

Agenda and Papers

for the

Formal meeting of the

Kent Community Health NHS Foundation
Trust Board

in Public

to be held at 10am on

Thursday 26 January 2017

in

The Colin Jackson Suite

Julie Rose Stadium
Willesborough Road
Kennington
Ashford
Kent
TN24 9QX

**Meeting of the Kent Community Health NHS Foundation Trust Board
to be held at 10.00 am on Thursday 26 January 2017
in The Colin Jackson Suite
Julie Rose Stadium
Willesborough Road, Kennington, Ashford, Kent TN24 9QX**

This meeting will be held in Public

AGENDA

1. STANDARD ITEMS

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|-----|---|-----------------|--------|
| 1.1 | Introduction by Chair | Chairman | |
| 1.2 | To receive any Apologies for Absence | Chairman | |
| 1.3 | To receive any Declarations of Interest | Chairman | |
| 1.4 | To agree the Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 24 November 2016 | Chairman | |
| 1.5 | To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 24 November 2016 | Chairman | |
| 1.6 | To receive the Chairman's Report | Chairman | Verbal |
| 1.7 | To receive the Chief Executive's Report | Chief Executive | |

2. BOARD ASSURANCE/APPROVAL

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|-----|--|-----------------------------|
| 2.1 | To receive the Quality Committee Chairman's Assurance Report | Chairman, Quality Committee |
|-----|--|-----------------------------|

2.2	To receive the Charitable Funds Committee Chairman's Assurance Report 2016	Chairman, Charitable Funds Committee	Verbal
2.3	To receive the Integrated Performance Report <ul style="list-style-type: none"> To approve the Home First Programme Key Performance Indicators 	Director of Finance Chief Nurse Deputy Chief Executive/Chief Operating Officer	
2.4	To receive the Quality Report	Chief Nurse	
2.5	To receive the Finance Report <ul style="list-style-type: none"> To receive the 2017/18 Contract Report 	Director of Finance	
2.6	To receive the Workforce Report	Director of Workforce, Organisational Development and Communications	
2.7	To receive the Sustainability and Transformation Plan Update Report	Chief Executive	Presentation
2.8	To approve the Trust Constitution	Corporate Services Director	

3. REPORTS TO THE BOARD

3.1	To receive the Six Monthly Staffing Establishment Report	Chief Nurse
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4. ANY OTHER BUSINESS

To consider any other items of business previously notified to the Chairman.	Chairman
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5. QUESTIONS FROM MEMBERS OF THE PUBLIC RELATING TO THE AGENDA

6. DATE AND VENUE OF NEXT MEETING

Thursday 30 March 2017 at 10.00am in the Committee Room, Tonbridge and Malling Council Offices, Gibson Building, Gibson Drive, Kings Hill, West Malling, Kent ME19 4LZ

**Unconfirmed Minutes
of the Kent Community Health NHS Foundation Trust Board
held at 10.00 am on Thursday 24 November 2016
in The Garden Room, Oakwood House, Oakwood Park, Maidstone, Kent
ME16 8AE**

Meeting held in Public

Present:	David Griffiths, Chairman Paul Bentley, Chief Executive Peter Conway, Non-Executive Director Richard Field, Non-Executive Director Gordon Flack, Director of Finance Steve Howe, Non-Executive Director Peter Maskell, Medical Director Louise Norris, Director of Workforce, Organisational Development and Communications David Robinson, Non-Executive Director Bridget Skelton, Non-Executive Director Lesley Strong, Deputy Chief Executive/Director of Operations, Adults Ali Strowman, Chief Nurse Jennifer Tippin, Non-Executive Director
In Attendance:	Gina Baines, Committee Secretary (minute-taker) Natalie Davies, Corporate Services Director
Governor	Ken Rogers, Public Governor, Swale
Observers:	Kate Wortham, Public Governor, Canterbury

24/11/1 Introduction by Chair

Mr Griffiths welcomed everyone present to the Public Board meeting of Kent Community Health NHS Foundation Trust (the Trust).

Mr Griffiths advised that this was a formal meeting of the Board held in public, rather than a public meeting, and as such there would be an opportunity for public questions relating to the agenda at the end of the meeting.

24/11/2 Apologies for Absence

There were no apologies.

The meeting was quorate.

24/11/3 Declarations of Interest

No conflicts of interest were declared other than those formerly recorded.

24/11/4 Minutes of the Meeting of 29 September 2016

The Board **AGREED** the minutes.

24/11/5 Matters Arising from the Meeting of 29 September 2016

The Board **RECEIVED** the Matters Arising.

24/11/6 Chairman's Report

Mr Griffiths presented a verbal report to the Board.

He had visited the Mobile Podiatry Unit that month and had been impressed by the way the service had adapted itself to provide care for patients beyond its traditional physical space. He had also visited the Home Treatment and Rapid Response Services in West Kent where he had been shown how the Community Information System (CIS) was working well for staff and patients.

Mr Graham Shaw, Public Governor for Tunbridge Wells, and Mrs Peggy Lawlor, Public Governor for Gravesend, had tendered their resignations from the Trust's Council of Governors. Mr Griffiths extended his personal thanks to them for the valuable work they had carried out on behalf of their constituents and the Trust.

Ms Pippa Barber had been appointed as a new Non-Executive Director from 1 December 2016.

The Board **RECEIVED** the Chairman's Report.

24/11/7 Chief Executive's Report

Mr Bentley presented the report to the Board.

The Trust had been putting in place its arrangements for the winter. It was expected to be a challenging period, as it was anticipated that the acute trusts and primary care would be under increasing pressure. Delayed transfers of care and bed occupancy levels would be monitored closely. The Executive Team would be focussing on a tight management of these pressures within the Trust. All staff had been encouraged to take advantage of the Trust's flu vaccination programme. The Trust was actively involved in the Acute Frailty Network in east Kent which reflected the close working relationship that was evolving with East Kent Hospitals University NHS Foundation Trust (EKHUFT) to the benefit of patients.

With regards to the management of pressure ulcers, the Quality Committee was scrutinising this closely and the Trust was committed to re-establishing its high performance in this area.

Finally, the Trust's Clinical Audit and Research Conference had taken place that month which had been attended by both internal staff and delegates

from other local NHS organisations. Congratulations were extended to the team for organising an excellent day. Mr Robinson highlighted the presentation relating to research studies into new technologies and echoed the suggestion that innovation leadership should be a focus at Board level.

The Board **RECEIVED** the Chief Executive's Report.

24/11/8 Quality Committee Chairman's Assurance Report

Mr Howe presented the report to the Board for assurance.

The Quality Committee had met on 4 October and 8 November 2016. Both meetings had focussed on the management of pressure ulcers following a recent increase in reported numbers. The Committee had gained reasonable assurance that the Executive Team recognised the issues and was putting in place immediate actions to reduce the number of incidents. The Early Warning Trigger Tool (EWTT) played an important role in monitoring the quality and safety of the provision of care. The Committee wished to heighten the levels of performance further by raising the threshold on a number of indicators.

There had been concerns regarding the levels of compliance for Community Hospital Fire and Moving and Handling Client training. The issues were understood and the Committee had concluded that the Trust was operating safely. However, the Executive Team was aware that compliance needed to improve.

With regards to the 18 week Referral to Treatment waiting times (RTT) in the Community Paediatrics Service, the Committee had been assured that, although a complex issue, the Acting Director of Operations, Children and Young People was managing an improvement in the service. A number of Non-Executive Directors (NEDs) had carried out a Cost Improvement Programme (CIP) deep dive to the Health Visiting Service. A high level of assurance had been received regarding new born visits and the NEDs had gained a greater understanding of the complexity of why the service was not yet reaching its target, despite the hard work of staff.

TIAA, the Trust's Internal Auditors, had carried out an audit of the process for investigating Serious Incidents, and had reported reasonable assurance.

In response to a question from Mr Griffiths regarding the thresholds in the EWTT, Dr Maskell confirmed that adding a Blue rating, as in the Integrated Performance Report (IPR), was under consideration.

The Board **RECEIVED** the Quality Committee Chairman's Assurance Report.

24/11/9 Audit and Risk Committee Chairman's Assurance Report

Mr Conway presented the report to the Board for assurance.

The Committee had met on 11 November 2016 and the report reflected the discussions of that day and not the 1 September 2016 as stated in the

papers.

With regards to the Nurse Staffing Arrangements Audit, the Committee had been made aware verbally by the Internal Auditors that the recommendations relating to optimal skill mix and spot checks of agencies had not yet been undertaken. However the management report from the auditors relating to the former had not yet been finalised nor shared.

With regards to the sub-optimal skill mix, Ms Strong confirmed that the management team had met with the auditors subsequent to the Committee meeting to update them on the actions that had been put in place. A realistic and pragmatic approach was being taken to meet the safer staffing levels especially in the community hospitals. The Monthly Community Hospitals Safe Staffing Report to the Board set out the mitigation of the risk when health care assistants were substituted into the skill mix and why. It was important to note that additional staffing was not recognised in the rosters.

Ms Skelton added that the Committee had sought clarification on the selection of rosters that had been assessed i.e. community hospitals or non-community hospitals and wished to have confidence that safe staffing was in place. Ms Strowman confirmed that, in order to guide safe staffing in bedded units, the Trust applied national benchmarks for the ratio of Registered Nurses to non-Registered Nurses. For community nursing, there was no national guidance for this ratio. Mr Conway highlighted that the Trust had set its own target for safe staffing for community services and following the verbal report from the Internal Auditors, the Committee would seek an update at its February 2017 Committee meeting.

Ms Tippin asked for greater confidence that staffing was safe. If there was a problem, it was important that it was recognised early and appropriate actions undertaken. She asked for greater clarity from the Internal Auditors.

Mr Griffiths challenged whether the correct metric was being used to highlight when the appropriate skill mix was unavailable. Mr Howe commented that Serious Incidents investigations had consistently pointed out the importance of having an appropriate level of clinical supervision for staff rather than deficiencies in the skill mix.

Mr Conway summarised that the management team and the Internal Auditors needed to discuss this further to reach a resolution. Ms Tippin suggested that as the Trust had its own target, an early resolution of the issues before February 2017 was needed. Ms Strowman confirmed that she would be introducing a new RAG rating into her monthly report as a matter of priority and ahead of any national guidance that was published.

Mr Bentley reminded the Board that the written report from the Internal Auditors was yet to be published which would set out clearly the severity or otherwise of the issue. It was agreed that the Committee meeting in February 2017 was too far away to give timely assurance. There was varied opinion regarding as to whether the issue lay predominantly with safer staffing or the levels of received clinical supervision. Mr Flack also

added that it was a complex picture with some stakeholders taking an alternative view on the skill mix levels that the Trust was operating. Mr Griffiths suggested that the Executive Team focussed its efforts on agreeing actions on the safety aspects of safe staffing and bring back assurance to the Board within two weeks of that day's meeting. Mr Conway as Chair of the Committee would then report to the Board if reasonable assurance had been provided, or if other actions needed to be undertaken.

Action – Ms Strong and Ms Strowman

With regards to the spot checks of agency staff compliance by the Trust, Mr Conway challenged that although the new national framework for agencies had been agreed in September 2016, there was no evidence that any spot checks had been carried out since then. Ms Norris referred the Board to the paper that had been received by it earlier in the year which had provided assurance on the arrangements with agencies. Contracts were now in place with framework agencies and discussions were being carried out with non-framework agencies. Now that these were in place, the internal auditors had been contacted to arrange spot checks. Mr Conway highlighted that, as the recommendation had been identified in May 2016, the Committee had expected spot checks to have commenced, even though it accepted that actions had been put in place to mitigate any associated risks. Additional assurance was in place and the earlier assurance paper had been recirculated to Board members the previous week to re-affirm the Trust's position. Spot checks could only be carried out on agencies if it was stated within their agreed contracts and the Trust had sought to include this provision. Mr Conway confirmed that the Committee would scrutinise this action at its meeting in February 2017. It was agreed that the Executive Team would carry out some focussed work and agree actions. Assurance would be provided to the Board within two weeks of that day's meeting. Mr Conway as Chair of the Committee would then decide if reasonable assurance had been provided, or if other actions were needed.

Action – Ms Norris

Other areas of note that had been discussed at the Committee meeting had included the Trust's research and development activities which had been engaging and useful. With regards to cyber security, an audit report was expected from the Internal Auditors in the near future which would clarify the Trust's current position and identify any issues that needed to be addressed. The Committee had suggested that third party assurance by a specialist should be sought.

With regards to the governance of the Sustainability and Transformation Plan (STP), Risk 84 in the Board Assurance Framework (BAF). This was a complex area. Mr Bentley had presented how it would progress and the BAF would be updated to capture this.

With regards to the contractual arrangements for medical employees, documentation needed to improve in order that it reflected current good governance practice.

The Board **RECEIVED** the Audit and Risk Committee Chairman's Assurance Report.

24/11/10 Integrated Performance Report

Mr Flack presented the report to the Board for assurance.

The Board was provided with a summary of the current position with regards to the Trust's headline Key Performance Indicators (KPIs). The Smoking Cessation KPI had been discussed at the Finance, Business and Investment (FBI) Committee meeting the previous day. It had been highlighted that the Trust was one of the top performing for this national metric and was four quits short of being placed second in the country. The local target had been set by Kent County Council (KCC), the commissioner, and the KPI's Red rating would be challenged by the service. The team was highly motivated to succeed.

With regards to the New Birth Visits KPI, the Board had agreed to introduce it onto the dashboard. An improvement in performance against the previous year had been observed. The introduction of CIS had provided the service with the opportunity for better recording and improved data accuracy.

With regards to Long Term Conditions' activity recording on CIS, positive feedback had been received from the operational teams regarding the new tablets. The Executive Team was confident that the underlying issues had been resolved.

With regards to mandatory training compliance, the Trust's rating was Blue and was performing well when benchmarked against other similar trusts. However, two areas were Red rated internally for which actions were underway.

Ms Strong commented that performance for Delayed Transfers of Care (DToC) and Length of Stay (LoS) in the community hospitals was improving. The introduction of the new Home First model appeared to be having a positive impact.

In response to a question from Mr Field regarding how the Trust was responding to reducing bed occupancy rates, Ms Strong explained how this would be achieved and that this was being tested. In East Kent, a super discharge week for acute and community hospitals beds had been scheduled. An audit had also been undertaken and its results would further inform the Trust's management response. Mr Howe reflected that these activities and the Home First model would be important to the success of the STP and it was agreed that regular updates would be provided to the Board.

Action – Ms Strong

In response to a question from Mr Robinson regarding the inclusion of any latent data in the IPR from the north Kent services which had recently transferred out of the Trust, Mr Flack confirmed that some data remained in that month's report. Future reports would reflect the now current services in the Trust.

The Board **RECEIVED** the Integrated Performance Report.

24/11/11 **Finance Report**

Mr Flack presented the report to the Board for assurance.

The Trust was performing well and was ahead of plan in a number of areas. A surplus had been achieved that month and it was expected that the Trust would deliver its forecasted outturn. Agency spend had been reduced in terms of volume and agency rates. Although the Cost Improvement Programme was behind target, the indications were that it would meet its target at year end. With regards to capital expenditure, two large schemes were scheduled which would help the Trust to meet its target by year end. The cash position was strong. Some NHS Property Services invoices had now been settled following the receipt of compliance data.

The Board **RECEIVED** the Finance Report.

24/11/12 **Workforce Report**

Ms Norris presented the report to the Board for assurance.

Although two metrics had seen a decline in performance, eight had improved on the previous month. One had remained the same. The turnover rate was showing a good downward trajectory and had reduced from the previous month. The number of vacancies was also dropping. With regards to agency spend overall and also with non-framework agencies, this was reducing.

A large proportion of the new starters that month had been clinical staff. Comparative information on agency spend had allowed the Trust to benchmark itself against others and the results provided a mixed picture.

In response to a question from Mr Griffiths regarding the Trust's ranking for agency spend versus total staff cost in the recent NHS Improvement monthly regional agency performance report, Ms Norris confirmed that this would be investigated and a report including lessons learned would be provided to the Board at its December 2016 meeting. Ms Skelton suggested that, in order to improve the Trust's ranking, contact should be made with the top performers to learn from them.

Action – Ms Norris

Although Ms Tippin welcomed the sustained reduction in the turnover in staff, she highlighted the volatility of the average recruitment times month on month. Ms Norris explained that this reflected recent fluxes in capacity in the Resourcing Team due to staff sickness. The team was now up to full strength and it was expected that this would be reflected in the performance figures from early December 2016.

The Board **RECEIVED** the Workforce Report.

24/11/13 **Sustainability and Transformation Plan (STP)**

Mr Bentley presented the report to the Board for assurance.

The Kent and Medway STP had been published by all constituent Boards simultaneously and was now in the public domain. It continued to be a working document. The Board was familiar with its contents following the ongoing briefings it had received over the previous months. The emphasis in the plan was on delivering better health promotion and prevention; keeping people out of the acute hospitals or minimising their inpatient stay; delivering local care; and returning the system to financial balance. Another iteration would follow and the Board would be updated at that time. That day, the Board was not being asked to approve the STP but rather indicate whether it was satisfied that it reflected the Trust's approach to delivering healthcare. An intensive work phase would follow to develop the proposition. Members of the Executive Team had been nominated for various work streams.

In response to a comment from Mr Griffiths, Mr Bentley confirmed that there would be a greater emphasis on supporting services which delivered health promotion and the other tenets of the STP in the ongoing contracting round with commissioners. Ms Skelton suggested that community services needed greater visibility in the document in order that the Trust's staff, including the Non-Executive Directors (NEDs) and Governors, felt greatest connection with what was being asked of them and to underline how much their professional skill was valued. Mr Bentley confirmed that a series of briefing sessions had been organised with staff which would provide an opportunity not only to communicate the STP but also to listen to what staff had to say. Other channels were also being utilised. Ms Skelton also suggested that the NEDs and Governors should be actively involved in external engagement events as well. Mr Bentley confirmed that he would be briefing the Governors at their Development Day the following month. Ms Strowman added that as Chair of the Trust's Professional Advisory Committee which consisted of nurses and therapists, she had requested that the STP be a standing agenda item. This would provide an opportunity for clinicians to feedback their views directly to her.

In response to a suggestion from Mr Howe that it would be beneficial for the Board if a Strategy and Development day was scheduled to develop a matrix to test the timescales and milestones of the STP, it was agreed that this would be arranged.

Action – Mr Bentley

In response to a series of questions from Mr Conway regarding the timescale for the further release of information and public consultation, Mr Bentley indicated that the details had not yet been confirmed. However, the indication was that further information would become available in January 2017 at the earliest. Proposals that required public consultation would probably be announced in late spring or early summer leading to a series of consultations from June 2017 onwards. Another iteration of the STP was expected in March 2017. With KCC elections in May 2017, there would be a short period of election purdah which would stop the release of consultation for a time.

In response to a question from Mr Robinson regarding the development of

IT systems to support the implementation of the STP, Mr Bentley confirmed that an IT work stream was in place, led by the Chief Executive of Dartford and Gravesham Trust. It was too early to confirm the implications for community services. The Board confirmed its support for the direction of travel.

The Board **RECEIVED** the Sustainability and Transformation Plan.

24/11/14 Monthly Community Hospitals Safe Staffing Report

Ms Strowman presented the report to the Board for assurance.

The Registered Nurse fill rate had been over 90 per cent for both day and night shifts in the period. There had been a fill rate of 100 per cent for healthcare assistants. The Six Monthly Establishment Review would be presented to the Board in December 2016. There had been an improvement with the reduction in the number of shifts where only one Registered Nurse had been on duty. A focus on recruiting permanent staff and reducing the use of agency staff alongside the large number of new starters in September had all had a positive impact. Close monitoring for incidents which arose from only one Registered Nurse being on duty was in place. In this period, there had been one Serious Incident at Deal Hospital. This was being investigated and the early indication was that it had not resulted from staffing levels. The Quality Committee would receive the full report. Feedback from the Friends and Family Test (FFT) was very positive and the majority of patients indicated that they were highly likely to use Trust services again.

In response to a question from Mr Flack regarding the impact on the report of moving the current community hospital model towards a therapy-based model, Ms Strowman explained that currently the report related only to Registered Nurses and healthcare assistants. Therapists were excluded. However, she would be happy to include them if the Board requested it.

The Board **RECEIVED** the Monthly Community Hospitals Safe Staffing Report.

24/11/15 Quarterly Patient Experience Exception Report

Ms Strowman presented the report to the Board for assurance.

The Trust had received a very positive score of 96.87 per cent for its NHS FFT for the quarter. The number of complaints had reduced in the quarter. The Patient Advisory and Liaison Service (PALS) continued to work well in signposting and de-escalating concerns from patients before they became complaints. The majority of complaints had related to community nursing. This was to be expected as it was the largest service in the Trust in terms of staff and patients. With regards to the 25 day time limit for closing complaints, 85 per cent of all complaints met the target. More complex complaints involving multi-agencies had a longer time scale and a Kent and Medway joint protocol had been drafted which recommended a 60 day

response time to enable a full investigation of the most complex cases. Feedback from complaints was fed back to staff and changes to services did take place.

