio Management System (LPMS) to gather higher level research activity data.	Achieved
Sponsor a research study from within KCHFT.	Achieved
For KCHFT to act as host to a CTIMP.	Achieved
To agree a structure for external research-specific finances coming into the trust, with the intention of building a pool of research funds for research-active staff to access to support their projects.	Achieved

Patients can be assured that the Trust is a learning organisation, investing in research to improve patient care

How did we perform in 2015/16?

The research strategy was completed at the beginning of the year with the Annual Action Plan as a working document to track the delivery of the objectives.

Progression in achieving the objectives includes excellent progress being made with external partners, working collaboratively with universities and acute NHS Trusts, facilitating research that crosses organisational boundaries. This work has seen new joint positions with external organisations, breaking traditional boundaries for the benefit of the patients involved in research studies. KCHFT now has processes in place for internal audit and monitoring of active research studies to ensure that delivery is carried out and governed to a high standard. Research-specific

Standard Operating Procedures (SOPs) have been developed for hosting studies and clinical trials. The suite of SOPs continues to grow and is progressing to sponsoring studies. The Local Portfolio Management System has now been implemented by KCHFT.

There has been slow growth of a more research-aware workforce within the organisation, with work continuing at different levels and around increasing research-specific income. This has had further implications for recruitment to national studies and the progression of research ideas.

At the end of the year, 68 patients were recruited to studies against our target of 130. The research department is working hard with the CRN and Trust Executive team to rectify this, to allow us to grow the delivery of research for the vast population of KCHFT. The research team has successfully achieved funding to grow the research infrastructure and extend the delivery team to increase potential for portfolio recruitment in 2016/17. In addition we have collaborated with East Kent Hospitals University Foundation NHS Trust to develop a Joint Research Nurse Post (Community/Acute) to deliver recruitment across the patient pathway.

The complexity of studies open to community patients has increased and KCHFT has embraced this. We are due to open our second Clinical Trial of an Investigational Medicinal Product (CTIMP) and are increasingly seeing randomised controlled trials (RCTs) in addition to observational studies. Although this may indicate increased opportunities for the patients on these trials, offering different approaches to treatment, it also has a negative effect on recruitment numbers due to the workload involved in delivering the studies. This in turn has an effect on future research funding therefore reducing the opportunities for increasing the numbers of studies open to KCHFT patients.

The Research Department are proud to report the following achievements:

- Two senior members of the Research and Development Department have been successful in achieving a place on the nationally competitive NIHR R and D Leadership programme.
- An abstract has been accepted for the annual NHS R and D Forum 2016, in the category 'enabling growth'. This is related to the Research Interest Group set up for frontline staff regardless of research experience to listen to research conversations with a view to increase confidence and potential to collaborate.
- KCHFT has joined forces with a local Acute NHS Trust to jointly employ a research nurse, the first of its kind in the network. The role focuses on mobilising studies that require delivery across organisational boundaries that would otherwise have prevented the study opening.
- KCHFT has seen an increased number of staff engaging in research-specific academic qualifications at both masters and PhD level. This is welcomed by the trust, growing the next generation of clinical academics to contribute to research coming from within KCHFT.

Clinical Effectiveness

Compliance with National Institute for Health and Care Excellence (NICE) guidance

Goals for 2015/2016

To ensure all technological appraisals are completed within three months of being issued. **Achieved**

Patients can be assured that we comply with applicable and relevant NICE guidelines

What is NICE?

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. NICE issue monthly guidance and standards which health and social care services are required to implement to ensure the best possible care is delivered.

How did we perform in 2015/16?

The trust uses the NICEAssure database to monitor our compliance with applicable and relevant NICE guidelines.

From January 2015 (due April 2015) to December 2015 (due March 2016) there were 45 technological appraisals released by NICE. Of these only one was deemed applicable for the trust, with which we were fully compliant. This translates to 100 per cent compliance in this area.

NICE technological appraisals are sent out to the Medicines Management Service who determines if they are relevant to the trust. The identified NICE lead then completes the required assessment and updates NICEAssure.

All NICE guidelines are reviewed at the trust directorate quality meeting for final agreement on decisions made regarding NICE Guidelines. The table below shows the breakdown of NICE Guidance released from January to December 2015.

Guidance Type	On-going (applicable to at least one service)	Archived (not applicable to any service)	Total
Clinical Guidelines	4	0	4
Diagnostics Guidance	2	1	3
Highly Specialised Technology	1	0	1
Interventional Procedures Guidance	14	20	34
Medical Technologies Guidance	3	2	5
NICE Guidelines	32	1	33
Technology Appraisal (Medicines Management responses only)	1	44	45
Quality Standards	30	4	34
Total	87	72	159

Of the 159 NICE Guidelines released in 2015, 87 were deemed applicable to at least one service within KCHFT and 72 were deemed not applicable to any service within KCHFT. Guidelines are sent out on a monthly basis to the identified NICE Service Lead, who follows the same process of assessment and review as the technological appraisals.

