

Agenda and Papers

for the

Formal meeting of the

Kent Community Health NHS Foundation
Trust Board

to be held at 10am on

Thursday 29 June 2017

In

The Thomas Keane Room
East Malling Research Station
New Road
East Malling
Kent
ME19 6BJ

**Meeting of the Kent Community Health NHS Foundation Trust Board
to be held at 10am on Thursday 29 June 2017
in the Thomas Keane Room, East Malling Research Station, New Road, East Malling
ME19 6BJ**

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 receive the Chairman's Report | Chairman | Verbal |
| 1.5 | To receive the Chief Executive's Report | Chief Executive | |
| | <ul style="list-style-type: none"> Sustainability and Transformation Plan Update | | |

2. BOARD ASSURANCE/APPROVAL

- | | | |
|-----|--|---|
| 2.1 | To receive the Integrated Performance Report | Director of Finance
Chief Operating Officer/Deputy
Chief Executive
Chief Nurse |
| 2.2 | To receive the Monthly Quality Report | Chief Nurse |
| 2.3 | To receive the Finance Report – Month 2 | Director of Finance |

- | | | |
|-----|---|--|
| 2.4 | To receive the Workforce Report | Director of Workforce,
Organisational Development
and Communications |
| 2.5 | To approve the recommendation in
response to the Edenbridge Public
Consultation | Deputy Chief Executive/Chief
Operating Officer |
| 2.6 | Policies for Ratification <ul style="list-style-type: none"> • Temporary and Agency
Workers Policy | Director of Workforce,
Organisational Development
and Communications |

3. ANY OTHER BUSINESS

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

5. DATE AND VENUE OF NEXT MEETING

Thursday 27 July 2017
The Committee Room,
Tonbridge and Malling Council Offices, Gibson Building, Gibson Drive, Kings Hill,
West Malling Kent ME19 4LZ

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	29 June 2017
Agenda Item:	1.5
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
Has an Equality Analysis (EA) been completed?
No. High level position described and no decisions required.

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CHIEF EXECUTIVE'S REPORT JUNE 2017

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

1. Patients

Supporting changes at the Kent and Canterbury Hospital

We have been supporting the temporary transfer of junior doctors and acute inpatient medical services from Kent and Canterbury Hospital (K&C) to William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital, which took effect from 19 June

The reason for the temporary transfer is that Health Education England has expressed concern about the quality of junior doctor training that K&C can provide, due to the shortages of permanently employed Consultants in some specialities. We are all working together across the NHS and social care system to support the changes and patient safety is our primary concern. We have provided additional discharge support and some additional bed capacity.

The aim is to support the acute trust to reduce bed occupancy to 90 per cent and resources are being put in place to help patient flows. For us, senior clinicians have been attending board rounds at the acute hospitals to help identify patients who are safe to be discharged. We have opened eight more beds temporarily at Faversham, Whitstable and Deal Community Hospitals.

We have been carrying out our own board rounds in our community hospitals every day to make sure we can identify patients who are safe to be discharged.

In the community, work continues to review all our caseloads and we are recruiting a number of healthcare assistants, who should be joining us in the next few weeks, to support capacity in our rapid response teams.

I'd like to take this opportunity to thank all of our east Kent teams for their hard work in supporting these changes and always going above and beyond for our patients.

2. STP Roadshows

We have launched our second round of roadshows around the Sustainability and Transformation Plan (STP) with staff to get their feedback this time on proposals for improving care for older people with long-term conditions.

So far, members of the Executive Team have spoken at four of the 13 planned and the feedback will be collated and fed back into the development of the model of care.

The next round of listening events with the public starts on 29 July and will continue across Kent throughout July and August. Of the four priority areas – preventing illness, hospital care, local care, and mental health - these will focus on hospital and local care.

Each event will have representatives from the local NHS, social care and public health teams to discuss progress and hear people's views.

People

1. Staff Awards

Our annual staff awards took place on 23 June at the Kent Event Centre. More than 100 nominations were received this year, across six categories that were themed around our four values: compassion, aspiration, responsive and excellence. There was also an award to recognise our volunteers and a diversity and wellbeing award.