In response to a question from Mr Field regarding the complaint relating to a delayed visit to a patient by a community nurse, it was agreed that this would be investigated to ascertain if it was related to any ongoing issues with the local referral process.

Action – Ms Strong

In response to comments from Ms Tippin regarding the 60 day response time for multi-agency complaints which she suggested was too long, Ms Strowman explained that complaints of this nature needed the extra time for a full investigation. The complainant would be kept informed of progress and if a clinical need was identified during that time, there would be an immediate response. The proposed joint protocol was welcome

In response to a question from Mr Field regarding the comments that had been received via NHS Choices or Patient Opinion, he asked for clarification as to the number of positive and negative comments. Ms Strowman agreed that patient experience was a key marker for quality and confirmed that her proposed monthly report to the Board would provide clarification.

Action – Ms Strowman

The Board **RECEIVED** the Quarterly Patient Experience Exception Report.

24/11/16 Agency Spend Self-Certification Checklist Submission Report

Ms Norris presented the report to the Board for assurance.

The checklist had been discussed by the FBI Committee the previous day and by the Executive Team previously. The Board was asked to review the submission and make any further comments on the Trust's stated position, before the checklist was submitted at the end of the month. There was general agreement that a straightforward approach should be taken in the Trust's responses. The Board suggested a number of amendments.

The Board **APPROVED** the Agency Spend Self-Certification Checklist Submission Report, subject to the amendments.

24/11/17 Seasonal Infection Control Report – Autumn

Ms Strowman presented the report to the Board for assurance.

The full report had been received by the Quality Committee earlier in the month. It was another positive report. There had been a strong performance in reducing the number of reported catheter acquired urinary tract infections (CAUTIs). This was a challenging target for all providers of healthcare which was not widely achieved. MRSA screening for patients in community hospitals continued to be 100 per cent compliant. There had

been six MRSA bacteraemias investigated and none had been found to be attributable to the Trust. Overall, patients could be confident about the care that the Trust was delivering.

The Board **RECEIVED** the Seasonal Infection Control Report - Autumn.

24/11/18 **Research and Development Annual Report**

Dr Maskell presented the report to the Board for assurance.

The recent Clinical Audit and Research Conference had been well-received. The Trust was increasing its research activity and a plan was in place to guide future actions. The Board was provided with a summary of these. Governance, monitoring and reporting had been assessed as robust.

In response to a comment from Mr Howe regarding the high quality of the poster presentations at the conference, it was agreed that these would be circulated to the Board.

Action – Dr Maskell

In response to a question from Mr Robinson regarding encouraging patient engagement with the Trust's research activities, Dr Maskell agreed that he would welcome input from the Governors in promoting the Research and Development Team's work with their constituents. A strong programme was in place with patient representatives who were involved in developing the audits.

The Board **RECEIVED** the Research and Development Annual Report.

24/11/19 **Six Monthly Public Engagement and Equality Report**

Ms Norris presented the report to the Board for assurance.

465 new members had been recruited in the six months. Geographical areas and ethnic groups where membership was lower were being targeted to improve representation. The Trust would like to see more young people become members too. With regards to the Dartford, Gravesham and Swanley locality, the number of members was lower than the Trust would like as it still operated a considerable number of services in that area.

The Board and Council of Governors would receive a proposal regarding how membership and public engagement could be linked more effectively with the Governors and their local constituency work. There was an opportunity for a more joined-up approach.

Ms Tippin suggested that the report would benefit from incorporating Governor activity as well as social media activity and equality and diversity data.

Action – Ms Norris

The Board **RECEIVED** the Six Monthly Public Engagement and Equality

Report.

24/11/20 Emergency Preparedness Resilience and Response (EPRR) Assurance Report

Ms Davies presented the report to the Board for assurance.

The Trust had received the highest assurance rating against the EPRR Core Standards from the local area team and had been described as a leading light in emergency planning in Kent and a centre of excellence.

In response to a comment from Mr Griffiths regarding the challenge in putting in place a robust lockdown procedure in the community, Ms Davies explained that such resilience depended on a strong partnership between clinical and non-clinical teams. This had been recognised but there was still further work to do.

In response to a question from Mr Griffiths regarding the availability of the Emergency Control Room at Gravesham Community Hospital following the transfer of the building to Virgin Care, Ms Davies confirmed that it was still accessible for incident management. The Trust was attempting to work with Virgin Care to co-ordinate local EPRR arrangements.

The Board **RECEIVED** the Emergency Preparedness Resilience and Response Assurance Report.

24/11/21 Any Other Business

There was no further business to discuss.

24/11/22 Questions from Members of the Public Relating to the Agenda

A question had been received from Ms Carol Coleman, Public Governor for Dover and Deal, regarding the likely impact of the STP on the Trust. Kate Wortham added that she recognised the governance structure and quality of services that the Trust provided and she hoped that the public would continue to have full access to the quality of services following the implementation of the STP. Her concern was that the Trust would fragment because of the proposed changes and that this would lead to an impact on supporting clinical staff. Mr Griffiths suggested that this would be discussed at the Governors' Development Day the following month. The imperative was to put patients first.

The meeting closed at 12.10pm.

24/11/23 Date and Venue of the Next Meeting

Thursday 26 January 2017 at 10.00 am in The Colin Jackson Suite, The Julie Rose Stadium, Willesborough Road, Kennington, Ashford, Kent TN24 9QX

MATTERS ARISING FROM BOARD MEETING OF 24 NOVEMBER 2016 (PART ONE)

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Audit and Risk Committee Chairman's Assurance Report	In response to the internal audit, the Executive Team to carry out some focussed work and agree actions on the safety aspect of safe staffing, and bring back assurance to the Board within two weeks of the meeting. The Chair of the Audit and Risk Committee then to decide if reasonable assurance has been provided.	Ms Strong and Ms Strowman	Ms Strong, Ms Norris and Ms Strowman met with Non-Executive Directors (NEDs) Mr Conway and Mr Howe. The TIAA report was discussed along with the actions completed and outstanding concerns. The NEDs were assured of the actions taken and would report back to the Board accordingly.
Audit and Risk Committee Chairman's Assurance Report	In response to the internal audit, the Executive Team to carry out some focussed work and agree actions on the spot checks of agencies, and bring back assurance to the Board within two weeks of the meeting. The Chair of the Audit and Risk Committee then to decide if reasonable assurance has been provided.	Ms Norris	Action complete.
Integrated Performance Report	To provide regular updates to the Board regarding how the Trust will achieve improved bed occupancy rates including the outcomes of the piloting of the Home First model and the recent audit.	Ms Strong	Included in Board Report.

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Workforce Report	<p>With regards to the ranking of the Trust for agency spend versus total staff cost in the recent NHS Improvement monthly regional agency performance report, to investigate this further and provide a report including lessons learned to the Board at its December 2016 meeting.</p>	Ms Norris	<p>To encourage all trusts to take action on agency, regardless of how much agency spend is in their total pay bill; NHS Improvement set an 'agency expenditure ceiling' similar to a control total.</p> <p>The agency spend against ceiling is the percentage variance between the actual spend compared to the ceiling phasing that was agreed with trusts in 2016/17's APR, and will appear in your monthly finance returns. We then rank all of the trusts' variance from the highest under, to the highest over their ceilings. KCHFT month 8 YTD spend against ceiling is 10% below ceiling indicating that we have reduced agency spend significantly from last year, which is why we are ranked highly on this measure.</p> <p>The agency spend as a percentage of total staffing ranks trusts on a scale from lowest to highest by their spend on agency compared to their total workforce spend (Dividing by workforce spend allows comparison against different sized trusts). This metric is designed to measure how reliant each trust is on agency staff.</p> <p>For a fair evaluation of trusts we measure and report both the improvement metric (Ceiling) and overall proportion of agency expenditure, although only the percentage variance against ceiling is on the Single Oversight Framework.</p>

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
			<p>The fact KCHFT is ranked average for % of agency staff spend and low for the ceiling, indicates KCHFT spends an average proportion of its staff costs on agency, but is one of the better 'improvers' in the region.</p> <p>At month 8, in FY 2016/17 agency spend was reported as 5.7% of total staff spend (marginally below average), however, a lower than average bank proportion (2.1%) of spend was noted.</p> <p>There are two community trusts in the south region that rank higher than KCHFT in the % of total staffing cost; we have asked the regional team at NHS Improvement to find out what, if any, strategies they have used to reduce their agency usage, and put us in touch with them to share best practice.</p>
Sustainability and Transformation Plan	To include a session at a Board Strategy and Development Day on developing a matrix to test the timescales and milestones of the STP.	Mr Bentley	Proposed agenda item at February 2017 session.
Quarterly Patient Experience Exception Report	With regards to the complaint relating to a delayed visit to a patient by a community nurse, to confirm if this related to any ongoing issues with the local referral process.	Ms Strong	Process amended in Local Referral Unit to ensure referrer receives an email to confirm referral has been received.

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Quarterly Patient Experience Exception Report	With regards to the comments captured on NHS Choices or Patient Opinion, to quantify the numbers of positive and negative comments in future reporting to the Board.	Ms Strowman	This will be included in future Board reports from March 2016. The Quality Committee will receive the report in February 2016.
Research and Development Annual Report	To circulate the posters from the Trust's Clinical Audit and Research Conference to the Board.	Dr Maskell	Action complete.
Six Monthly Public Engagement and Equality Report	To incorporate Governor activity, social media activity and equality and diversity performance into the report going forward.	Ms Norris	These will be included in future reports. The next report will be presented at the May 2017 Board meeting.

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2017
Agenda Item:	1.7
Subject:	Chief Executive's Report
Presenting Officer:	Paul Bentley, Chief Executive

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary (including purpose and context)

This report highlights key business and service developments in Kent Community Health NHS Foundation Trust in recent weeks.

Proposals and /or Recommendations

Not applicable

Relevant Legislation and Source Documents

Monitor NHS Foundation Trusts Annual Reporting Manual
NHS Manual for Accounts 2014-15

Has an Equality Analysis (EA) been completed?

No. High level position described and no decisions required/no significant change. Papers have no impact on people with any of the nine protected characteristics*.

* **Protected characteristics:** Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Paul Bentley, Chief Executive	Tel: 01622 211903
	Email: paul.bentley@kentcht.nhs.uk

**CHIEF EXECUTIVE'S REPORT
JANUARY 2017**

As previously I wanted to highlight to the Board the following significant developments since my last report which again is categorised into patients and partners.

Partnerships

1. Winter Pressure

Since the last Board meeting the health and social care system in Kent and Medway, similar to other parts of the country, has been under significant pressure. This presents itself in high levels of attendances in primary care and hospital emergency departments. The period has also seen increased pressure on social care. The Trust has felt this pressure and I want to take the opportunity to thank all of our teams for the way they have gone beyond the normal for such a protracted period of time. The levels of collaboration between the parts of the system have been strong with Kent Community Health NHS Foundation Trust playing its full part.

2. Contract Negotiations

The Trust has signed contracts for two years commencing 1 April 2017 with its main commissioners and this is a positive position. It has been achieved three months ahead of previous years and provides more time for the Trust and commissioners to concentrate on the ambitious plans for the local health and social care economy as outlined in the Sustainability and Transformation Plan. Whilst many have played a significant part in the conclusion of the process I do want to draw the attention of the Board to the major part which Clive Tracey, Assistant Director, Commercial Services and Gordon Flack, Director of Finance have played. My thanks are due to both.

3. Tenders

Unfortunately the Trust has been unsuccessful in retaining the wheelchairs service in Kent and Medway which was subject to recent tender. This service will transfer to a private provider from 1 April 2017. The staff who will be transferring have been an asset to the Trust and we wish them success with their new employer.

4. Edenbridge

West Kent Clinical Commissioning Group (CCG) met with NHS England on 5 January 2017 to seek approval to proceed to a public consultation on options to bring together GP services and community services, including those provided by Edenbridge War Memorial Hospital into a single site.

Approval was agreed in principle; with the proviso that the consultation reflected what the preferred option is, the workforce implications and the financial viability of the options.

This work is now being carried by West Kent CCG, Kent Community Health NHS Foundation Trust and Edenbridge Medical Practice. The public consultation, which will be led by the CCG supported by Kent Community Health NHS Foundation Trust, will, subject to NHS England approval of the consultation document and West Kent CCG Board approval on 31 January 2017, commence on 1 February 2017 and run to 26 April 2017. A public launch event will take place on 7 February 2017. Kent Community Health NHS Foundation Trust will also be holding dedicated sessions for staff.

5. Sustainability and Transformation Plan Engagement

Through December 2016 and January 2017, the Executive Team has held 16 staff engagement roadshows throughout the county exploring with our teams what the Sustainability and Transformation Plan (STP) means, Kent Community Health NHS Foundation Trust's strategy and Kent and Medway's role as a pathfinder.

These sessions have seen good representation from both clinical and non-clinical roles, with staff having asked a range of questions and given feedback. All feedback is being collated and will help shape the next version of Kent and Medway's STP plan due to March.

6. Repayment of Public Sector Exit Payments Regulations

The Government's intention is that these regulations will now come into force in early 2017. They require the recovery of exit payments made to public sector employees where the employee earns £80,000 or more and where he/she returns to any part of the public sector up to 12 months from the termination date.

7. Public Sector Exit Payment Regulations

The new cap of £95,000 on public sector exit payments is expected to be introduced in early 2017, under the Public Sector Exit Payment Regulations. In addition, the Government has published a public sector exit payment framework which limits exit payments further. The limitations are as follows:

- Maximum tariff of three weeks' pay per year of service;
- Maximum 15 months' salary;
- Maximum £80,000 salary on which exit payments can be based;

- Tapering of lump sum approaching retirement;
- Action to limit or end employer-funded early access to pension as an exit term.

Louise Norris Director of Workforce, Organisational Development and Communications is representing employers on national negotiations with Trade Unions on these matters.

Patients

1. Engagement Meeting with the Care Quality Commission (CQC)

Ali Strowman, Chief Nurse and I had a productive engagement meeting with Elaine Biddle and Sarah Ivor-Donnelly from the CQC. A number of areas were discussed including pressure ulcers, community equipment provision, vacancies and turnover, risks and incidents and the changing political landscape and impacts on quality, safety and provision of care. On-going monthly engagement sessions will continue between Sarah and Ali, along with quarterly meetings to include Elaine and me.

Paul Bentley
Chief Executive
January 2017

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2017
Agenda Item:	2.1
Subject:	Quality Committee Chairman's Assurance Report
Presenting Officer:	Steve Howe, Chair of the Quality Committee

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary (including purpose and context):

The paper summarises the Quality Committee meeting held on 6 December 2016.

Proposals and/or Recommendations:

The Board is asked to receive the Quality Committee Chairman's Assurance Report.

Relevant Legislation and Source Documents:**Has an Equality Analysis been completed?**

No. High level position described and no decisions required.

Steve Howe, Non-Executive Director	Tel: 01622 211900
	Email:

QUALITY COMMITTEE CHAIRMAN'S ASSURANCE REPORT FOLLOWING DECEMBER 2016 MEETING

Introduction

The Quality Committee met on 6 December 2016. No meeting was held in January owing to proximity with the stand-down period.

6 December 2016

The Committee welcomed Pippa Barber as the new Non-Executive Director (NED) member of the group. The Quality Surveillance Meeting (QSM) report continued to highlight minor concerns with community hospitals, but this was a changing picture and while improvements were being seen, where staffing issues had been identified it might take some time to rectify. Recent Patient Safety Walkabouts (PSW) had highlighted issues with inappropriate referrals from acute hospitals and increasing complexity of some patients being admitted.

It was noted from the Safeguarding Report that focus had been given to 'Prevent' training within the Trust, particularly with services noted as being below the required levels. The Committee will continue to monitor training levels in this area. Assurance was also taken from the six-monthly Medical Devices Report and it was noted that no operational risks had been identified and that work was in hand to archive the record of devices transferred to Virgin Care.

Policies

The following policies were ratified:

- Policy for Anticoagulation Therapy MM012
- Accessible Information Policy
- Resuscitation Policy (including Cardiac Resuscitation and Defibrillation)
- Venous Thromboembolism

Cost Improvement Programme/Quality Impact Assessment (CIP/QIA) Deep Dive

The next QIA Deep Dive is scheduled for 18 January 2017 and all non-executive members of the Quality Committee are due to attend.

Never Event

Committee members were informed of a Never Event concerning a dental extraction occurring in December 2016. An assurance statement will be provided to the Board in due course.

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2017
Agenda Item:	2.2
Subject:	Charitable Funds Committee Chairman's Assurance Report and Minutes
Presenting Officer:	Jennifer Tippin, Chair of the Charitable Funds Committee

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary (including purpose and context):

A verbal report will be provided regarding the Charitable Funds Committee meeting that took place on Wednesday 25 January 2017.

Proposals and /or Recommendations:

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

Relevant Legislation and Source Documents:**Has an Equality Analysis been completed?**

No. High level position described and no decisions required.

Jennifer Tippin, Non-Executive Director	Tel: 01622 211900
	Email:

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2017
Agenda Item:	2.3
Subject:	Integrated Performance Report (Part 1)
Presenting Officer:	Gordon Flack, Director of Finance

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary (including purpose and context)

The Integrated Performance Report has been produced to provide the Board with a detailed overview of KCHFTs quality, safety and performance. The report has been produced in collaboration with the Executive Team and their support teams.

The report has been split into two parts because of the commercial sensitivity of some of the data included.

Part One of the report contains the following sections:

- Key & Glossary
- Corporate Scorecard
- Executive Summary: Narrative

Historic data has been provided to show trends, however, the availability of trend data varies between indicators as can be seen from the trend graphs. The trend graphs are designed to show a 12 rolling month view of performance for each indicator, but as stated this does depend on data availability.

This report shows the year-end forecast position for all indicators.

Proposals and /or Recommendations

The Board is asked to note this report.

Relevant Legislation and Source Documents

Not Applicable

Has an Equality Analysis (EA) been completed?

No . High level position described and no decision required.

Papers have no impact on people with any of the nine protected characteristics*.

* **Protected characteristics:** Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Nick Plummer, Head of Performance	Tel: 01233 667722
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Integrated Performance Report - 2016/17
Part 1

January 2017
April 2015 - December 2016 data

Excellent care, healthy communities







Contents

Key & Glossary
Executive Summary: Scorecard
Executive Summary: Narrative

Page. 2
Page. 3-4
Page. 5

Key and Glossary of Terms

+ve	= Positive - improvement on last month		
-ve	= Negative - A decline on last month		
stat	= Static - No Change		
	Off Target		As per KPI Target
	On Target		Stretch target achieved
FOT	Forecast Outturns are based on extrapolation of YTD position unless specified		

KCHFT Corporate Scorecard 2016/17

Strategic Goals

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

KPI Ref	KPI Description	15/16	16/17	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
1.1	Prevention: Stop Smoking - Nos. of 4 week Quitters (Kentwide): YTD performance against trajectory (%)	77.3%	73.4%	-3.9%	100.0%	-26.6%	100.0%	N/A	+VE
1.2	Prevention: Health Checks Carried Out (Kentwide): YTD performance against trajectory (%)	75.0%	106.9%	31.9%	100.0%	6.9%	100.0%	N/A	+VE
1.3	Health Visiting - Increase the uptake of the 6-8 week assessment by 8 weeks	57.9%	82.5%	24.6%	95.0%	-12.5%	95.0%	N/A	-VE
1.4	Health Visiting - Increase the uptake of New Birth Visits by 14 days	70.7%	84.1%	13.5%	85.0%	-0.9%	95.0%	N/A	+VE
1.5	School Health - Reception Children Screened for Height and Weight	96.6%	75.8%	N/A	90.0%	N/A	95.0%	N/A	-VE
1.6	School Health - Year 6 Children Screened for Height and Weight	96.0%	77.2%	N/A	90.0%	N/A	95.0%	N/A	-VE

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

KPI Ref	KPI Description	15/16	16/17	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
2.1	LTCs (including Health Trainers) Teams Contacts: YTD as % of YTD Target	75.7%	89.0%	13.3%	100.0%	-11.0%	100.0%	N/A	+VE
2.2	LTCs Teams - Did Not Attend Rate: DNAs as a % of total activity.	0.8%	1.6%	0.8%	4.0%	-2.4%	3.0%	4.0%	-VE

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

KPI Ref	KPI Description	15/16	16/17	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
3.2	Total Time in MIU & WIC Services: Less than 4 hours	99.96%	99.24%	-0.7%	95.0%	4.2%	99.5%	99.5%	-VE
3.3	Consultant Led 18 Week RTT (Monthly Target 95%) - Incomplete Pathways	100.0%	99.6%	-0.4%	95.0%	4.6%	98.0%	96.8%	+VE
3.4	Allied Health Professionals Referral to Treatment Times (RTT)	92.1%	92.6%	0.5%	95.0%	-2.4%	98.0%	97.6%	-VE
3.5	Access to GUM: within 48 hours (Monthly Target 100%)	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	N/A	stat
3.7	Bed Occupancy: OBDs as a % of available bed days	88.8%	88.9%	0.0%	87.0%	1.9%	91.7%	87.9%	+VE
3.8	Length of Stay (Median Average)	24.2	22.9	-1.2	21.0	1.9	21.0	25.6	+VE
3.9	Delayed Transfers of Care as a % of Occupied Bed Days	13.8%	11.9%	-1.9%	3.5%	8.4%	3.5%	11.8%	-VE

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

KPI Ref	KPI Description	15/16	16/17	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
4.1	Patient Experience: Friends and Family Test (Patients surveyed for MIUs & Comm. Hosp.) - Response Rate	25.3%	22.6%	-2.6%	15.0%	7.6%	25.0%	30.7%	-VE
4.4	End of Life Care: Percentage of patients dying in their preferred place.	100.0%	85.2%	-14.8%	90.0%	-4.8%	95.0%	83.2%	-VE
4.5	ADULTS - Outcomes: Percentage of outcomes achieved upon discharge for planned care and therapy services.	93.1%	85.9%	-7.1%	80.0%	5.9%	90.0%	N/A	+VE

KCHFT Corporate Scorecard 2016/17

Strategic Goals

5. Ensure people receive safe care through best practice

KPI Ref	KPI Description	15/16	16/17	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	KPI Ref	KPI Description	15/16	16/17	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
5.2	Infection Control: C.Diff (Target <6 cases in year) (Target YTD)	1	3	2	4	-1	4	N/A	stat	6.1	Income & Expenditure - Surplus (%)	1.5%	1.4%	-0.1%	1.0%	0.4%	1.0%	1.0%	+ve
5.6	Safety Thermometer: % harm free care New Harms	99.0%	98.3%	-0.6%	95.0%	3%	97.5%	96.3%	-ve										
5.7	Never Events: FOT as % of Annual Target	0	1	1	0	1	0	N/A	-ve										
5.8	NICE guidance: New NICE Guidance reviewed within required timescales following review of publication.	100.0%	100.0%	0.0%	100.0%	0%	100.0%	N/A	stat										

Enabling Strategies

Finance and Commercial

Workforce

KPI Ref	KPI Description	15/16	16/17	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	KPI Ref	KPI Description	15/16	16/17	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
7.1	Sickness Rate	3.97%	4.13%	0.16%	3.90%	0.23%	3.75%	4.58%	-ve	8.2	Data Quality: NHS Number Completeness across clinical systems	100.0%	100.0%	-0.01%	95.0%	5.0%	99.9%	98.5%	-ve
7.4	Mandatory Training: Combined Compliance Rate	94.1%	91.7%	-2.4%	85.0%	6.7%	92.5%	88.4%	-ve										

IM&T

Executive Summary: Supporting Narrative - January Report 2016/2017

Quality

Infection Control: MRSA & C-Difficile: There has been one Clostridium difficile infection in December on Heron ward - QV/MH. Early investigations suggest antimicrobials prescribed in the Acute setting for Sepsis are the likely cause, however, there has been another antigen positive -toxin negative case identified, and we are currently awaiting ribotyping to ascertain if the cases may be linked.