Enabling work streams

		2015-2016	2014-2015
Improving staff morale, recruitment and retention (workforce)	Reduce sickness absence to below 3.9 per cent	✓ Partially achieved	X not achieved
	Appraisal rates to be above 85 per cent	✓ Achieved	X not achieved
Organisational culture and Workforce plan	Appreciative Inquiry champions established	✓ Achieved	n/a*
	Programme plan milestones met	✓ Achieved	n/a*
	Improvement in staff survey responses between 2014 and 2015: increase return rate	✓ Achieved	n/a*
Estates	Estates Strategy agreed and in place	✓ Achieved	n/a*
Transfer of Care	10 per cent reduction of internal transfer of Care incidences, attributable to KCHFT	✓ Exceeded	n/a*
CIS	Roll out of CIS to all relevant services	✓ Achieved	X not achieved
Transformation	Roll out service redesign workshops	✓ Achieved	✓ Achieved
Audit and Research	Joint Communication and Lessons Learnt shared	✓ Achieved	n/a*

n/a* not a reported goal 2014-2015

Enabling Work Streams

Improving staff morale, recruitment and retention (workforce)

Goals for 2015/2016

Improve sickness absence with a focus on short term sickness

Sickness absence at or less than 3.9 per cent Partially achieved; 3.97 per cent

Appraisal rates to be above 85 per cent **Achieved**

Patients can be assured that staff are engaged, with 87.2 per cent of our 5,101 staff having completed their appraisal.

How did we perform in 2015/16?

The 2015/2016 cumulative sickness absence rate for the year was 3.97 per cent. Although this does not achieve our goal it is a reduction on the previous year and the trust continues to benchmark favourably against other NHS organisations.

There was a significant focus last year on improving appraisal rates. From 1 April 2016 all staff will have their incremental pay determined by the outcome of their appraisal. The NHS staff survey results show that the organisation has moved from below average against this key finding in 2014 to one performing above average in 2015. The percentage shift in the survey has been from 82 per cent to 92 per cent which mirrors our own internal records. The quality of our appraisals will be the focus for next year in this area.

Work continues with our recruitment and retention plans, which will be specific within services and localities and we have confidence that our staff survey will be a positive influence on these.

We achieved our aim to implement e-roster within all our services, as reported in last years' Quality Report. This is an electronic roster system to provide improved staff provision and reporting within services.

Enabling Work Streams

Organisational Culture and Workforce plan

Goals for 2015/2016

Appreciative inquiry champions established	Achieved
Programme plan milestones met	Achieved
Improvement in staff survey responses between 2014 and 2015: increase return rate	Achieved
Our staff are engaged and motivated to provide excellent patient care	

How did we perform in 2015/16?

The Embedding a Positive Culture Action Plan used the following three measures of success from the Staff Survey. The survey responses are collated under key Findings (KF) and the full report can be found at

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2015_RYY_full.pdf

- K 22. Staff ability to contribute to improvements at work
- KF24. Staff recommendation of the trust as a place to work or receive treatment
- KF25. Staff motivation at work.

There was a full action plan linked to this strategy which has been completed and included the following strategic aims:

- Key leaders to use Appreciative Inquiry methodology (AI) to shift the tone of organisational dialogue, encouraging positive strengths-based approach to problem solving and service improvement
- Enhance the use of digital media, increasing opportunities for cross-organisational conversations, live feedback and opinion forming
- Review KCHFT vision, values and behaviours to reflect a maturing organisation
- Roll AI methodology out to the rest of the leadership community
- Launch Clinical Team Leaders Programme with an emphasis on delivering the Clinical Quality Agenda. Use programme to spot high potential and embed key management practices and AI.
- Refocus existing Learning and Development activities on priority teams and personnel targeting both HP team potential and performance hotspots.
- Establish a Board Programme of development
- Use 360 diagnostics to customise further leadership development
- Produce a consistent staff offer that draws together current workstreams including:
 - Staff health and wellbeing initiatives
 - Engagement opportunities
 - Management style and support
 - Benefits and rewards
 - Post-graduation education
 - Mentorship, preceptorship and coaching, NVQs
 - Clinical training and competency system
 - Management and leadership Approach
 - Talent conversations
- Streamline and enhance processes and systems that support 3 fundamentals:-
 - Communication - light touch SOPs for 1:1 meetings, team brief and team meetings and other communications
 - Accountability – regularly clarify priorities, role boundaries and responsibilities
 - Staff support – provide regular helpful feedback, walk the floor, take action to address system problems