Our winning teams and colleagues included the Tunbridge Wells Health Visiting Service, the Fresh Start Team from the Health Improvement Service, the Friends Ward Team at Whitstable and Tankerton Hospital and the healthcare assistants from the Home Treatment Service. Colleagues from community nursing, hotel services, estates, dental services and learning disabilities were also shortlisted and recognised for their achievements.

The standard of nominations was very strong, and the way in which our teams and individuals consistently provide outstanding is inspirational.

Partnerships

1. Kent County Council's Ofsted Inspection

I wanted to report to the Board that the review of Ofsted's inspection of Kent County Council's children's services, has now been published. A link to the report is attached: <https://reports.ofsted.gov.uk/local-authorities/kent>

Ofsted concluded: "*Kent County Council is delivering a good service to children and families.*" and the overall grading judgement is **Good**.

Ofsted has recognised that Kent has undertaken a substantial improvement journey since the low base point of 2010. This achievement has been built on the quality of practice and the constructive and meaningful relationships that practitioners have built with the children with whom they work.

2. Conference for Nurses and Allied Health Professionals

KCHFT was the host organisation for a Kent wide Nurse and Allied Health Profession conference jointly arranged with the six other provider organisations in Kent and Medway. The overall aim of the conference was to improve cross boundary working. The Chief Nursing Officer for England, Professor Jane Cummings, attended the event along with the regional Chief Nurse and Director of Nursing for the south of England. The event was well attended by members of our frontline staff with over 350 staff from across all organisations in attendance.

3. Progress on sustainability and transformation partnership

The work continues on the definition of the plans for the health and social care services in Kent and Medway. However, as an organisation we are adopting a pragmatic approach, whereby we will work to shape the plan but ensure that we take each opportunity to deliver improved services for patients.

Paul Bentley
Chief Executive
June 2017

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	29 June 2017
Agenda Item:	2.1
Subject:	Integrated Performance Report (Part 1)
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)

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 and 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. 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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Kent Community Health

NHS Foundation Trust

Integrated Performance Report - 2017/18
Part 1

June 2017
April 2016 - May 2017 data





Excellent care, healthy communities



Contents

Key & Glossary	Page. 2
Executive Summary: Scorecard	Page. 3-4
Executive Summary: Narrative	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 2017/18

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	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	Health
1.1	Prevention: Stop Smoking - Nos. of 4 week Quitters (Kentwide): YTD performance against trajectory (%)	75.5%	62.0%	-13.5%	100.0%	-38.0%	100.0%	N/A	-VE	
1.2	Prevention: Health Checks Carried Out (Kentwide): YTD performance against trajectory (%)	100.3%	100.0%	-0.3%	100.0%	0.0%	100.0%	N/A	-VE	
1.3	Health Visiting - Increase the uptake of the 6-8 week assessment by 8 weeks	85.2%	88.8%	3.6%	90.0%	-1.2%	95.0%	N/A	+VE	
1.4	Health Visiting - Increase the uptake of New Birth Visits by 14 days	85.8%	89.5%	3.8%	90.0%	-0.5%	95.0%	N/A	+VE	
1.5	School Health - Reception Children Screened for Height and Weight	94.2%	88.2%	N/A	90.0%	N/A	95.0%	N/A	+VE	
1.6	School Health - Year 6 Children Screened for Height and Weight	95.4%	95.5%	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	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	Health
2.1	LTCs (including Health Trained) Teams Contacts: YTD as % of YTD Target	93.7%	96.5%	2.8%	100.0%	-3.5%	100.0%	N/A	+VE	
2.2	LTCs Teams - Did Not Attend Rate: DNAs as a % of total activity.	1.6%	1.4%	-0.2%	4.0%	-2.6%	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	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	Health
3.2	Total Time in MIU & WIC Service: Less than 4 hours	99.94%	99.95%	0.0%	95.0%	4.9%	99.5%	99.5%	-VE	
3.3	Consultant Led 18 Week RTT (Monthly Target 95%) - Incomplete Pathways	99.6%	99.5%	-0.2%	95.0%	4.5%	98.0%	96.8%	-VE	
3.4	Allied Health Professionals Referral to Treatment Times (RTT)	92.8%	95.5%	2.6%	95.0%	0.5%	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	89.1%	90.9%	1.8%	87.0%	3.9%	91.7%	87.9%	+VE	
3.8	Length of Stay (Median Average)	21.6	18.7	-2.9	21.0	-2.3	21.0	25.6	+VE	
3.9	Delayed Transfers of Care as a % of Occupied Bed Days	12.0%	13.0%	1.0%	3.5%	9.5%	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	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	Health
4.1	Patient Experience: Friends and Family Test (Patients surveyed for MIUs & Comm. Hosp.) - Response Rate	23.7%	23.3%	-0.4%	15.0%	8.3%	25.0%	30.7%	-VE	
4.4	End of Life Care: Percentage of patients dying in their preferred place.	86.3%	90.0%	3.7%	95.0%	-5.0%	95.0%	83.2%	+VE	
4.5	ADULTS - Outcomes: Percentage of outcomes achieved upon discharge for planned care and therapy services.	85.0%	84.2%	-0.9%	80.0%	4.2%	90.0%	N/A	-VE	