Workforce

Sickness: The cumulative sickness absence rate for the financial year to November 2016 was 4.13% which is up slightly from M7. The sick rate in November was 4.47%, an increase of 0.2% from last month. The total FTE days lost for the rolling year to November equates to an average of 9.25 days sickness lost per employee, up from last month. The proportion of FTE lost to short-term sickness has increased to 53.3%, compared to 53.1% in October.

Mandatory Training: There are 2 areas which are non-compliant. These are: 1. Moving and Handling; Client which has decreased to 75.4%. 2. Fire - Community Hospitals which has decreased to 77.5%

Finance

Income & Expenditure and Financial Risk Rating: The Trust achieved a surplus of £2,393k (1.4%) to the end of December. Cumulatively pay and depreciation/interest have underspent by £3,730k and £186k respectively. Income has under-recovered by £528k and non-pay is £3,047k overspent.

Access

Sexual Health Services, MIU 4-Hour wait and 18 week referral to treatment pathways: currently these targets are all being met at a Trust level, although there had been some variation at service level. Community Paediatrics has now improved and is meeting the target.

Referral to Treatment Times for all Allied Health Professionals when measured against the 18 week threshold shows 93.1% of patients being seen within this timescale for November 2016, an improvement on the October position. CNRT, ITAC, Confinence, USLT, MSK West Block and Podiatric Surgery were all below 90% compliance with 18 weeks RTT for November.

National Targets

Stop Smoking: The target set by KCC is 4500 quits. Based on the national trend the service predicts a more realistic target of 2526 quits but is striving towards the 4500 or to maintain the 2015/16 achievement of 3417 quits. KCC have set a minimum target of 3100 quits.

Health Checks: The Health Checks team have met the checks performance target from KCC for the first two quarters of the year. The service is on 102% of the 46% uptake target. All areas of checks have performed well; GP delivered checks and KCHFT core checks have both improved on this time last year and there has been an increase in overall checks compared to the same period last year.

Community Hospitals

There were 184 admissions to the Community Hospitals in November and 4264 occupied beds days from a possible 4,716 bed days, therefore, bed occupancy stood at 90.4%. There were a total of 564 bed days lost due to delayed transfers of care (13.2% of total occupied bed days). The average length of stay (median) was 22.4 days across all hospitals in Month 8.

Bed Occupancy (Target range 87-92%): Bed occupancy increased slightly to 90.4% in Month 8, with QV/MH, Sevenoaks and Faversham falling below the 87% target occupancy.

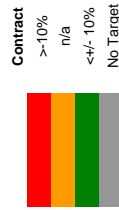
Length of Stay (LOS) - Median (Target 21 days by year end): Performance against the median average length of stay target remains above target, but for M8 this increased slightly to 22.4 days. (22.9 YTD)

Delayed Transfer of Care (DTOC) days as percentage of total bed days (Target 3.5%): Delayed Transfers of Care has decreased in M8 and remains above the target at 13.2% (11.6% YTD). This relates mainly to high levels at all hospitals, with all sites being above the 3.5% target with the exception of Westbrook House. This is split between 2.95% NHS responsibility and 10.3% Social Services/Other

Activity

KCHFT's clinical services carried out 145,118 contacts (This figure includes various currencies e.g. face to face contacts, telephone contacts, group sessions, Units of Dental Activity), of which 8,679 were MIU/WIC attendances, during November 2016. KCHFT is below target at Month 8 (-1.8%), mainly due to under-performance in LTC, Podiatry and Learning Disabilities. Performance against 2016/17 contract targets has been summarised at Service Specification level below:

Service & Currency	MB Actual	YTD Actual	YTD Target	YTD Variance	Contract BRG	Trend
Long Term Conditions - Face to Face	55,651	501,283	562,974	-11.0%		
Intermediate Care - Face to Face	21,327	220,012	221,674	-0.7%		
Intermediate Care - Attendances	8,679	82,929	74,751	10.9%		
Intermediate Care - Occupied Bed Days	97	1,148	1,228	-6.5%		
Planned Care - Face to Face	29,999	218,161	177,469	22.9%		
Learning Disabilities - Face to Face	3,760	24,998	29,357	-14.8%		
*Children's Universal Services - Face to Face	45,445	247,474				
Children's Specialist Services - Face to Face	16,141	106,726	103,910	2.7%		
Dental Service - UDAs	7,212	57,078	64,474	-11.5%		
Health Improvement Services - Face to Face	406	3,184	2,008	58.6%		
All Services and Currencies (Contracted)	145,118	1,229,831	1,252,654	-1.8%		



*these figures are not included in the table totals as they don't have a contractual target

Adults: Long Term Conditions (LTC) contacts are 10.9% (61,226 contacts) below the year to date target. This is due to a continued under-reporting in some areas. Intermediate Care and Rehab Services (ICT) are 0.7% below target (1662 contacts) with the targets adjusted for 16/17. Activity for the planned care services is 9.4% under target for the year to M8 (all currencies).

Children and Young People: It should be highlighted that the contract for Health Visiting does not have an activity target (hence the target and variance being greyed out). Health Visiting are measured against specific KPIs, although these still require a certain level of activity to ensure compliance with KPIs such as New Birth Visits, 1 year and 2 1/2 year development checks. Therefore is useful to see overall activity levels to highlight any major changes. Collectively the Childrens Specialist Clinical Services are 2.7% above target at M8. This includes activity where there is no target. Against target only the services are 10.8% below target for M8, mostly attributed to West Kent Special Schools and ITAC in East Kent. The West Kent Special Schools target will be adjusted for 17/18

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2017
Agenda Item:	2.3
Subject:	Home First Programme Key Performance Indicators
Presenting Officer:	Gordon Flack, Director of Finance; Lesley Strong, Deputy Chief Executive/Chief Operating Officer

Action - this paper is for:	Decision	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
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Report Summary (including purpose and context)

Proposals and /or Recommendations
The Board is asked to approve the Home First Programme Key Performance Indicators.

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No. High level position described and no decisions required/no significant change. Papers have no impact on people with any of the nine protected characteristics*.
* Protected characteristics: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

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Home First Programme KPI Dashboard - 2016/17

East Kent

Excellent care, healthy communities

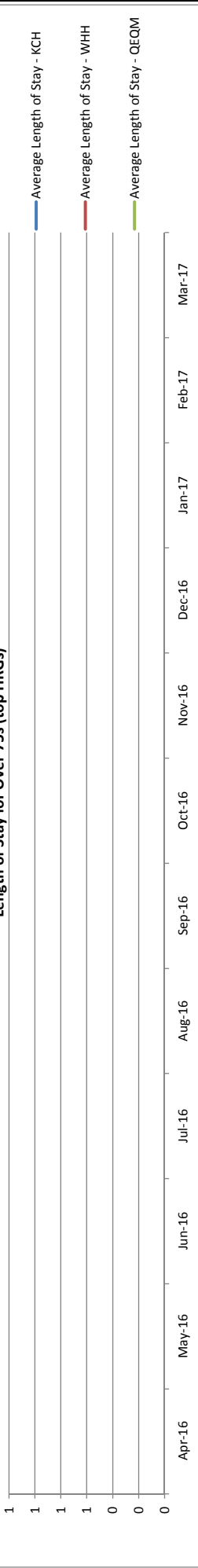


Outcomes

Length of Stay for Over 75s (top HRGs) (Standard - TBC)

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Average Length of Stay - KCH													#DIV/0!
Average Length of Stay - WHH													#DIV/0!
Average Length of Stay - QEOM													#DIV/0!

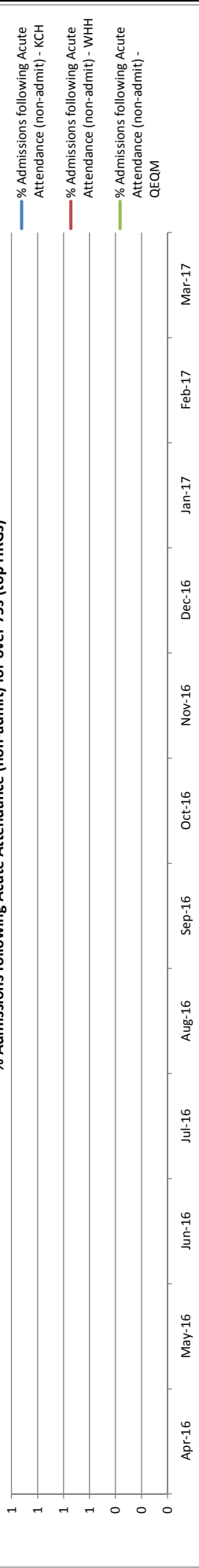
Length of Stay for Over 75s (top HRGs)



Admissions following A&E Attendance for over 75s (top HRGs) (Standard - TBC)

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
% Admissions following Acute Attendance (non-admit) - KCH													#DIV/0!
% Admissions following Acute Attendance (non-admit) - WHH													#DIV/0!
% Admissions following Acute Attendance (non-admit) - QEOM													#DIV/0!

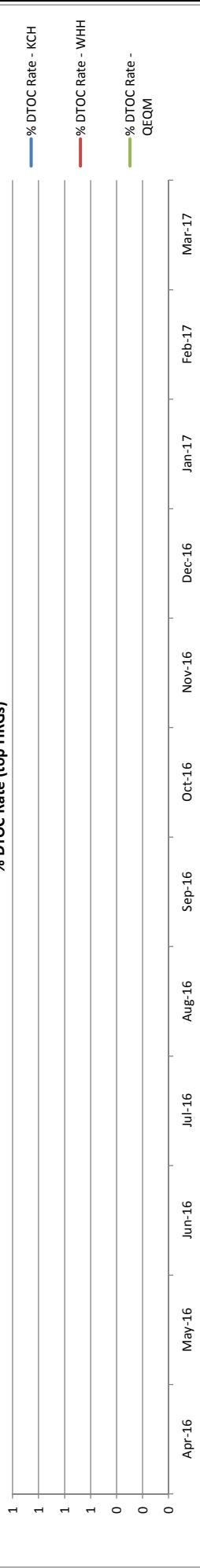
% Admissions following Acute Attendance (non-admit) for over 75s (top HRGs)



Acute delayed Transfers

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
% DTOC Rate - KCH													#DIV/0!
% DTOC Rate - WHH													#DIV/0!
% DTOC Rate - QEOM													#DIV/0!

% DTOC Rate (top HRGs)

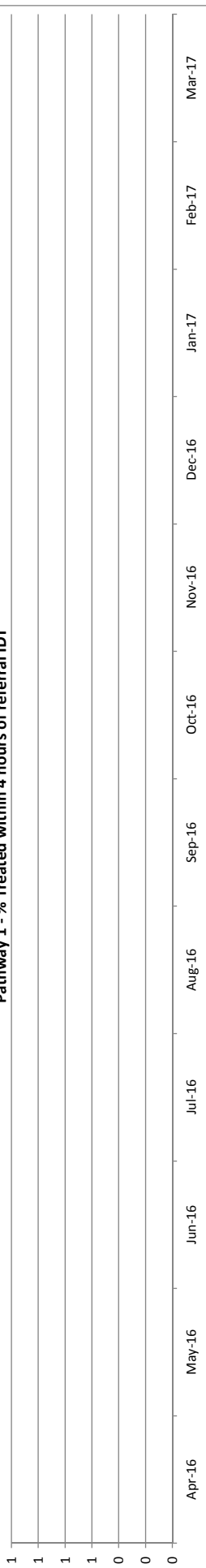


Outcomes

Referral to Treatment (Standard - 100% treated within 4 hours from referral)

Pathway 1 - % Treated within 4 hours of referral from IDT	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	#DIV/0!
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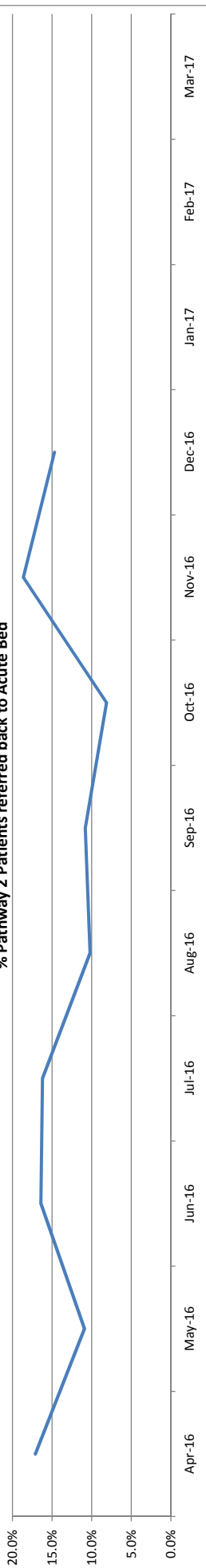
Pathway 1 - % Treated within 4 hours of referral IDT



Re-Admissions to Acute

Pathway 2 - Referrals back to Acute Bed	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
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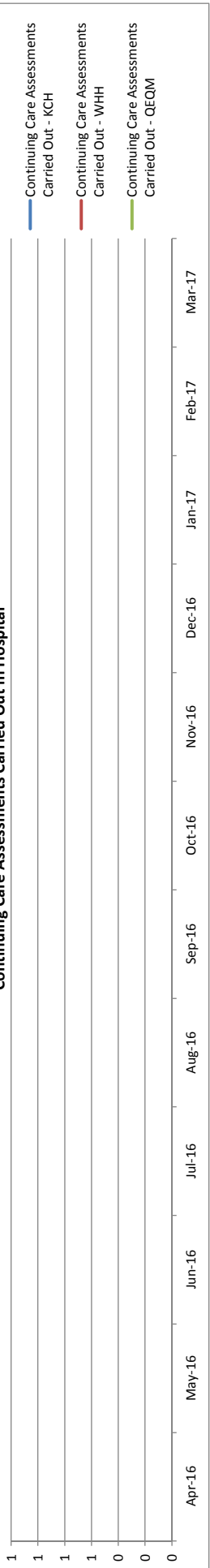
% Pathway 2 Patients referred back to Acute Bed



Continuing Care Assessments Carried Out in Hospital (Standard - nil undertaken in an acute setting)

Continuing Care Assessments Carried Out - KCH	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Continuing Care Assessments Carried Out - WHH													0
Continuing Care Assessments Carried Out - QEOM													0

Continuing Care Assessments Carried Out in Hospital

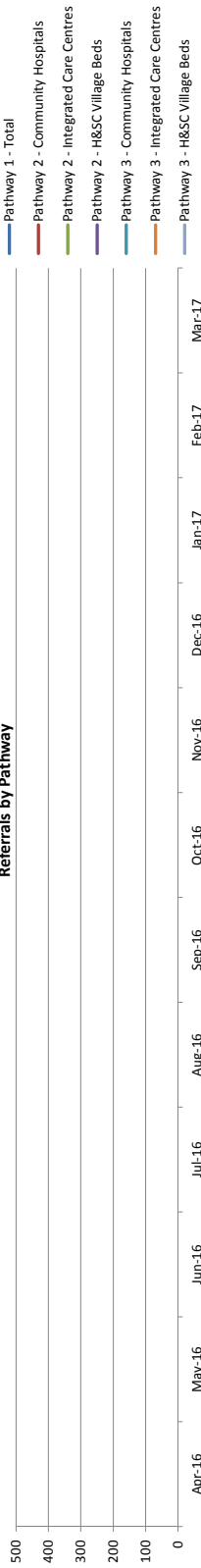


Activity (Referrals)

Referrals by Pathway

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Pathway 1 - KCH									118				118
Pathway 1 - WHH									168				168
Pathway 1 - QEOM									137				137
Pathway 1 - Non-Acute									0				0
Pathway 1 - Total									423				423
Pathway 2 - Community Hospitals													0
Pathway 2 - Integrated Care Centres													0
Pathway 2 - H&SC Village Beds													0
Pathway 3 - Community Hospitals													0
Pathway 3 - Integrated Care Centres													0
Pathway 3 - H&SC Village Beds													0

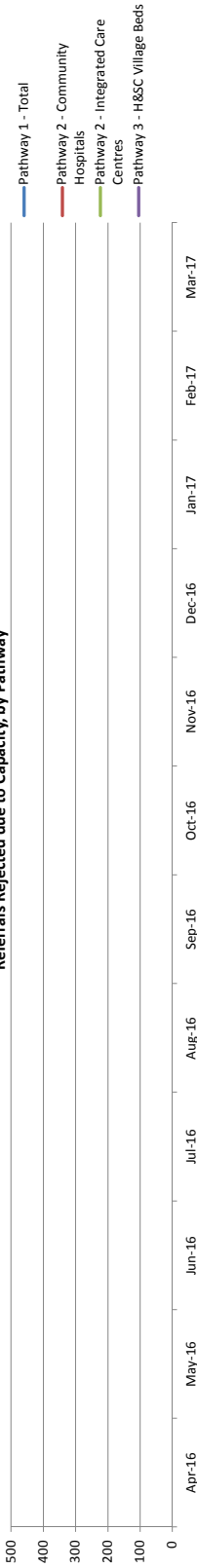
Referrals by Pathway



Referrals Rejected due to Capacity

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Pathway 1 - Total									0.0%				0.0%
Pathway 2 - Community Hospitals									0.0%				0.0%
Pathway 2 - Integrated Care Centres									0.0%				0.0%
Pathway 3 - Village Beds									0.0%				0.0%

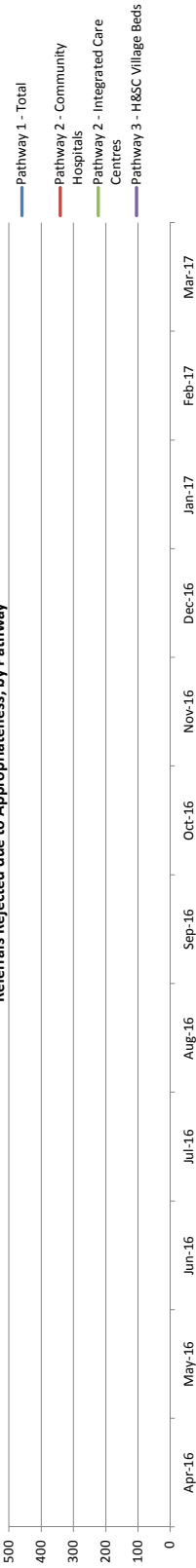
Referrals Rejected due to Capacity, by Pathway