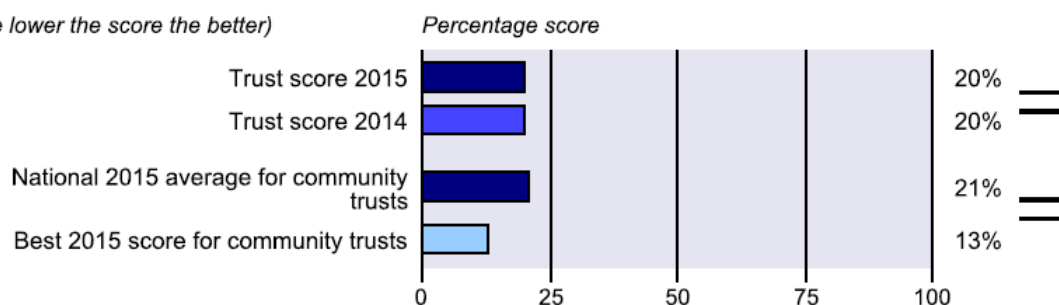
Every year we ask staff to complete a survey to understand their views to inform our improvement priorities. Our annual staff survey had an increased response rate of 57 per cent, and findings are noted to direct our work for next year:

- Our overall engagement score increased
- The survey shows staff are more satisfied with engagement than a year earlier
- We rated better than average on twelve questions; this was an increase of 4 questions compared to last year
- Staff experience scores improved: there was an increase in appraisals, staff feeling motivated at work and supported by their manager
- The percentage of colleagues who would recommend the care the trust provides or the trust as a place to work to their friends and family has increased
- There has been a reduction in the number of colleagues working additional unpaid hours
- We scored higher than the national average for the way we use patient experience
- We scored higher than the national average for the fairness and effectiveness of reporting errors, near misses and incidents
- There was only one area where we had deteriorated; feeling pressurised to attend work when feeling unwell. This has been referred to local managers to address.
- There is still some way to go to improve the way staff feel their role makes a difference to patients, 89 per cent of staff agreed with this but this is below the 91 per cent national average

NHS England requests our survey results on the Key Findings below:

KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

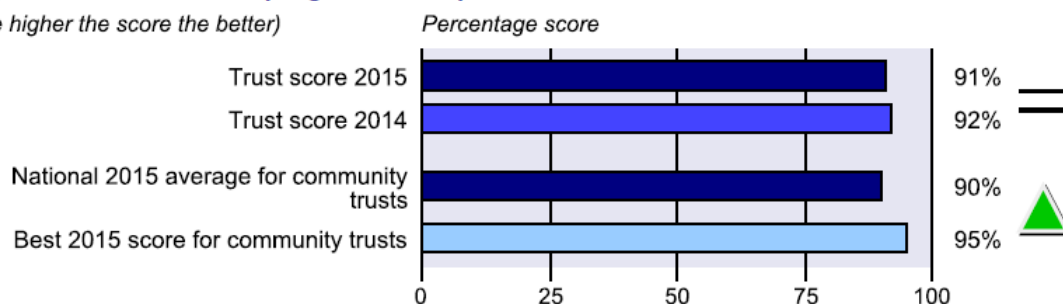
(the lower the score the better)



We scored average for results relating to harassment and bullying from staff. KCHFT are currently updating the bullying/harassment policy with input from our staff to ensure it meets their needs. KCHFT take all allegations of bullying/harassment very seriously and aim to support staff to resolve issues locally as they arise to reduce stress on staff.

KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



Staff felt that equal opportunities for career progression was 1 per cent less in the 2015 survey than the previous year, but remains above average when compared to other similar organisations.

KCHFT are continually seeking additional career progression opportunities and in 2015/16 have worked in collaboration with partners to recruit to rotational posts between acute and community care. We proactively seek opportunities for the apprentice program at all levels and support the NHS Leadership Academy on various programmes including Nye Bevan and the NHS Graduate Scheme.

Enabling Work Streams

Estates

Goals for 2015/2016

Estates Strategy agreed and in place

Achieved

The estates strategy ensures patient care and support occurs effectively and efficiently within our buildings

How did we perform in 2015/16?

The Estates Strategy has been agreed and ratified. The Estates Strategy relates to:

- Managing the compliance of all of our buildings and machinery; examples being meeting infection control standards and regular testing regimes (eg. legionella) and hoist maintenance.
- Capital builds and Capital modifications
- Renovations and restorations
- Managing environmental impacts such as rain damage or flood
- Routine and emergency building maintenance

The strategy holds both a Cost Improvements Plan (CIP) and an Improvements Plan to Estates and Facilities required as a result of clinical practice changes and strategic imperatives. The plan seeks to improve our use of buildings, reduce our environmental impacts and improve aesthetic impacts. Key focusses are our patient's access to services in terms of being able to visit, park and use the buildings, opening hours, which services are available out of office hours and which services are best offered centrally or in a community or home setting. We have sought to combine the use of clinical space and extend the hours that these operate within.