KCHFT Corporate Scorecard 2017/18

Strategic Goals

5. Ensure people receive safe care through best practice

KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
5.2	Infection Control: C.Diff (Target <6 cases in year) (Target YTD)	7	1	-6	1	0	1	N/A	+ve
5.6	Safety Thermometer: % harm free care New Harms	97.7%	96.7%	-1.1%	95.0%	2%	97.5%	96.3%	-ve
5.7	Never Events: FOT as % of Annual Target	1	0	-1	0	0	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

KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
6.1	Income & Expenditure - Surplus (%)	1.7%	1.3%	-0.4%	1.0%	0.3%	1.0%	1.0%	+ve

Workforce

KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
7.1	Sickness Rate	4.30%	3.74%	-0.56%	3.90%	-0.16%	3.75%	4.58%	+ve
7.4	Mandatory Training: Combined Compliance Rate	94.7%	94.1%	-0.6%	85.0%	9.1%	92.5%	88.4%	+ve

IM&T

KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
8.2	Data Quality: NHS Number Completeness across clinical systems	100.0%	100.0%	0.00%	95.0%	5.0%	99.9%	98.5%	+ve

Executive Summary: Supporting Narrative - June Report 2017/2018

Quality

Infection Control: MRSA & C-Difficile: There have been no clostridium difficile Toxin positive infections in KCHFT sites in May, however, there was one case in Westview – this has been reported through PHE and KCC, and IPC staff are supporting the clinical staff. This case does not count in KCHFT's trajectory. The case from April was deemed unavoidable at the RCA meeting, attended by members of staff from the CCG and Acute sector, alongside KCHFT nursing, medical and pharmacy staff.

Workforce

Sickness: The cumulative sickness absence rate for the financial year to May 2017 is 3.74% which up from 3.66% for M1. The sick rate in May was 3.82%, an increase of 0.16% from last month. The total FTE days lost for the rolling year to May equates to an average of 9.56 days sickness lost per employee, down from last month. The proportion of FTE lost to short-term sickness has decreased to 44%, compared to 45.9% in April

Mandatory Training: There is now 1 area which is non-compliant. This is 1. Moving and Handling: Client which has increased to 82.7%.

Finance

Income & Expenditure and Financial Risk Rating: The Trust achieved a surplus of £472k (1.3%) to the end of May. Cumulatively pay and non-pay have underspent by £976k and £320k respectively. Income has under-recovered by £1,190k and depreciation/interest has underspent by £50k

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, with 96.6% completed RTT pathways within 18 weeks and 99.5% incomplete RTT pathways within 18 weeks. However, this has dipped in recent months within Paediatrics, with M1 only 75.2% of children seen within 18 weeks.