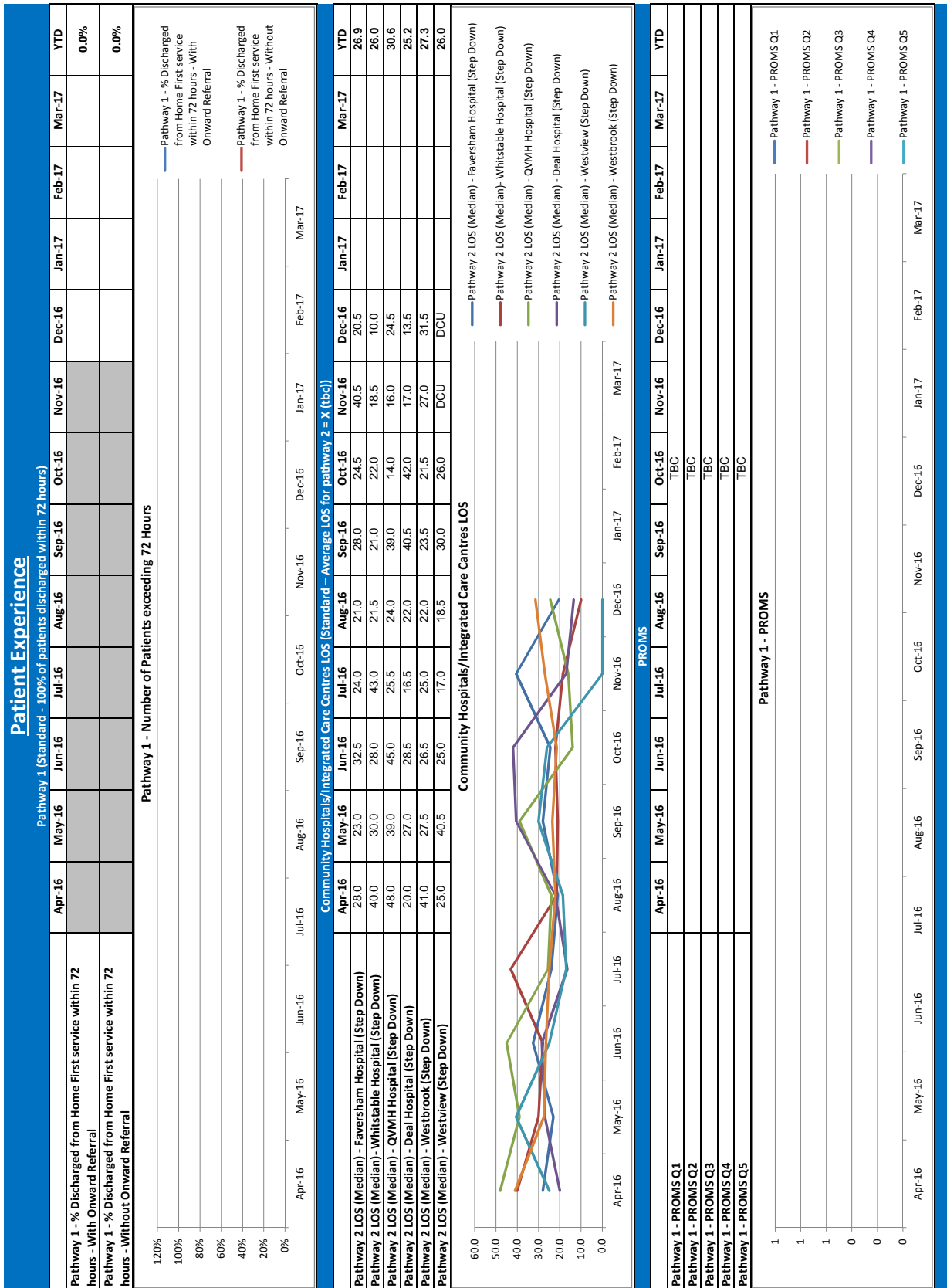


Referrals Rejected due to Appropriateness

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Pathway 1 - Total									0.0%				0.0%
Pathway 2 - Community Hospitals									0.0%				0.0%
Pathway 2 - Integrated Care Centres									0.0%				0.0%
Pathway 3 - Village Beds									0.0%				0.0%

Referrals Rejected due to Appropriateness, by Pathway





Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2017
Agenda Item:	2.4
Subject:	Quality Report
Presenting Officer:	Ali Strowman, Chief Nurse

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary (including purpose and context)

This report provides assurance to the Board on Patient Safety, Patient Experience and Patient Outcomes.

Proposals and /or Recommendations

The Board is asked to note the information in the Quality Report, recommend any further information required and receive assurance from the Chief Nurse that care is safe, quality of care is monitored and the patient voice is integral to the appraisal of patient outcomes.

Relevant Legislation and Source Documents

Has an Equality Analysis (EA) been completed?

No.
High level position described and no decisions required/no significant change. Papers have no impact on people with any of the nine protected characteristics*.

* **Protected characteristics:** Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Ali Strowman, Chief Nurse	Tel: 01622 211923
	Email: ali.strowman@kentcht.nhs.uk

QUALITY REPORT

1. Patient Safety

Workforce Data and Quality Metrics

- 1.1. The information below relates to December fill rates per community hospital ward broken down by day and night for registered and unregistered staff.
- 1.2. The average fill rate for both registered and care staff is slightly less than November, but still produced a total fill rate of 98% for RN's and over 100% for HCA's. This improved fill rate has been as a result of additional staff recruited to the staff bank. There is no agreed national rating system yet, so the Chief Nurse will provide commentary on any areas less than 95%.
- 1.3. Deal, QVMH, Sevenoaks, and Edenbridge all had RN day shifts below 95%, reflecting the difficulty of acquiring agency cover over the Christmas period and levels of staff sickness. Where RN shifts were unable to be filled by bank or agency the wards have increased the use of HCA staff to increase staff numbers. Additional HCAs were also used to provide enhanced observation (1:1 care) for patients at risk of falling or with dementia. Where the staff bank are unable to fill requested shifts, a clear process for requesting the use of agency nurses is in place with scrutiny and sign off by executive team members following discussion with senior clinical staff.

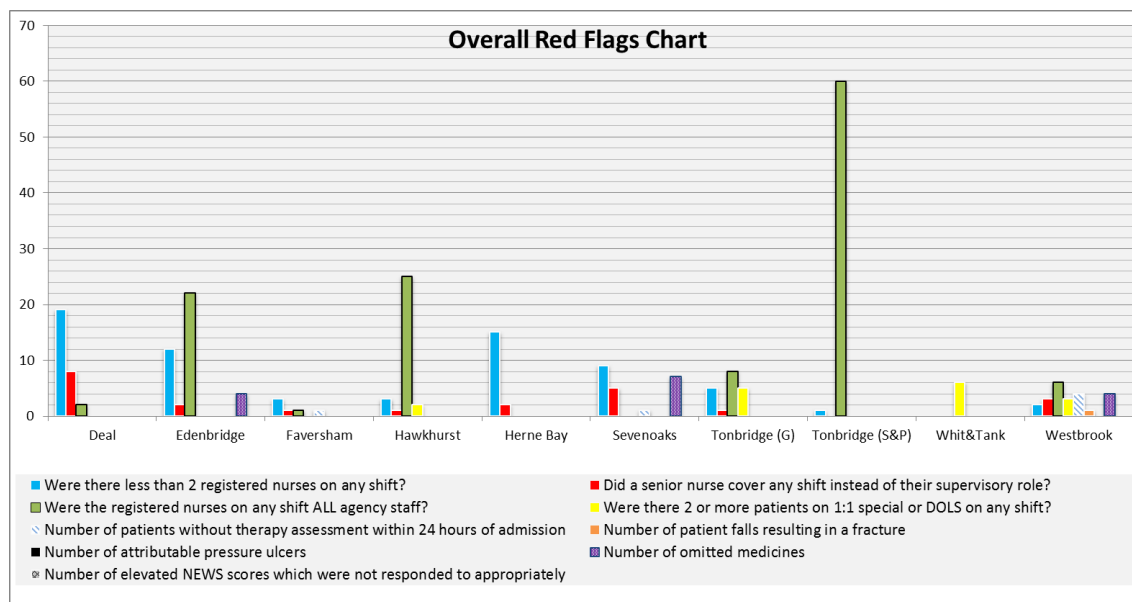
Figure 1:

	Day Fill Rate %		Night Fill Rate %		Day				Night			
	RN's	HCA's	RN's	HCA's	RN's		HCA's		RN's		HCA's	
					P hours	A hours	P hours	A hours	P hours	A hours	P hours	A hours
Faversham	104.8%	137.6%	98.4%	111.3%	930	975	1395	1920	682	671	682	759
Deal	92.7%	137.6%	96.8%	100.0%	930	862.5	1395	1920	682	660	682	682
QVMH	91.9%	118.3%	98.4%	106.5%	930	855	1395	1650	682	671	682	726
Whit & Tank	100.0%	137.4%	100.0%	95.2%	930	930	1162.5	1597.5	682	682	682	649
Sevenoaks	93.5%	112.9%	100.0%	100.0%	930	870	1395	1575	682	682	682	682
Tonbridge	100.0%	114.9%	96.8%	94.6%	1395	1395	1860	2137.5	1023	990	1023	968
Hawkhurst	109.7%	114.4%	98.4%	103.2%	930	1020	1350	1545	682	671	682	704
Edenbridge	92.7%	141.9%	100.0%	96.8%	930	862.5	930	1320	682	682	341	330
Total	98%	126%	98%	101%	7905	7770	10883	13665	5797	5709	5456	5500
	Over 90% Fill Rate			65%to90% Fill rate			Less than 65%					

- 1.4. All wards are required to submit an assessment every day, identifying any key quality indicators for safe patient care (the red flag report). This highlights to the Executive Team any issues relating to safe staffing levels or key metrics including falls, medication incidents or high proportions of agency staff. Below is a summary of red flags raised in the month of December 2016. Where there are difficulties in filling shifts with the potential of impacting on patient safety, these are escalated to the operational lead that day and a number of measures are taken to ensure safety. These include:

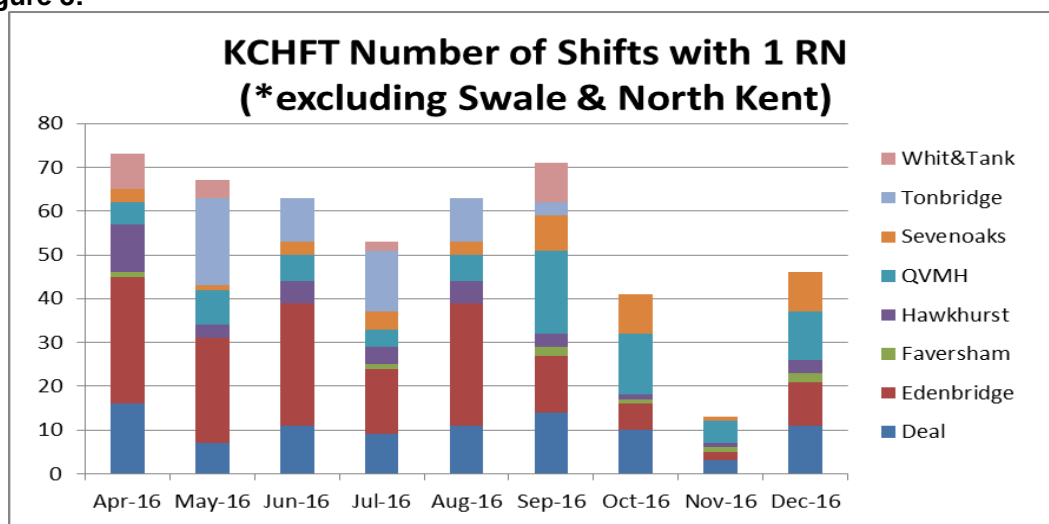
- move staff from other wards to provide cover
- offer staff opportunity to work when they are not on duty
- convert supervisory time to clinical time
- move rapid response or the night teams to be based at the same site
- ensure the minor injuries units, where these are located in the same building, are aware the ward has one nurse on duty so they are prepared to respond immediately should they be called
- request to operationalize the staff within the Clinical Education and Standards Team (CEST).

Figure 2:



1.5. In December the E-roster data reports that 46 shifts had 1 RN on duty, this is an increase from November where just 13 shifts had 1 RN on duty. Staff shortages were fuelled by the difficulty recruiting bank or agency staff over the festive period; this is a challenge as staff who work in bank and agency do so to enable them to take leave during major holiday periods. Additional to this the wards in east Kent had increased staff sickness during December. Tonbridge, Deal and Edenbridge were the wards shortest of trained staff during this time and this is reflected in their lower fill rates. The table below shows the trend in respect of shifts where 1 RN is present across the Trust.

Figure 3:



- 1.6. Within these shifts, safety was maintained by operational managers by implementing the above measures stated in 1.4. Data from E-roster and Datix identified that of the 46 shifts with 1 RN, there were clinical incidents on one of these shifts (Figure 4). Whilst there cannot be a definitive correlation drawn between reduced numbers of RNs and incidents (as incidents happen on shifts where the full complement of staff are present), we continue to monitor this closely.

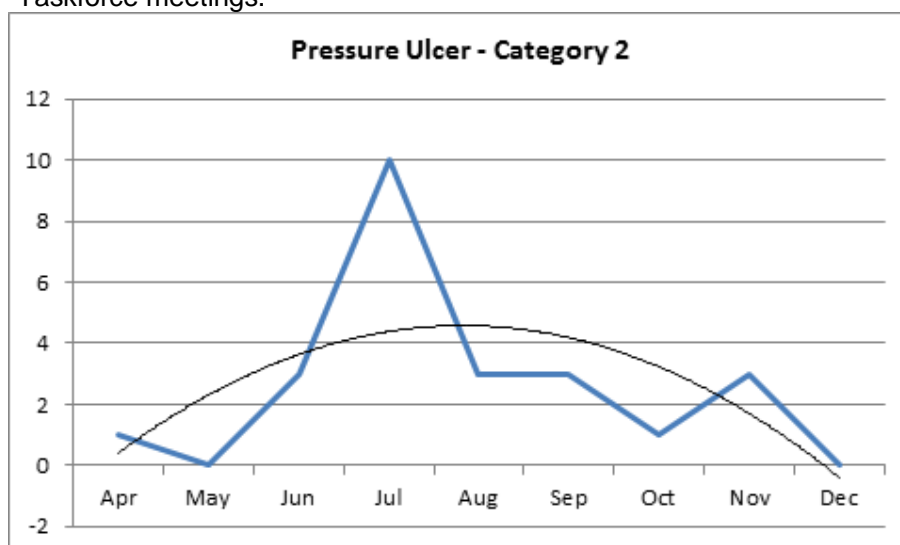
Figure 4:

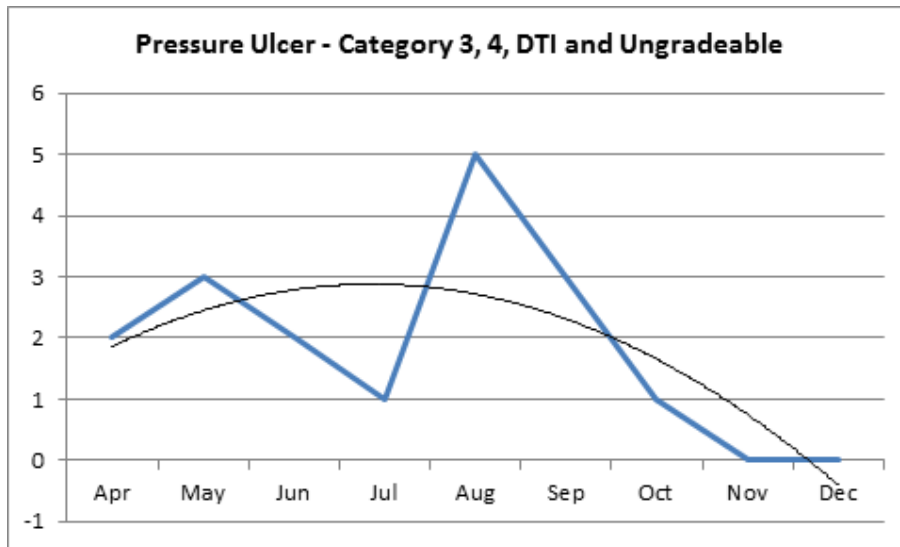
Hospital	Incident date	Type of incident	Impact on patient
Edenbridge	26.12.16	Omitted medicine	Low Harm

Pressure Ulcers

- 1.7. A monthly detailed report on pressure ulcer harms is submitted to the Quality Committee. Due to the increase in the number of avoidable pressure ulcers in the Trust the Pressure Ulcer Taskforce Group, attended by the Chief Nurse, continues to meet every 2 weeks to gain assurance that all possible interventions are being implemented to prevent harm to our patients. Monthly highlight reports are submitted by each locality to evidence progress, actions and audit outcomes.
- 1.8. In December there were two confirmed Serious Incidents as a result of pressure damage (one ungradeable; one category 3). These harms will not be reflected in the December IPR report as they would have been accounted for at the time of the incident (November 2015 and November 2016 respectively). Respective RCA's are underway to determine the cause and identify lessons for the future. There are twenty five outstanding incidents (category 3; 4; ungradeable; DTI) to be investigated, four of which are overdue.
- 1.9. There were no attributable/avoidable newly acquired category 2 pressure ulcers reported in December, however, there are forty two outstanding investigations to be completed. One additional attributable category 2 pressure ulcer was reported in November 2016.

All of the RCA reports for deep tissue injury (DTI), ungradeable pressure ulcers, category 3 and 4's continue to be signed off by the Chief Nurse. Action plans are in place within all localities which are monitored and discussed at the Pressure Ulcer Taskforce meetings.

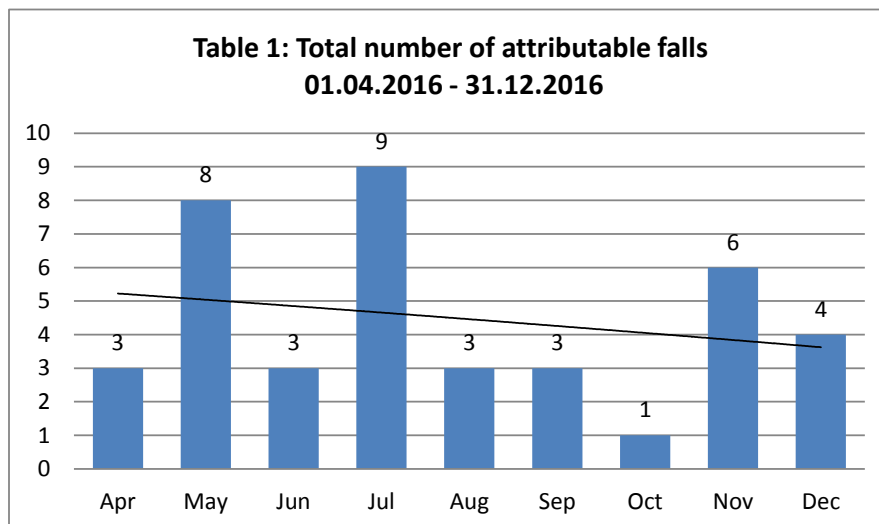




Falls

- 1.10. There were 40 falls reported across KCHFT in December of which 4 were categorised as attributable - this is a slight decrease from the previous month where there 6 attributable falls (Table 1). Of the 4 falls, 3 of these were witnessed. The Multi-factorial Falls Risk Assessment (MFRA) was completed on all occasions. One patient had more than one fall in December that resulted in no harm on both occasions.

Figure 5:



There have been two falls resulting in a fracture in December which constitute a serious incident. Root Cause Analyses are underway for these to determine avoidability and lessons to be learnt. A full report on serious incidents is presented to the Quality Committee for assurance.

- 1.11. Additionally a fall with fracture occurred in November 2016 and was confirmed as a serious incident in December – the RCA investigation is underway.