In terms of our CIP target we set out to achieve £1.1million in savings and have achieved 75 per cent of this target. The remainder is informed by clinical specification needs and change, a change in commissioning patterns and the need to reconfigure services to meet both planned and unplanned changes in NHS delivery (for example the accommodation of 40 staff in a new department, movements to other sites as a result of inspection or regulation change etc).

In terms of meeting the ever-changing needs of clinical staff and the patients they serve, a number of improvements have been made. At Vicarage Lane we have converted a podiatry unit for the use of the Lymphedema Service and ordered a Mobile Podiatry Unit to bring services closer to patients.

Enabling Work Streams

Partnership working – Transfer of Care

Goals for 2015-2016

10 per cent reduction of internal transfer of care incidences, attributable to KCHFT **Exceeded 43%**

Reducing transfer of care incidences ensures effective and efficient care for our patients

What is a transfer of care?

Transfer of care is when a patient moves from one service to another, for example on discharge from acute hospital or on transfer from one community team to another. Transfers of care can result in incidents where patients do not receive appropriate treatment or delays in treatment or specialist review. These incidents can be very distressing to patients and their family and can affect outcomes for patients. Although the majority of transfer of care incidents occur when a patient is discharged from local acute hospitals or tertiary hospitals these are often beyond our

control. Therefore our priority was to reduce our internal attributable transfers of care and share our learning to influence external transfers of care with other providers.

How did we perform in 2015/16?

	2014-2015	2015-2016
Attributable Transfer of Care Incidences	1134	77

We have achieved a 43 per cent reduction of attributable transfer of care incidences in 2015-2016

Attributable Transfers of care	2015/16
Ashford CCG	5
Canterbury CCG	15
Dartford/Gravesham/Swanley CCG	7
Other CCG	1
South Kent Coast (Dover/Deal) CCG	3
South Kent Coast (Shepway) CCG	7
Swale CCG	3
Thanet CCG	10
West Kent CCG	26

In our audit in 2014 it was noted that the most common transfer of care incidents identified involved:

- Patients discharged from acute hospital with a pressure ulcer
- Inadequate communication between services, so community teams may be unaware of the patient
- Medication errors or near misses

Within this workstream we have:

- reviewed the NICE Guidance/Standards Transition between inpatient hospital and community or care home settings for adults with social care needs (NG27)
- reviewed and updated our policies and guidance on transfers of care, including creating standards of Transfer of Care
- collaborated with other providers and reported back any Transfer of Care concerns we discovered on receiving the patient
- engaged with Kent Surrey and Sussex Academic Health Science Network, Patient Safety Collaborative to look at key areas for service improvement

- revised and improved the incident reporting system to allow more accurate monitoring of Transfer of Care incidents
- created driver diagrams to improve staff understanding and ownership of Transfer of Care improvement actions
- collaborated with multi-agencies providers to promote best practice to reduce the number of pressure ulcers on patients being transferred into our care
- developed local referral units to improve communication at transfer
- continued to review and share learning from Transfer of Care incidences within the Safe Care Steering Group

Transfer of Care Driver Diagram



We need to continue making improvements and will undertake an audit next year to ensure improvements are sustained. We will continue to working with other providers and commissioners to monitor and address Transfer of Care incidences.

Enabling Work Streams

Partnership working – Implementation of the Community Information System (CIS)

Goals for 2015/2016

Roll out CIS to all relevant services	Achieved
Reporting against plan as services go live on CIS	Achieved
100 per cent meet data set requirements for community services	Achieved
Assessment of benefits realisation including efficiency	Achieved
Patient outcome and effectiveness plan in place	Not Achieved

Patients will benefit from electronic health records that can be shared between services and reduce repetition of assessments

What is CIS?

CIS is a Community Patient Administration system with clinical data recording facilities for all aspects of community patients' interactions.

How did we perform in 2015/16?

We are pleased to report the achievement of our goals with the end of the implementation programme plan being reached and CIS has been deployed to all services within the project plan. Our priority now is to continue the development and remedial work post-roll out which is being carried out by the CIS Support Team. Continual staff feedback and engagement through Super Users supports the embedding and development of the CIS technology. We are working closely with our partners to maximise the system to meet our needs and to look at future developments and prioritise these to maximise the benefits of the system across the whole of the Kent and Medway Community Health environment.

As a community trust we have reporting requirements for certain data elements; CIS meets this requirement for reporting.

Benefits will be realised over the next three years as the system becomes 'business as usual'.