Referral to Treatment Times for all Allied Health Professionals when measured against the 18 week threshold shows 95.5% of patients being seen within this timescale for April 2017, 2% up on the March position. Continence, Podiatry and Podiatric Surgery were all below 90% compliance with 18 weeks RTT for April

National Targets

Stop Smoking: The stretch target set by KCC is 3750 quits. KCC have set a minimum target of 3400 quits. M1 is at 62% of target

Health Checks: The Health Checks team met the checks performance target from KCC for 2016/17. The service is slightly under its target for month 1, but over-achieved on month 2 target. Most areas of checks are performing well, especially GP delivered checks. KCHFT core checks have been under target for month 1 due to staff sickness, no WBP activity and few events at this time of the year. The service is working hard to increase the core activity over the coming months.

Community Hospitals

There were 175 admissions to the Community Hospitals in April and 4,256 occupied beds days from a possible 4,682 bed days, therefore, bed occupancy stood at 90.9%. There were a total of 554 bed days lost due to delayed transfers of care (13% of total occupied bed days). The average length of stay (median) was 20.3 days across all hospitals in Month 1.

Bed Occupancy (Target range 87-92%): Bed occupancy increased to 90.9% in Month 1, with Hawkhurst (82.6%) and Edenbridge (86.7%), the only sites falling below the 87% target occupancy. Bed occupancy has generally increased due to pressures in the whole system and the need to facilitate patient discharges from acute hospital beds.

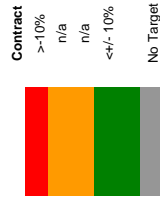
Length of Stay (LOS) - Median (Target 21 days): Performance against the median average length of stay target has started the new year under target at 18.7 days, up slightly from M12 of 16/17

Delayed Transfer of Care (DTC) days as percentage of total bed days (Target 3.5%): Delayed Transfers of Care has increased in M1 and remains above the target at 13%. This relates mainly to high levels at all hospitals, with all sites being above the 3.5% target with the exception of Tonbridge. This is split between 9.9% KCHFT responsibility and 3.1% Social Services/Other

Activity

KCHFT's clinical services carried out 145,244 contacts (This figure includes various currencies e.g. face to face contacts, telephone contacts, group sessions, Units of Dental Activity), of which 10,243 were MIU attendances, during April 2017. KCHFT is below target at Month 1 (-6.7%), mainly due to poor performance in ICT and SES. Performance against 2017/18 contract targets has been summarised at Service Specification level below:

Service & Currency	M1 Actual	YTD Actual	YTD Target	YTD Variance	Contract BRG	Trend
Long Term Conditions - Face to Face	51,298	51,298	53,140	-3.5%		
Intermediate Care - Face to Face	18,942	18,942	22,160	-14.5%		
Intermediate Care - Attendances	10,243	10,243	9,384	9.1%		
Intermediate Care - Admissions	97	97	80	21.4%		
Intermediate Care - Occupied Bed Days	1,864	1,864	1,878	-0.8%		
Planned Care - Face to Face	19,181	19,181	22,553	-15.0%		
Planned Care - AQP/Tariff (no target)	6,246	6,246				
Learning Disabilities - Face to Face	2,661	2,661	3,675	-27.6%		
*Children's Universal Services - Face to Face	23,983	23,983				
Children's Specialist Services - Face to Face	10,502	10,502	10,115	3.8%		
Dental Service - UDAs	DCU	DCU	DCU	DCU		
Health Improvement Services - Face to Face	225	225	248	-9.3%		
All Services and Currencies (Contracted)	115,013	115,013	123,233	-6.7%		



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

Adults: Long Term Conditions (LTC) contacts are 3.5% (1,842 contacts) below at M1. Intermediate Care and Rehab Services (ICT) are 14.6% below target (3,286 contacts) with the targets adjusted for 17/18. This is mainly attributed to Ashford, SKC and West Kent. Activity for the planned care services is 15% under target for the year (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 10.8% below target at M1, mostly attributed to West Kent Special Schools and ITAC in East Kent.