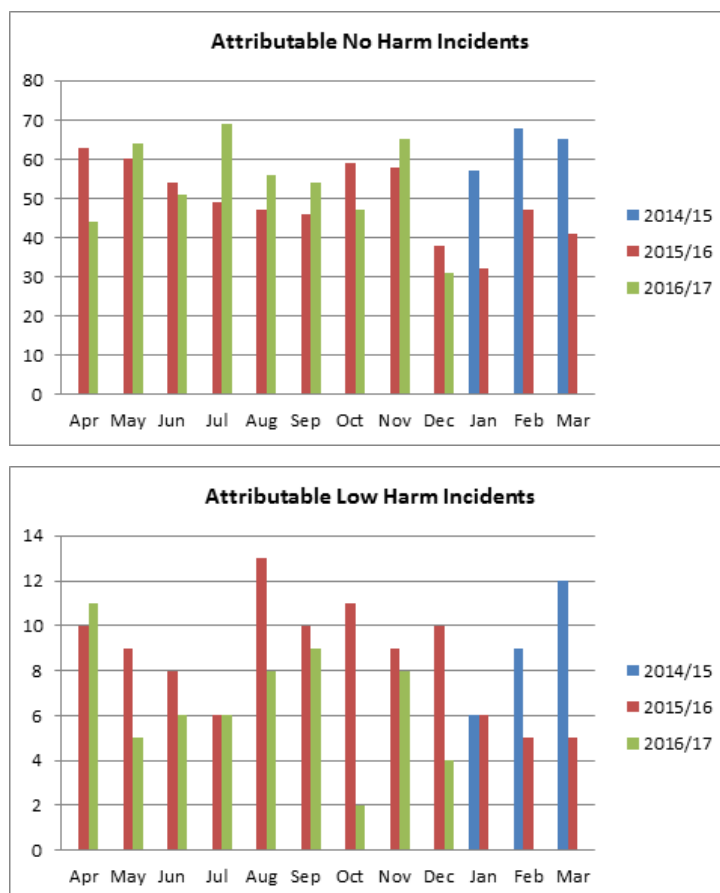
Quality Surveillance

- 1.12. The Quality Surveillance Meeting meets monthly to review all metrics including the service early warning trigger tools (EWTT), and key performance indicators relating to quality as well as soft intelligence. All elements of the EWTT, including the new podiatry EWTT are scrutinised by the group and actions are requested to understand more detail where services appear to be experiencing difficulties. Nursing and Quality teams and Medicines Management continue to provide intensive support to those areas giving cause for concern to ensure quality and safety issues are identified and rectified quickly.
- 1.13. At the time of writing this report the QSM had not met.
- 1.14. A written and verbal update to the Quality Committee is provided by the Medical Director.

Medication Incidents

- 1.15. Overall the level of reporting around medication administration has improved in the last six months. There is an overall reduction in the number of harms over this time period as seen in the graphs below.

Figure 6:



- 1.16. The highest reported category of medication incidents in the Trust relates to omitted medication. The total number of incidents reported in December is 56, with almost half of these (26) relating to omitted doses. Half of the omitted doses

occurred in community hospitals, and half in patients own homes or care homes. Omitted doses in community hospitals are reported by the red flag system and followed up by the nursing and quality team and the pharmacist. There is a yearly audit which demonstrates that KCHFT has a very low omitted dose rate in the hospitals compared to other community trusts. Omitted doses in community nursing are usually the result of missed visits and are discussed at SafeMed and in operational teams with various actions taken to improve caseload allocation and cross-checking. The pharmacy quality and governance team is actively following up all missed/delayed visits for insulin to identify causes. The next highest category was wrong doses due to human error in drawing up medicines and in administering medicines.

2. Patient Experience

Friends & Family Test (FFT)

Combined result from all questionnaires (excluding the short NHS FFT survey) submitted between 1-December-2016 and 31-December-2016	Number of questionnaires submitted between 1-December-2016 and 31-December-2016
96.93%	3,054



Commentary:

- 2.1. In addition to the 3,054 surveys indicated in the dial above, a further 1,684 NHS Friends and Family Test short paper surveys were completed in MIUs throughout December (with a combined satisfaction score of 96.94% for 4,738 surveys).
- 2.2. Reports going forward will indicate how the combined satisfaction score compares to the previous month.

Word clouds (selection of key words used within Meridian survey responses) for December 2016:



Key: Green positive feedback words / Red negative feedback words

2.3. In total, 4,656 responses indicated the patient was either highly likely or likely to recommend the service, and just 17 responses indicated that the patient would be either unlikely or extremely unlikely to recommend the service.

2.4. Selection of Positive Feedback made in December

- Highly recommend. Had occasion to visit this morning, with a problem. Lovely receptionist and staff. Seen very promptly and very grateful for assistance, and advice given. Much appreciated, thank you. (Edenbridge MIU)
- Very pleased with the thorough care given and being given extra care and reassurance (Heart Failure Service Maidstone)
- Friendly, positive service. Timely. NHS at its best (Adult Speech and language Canterbury)
- Friendly, professional. Explains condition and strategies to resolve it. Wasn't only talking to me but involving my son (Children's Bladder and Bowel service Sheppey).

2.5. Selection of Negative Feedback made in December

- Bell not answered quickly enough to go to toilet. Asked to see a priest, but nothing happened (Hawkhurst Community Hospital)
- Shocking woman on reception. Very poor people skills (Sevenoaks MIU)
- Walked up to hospital and note on door saying service moved. Poor communication. Disorganised - waited 2.5 hours after being told an hour wait (Sexual Health Chatham)
- No receptionist at desk. I had to wait 7 minutes - when one did come she was very nice (Dental (Adults and Children) - Appleby Centre).

2.6 Actions taken following feedback

- A new leaflet giving clear information on assessment and expectations was devised following feedback that a Patient was unhappy that she was 'forced' to do more than she was capable of and not allowed to take breaks within the assessment. (South East DriveAbility)
- Individual training and support has been provided on fundamental and advanced communication skills in end of life care to a community nurse. A further workshop was delivered to the whole team around involving patients and their families in difficult conversations at the end of life by our end of life care facilitator. This action was undertaken following feedback from a patient's family on care at end of life (community nursing).

All positive and negative feedback has been highlighted to teams for action and in the report to board next month, actions taken as a result of negative feedback highlighted above will be provided for completeness.

3. Patient Outcomes

- 3.1. The Mortality Surveillance Group meets monthly and is led by the Medical Director. Data reviewed by Dr Foster for the period through to 2016 shows figures remain stable and KCHFT are now below average when benchmarked for mortality within community hospitals. A report published in December 2016 from the CQC: Learning, candour and accountability: a review of the way NHS trusts review and investigate the deaths of patients in England, has highlighted that nationally mortality reviews are not being undertaken utilising a national standard and there is much variation. Analysis and actions from the report will be presented at the next Quality Committee and Mortality Surveillance Group meeting.

Clinical Audit Programme

- 3.2. The audit programme is developed and prioritised in line with national, local, corporate and directorate priorities and risks. Currently there are 199 clinical audits on the audit programme and at various stages.
- 3.3. Trust wide 'Quality' Audit_- the former amalgamated audit has been revamped and will be repeated 6 monthly, so that services can evidence improvement or maintenance of high standards in key indicators of care.
- 3.4. The data collection will start on 1 March 2017 for two weeks and will provide all clinical services and the trust with assurance and evidence of quality in:
- Delegated consent
 - Consent
 - Deprivation of Liberty Safeguards (DoLS)
 - Record Keeping
 - Safeguarding Children and Adults
 - Accessible Information
 - Mental Capacity Act (MCA)
 - Personalised Care Planning
- 3.5. The Forward Planning process to inform the audit programme for 2017/18 is on target to be completed and agreed at the Clinical Audit Group by 31 March 2017. This ensures key audits are planned and undertaken in a managed way throughout the year and that the programme incorporates key risk and quality issues. There is the flexibility to include additional audits identified during the year if additional areas of assurance are identified.

National Institute for Clinical Excellence (NICE)

- 3.6. The number of NICE guidance/ standards that were issued in December 2016 was fourteen. Guidance has a due date of 3 months from release and responses are not due until March 2017.
- 3.7. The number of guidance/standards issued in September 2016 that were due for assessment in December 2016 was seventeen in total. Twelve of the guidance/standards issued were deemed applicable to at least one service throughout the trust and the other five were assessed as not applicable.
- 3.8. Of the twenty four responses from different services that identified guidance/standards as applicable, sixteen of them still remain under initial review and have not yet been assessed with the remaining 8 responses detailed below.

3.9. Six responses show full compliance with the issued guidance. Four required no change to service based on the issued guidance. However, Medicines management identified a need to help improve services in two areas although they are already compliant:

- To raise awareness of guidelines within the MMAS team
- To support screening of prescriptions for clinical appropriateness.

3.10. In Sexual Health/ Medicine management two responses stated they are partially compliance with guidance/ standards Contraception Quality standard (QS129) with action plans in place

3.11. Services have review dates for action plans to re-evaluate outstanding issued guidance/standards and will up-date NICE Assure of status or once fully compliant.

Ali Strowman Chief Nurse
January 2017

Contributions from the Nursing and Quality team
Audit and performance teams.

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2016
Agenda Item:	2.5
Subject:	Month 9 Finance Report
Presenting Officer:	Gordon Flack, Director of Finance

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	x
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Report Summary (including purpose and context)

This report provides a summary of the financial position for Kent Community Health NHS Foundation Trust (KCHFT) to the month of December 2016.

The position shows an improvement of £249k since November. This result is £33k ahead of plan for the month and £341k ahead for the year. The Continuity of Service Rating was maintained at the highest level of 4.

The Trust is forecasting to reach a surplus of £3,010k, £300k ahead of the revised control total of £2,710k. Of the £300k improvement, £150k relates to an improvement in the Trust's forecast position and £150k is STF (strategic and transformation fund) incentive funding. The Trust is also likely to be given additional strategic and transformation funding by the end of the financial year, the amount is not yet known, which will increase the surplus further.

Key Messages


Surplus: The Trust achieved a surplus of £2,393k (1.4%) to the end of December. Cumulatively pay and depreciation/interest have underspent by £3,730k and £186k respectively. Income has under-recovered by £528k and non-pay is £3,047k overspent.

Continuity of Services Risk Rating: EBITDA Margin achieved is 2.5%. The Trust scored 1 against the new Use of Resources Rating, the best possible score.

CIP: £5,497k of savings has been achieved to December against a risk rated plan of £6,269k which is 12.3% behind target. Full year savings of £542k have been achieved on a non-recurrent basis, all other schemes are recurrent.

Cash and Cash Equivalents: The cash and cash equivalents balance was £21,453k, equivalent to 34 days expenditure. The Trust recorded the following YTD public sector payment statistics 96% for volume and 93% for value.

Capital: Spend to December was £1,564k, representing 55% of the YTD plan. The rate of expenditure is expected to increase further during the remaining months, particularly in the areas of Estates and IT developments, and the Trust is expecting to deliver its planned capital expenditure of £4.1m.

Agency: Agency spend was below the trajectory for December and is forecast to remain within the annual trajectory.	
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Proposals and /or Recommendations
The Committee is asked to note the contents of the report.

Relevant Legislation and Source Documents
Monitor NHS Foundation Trusts Annual Reporting Manual NHS Manual for Accounts 2014-15
Has an Equality Analysis (EA) been completed?
No. High level Financial position described and no decisions required.
* Protected characteristics: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Gordon Flack, Director of Finance	Tel: 01622 211934
	Email: Gordon.flack@kentcht.nhs.uk

FINANCE REPORT – DECEMBER 2016 (MONTH 9 of 2016-17)

Summary

The Trust achieved a surplus of £2,393k year-to-date (YTD) which was £341k better than plan. The Trust is forecasting to reach a surplus of £3,010k, £300k ahead of the revised control total of £2,710k. Of the £300k improvement, £150k relates to an improvement in the Trust's forecast position and £150k is STF (strategic and transformation fund) incentive funding. The Trust is also likely to be given additional strategic and transformation funding by the end of the financial year, the amount is not yet known, which will increase the surplus further.

Dashboard

Surplus	Rag rating: Green			Use of Resource Rating			Rag rating: Green			CIP	Rag rating: Amber				
<div><div>Actual</div><div>Plan</div><div>Variance</div></div> <div><div>Year to Date £k</div><div>2,393</div><div>2,051</div><div>341</div></div> <div><div>Year End Forecast £k</div><div>3,010</div><div>2,710</div><div>300</div></div> <div>The Trust achieved a surplus of £2,393k to the end of December.</div> <div>Pay and depreciation/interest have underspent by £3,730k and £186k respectively. Non-pay is £3,047k overspent and income is £528k under-recovered.</div>															
Cash and Cash Equivalents				Rag rating: Green			Rag rating: Amber			Agency Trajectories				Rag rating: Green	
	Actual	Forecast	Variance		Actual/Forecast	Plan	Variance			External Agency and Locum Expenditure M9 (£)	Spend Less Than Trajectory	Adverse or Favourable Variance to Trajectory			
Year to Date £k	21,453	22,675	-1,222	YTD Expenditure £k	1,564	2,826	1,262								
Year End Forecast £k	19,847			Year End Forecast £k	4,109	4,109	0			Total Trust Position/ Trajectory	438,509	493,548	55,038	F	
Cash and Cash Equivalents as at 31 December 2016 stands at £21,453k, equivalent to 34 days expenditure.				Capital Expenditure year to date is £1,564k and represents 55% of the YTD plan.				The monthly trajectory was £1.1m in April, dropping by approximately £60k each month (reflecting a targeted reduction across all areas month on month) until October, when the trajectory fell by a further £207k, reflecting the loss of North Kent services (£142k) and Darent House (£65k) which was expected to open for the first six months of the year. The year to date trajectory is £7.443m and the Trust has spent £6.637m to date on agency costs.							

1. Income and Expenditure Position

The position for December was £33k favourable compared to the plan. The in-month performance comprised underspends on pay and depreciation/interest of £19k and £13k respectively and an over-recovery on income of £79k. Non-pay overspent by £78k.

The summary income and expenditure statement is shown below:

	DEC ACTUAL £'000	DEC BUDGET £'000	DEC VARIANCE £'000	% VARIANCE	YTD ACTUAL £'000	YTD BUDGET £'000	YTD VARIANCE £'000	% VARIANCE
CCGs - Non Tariff	11,102	11,197	-94	-0.8%	111,180	111,229	-48	0.0%
CCGs - Tariff	333	288	45	15.7%	2,602	2,701	-98	-3.6%
Charitable and Other Contributions to Expenditure	8	6	2	32.1%	90	86	4	5.2%
Department of Health	0	0	0	0.0%	0	0	0	0.0%
Education, Training and Research	213	190	23	12.4%	1,767	1,708	59	3.5%
Foundation Trusts	298	275	23	8.5%	2,635	2,588	48	1.8%
Income Generation	-136	24	-160	-658.7%	408	183	226	123.8%
Injury Cost Recovery	31	23	8	34.9%	292	206	86	41.7%
Local Authorities	3,716	3,504	212	6.0%	34,595	34,747	-152	-0.4%
NHS England	1,197	1,192	5	0.4%	10,518	10,709	-191	-1.8%
NHS Trusts	403	525	-122	-23.3%	3,449	4,487	-1,038	-23.1%
Non NHS: Other	60	123	-63	-51.3%	796	847	-51	-6.1%
Non-Patient Care Services to Other Bodies	24	31	-8	-24.7%	304	295	9	3.0%
Other Revenue	324	147	177	120.9%	1,824	1,348	475	35.3%
Private Patient Income	61	29	32	110.0%	407	262	145	55.3%
Sustainability and Transformation Fund	150	151	-1	-0.9%	1,358	1,357	0	0.0%
INCOME Total	17,783	17,705	79	0.4%	172,225	172,752	-528	-0.3%
Administration and Estates	2,532	2,519	-13	-0.5%	23,205	24,173	967	4.0%
Healthcare Assistants and other support staff	1,730	1,891	161	8.5%	17,291	17,908	617	3.4%
Managers and Senior Managers	761	831	70	8.5%	6,769	7,213	444	6.2%
Medical and Dental	644	652	7	1.1%	5,802	5,855	53	0.9%
Qualified Nursing, Midwifery and Health Visiting	4,500	4,584	84	1.8%	44,919	46,659	1,740	3.7%
Scientific, Therapeutic and Technical	2,556	2,649	93	3.5%	23,820	25,275	1,455	5.8%
Employee Benefits	402	0	-402	-100.0%	810	0	-810	-100.0%
CIP Target Pay	0	-3	-3	-100.0%	0	-234	-234	-100.0%
East Kent Savings	0	7	7	100.0%	0	-247	-247	-100.0%
North Kent Savings	0	14	14	100.0%	0	-255	-255	-100.0%
PAY Total	13,125	13,145	19	0.1%	122,618	126,348	3,730	3.0%
Audit fees	3	5	2	33.8%	30	45	15	33.6%
Clinical Negligence	33	33	0	1.2%	295	298	4	1.2%
Consultancy Services	76	22	-54	-239.8%	514	264	-250	-94.6%
Education and Training	-7	82	88	108.0%	493	681	188	27.6%
Establishment	223	418	195	46.7%	7,562	6,064	-1,498	-24.7%
Hospitality	0	1	0	65.0%	5	5	0	-1.4%
Impairments of Receivables	0	0	0	0.0%	-9	0	9	0.0%
Insurance	2	1	-1	-74.5%	15	10	-5	-48.1%
Legal	40	26	-14	-53.2%	200	234	34	14.5%
Other Auditors Remuneration	0	0	0	0.0%	0	0	0	0.0%
Other Expenditure	11	11	0	-3.8%	102	98	-4	-4.4%
Premises	1,207	1,261	54	4.3%	12,163	11,891	-272	-2.3%
Research and Development (excluding staff costs)	0	1	1	100.0%	0	7	7	100.0%
Services from CCGs	0	0	0	0.0%	1	0	-1	0.0%
Services from Foundation Trusts	0	0	0	0.0%	9	17	7	44.1%
Services from Other NHS Trusts	45	38	-7	-19.1%	386	340	-46	-13.6%
Supplies and Services - Clinical	1,945	1,743	-202	-11.6%	18,234	17,864	-370	-2.1%
Supplies and Services - General	96	128	32	24.7%	1,060	1,222	162	13.3%
Transport	523	332	-191	-57.5%	4,308	3,819	-489	-12.8%
CIP Target Non Pay	0	19	19	100.0%	0	-538	-538	-100.0%
NONPAY Total	4,197	4,119	-78	-1.9%	45,370	42,323	-3,047	-7.2%
EBITDA	461	441	20	4.4%	4,237	4,081	156	3.8%
EBITDA %	2.6%	2.5%	-0.1%		2.5%	2.4%	-29.5%	
DEPRECIATION/AMORTISATION	216	232	16	6.8%	1,890	2,084	194	9.3%
INTEREST PAYABLE	0	0	0	0.0%	4	0	-4	0.0%
INTEREST RECEIVED	4	6	-2	-30.9%	50	54	-4	-6.8%
SURPLUS/(DEFICIT)	249	215	33	15.4%	2,393	2,051	341	16.6%
SURPLUS %	-1.4%	-1.2%	-0.2%		-1.4%	-1.2%	-0.2%	

Table 1.1: Trust Wide Variance against Budget in month and YTD

2. Risk Ratings

From October 2016 NHSI has introduced a new rating system as part of the Single Oversight Framework. The Trust is now being measured on agency spend vs trajectory as well as existing measures and the best rating is a score of 1 rather than 4. The Trust has scored a 1 against this new rating.

3. Cost Improvement Programme

Year to date CIP target (£k)	Year to date CIP Achieved (£k)	Year to date variance – negative denotes an adverse variance (£K)	Full year CIP target (£k)	CIP Achieved (£k)	Full year CIP forecast (£k)	Full Year Total CIP	Full year variance (£k) – negative denotes an adverse variance
6,269	5,497	-772	8,342	7,478	864	8,342	0

Table 3.1: Cost Improvement Programme Performance

The cost improvements required this year amount to £8,342k (3.7% of annual income).

YTD achievement is 12.3% behind plan with £5,497k removed from budgets at month nine against a risk rated year to date plan of £6,269k. This position is improved from a shortfall of 14.1% for month eight. Of the total CIP for the year, £542k has been achieved on a non-recurrent basis with all other savings recurrent.

The CIP contingency of £972k for the year-to-date is reported as achieved savings and accounts for 17.7% of the YTD achievement.

The forecast is to deliver the full £8,342k CIP target.