Enabling Work Streams

Innovation and Transformation

Goals for 2015/2016

Roll out service redesign workshops	Achieved
Develop and implement a skills package on 'Working Productivity' based on the national 'Productive Leader' programme	Achieved
Tailored transformation support packages designed and implemented and aligned to business plans	Achieved
Provide service and process redesign expertise to a minimum of twelve major service/pathway redesigns, including: continence, specialist nursing, intermediate care therapies service, West Kent ERRs hospital discharge process and commercial team tender process	Achieved
Deliver to a minimum of 100 administrative staff in year 1	Achieved
1500 clinical staff complete a transformation skills package	Achieved
Patients will benefit from transformed services to improve effective delivery and patient experience	

How did we perform in 2015/16?

The transformation team have facilitated the following service redesign/pathways improving effective efficient service delivery:

- Intermediate care (Kent-wide)
- Finance month-end process mapping
- Commercial tender process mapping
- Sexual health team development pathway
- Westbrook House multiple pathway re-design
- Multi-agency pressure ulcer pathway/process mapping with EKHUFT and others
- Children and Young People 'Selling Skills' pathway development
- Children and Young People team co-ordinators development process
- Learning and development team development
- Engagement process for West Kent admin review

- WK ERRS (West Kent Emergency Rapid Response Service) – basic process creation and introduction
- east Kent community hospitals integrated team development
- Podiatric surgery process mapping
- Frailty model development
- Dental clinic efficiency project
- Patient and family-centred care programme “Living well to the very end” research project

The team is working on a pilot with colleagues in the Nursing and Quality Directorate and stakeholders from other organisations in east Kent (East Kent Hospitals University Foundation Trust, South East Coast Ambulance Service, Patient Transport Services) to process map the Transfer of care issues regarding patients at risk of developing pressure ulcers. Lessons learnt have informed the Kent wide pressure ulcer collaborative who are addressing actions to mitigate the risk.

The ‘Working Productively’ skills package is complete and has been piloted; this comprises of face-to-face training and an accompanying resource pack for staff to refer to. Roll out to administration staff began in June 2015. This package standardises administration processes and procedures across the organisation and has been undertaken by 78 members of staff to date.

122 Skills Packages have been facilitated involving a total of 1361 people and targeted skills package elements were delivered to 252 people at facilitated development days where these specific needs were identified for the attendees.

The transformation team is focused on aligning work with other corporate services and is working collaboratively with:

- Learning and Development to support the clinical leaders programme.
- The Employee Relations Team to develop a Resilience Skills Package, helping to embed a positive culture.
- End of Life Care facilitators with the 'Living Well to the Very End' programme.

Enabling Work Streams

Innovation and Transformation - Promote and support quality improvement and innovation through clinical audit and research

Goals for 2015-2016

Joint Communication and Lessons Learnt Strategy in place for clinical audit and research which focusses on ensuring diffusion of impact and innovation from these methodologies. **Achieved**

Provide examples of innovation and/or implementation of changes as a result of clinical audit and research projects **Achieved**

Audit provides evidence of good practise and areas for improvement for the care of our patients

How did we perform in 2015/16?

Although the Communication and Lessons Learnt Strategy for Clinical Audit and Research has not been written the following strategies have been employed in collaboration with the Communications Team on sharing learning:

- Holding Quality Forum sessions in 2015 where case studies, clinical audits and research were presented.
- Disseminating lessons learnt through use of weekly bulletins
- Advertising our activities internally and externally, including both patient and staff engagement sessions.
- Publicly commending staff for achievements in clinical audit and research.
- Encouraging a research and audit culture at the trust and celebrating achievements at the annual Clinical Audit and Research Conference.

Examples of Improvement/Innovation

Clinical Audit

Clinical Audit has worked with services to develop narrated presentations. This is an innovative resource designed to cascade learning and to replace the Quality Forums. Narrated presentations have been developed for audit on Infection Control and for research on 'Painting Pain'.

Research

There has been progression in collaborations between KCHFT and their academic partners. This includes projects progressing in weight management and pressure ulcers as collaborative studies

between clinical and academic staff. KCHFT is increasingly being seen as a potential clinical collaborator for grant applications, with recent progress being made with the University of Oxford and University of Greenwich.

Research and audit have received the following achievements of recognition:

- Our potential in epilepsy has been recognised by the industry for the large amount of follow-up data we hold on people with epilepsy.
- One of our Clinical Psychologists has received his PhD and is already mentoring another PhD students in a similar research area. This is showing great progression continuing in the trust and displaying the clinical team as experts in the field.
- We have an increasing number of staff training as clinical academics and increased numbers interested in developing their research-specific knowledge, all contributing to further research expertise in the trust and making us an attractive organisation to collaborate with.

Areas of good practice/changes as a result of clinical audit

Safeguarding Supervision Audit
Audit disseminated at Safeguarding Planning Meeting, the Trust Safeguarding Assurance Group and CYP Directorate meeting. The implementation of the audit has led to a number of changes: <ul style="list-style-type: none"> • Review and amendment of Safeguarding Supervision Form which will enable further effective supervision delivery. • Supervision Policy has been amended. • Better processes have been put in place to support practitioners to understand their role with regards to safeguarding supervision. • Task and Finish Group set up to look at Supervision across the Trust.
Infection Control Re-audit
Audit disseminated at Quality Forum and streamed to staff across the trust. Narrated presentation has been created to share results and lessons from the audit widely with peers. As a result of this audit, cleaning issues were escalated to the Hotel Services Support Officers and to the Head of Hotel Services. Overall nine hospitals attained a higher score in this re-audit than in the previous year.
WHO Surgical Safety Checklist in the Dental Day Surgery Suite
Audit provided full assurance that KCHFT is 100 per cent compliant and demonstrates that KCHFT is operating in line with national safety procedures for patients undergoing general anaesthesia for dental procedures in day surgery.
Community Hospital Omitted Dose Audit
Audit demonstrated that the omitted dose rate calculated for KCHFT community hospitals

is, on average, less than other non-acute hospitals nationally.
Hydration in Community Hospitals
Re-audit demonstrated improvement in several areas of practice since its audit in 2012. There are now better systems in place to identify when patients need a fluid chart (from 50 per cent to 100 per cent), flagging up the number of patients at risk of dehydration has significantly improved (from 66 per cent to 100 per cent) and assessing patient hydration needs on admission has improved (from 56 per cent to 88 per cent).
DNACPR Children and Young Peoples Services Audit of Documentation
Audit showed DNA CPR discussions are documented as part of a child's care plan. 80 per cent (100 per cent of those with a DNA CPR in place) of the discussions regarding DNA CPR status were had with the parents before final sign-off of documentation by the lead clinician. The audit that took place during November 2015 provided significant assurance.
Medical Devices and Patient Safety Alerts Audit
Overall the sites that were observed have shown to provide 90 to 100 per cent compliance with the KCHFT Medical Devices and Decontamination and Central Alerting System (CAS) policies.
Wheelchair Handover Documentation audit.
This audit demonstrated significant assurance, showing that the Wheelchair Service and all involved partners have been diligent in undertaking a handover process when providing a wheelchair to service users. Four out of five categories of equipment had 100 per cent compliance for including detailed product information when being handed over to service users.
Bed Rails Audit
As a result of this audit information, training on the use of bed rails was built in to the annual moving and handling training programme for staff.
Podiatric Day Surgery WHO Surgical Safety audit
This found that none of their 'before leaving the operating room' processes were being 100 per cent complied with by staff. As an action resulting from this audit, since July the team have been designating someone each day to lead the team through the WHO surgical safety checklist and ensure any surgical documentation is completed. The service also carried out a WHO surgical safety training session to improve staff knowledge and understanding of its importance.

Monitor Risk Assessment Framework requires the following indicators and performance thresholds to be reported;

Indicator	18 week wait *	Total Time in A and E: Less than 4 hours	Consultant Led 18 Week Referral to Treatment Times (incomplete pathways)	Consultant Led 18 Week Referral to Treatment Times	Allied Health Professionals Referral to Treatment Times (RTT)	Cids Compliance - RTT	Cids Compliance - Referrals	Numbers of Clostridium Difficile	Access to healthcare for those with Learning disabilities
	Area on Monitor Sheet								
	1	4	3	2	2	21	21	16	20
Threshold %	95%	95%	95%	95%	95%	50%	50%	<8	100%
Apr 15	100.00%	100.00%	99.95%	100.00%	96.15%	97.28%	100.00%	0	100.00%
May 15	100.00%	99.98%	100.00%	100.00%	97.29%	95.60%	100.00%	0	100.00%
Jun 15	100.00%	99.92%	100.00%	100.00%	94.31%	96.55%	100.00%	0	100.00%
Jul 15	100.00%	99.92%	99.96%	100.00%	93.22%	97.28%	100.00%	0	100.00%
Aug 15	100.00%	99.97%	100.00%	100.00%	94.07%	97.64%	100.00%	0	100.00%
Sep 15	99.66%	99.99%	99.94%	99.66%	92.25%	97.79%	100.00%	0	100.00%
Oct 15	99.90%	99.99%	100.00%	99.90%	90.15%	97.00%	100.00%	1	100.00%
Nov 15	99.90%	99.99%	100.00%	99.90%	89.99%	92.15%	100.00%	0	100.00%
Dec 15	99.90%	99.92%	100.00%	99.90%	87.83%	99.64%	100.00%	0	100.00%
Jan 16	99.81%	99.96%	99.95%	99.81%	90.76%	99.92%	100.00%	0	100.00%
Feb 16	99.88%	99.84%	100.00%	99.88%	90.64%	99.79%	100.00%	0	100.00%
Mar 16	99.88%	99.93%	100.00%	99.88%	87.41%	99.00%	100.00%	0	100.00%
Monthly average									
	99.91%	99.95%	99.98%	99.91%	92.01%	97.47%	100.00%	0	100.00%