4. Statement of Financial Position and Capital

	At 31st Mar 16 £000's	At 30th Nov 16 £000's	At 31st Dec 16 £000's	Variance Analysis Commentary
NON CURRENT ASSETS:				NHS & Non NHS - Invoiced Debtors
Intangible assets	48	28	25	The in-month increase is primarily due to the delayed receipt of the M8 HV and FNP SLA with KCC for which payment has now been received in full in early January.
Property, Plant & Equipment	15,394	15,041	15,088	
Other debtors	154	0	0	
TOTAL NON CURRENT ASSETS	15,596	15,069	15,113	
CURRENT ASSETS:				NHS Accrued Debtors
NHS & Non NHS - Invoiced Debtors (net of bad debt provision)	11,641	8,135	10,472	The in-month increase is in main due to a further 1 month's accrual being applied for market rate rent increases, STP funding and training income from HEE for which the actual cash is yet to be received or the actual invoices yet to be raised.
NHS Accrued Debtors	888	4,706	5,788	
Other debtors	1,977	4,041	3,927	
Total Debtors	14,506	16,881	20,186	
Cash at bank in GBS accounts	5,470	2,956	21,420	
Other cash at bank and in hand	58	56	32	
Deposit with the National Loan Fund (Liquid Investment)	17,500	21,000	0	
Total Cash and Cash Equivalents	23,026	24,012	21,453	
TOTAL CURRENT ASSETS	37,532	40,894	41,639	
CREDITORS:				
NHS & Non NHS - Invoiced Creditors falling due within 1 year	-2,248	-1,273	-855	
NHS - accrued creditors falling due within 1 year	-4,672	-2,300	-3,013	
Non NHS - accrued creditors falling due within 1 year	-16,803	-20,101	-20,505	
Other creditors	-5,896	-6,659	-6,498	
Total amounts falling due within one year	-29,620	-30,332	-30,871	
NET CURRENT ASSETS	7,912	10,562	10,768	
TOTAL ASSETS LESS CURRENT LIABILITIES	23,510	25,630	25,881	
Total amounts falling due after more than one year	0	0	0	
PROVISION FOR LIABILITIES AND CHARGES	-1,022	-998	-1,000	
TOTAL ASSETS EMPLOYED	22,488	24,632	24,881	
FINANCED BY TAXPAYERS EQUITY:				
Public dividend capital	-2,612	-2,612	-2,612	
Income and expenditure reserve	-19,110	-21,254	-21,503	
Revaluation Reserve	-766	-766	-766	
TOTAL TAXPAYERS EQUITY	- 22,488	- 24,632	- 24,881	

Table 4.1: Statement of Financial Position, December 2016

	Total Assets	Total Liabilities	Assets/ Liabilities
Mar-16	53,130	30,641	1.73
Apr-16	53,592	31,054	1.73
May-16	55,219	32,630	1.69
Jun-16	54,514	31,237	1.75
Jul-16	56,839	33,298	1.71
Aug-16	57,325	33,498	1.71
Sep-16	59,160	35,016	1.69
Oct-16	60,044	35,658	1.68
Nov-16	55,963	31,331	1.79
Dec-16	56,752	31,871	1.78

Table 4.2: Assets and Liabilities

5.1 Capital

The table below shows the Trust's total expenditure on capital projects for the year to date 2016-17. As at M9, capital expenditure YTD was £1,564k, representing 55% of the YTD plan. The full-year forecast has been retained at the full-year plan value of £4,109k with the expectation that all funds will be utilised in 16-17.

Capital Projects	M9 Actual YTD £000's	M9 Plan YTD £000's	M9 Variance to plan	Full Yr Forecast	Full Yr Plan £000's	Full Yr Variance	Variance Analysis Commentary
Estates Developments	370	343	-27	1,537	1,231	-306	YTD spend is primarily related to the completed works for Exchange House, Tunbridge Wells Hub (Cornerstones), Churchill Centre and Shearway (IT Accommodation). The Forecast Outturn has been increased to reflect emerging projects as advised by the Estates Capital Planning Manager. In specific the FOT now includes additional spend planned for the new Orthotics site, Sevenoaks Wound Clinic and replacement floor works at Havkhurst Hospital. The forecast spend in these areas is funded by planned underspends on other Estate projects (incl. Backlog Maintenance) and Estate projects that are no longer planned to commence in 16-17. The FOT also includes an element of contingency to cater for potential additional funds required for the Sevenoaks Wound Clinic and Havkhurst Hospital floor works following further tender review and analysis.
Backlog Maintenance	122	326	204	122	396	274	YTD underspend is in main due to a number of planned schemes now confirmed, as no longer to proceed in 16-17. The FOT reflects the most up-to date position from the Estates Capital Planning Manager and no further expenditure is expected in this area for the remainder of 16-17.
IT Rolling Replacement & Upgrades	813	1,787	974	1,885	1,932	47	YTD underspend is in main due to the delay in commencement of a number of Projects including Wound Care Management System, SAN storage purchase/installation and the PaperCut/Printing. The FOT reflects the most up-to date position advised from the IT Projects Manager with regards to the revised value and timing of spend and includes the finalised expenditure for the purchase of the additional 2000 tablets approved by the CIS Board and the confirmation of schemes no longer to proceed in 16-17. In addition, the FOT includes an amount for further investment in hardware refresh to the required stock levels following an update received from IT. The forecast additional spend in hardware refresh is primarily funded from planned underspends in other IT projects for which are either no longer to proceed in full or not at their original planned value.
Dental SBU	190	170	-20	426	300	-126	YTD expenditure includes the completion of works at Appleby, New Street and Church Hill dental surgeries. The FOT has been increased to include a contingency for the planned mobilisation of the London services and planned works on development of Hygienist rooms. The forecast additional spend will be funded in the main from the forecast underspend in Other Minor Schemes.
Other Minor Schemes	69	200	131	139	250	111	YTD spend includes purchase of Hoist system at TCH, the agreed M1 staff capitalisation costs associated with the final implementation of the Trust Intranet/Internet and the initial equipping/fit-out of Clover House (Sexual Health site). The FOT includes a contingency for potential equipment purchases in line with new service awards (mobilisation).
Total	1,564	2,826	1,262	4,109	4,109	-	

Table 5.1: Capital Expenditure December 2016

Gordon Flack
Director of Finance
January 2017

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2017
Agenda Item:	2.6
Subject:	Workforce Report
Presenting Officer:	Louise Norris, Director of Workforce, Organisational Development and Communications

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	x
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Report Summary (including purpose and context)
<p>This report provides the Board with an update on the current workforce position as at December 2016. It includes performance on vacancies, recruitment timescales, absence, turnover, bank and agency fill rates, agency usage (measured as shifts), training / appraisal compliance, headcount, starters and leavers. This report is an 'exception' report. It contains narrative relating to those metrics against which we are performing below target in November 2016.</p>

Proposals and /or Recommendations
The Board is asked to note the contents of this report.

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No. High level position described and no decisions required. Paper has no impact on people with any of the nine protected characteristics*.
* Protected characteristics: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Louise Norris, Director of Workforce, Organisational Development and Communications	Tel: 01622 211905
	Email: Louise.Norris@kentcht.nhs.uk

WORKFORCE REPORT

1. Report Summary

- 1.1 This report provides the Board with an update on the current workforce position as at December 2016. It includes performance on: vacancies, recruitment timescales, absence, turnover, bank and agency fill rates, agency usage (measured as shifts) and cost, training / appraisal compliance, suspensions, headcount, starters and leavers. This report is an 'exception' report; it contains narrative relating to those metrics against which KCHFT is performing below target in December.

2. Overview

- 2.1 An overview of the current position is provided in the table below with further exception detail included in the report. The table shows the direction of travel based on a comparison against the previous month's data. An upward arrow indicates better performance. Each metric has been rated to illustrate performance against the Trust target.

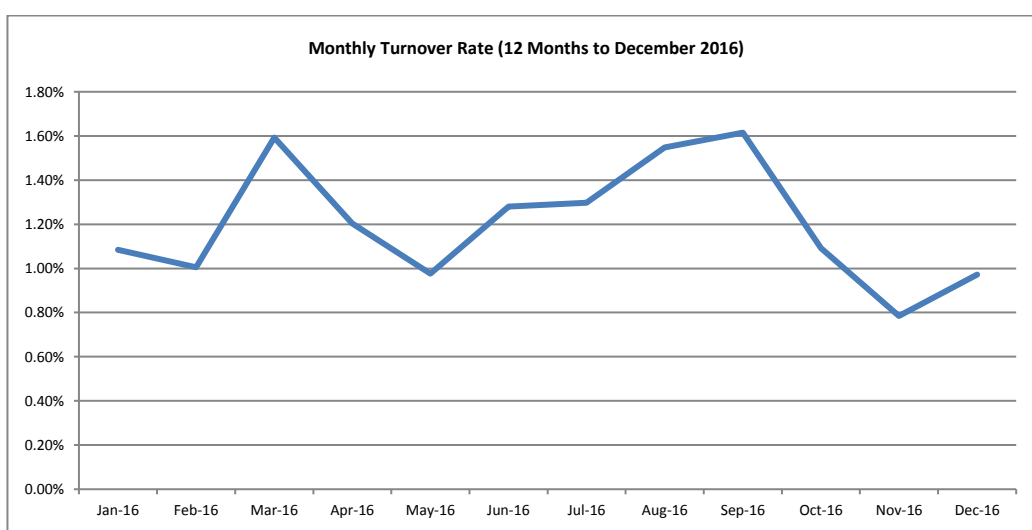
Month	December 2016		
Direction (Better/Worse)	Metric	Target	Current Position
↑	Turnover (12 mths to December)	10.50%	14.45%
↓	Absence (2016/17 cumulative)	3.90%	4.18%
↑	Vacancies	5.00%	7.65%
↓	Fill Rate Overall	No target set (rated on 75%)	91.02%
↓	Fill Rate Bank	No target set (rated on 30%)	56.19%
↑	Agency spend as a proportion of the trajectory (December, without contingency)	< 100%	98.47%
↑	Agency shifts - Framework agency used - compliant with price cap	100%	86.36%
↑	Average Recruitment Time in Weeks (in December 2016)	< 7 Weeks	5.73wks
↓	Statutory and Mandatory Training (adjusted % for 2 yr Prevent/WRAP target)	85%	88.9%
N/A	Number of suspended staff	No target set	6
↑	Appraisals (annual figure)	85%	95.7%
N/A	Trust Headcount (at 31 December 2016)	No target set	4,954
↓	Number of Starters (December)	No target set (based on 54 av. 12 mths to December)	27
↔	Number of Leavers (December)	No target set (based on 55 av. 12 mths to December)	41

3. Performance Commentary

Turnover

- 3.1 The turnover rate for the 12 months to December 2016 is 14.45%, a decrease on November's 14.75%.
- 3.2 Figure 1 below shows individual month performance including December 2016 which stood at 0.97%, up from last month's 0.76%. This is a slight increase on last month's figure following two months of decreasing turnover. Month on month data shows a downward trend in the turnover rate. The turnover figures presented here exclude TUPE transfer leavers.

Fig.1: Monthly Turnover Rates for the 12 Months to December 2016



- 3.3 Fig. 3 below shows turnover by directorate for clinical services whilst Fig. 4 shows turnover by corporate services. In clinical services, Children & Young People have the highest turnover at 1.59%. This is followed by Adult services at 0.77%. The lowest rate for the second month running is Nursing and Quality which recorded no turnover for the month. In corporate directorates Estates had the highest turnover rate of 1.62% followed by HR, OD & Communications at 0.82%.

Fig.3: Monthly Turnover by Directorate for Clinical Services (12 months to December 2016)

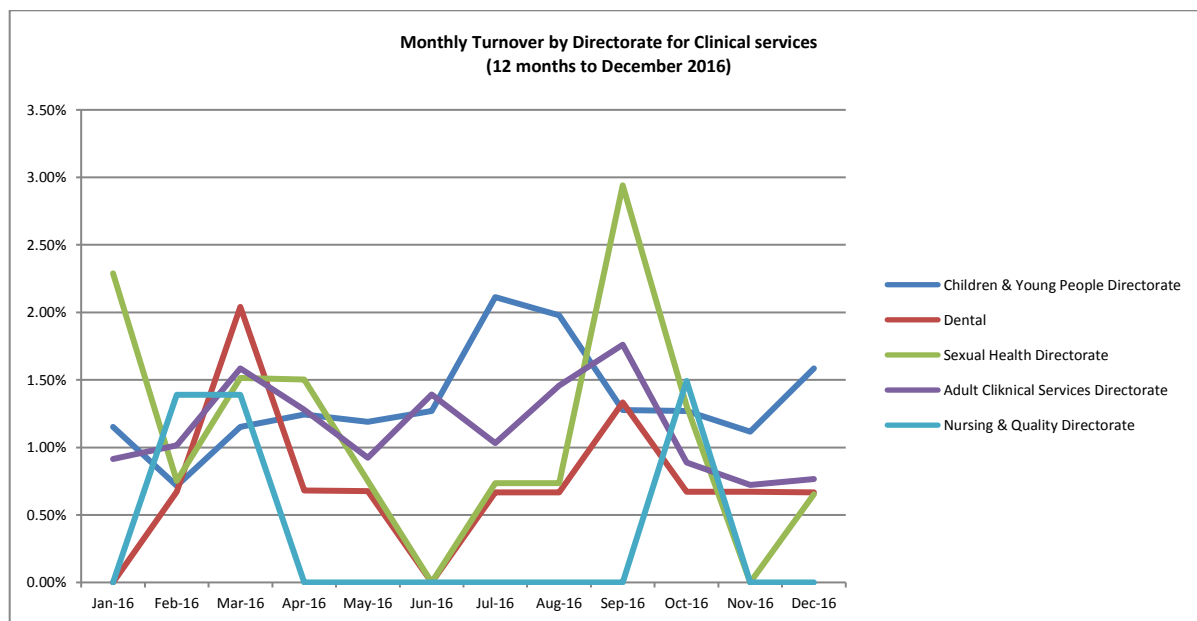
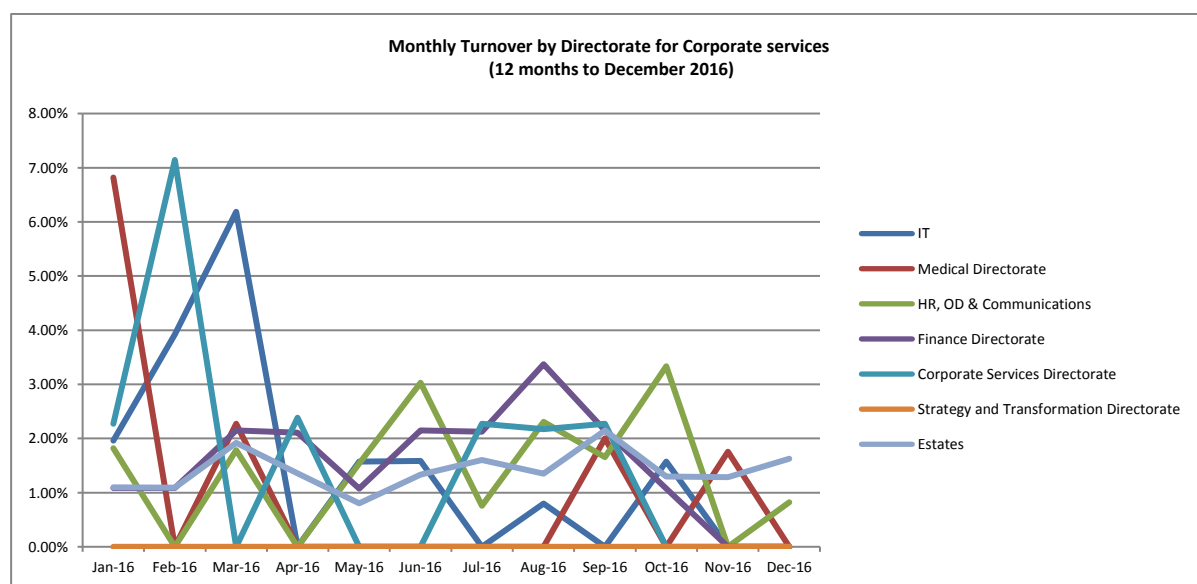


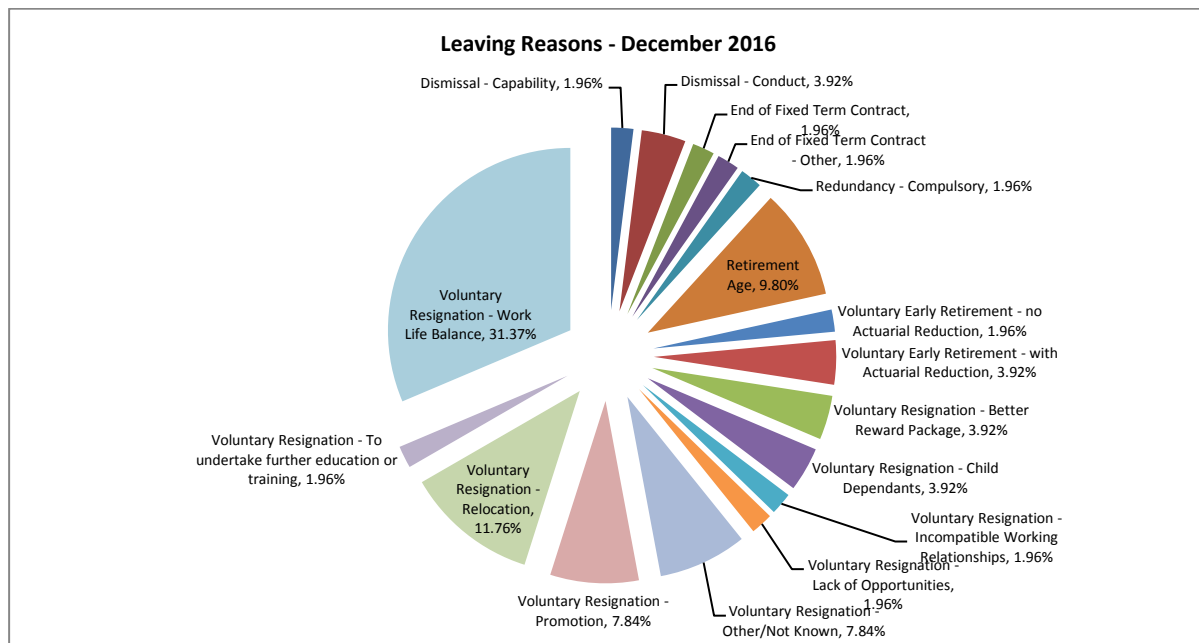
Fig.4: Monthly Turnover by Directorate for Corporate Services (12 months to December 2016)



Leaving Reasons

- 3.4 Fig. 5 below shows leaving reasons for the month of December 2016 alone. Resignation for work/life balance was the highest reason at 31.37% followed by relocation at 11.76% and Retirement at 9.80%.

Fig.5: Leaving reasons – December 2016



3.5 Fig. 6a below shows the latest picture on leaving reasons over the past 12 months to December 2016. The figures shown represent the actual number of leavers. TUPE transfers have been excluded from these figures. The reason given by most employees for leaving remains work life balance with 173 people leaving for that reason. This is followed by employees retiring which amounted to 107 staff. The third reason given by a large number of employees was promotion reasons with 101 employees stating that. There were 777 leavers excluding TUPE transfers.

3.6 Fig 6b. below shows the destination of those who have left for worklife balance reasons. The chart shows that 22.09% of these leavers do not have any employment upon leaving; this is the largest group. The second most popular destination is other NHS organisations (17.18%). For 23.31% of worklife balance leavers we do not have information regarding their destination.