Annex 1 Statements from Commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

Requests for feedback from all CCGs were made on 14 April 2016 and were received as dated by their returned letters. Comments and suggested amendments were made by the following stakeholders and were addressed within this document as appropriate;

Ashford and Canterbury CCG
East Sussex Public Health
West Kent CCG



NHS
Thanet Clinical Commissioning Group

Please reply to
c/o Thanet District Council
Council Offices
Cecil Street
Margate
Kent
CT9 1XZ

Tel: 03000 42615

12 May 2016

BY EMAIL

Mr P Bentley
Chief Executive
Kent Community Health NHS Trust
The Oast
Unit D, Hermitage Court
Hermitage Lane
Barming
Maldstone
ME16 9NT

Dear Paul

Thanet CCG welcomes the 2015/2016 Quality Account submitted by KCHFT. We have reviewed the information provided by KCHFT and our view is that the report is materially accurate. It is presented in the format required by the Department of Health's toolkit and the information it contains accurately represents the Trust's Quality profile. Thanet CCG note that not all of the data is set out by CCG and we would welcome all data to be presented in this format to recognise the distinct population serviced by each CCG.

Thanet CCG would like to acknowledge KCHFT for the inclusion of the CCG in agreeing the key quality priorities for KCHFT for 2015/16 and supports these priorities which link with Thanet CCG's strategy

The Quality Account 2015/16 acknowledges the outcomes for all priorities set. Most of the priorities were achieved. There have been significant gaps in data from the implementation of Community Information System (CIS) for the Thanet CCG area. The CCG would request that this be carried forward as a priority in 2016/17 to enable patient care to continue to be improved. The CCG also believe that the opportunity for further patient care improvement will come from the use of a single patient record for those teams interfacing daily with GPs. Specifically the community and district nursing teams and therefore alongside the CIS roll out have expressly asked that EMIS be adopted on a pilot basis. The CCG does not recognise some achievements as documented i.e. continence services when compared by the experience reported by Thanet residents and data reviewed in year.

Thanet CCG notes that there has been a significant increase in reported pressure ulcers. The CCG are assured by the Trust's actions to address this and the actions and service improvements that have been put into place to support these improvements which will be closely monitored in 2016/17 and looks forward to a reported reduction in pressure ulcers in 2016/17.



NHS
Thanet Clinical Commissioning Group

Thanet CCG acknowledges the work that has been undertaken to improve safeguarding understanding and training within their organisation and looks forward to this being maintained in 2016/17.

Thanet CCG looks forward to continuing to work closely with KCHFT colleagues in 2016/17 to assure the quality of local services and ensure the culture of continuous improvement.

Yours sincerely

Hazel Carpenter
Accountable Officer
NHS Thanet CCG

Dr Tony Martin
Clinical Chair
NHS Thanet CCG



Ashford Clinical Commissioning Group



**Canterbury and Coastal
Clinical Commissioning Group**

Ashford and Canterbury and Coastal CCGs
Ground Floor,
Canterbury Council Offices
Military Rd
Canterbury
CT1 1YW

18th May 2016

Nicky Lucey
Director of Nursing and Quality
Kent Community Health NHS Foundation Trust
Trust Headquarters
Unit D The Oast
Hermitage Court
Hermitage Lane
Barming, Maidstone
Kent ME16 9NT

Dear Nicky,

Please find attached response to Kent Community Health NHS Foundation Trust's Draft Quality Report.

Yours Sincerely



Bethan Haskins
Chief Nurse, Ashford and Canterbury & Coastal CCGs

Response to Kent Community Health NHS Foundation Trust (KCHFT) Draft Quality Report

Ashford and Canterbury & Coastal CCGs have reviewed the draft Kent Community Health NHS Foundation Trust's Quality Report 2015/16. The report provides an overview of the key areas of quality, however not all priorities have clear outcome measures. The CCGs have highlighted areas requiring further development within the report in relation to national reporting requirements and presentation of data.

The CCGs have queried the Trust's definition of attributable patient safety incidents and would welcome further work to evidence the requirements of the Duty of Candour for both incidents and complaints.

Overall, the report demonstrates that the Trust continues to prioritise the ongoing achievement of high quality, safe care. As commissioners we welcome the ongoing commitment of staff to work with commissioners to achieve assurance.

East Sussex HOSC -dated 5/5 2016

Thank you for sending us at East Sussex HOSC your draft Quality Account. This is just to confirm that we do not intend to submit a statement for inclusion this year as the HOSC has not undertaken specific reviews of the Trust's services over the past year.

Kind regards

Claire Lee

Senior Democratic Services Adviser

East Sussex County Council

01273 335517

Claire.lee@eastsussex.gov.uk

Follow us on: <http://twitter.com/ESCCScrutiny>



Paul Bentley
Chief Executive
Kent Community Health NHS Foundation Trust
The Oast, Unit D, Hermitage Court
Hermitage Lane
Barming
Kent
ME16 9NT

Members Suite
Kent County Council
Sessions House
County Hall
Maidstone
Kent
ME14 1XQ

Direct Dial: 03000 412775
Email: HOSC@kent.gov.uk
Date: 27 April 2016

Dear Paul

Draft Kent Community Health NHS Foundation Trust Quality Account 2015/16

In recent weeks, the HOSC has received a number of draft Quality Accounts from Trusts providing services in Kent, and may continue to receive more. I would like to take this opportunity to explain to you the position of the Committee this year.

Given the large number of Trusts which will be looking to the HOSC at Kent County Council for a response, and the standard window of 30 days allowed for responses, the Committee does not intend to submit a statement for inclusion in any Quality Account this year.

Through the regular work programme of HOSC, and the activities of individual Members, we hope that the scrutiny process continues to add value to the development of effective healthcare across Kent and the decision not to submit a comment should not be interpreted as a negative comment in any way.

As part of its ongoing overview function, the Committee would appreciate receiving a copy of your finalised Quality Account for this year and hope to be able to become more fully engaged in next year's process.

Kind regards



Robert Brookbank
Chairman
Health Overview and Scrutiny Committee
Kent County Council

Annex 2 Statement of Director's 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.


Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate 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 2015/16 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 2015 to 26 May 2016
- Papers relating to quality reported to the board over the period April 2015 to 26 May 2016
- Feedback from commissioners dated April and May 2016
- Feedback from governors dated April and May 2016
- Requests for feedback from all CCGs were made on April 13th 2016 and were received as dated by their returned letters in Annex 1
- Requests for feedback were made to local Healthwatch organisations April 13th 2016 without responses
- Feedback from Overview and Scrutiny Committee dated 27 April 2016 and 5 May 2016
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated March 2015 to May 2016
- The 2015 national staff survey presented to the Board February 2016
- The Trust patient experience reports, including complaints presented to the Board April 2015 to May 2016
- The Head of Internal Audit's annual opinion over the trust's control environment dated May 2016
- 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 Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

26 May 2016 Date  Chairman

26 May 2016 Date  Chief Executive

Annex 3

Independent Practitioner's Limited Assurance Report to the Council of Governors of Kent Community Health NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Kent Community Health NHS Foundation Trust to perform an independent limited assurance engagement in respect of Kent Community Health NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in Annex 2 to Chapter 7 of the 'NHS Foundation Trust Annual Reporting Manual 2015/16' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to the limited assurance engagement consist of those national priority indicators as mandated by Monitor:

- The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period;
- The number of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient incidents that resulted in severe harm or death.

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the Council of Governors and Practitioner

The Council of Governors are responsible for the content and the preparation of the Quality Report covering the relevant indicators and in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2015/16' issued by Monitor and 'Detailed guidance for external assurance on quality reports 2015/16'.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's 'Detailed guidance for external assurance on quality reports 2015/16'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2015/16' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2015/16'.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual 2015/16, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2015 to 26 May 2016;
- Papers relating to quality reported to the Board over the period 1 April 2015 to 26 May 2016;
- Feedback from Commissioners dated 12 May 2016 and 18 May 2016, and further feedback requests made 13 April 2016 without responses;
- Feedback from Governors dated April and May 2016;

- Feedback from local Healthwatch organisations dated, requested on 13 April 2016, without responses;
- Feedback from Overview and Scrutiny Committee dated 27 April 2016 and 5 May 2016;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2016;
- There has been no national patient survey;
- The 2015 national staff survey; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2016.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We have complied with the independence and other ethical requirements of the Code of Ethics for Professional Accountants issued by the International Ethics Standards Board for Accountants, which is founded on the fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Kent Community Health NHS Foundation Trust as a body, to assist the Council of Governors in reporting Kent Community Health NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Kent Community Health NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation;
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2015/16' to the categories reported in the Quality Report; and
- reading the documents.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement and consequently, the level of

assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2015/16'.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Kent Community Health NHS Foundation Trust.

Our audit work on the financial statements of Kent Community Health NHS Foundation Trust. is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Kent Community Health NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Kent Community Health NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Kent Community Health NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Kent Community Health NHS Foundation Trust] and Kent Community Health NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016:

- the Quality Report is not prepared in all material respects in line with the Criteria;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's 'Detailed guidance for external assurance on quality reports 2015/16'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2015/16' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2015/16'.

Grant Thornton UK LLP
Chartered Accountants
Gatwick
26 May 2016