Fig.6a: Leaving reasons – 12 months to December 2016

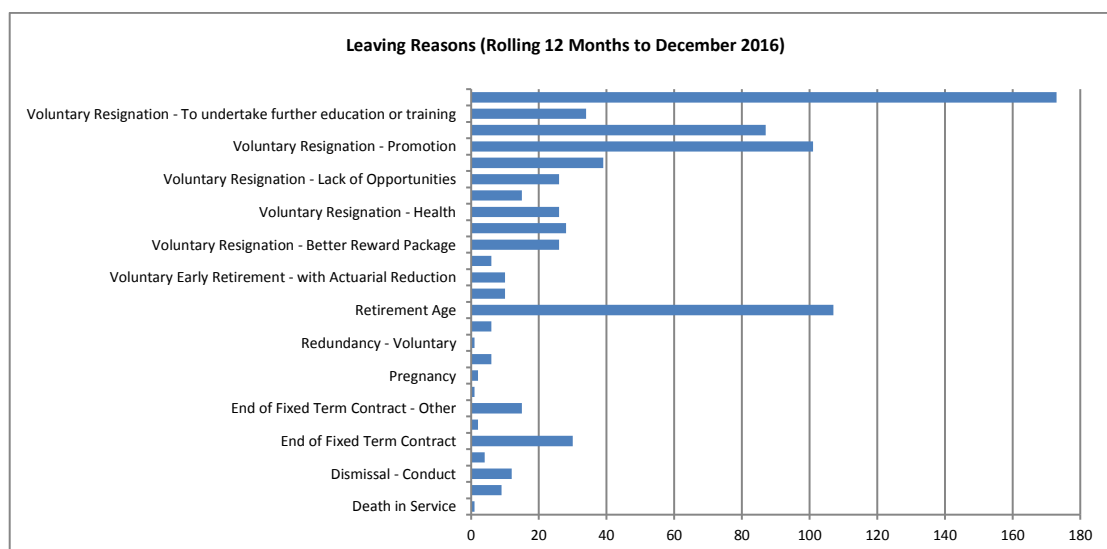
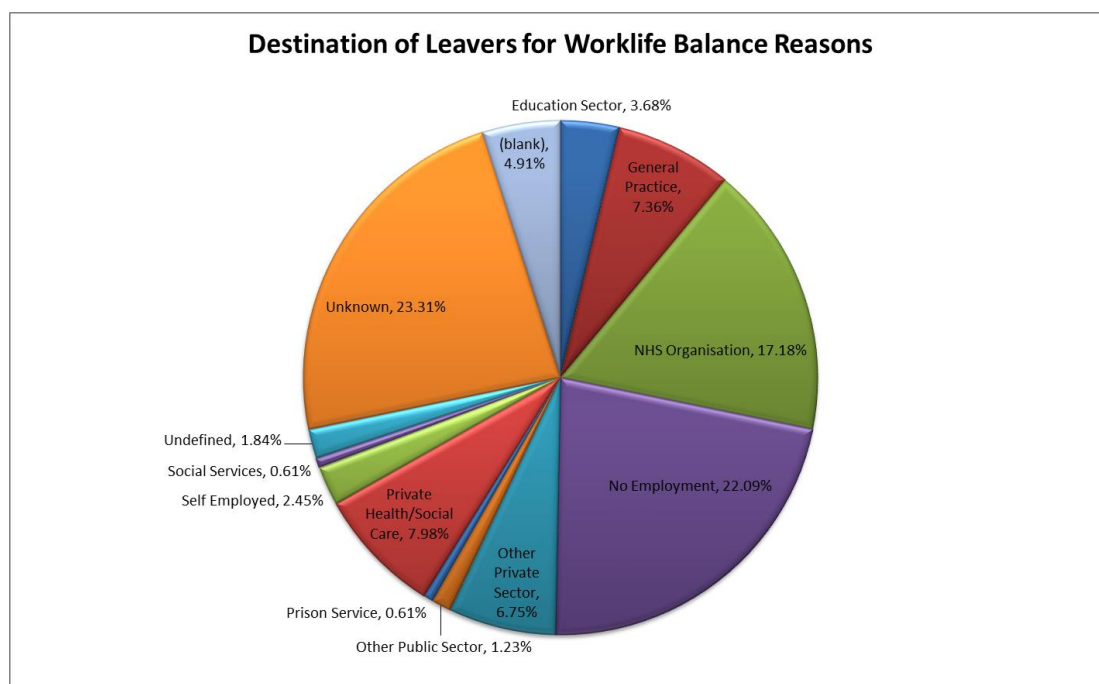


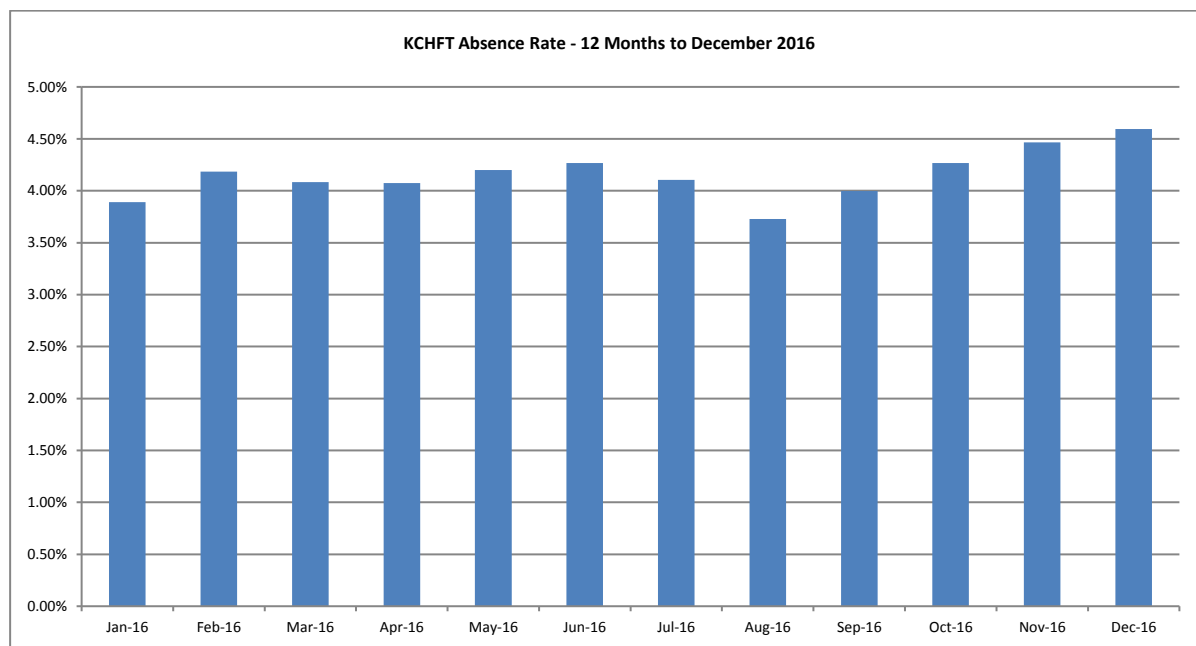
Fig.6b: Destination of Leavers for Worklife Balance Reasons



Sickness Absence

- 3.7 Performance in the nine months of the 2016/17 financial year to December stands at 4.18% compared to 4.08% last month. This is above the target of 3.90%. The sickness rate for the 12 months to December 2016 stands at 4.15 which is slightly up from last month's 4.07% which is the same as last month's rate.
- 3.8 December's rate of 4.59% is slightly above the previous month's rate of 4.19%.
- 3.9 The Trust is continuing with deep dives in those areas where performance is significantly above target. For example in East Kent the main reason for sickness has been stress. Work is being undertaken to establish what actions could have been undertaken to stop people going off sick. In West Kent the main reasons for are musculoskeletal. The moving and handling specialist is investigating to establish if there are any underlying issue that need to be addressed.

Fig.7: Sickness Absence Rate for the 12 months to December 2016



3.10 Fig.8 below shows sickness absence by clinical directorates for December 2016. The Adult Clinical Services Directorate had the highest sickness rate for the second month at 5.10% (up from 4.37% the previous month). The second highest rate was Children and Young People's at 4.59% (up from 4.02% the previous month) and third highest Dental with 4.23% (up from 3.51% the previous month). The lowest sickness rate was in Nursing and Quality for the second month at 2.33%.

3.11 Fig.9 below shows sickness absence by corporate directorates for December 2016. Estates has dipped slightly from the previous month to 4.96% with the highest sickness rate being in Medical Directorate at 5.73% this month, followed by corporate Services at 3.44%.

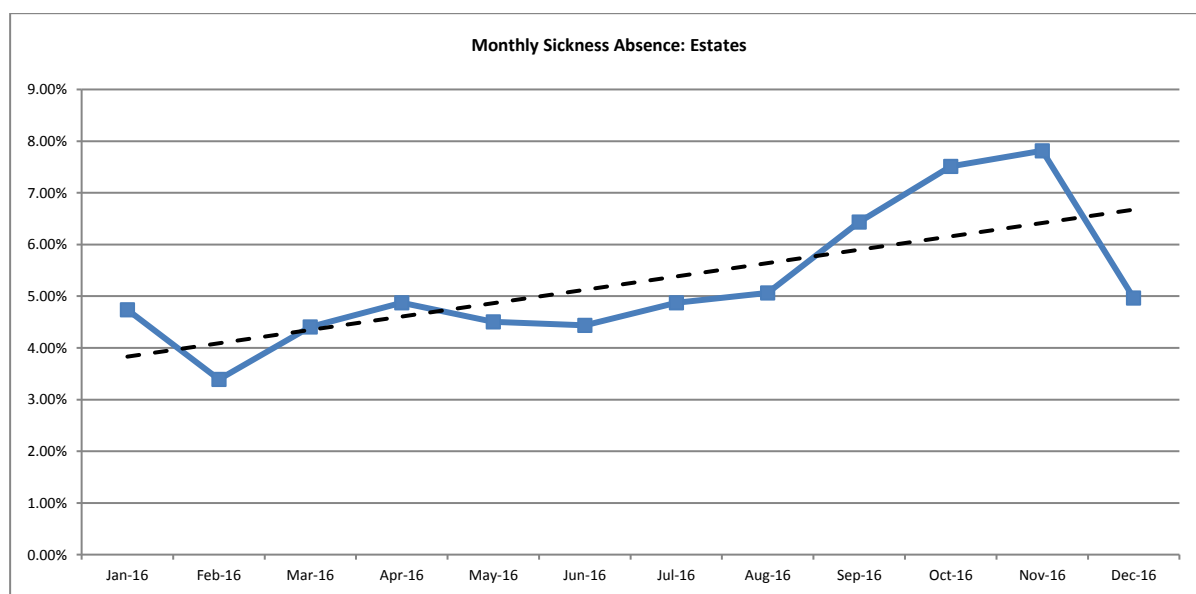


Fig.8: Sickness Absence by Directorate (Clinical) 12 months to December 2016

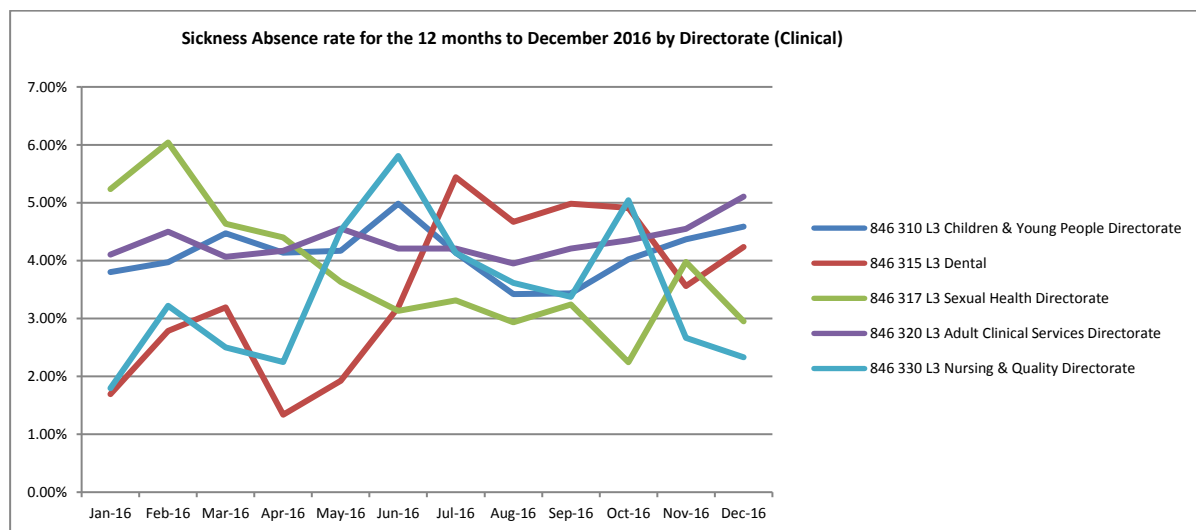
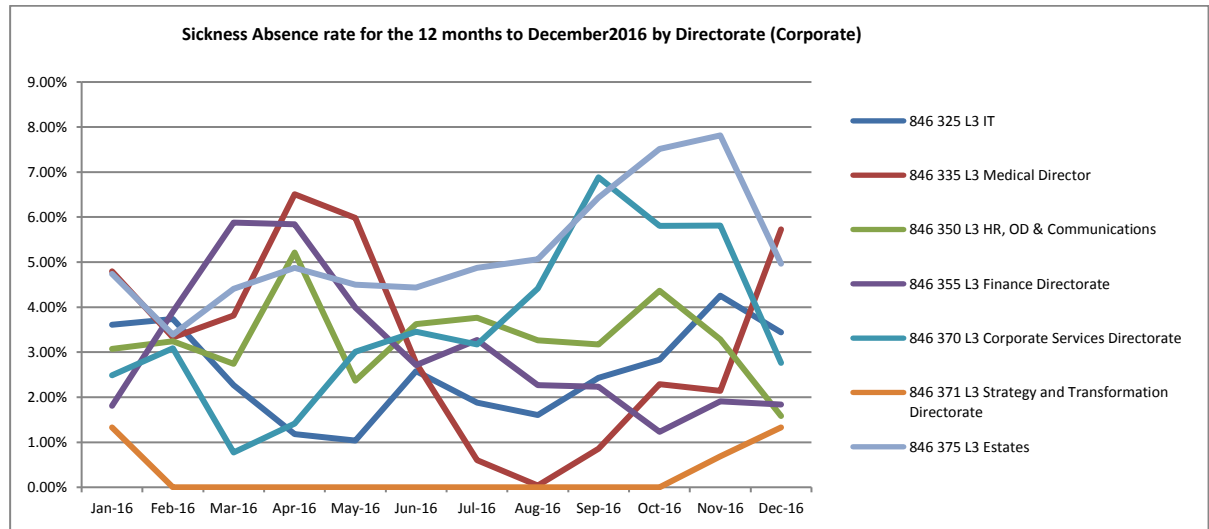


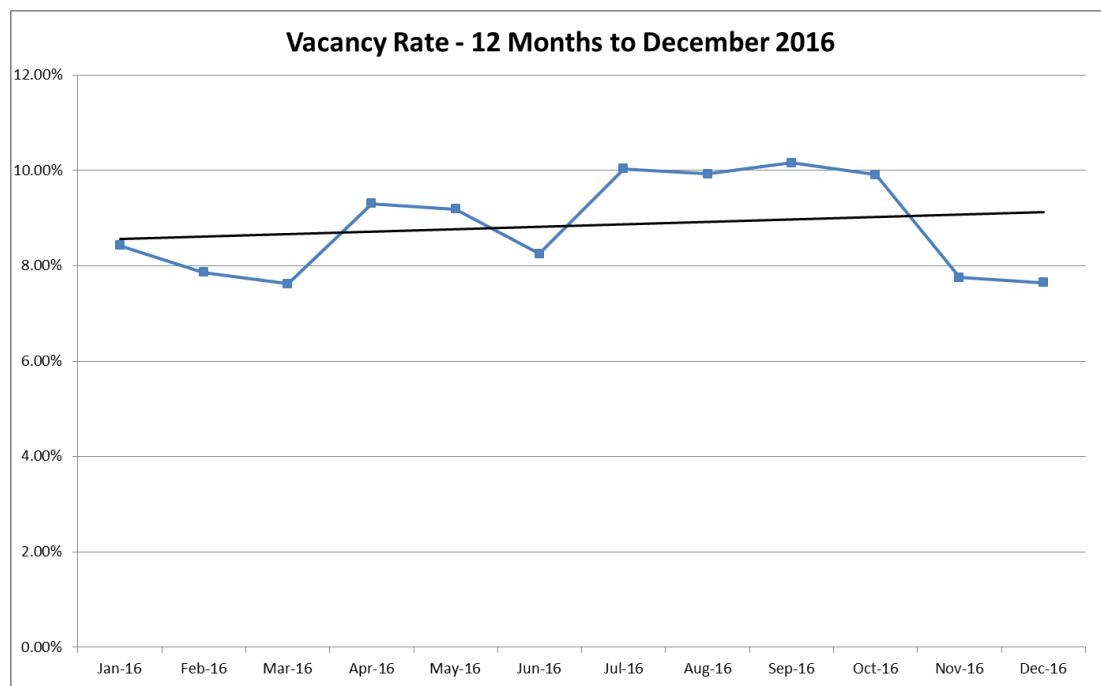
Fig.9: Sickness Absence by Directorate (Corporate) 12mths to December 2016



Vacancies

- 3.12 Fig.10 shows that the vacancy rate for the trust stands at 7.65% which is a further reduction on previous months including November's 7.76%. This is the third consecutive reduction since the TUPE transfer in September 2016 and the lowest rate for the past 12 months to December 2016.

Fig.10: Vacancy Rate for the 12 months to December 2016



- 3.13 Fig. 11 shows the number of vacancies has decreased to 338.3 WTE from 342.6 WTE last month, a reduction of 4.3 WTE. The establishment has increased from 4,414.6 WTE to 4,420.3 WTE, an increase of 5.7 WTE. This is outweighed by an increase in the number of contracted staff of 5.7 WTE meaning an overall fall in the vacancy rate.

Fig.11: Vacancy Levels for the 12 months to December 2016

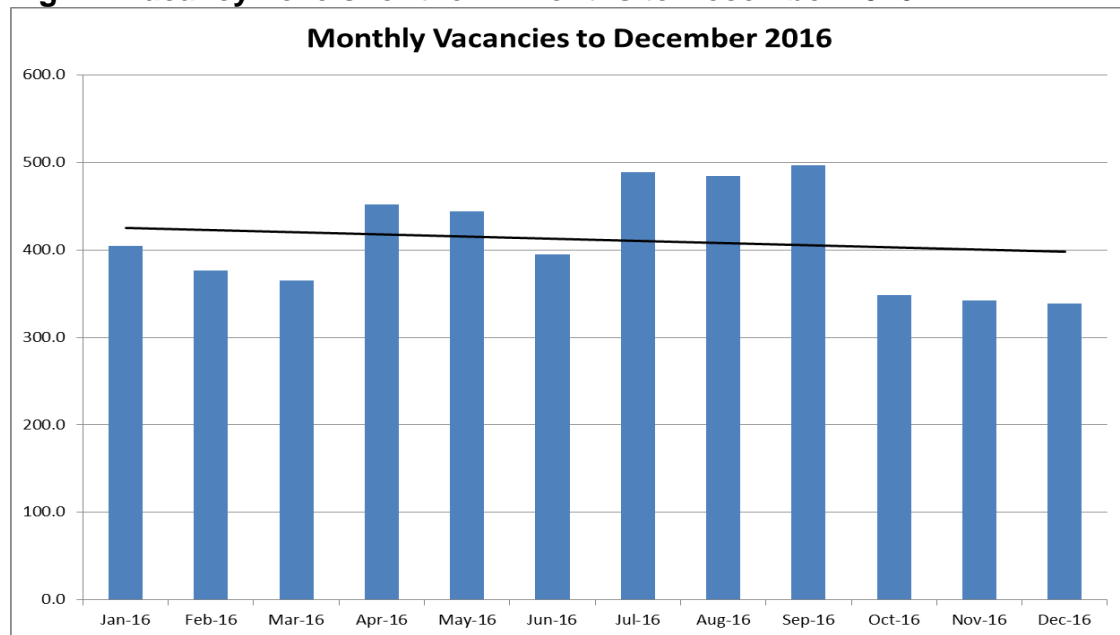
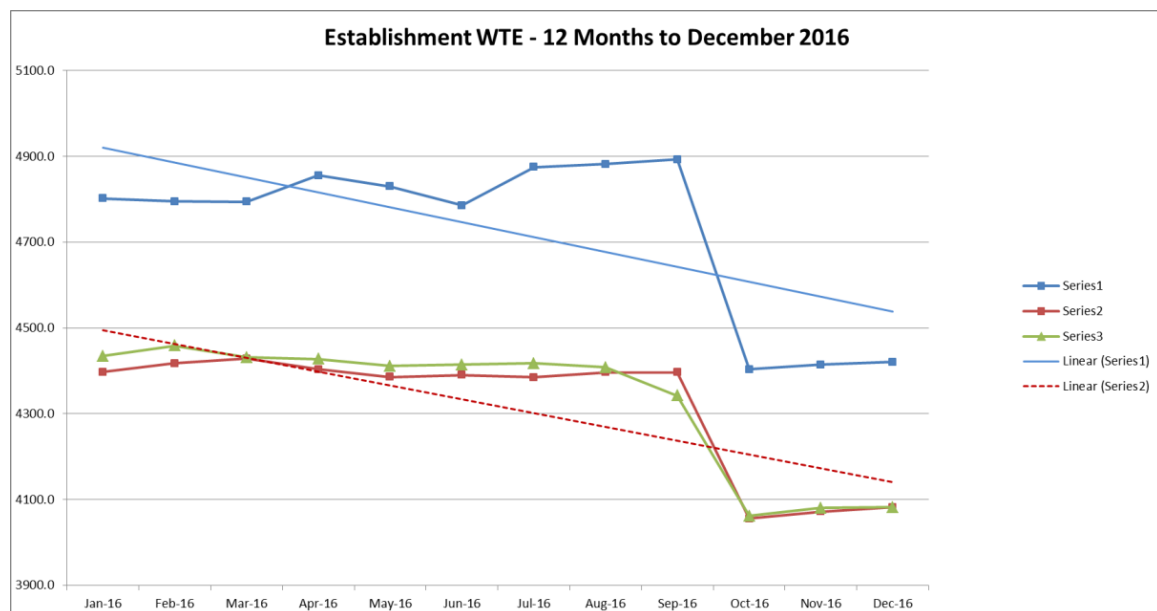


Fig. 12: Establishment in January 2016 to December 2016



Temporary Staff Usage

3.14 The table below shows shifts for December 2016 filled by agencies.

3.15 In December 2016, 86.36% of shifts were filled using framework agencies which are compliant with the price cap, up from 74.43% last month. Performance against this measure has shown strong month on month improvement.

	Framework		Non Framework		Total
	Price Cap Breach	Price Cap Compliant	Price Cap Breach	Price Cap Compliant	
Number of shifts	100	1108	50	25	1283
Percentage	7.79%	86.36%	3.90%	1.95%	100.00%

- 3.16 A further 7.79% of shifts were booked with framework agencies who do not meet the price cap. In December 2016 a total of 94.15% of shifts were filled using framework agencies, up from 92.26% last month.
- 3.17 The remainder of shifts were filled using non framework agencies which do (1.95%) and do not (3.90%) adhere to the price cap, 5.85% in total.
- 3.18 The NHS Improvement Standards state that only framework agencies (who are adhering to the price caps) should be used unless in exceptional circumstances, where patient safety may be at risk.
- 3.19 The chart below shows agency spend for the 2016/17 year to December 2016 which stands at £6,636,864 compared to a target of £7,442,840 (including a contingency of £461,430). This represents a spend of 89.17%. The figure for the month of December alone is £438,509 compared to a target of £493,547 (including a contingency of £48,244). This represents a spend of 88.85% which is a substantial reduction on last month's 117.17%.

Directorate and Locality	External Agency and Locum Expenditure YTD (£)	Trajectory YTD (£)	Adverse or Favourable Variance to Trajectory
Adult Clinical Services	5,703,100	5,480,923	A
Children & Young People	1,032,371	743,499	A
Corporate Services	4,321	20,555	F
Dental Services	1,715	-32	A
Estates	75,680	137,801	F
Finance Directorate	6,298	31,856	F
HR, OD & Communications	12,740	11,240	A
IT	65,731	88,136	F
Nursing & Quality	3,647	3,406	A
Sexual Health	-1,809	0	F
Reserves	-266,931	0	F
Add Darent House for 6 months	0	464,026	F
Total Directorate Position/Trajectory	6,636,864	6,981,410	F
Contingency	0	461,430	F
Total Trust Position/Trajectory	6,636,864	7,442,840	F

4. Recommendations

- 4.1 The Board is asked to note the current position on workforce performance.

Louise Norris

Director of Workforce, Organisational Development and Communications
January 2017

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2017
Agenda Item:	2.7
Subject:	Sustainability and Transformation Plan Update Report
Presenting Officer:	Paul Bentley, Chief Executive

Action - this paper is for:	Decision	Assurance	x
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Report Summary (including purpose and context)

Board members will receive a presentation regarding the Sustainability and Transformation plan. The implementation of the plan, the first draft of which was submitted in Autumn 2016, is being updated to reflect the on-going and dynamic nature of the partnership discussions.

Proposals and /or Recommendations

The Board is asked to consider the presentation.

Relevant Legislation and Source Documents**Has an Equality Analysis (EA) been completed?**

No. High level position described and no decisions required/no significant change. Papers have no impact on people with any of the nine protected characteristics*.

* **Protected characteristics:** Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Paul Bentley, Chief Executive	Tel: 01622 211902
	Email: Paul.bentley@kentcht.nhs.uk

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2017
Agenda Item:	2.8
Subject:	Trust Constitution
Presenting Officer:	Natalie Davies, Corporate Services Director

Action - this paper is for:	Decision	X	Assurance	
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Report Summary (including purpose and context) This report is being presented to the Board in order to consider amendments to Trust's Constitution. The Council of Governors approved the amendments at their meeting held on 9 November 2016.
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Proposals and /or Recommendations The Board is asked to consider amendments to the Constitution which were approved by the Council of Governors at their meeting held on 9 November 2016. These are: <ul style="list-style-type: none"> • change of the term 'Monitor' to 'NHS Improvement' • removing terms regarding holding positions on two Board concurrently where there is no significant conflict of interest • a small number of grammatical and continuity errors.
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Relevant Legislation and Source Documents Kent Community Health NHS Foundation Trust Constitution v9 with tracked changes
Has an Equality Analysis (EA) been completed? No: No significant change to the aim or objective of the document.
* Protected characteristics: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Natalie Davies	Tel: 01622 211908
Corporate Services Director	Email: Natalie.Davies1@nhs.net

TRUST CONSTITUTION

1. Introduction

This report presents the proposed changes to the Trust's Constitution to the Board for approval. The Council of Governors approved the amendments at their meeting held on 9 November 2016.

2. Proposed Changes

The proposed amendments can be understood in three areas:

- From 1 April 2016, Monitor, along with a number of other bodies, became part of NHS Improvement. As such, most references to Monitor have been changed to NHS Improvement. The exception to this is times where previous actions to Monitor, which precede NHS Improvement, are referenced. Additionally, NHS Improvement has been added to the list of definitions and interpretations on page 4, making clear that it now incorporates Monitor.
- In accordance with paragraph 16.1.8, Board members are unable to hold the position of Executive Director, Non-Executive Director or a Governor of another NHS foundation trust, Health Service Body, or a body corporate that has a commercial interest in the affairs of the Trust. It is proposed that this paragraph be removed, allowing Board members to hold more than one position as long as there is no significant conflict of interests between the two positions held. This is in accordance with the recommendation of NHS Improvement. Any conflicts will be reviewed and managed in accordance with the current Trust policy whereby Directors are already required to declare any appointment to another governing body or board. Each of these are assessed for conflicts of interests and declared publically.
- There are a small number of grammatical and continuity amendments.

3. Recommendation

The Board is asked to approve the proposed changes to the Constitution.

Natalie Davies
Corporate Services Director
January 2017

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	26 January 2017
Agenda Item:	3.1
Subject:	Six Monthly Staffing Establishment Report
Presenting Officer:	Ali Strowman, Chief Nurse

Action - this paper is for:	Decision	X	Assurance	x
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Report Summary (including purpose and context)
This paper provides a full review of safer staffing levels in the eight inpatient community hospitals and outlines the methodology used to recommend the nursing staffing levels for 2016/7.

Proposals and /or Recommendations
The Board is asked to note the information in the Safer Staffing review, to agree the methodology as robust and approve changes to safer staffing levels in inpatient wards in community hospitals.

Relevant Legislation and Source Documents
CQC fundamental standards
Has an Equality Analysis (EA) been completed?
No. High level position described and no significant service change.
* Protected characteristics: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Ruth Herron, Deputy Director of Nursing and Quality	Tel: 01622 211920
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COMMUNITY HOSPITALS SAFER STAFFING REVIEW

Introduction

- 1.1. Safe staffing levels are fundamental to the delivery of high quality, safe care. In order to comply with the statutory requirements (National Quality Board 2013) the Trust is required to review staffing and patient acuity and dependency in all inpatient areas twice per annum.
- 1.2. There is currently no national tool validated for use in community settings and therefore, drawing on the principles of work undertaken nationally related to calculating safer staffing levels (Safer Nursing Care Tool 2013, NICE SG1, July 2014), Kent Community Health Foundation Trust (KCHFT) has developed a tool. This paper outlines the review methodology and process applied in reviewing safe staffing and the recommendations from that review.

2. Background

- 2.1. An accurate calculation of staffing levels to provide safe care is a crucial part of the planning of clinical care. The Trust has a duty to ensure that wards are adequately staffed and that patients are cared for by appropriately qualified and trained staff. This is incorporated in the NHS Constitution for England (2013) and the Health and Social Care Act (2012). KCHFT is commissioned to provide rehabilitation inpatient care and the wards predominantly care for older patients. It is well recognised that older patients often have complex care needs and may have significant levels of dependency with less stable management of long term conditions. Wards therefore require a skilled workforce with enough time to deliver appropriate care in a dignified manner. KCHFT has recognised metrics to ensure that staffing levels are calculated against an established formula. The daily impact of staffing levels is monitored through a range of quality measures including patient experience data, complaints, incidents, audit findings and staff wellbeing.

3. Summary of key actions from the previous reviews

3.1. The Trust has demonstrated that it is committed to ensuring that action is taken following safe staffing reviews, and following previous reviews changes have been made to:

- registered nurse to patient ratios
- skill mix ratio (registered nurse to healthcare assistant)
- funding for staffing
- the audit tool (to increase sensitivity).

4. Methodology for the October 2016 review

4.1. Following the last review in January 2016 it was felt the sensitivity of the acuity/dependency assessment tool could be improved. The Nursing and Quality Directorate, in partnership with clinical staff have reviewed the tool to improve sensitivity and this was successfully piloted over the summer months. The principles remain the same in that a set of metrics are mapped and triangulated with professional judgement and quality data to provide a robust method of reviewing the staffing levels.

4.2. Over a 21 day period in September 2016 the wards measured the acuity/dependency of the patients in the wards. A set of rules underpin the collection of data, the application of which is the responsibility of the ward leader. Data is submitted to the performance team and analysed with an allocation of a Red/Amber/Green rating (appendix 1). This identifies the number of patients with high, medium or low levels of acuity/dependency on each ward.

4.3. The findings of the data are shared with ward leaders for their professional opinion and consideration of the quality indicators that may be linked to nurse staffing issues, including effective leadership, current establishment levels, skill-mix and training and development of staff. Other elements considered are:

- Complaints- related to communication, clinical care or attitude
- Attributable safe meds
- Infection -the incidence rates of MRSA bacteremia and Clostridium Difficile
- Slips, Trips & Falls -the number of attributable slips, trips or falls
- Pressure Ulcers- the incidence of attributable hospital acquired pressure ulcers
- Comparison with previous audit
- Consideration of changes in external factors
- Benchmarking

- 4.4. The ratio of care staff to patients was benchmarked with the other trusts of similar patient mix and consideration was given to the national benchmark of acute hospitals and the RCN Older People safe staffing guidance on the skill mix split and nurse to patient ratios. Ideally wards should have 3.3 - 3.7 patients to each staff member (RN or HCA).
- 4.5. Rehabilitation patients require a higher level of healthcare support workers (who generally provide the very key fundamentals of care related to the activities of daily living). Therefore it was considered appropriate to move away from the skill mix of the acute hospital ratio of 60:40 (60% registered and 40% unregistered) to work on a 40/60% split where staffing numbers allow.
- 4.6. There are a set of rules which were applied:
- It was agreed that a limit of no less than one registered nurse to 13 (1:13) patients was appropriate, in addition to this will be support from the Assistant Practitioner (a non-registered health care worker with a foundation degree in health)
 - Each ward will have a minimum of two RNs despite the minimal number of patients
 - Each ward will have an Assistant Practitioner on an early shift
 - Wards over 20 beds will have an Assistant Practitioner on a late shift
 - Each ward will have, in addition 1 WTE supervisory manager
 - The skill mix of 40% registered/60% unregistered will continue. This was a decision made previously and it is reported to have had a positive impact by ward leaders who prefer a higher level of HCA to RN, and find this a more effective way of allocating the mainly rehabilitative workload on the wards.

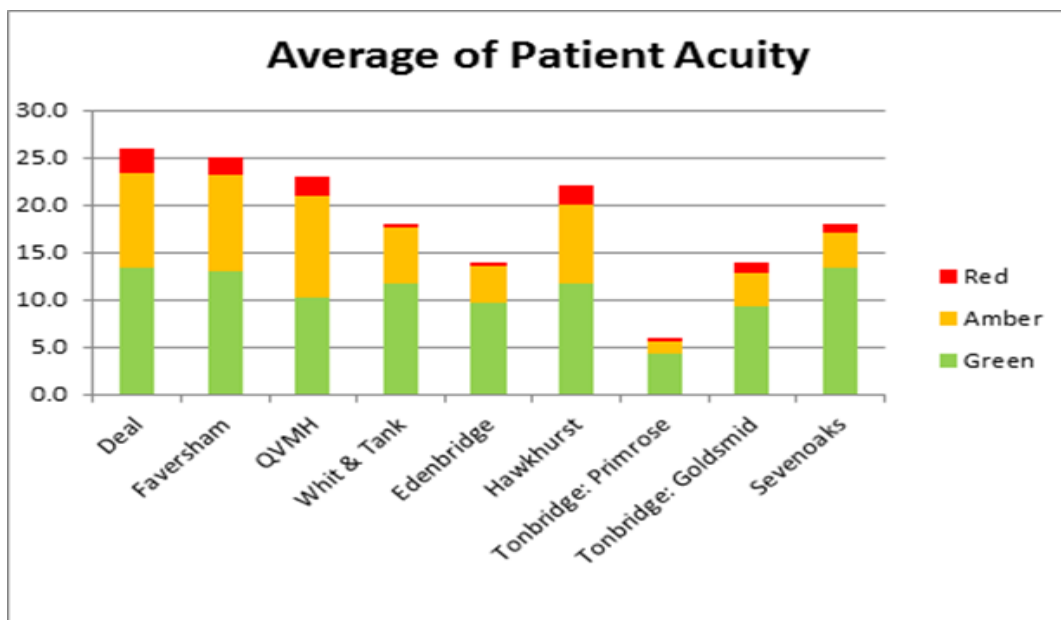
5. Supervisory leadership

- 5.1. Strong and clear nursing leadership is pivotal to the delivery of high quality care and to ensure staff are well led and motivated. Each ward has been allocated 1 WTE supervisory time (allocated as deemed appropriate by the ward leader). The allocation of supervisory time ensures that nurse leaders have sufficient time to:
- Be visible and accessible in the clinical area to the clinical team, patients and service users
 - Work alongside the team in different ways, for example supporting junior colleagues in direct care – facilitating learning in practice
 - Provide regular feedback to the clinical team on standards
 - Create a culture of learning and development to sustain person-centred quality safe effective care, including clinical supervision

6. Summary of findings

- 6.1. The triangulated assessment of audit findings, professional judgement and quality metrics provides evidence that acuity/dependency of patients has reduced in all wards.
- 6.2. Figure 1 below details the RAG rating for the patients audited, suggesting that a higher number of our patients are RAG rated green. This means they are moderately well and will have some degree of independence in managing their own care. The smallest category is the red patients, who are highly dependent; this cohort will include patients with complex needs requiring a high amount of nursing intervention and patients who are end of life. The ward managers reported the audit was an accurate general reflection of the wards.

Figure 1 Acuity dependency scores by Hospital



- 6.3. When benchmarked against other Trusts, some KCHFT wards had a higher patient to nurse/HCA ratio- meaning each staff member had fewer patients to care for.

7. Outcome

- 7.1. The lower acuity/dependency audit results, together with the benchmarking comparison identified that some of the staffing could be reduced to within the suggested ratios provided by benchmarking. Figure 2 sets out the data by ward. The table includes the previous data related to the last audit of January 2016 (audit, staffing and ratio) and the audit of September 2016, and proposed staffing changes. It also includes the vacancies for reference.

Figure 2 Audit findings and staffing levels

		Jan-16			Oct-16						
Ward	Beds	Audit results Jan 16	Staffing set	Patient to staff ratio	Audit results Oct 16	Proposed staffing	Proposed reduction	Patient to staff ratio adjusted to within benchmark limits	RN vacancies	AP vacancies	HCA vacancies
Deal	26	0	2+2+3	3.7:1	13	2+2+3	0	3.7:1	1.93	4.53	0.34
		16	2+1+3		10	2+1+2	1				
		10	2+0+2		3	2+0+2	0				
Faversham	25	4	2+2+4	3.1:1	13	2+2+3	1	3.5:1	-0.91	3.17	4.79
		15	2+1+2		10	2+1+2	0				
		6	2+0+2		2	2+0+2	0				
QVMH	23	0	2+1+4	3.2:1	10	2+1+3	1	3.8:1	0.37	2.45	0.26
		17	2+1+2		11	2+1+2	0				
		6	2+0+2		2	2+0+2	0				
Whit & Tank	18	0	2+1+3	3:1	12	2+1+2	1	3.6:1	0.53	0.45	0.79
		16	2+1+2		6	2+1+2	0				
		10	2+0+2		0	2+0+2	0				
Hawkhurst	22	10	2+1+3	3.6:1	12	2+1+3	0	3.6:1	4.29	3.45	1.43
		11	2+1+2		8	2+1+2	0				
		1	2+0+2		2	2+0+2	0				
Sevenoaks	18	4	2+1+3	3:1	13	2+1+3	0	3:1	2.69	0.72	1.41
		14	2+0+3		4	2+0+3	0				
		0	2+0+2		1	2+0+2	0				
Edenbridge	14	10	2+1+2	2.8:1	10	2+1+2	0	2.8:1	6.74	1.72	0.43
		4	2+0+2		4	2+0+2	0				
		0	2+0+1		0	2+0+1	0				
Tonbridge: Goldsmid	14	5	2+1+2	2.8:1	9	2+1+2	0	2.8:1	0.07	1.72	-0.81
		8	2+0+2		4	2+0+2	0				
		1	2+0+1		1	2+0+1	0				

7.2. As a result of the audit, benchmarking and professional judgement the community hospital wards are proposing to make the following changes to their staffing:

7.3. Reductions

- Deal- one HCA on a late shift
- Faversham- one HCA on an early shift
- Herne Bay – one HCA on an early shift
- Whitstable and Tankerton – one HCA on an early shift

No change

- Hawkhurst has remained the same as the staffing ratio is within benchmarking ratio.
- Sevenoaks has not been reduced because the ward has a complicated layout which makes observing patients more difficult, and it is anticipated that the dependency/acuity of patients will rise.
- Edenbridge has not been reduced as the ward has a number of vacancies and is using a high number of temporary RN staff who the HCAs are required to support.

- Tonbridge has not been reduced because the additional beds are being staffed by agency and a higher number of substantive staff are required to support.

7.4. This is a reduction of 6.88 WTE HCAs across four wards, which is a decrease in cost by £166,929.

8. Conclusion

8.1. The safer staffing review has applied a tested robust methodology to identify the right numbers of staff required for the delivery of safe, quality care in the community hospital in patient wards. The new levels of staffing take into account a wide range of factors including the type of ward, professional judgement from the senior nursing leaders, and quality and safety metrics.

8.2. The acuity and dependency of patients in the community hospitals has reduced, indicating a change in skill mix is required in some cases.

8.3. Daily assessment of staffing levels is made in the community hospitals to ensure safety. If acuity and dependency of patients changes, there will be a further acuity study undertaken before the required 6 monthly review.

9. Recommendations

9.1. The Board is asked to note the information in the Safer Staffing review, to agree the methodology as robust and approve the agreed safer staffing levels in inpatient wards in community hospitals.

Ruth Herron

Deputy Director of Nursing and Quality

7 December 2016

References

Health and Social Care Act (2012) UK Parliament

Making the Case for ward sisters/team managers to be supervisory (2011) Royal College of Nursing

NHS Constitution for England (2013) Department of Health

Safer Nursing Care Tool (2013) Shelford Group. The Association of UK University Hospitals

Safe staffing for nursing in adult inpatient wards in acute hospitals (2014) NICE

Safer staffing for older peoples wards, an RCN toolkit (2012) Royal College of Nursing

Appendix 1

Green

This type of patient may need help with a limited number of areas of daily living and will be progressing well along the rehabilitation pathway. They will be stable in terms of their health, and able to manage a degree of self-care. They may need minimal or no help with walking, washing and dressing, eating and drinking and repositioning. They are likely to be able to communicate well, or with minimal help and have an awareness of safety. If they have pain this is likely to be controllable and they are likely to be able to take medication independently. They will be able to self-manage any personal condition or be in the process of learning to do this.

Amber

This patient is likely to need support with several areas of daily living including washing, dressing, eating and drinking. They will probably need help when walking, and support to reposition to prevent pressure damage. They may have fluctuating pain and need help to manage this. These patients may need assistance with bed/chair transfers. Safety awareness may be limited and they may be confused and/or have a degree of socially inappropriate behaviour and/or aggression. These patients need a degree of nursing care and may have one or more long term condition that is unstable, needs treatment and requires monitoring.

Red

This patient requires a high degree of nursing care. They will include heavily dependent patients, and medically unstable patients who require frequent monitoring. Patients may be receiving care at the end of their life. Alternatively patients may be aggressive and disruptive. Patients are likely to require 1-1 care.

Meeting of the Kent Community Health NHS Foundation Trust Board
to be held at 10.00 am on Thursday 26 January 2017
in The Colin Jackson Suite
Julie Rose Stadium
Willesborough Road, Kennington, Ashford, Kent TN24 9QX

This meeting will be held in Public

AGENDA

1. STANDARD ITEMS		
1.1	Introduction by Chair	Chairman
1.2	To receive any Apologies for Absence	Chairman
1.3	To receive any Declarations of Interest	Chairman
1.4	To agree the Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 24 November 2016	Chairman
1.5	To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 24 November 2016	Chairman
1.6	To receive the Chairman's Report	Chairman
1.7	To receive the Chief Executive's Report	Chief Executive
2.	BOARD ASSURANCE/APPROVAL	
2.1	To receive the Quality Committee Chairman's Assurance Report	Chairman, Quality Committee

2.2	To receive the Charitable Funds Committee Chairman's Assurance Report 2016	Chairman, Charitable Funds Committee	Verbal
2.3	To receive the Integrated Performance Report <ul style="list-style-type: none">To approve the Home First Programme Key Performance Indicators	Director of Finance Chief Nurse Deputy Chief Executive/Chief Operating Officer	
2.4	To receive the Quality Report	Chief Nurse	
2.5	To receive the Finance Report <ul style="list-style-type: none">To receive the 2017/18 Contract Report	Director of Finance	
2.6	To receive the Workforce Report	Director of Workforce, Organisational Development and Communications	
2.7	To receive the Sustainability and Transformation Plan Update Report	Chief Executive	Presentation
2.8	To approve the Trust Constitution	Corporate Services Director	
3.	REPORTS TO THE BOARD		
3.1	To receive the Six Monthly Staffing Establishment Report	Chief Nurse	
4.	ANY OTHER BUSINESS		
	To consider any other items of business previously notified to the Chairman.	Chairman	
5.	QUESTIONS FROM MEMBERS OF THE PUBLIC RELATING TO THE AGENDA		

6. DATE AND VENUE OF NEXT MEETING

Thursday 30 March 2017 at 10.00am in the Committee Room, Tonbridge and
Malling Council Offices, Gibson Building, Gibson Drive, Kings Hill, West Malling,
Kent ME19 4LZ