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	29 June 2017
Agenda Item:	2.2
Subject:	Monthly 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)
<p>This report provides assurance to the Board on Patient Safety, Patient Experience and Patient Outcomes.</p> <p>Deal, Tonbridge Goldsmidt, Tonbridge Primrose, Edenbridge and QVMH had registered nurse (RN) day shifts below 95%.</p> <p>A number of patients continue to require 1:1 care in the community hospitals.</p> <p>There continues to be an improving position in respect of pressure ulcers and there have been no serious incidents in relation to falls.</p> <p>Patient experience remains extremely positive.</p>

Proposals and /or Recommendations
The Board is asked to receive the report.

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed? No
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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MONTHLY QUALITY REPORT

1. Patient Safety

Workforce Data and Quality Metrics

1.1. The information in Figure 1 relates to April fill rates per community hospital ward broken down by day and night for registered and unregistered staff. Deal, Tonbridge Goldsmit, Tonbridge Primrose, Edenbridge and QVMH had registered nurse (RN) day shifts below 95% and there were no hospitals below 95% for night shifts. Deal hospital continues to have 4 beds closed due to staffing issues. Sevenoaks over fill rate is due to an RN who is working currently as a supernumerary member of staff due to competency issues. The lower fill rates for RNs are due to vacancies and sick leave, it has been more difficult this month to get full cover from temporary staff. 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. When RN shifts were unable to be filled by bank or agency the wards increased the use of Health Care Assistant (HCA) staff to increase general capacity. Additional HCAs were also used to provide enhanced observation (1:1 care) for patients with dementia.

1.2. The Deputy Chief Operating Officer is supporting a review of the Dementia Strategy and supporting action plan and through implementation it is anticipated that the requests for 1-1 support will reduce. Tonbridge Goldsmit had a high overfill of HCAs at nights because they required additional 1-1 support, they are rostered to have one HCA (and 2 RNs). This is the first report where the staffing is split for the two wards.

Figure 1

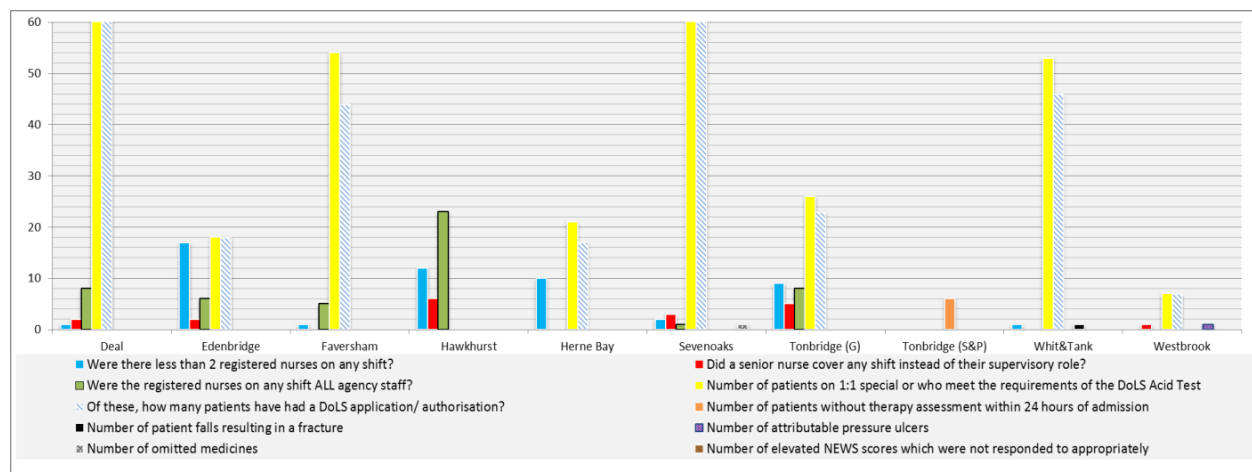
	Day Fill Rate %		Night Fill Rate %		Day				Night			
	RN's	HCA's	RN's	HCA's	RN's		HCA's		RN's		HCA's	
					P hours	A hours	P hours	A hours	P hours	A hours	P hours	A hours
Faversham	98.4%	134.9%	98.4%	101.6%	930	915	1395	1882.5	682	671	682	693
Deal	92.7%	129.0%	100.0%	101.6%	930	862.5	1395	1800	682	682	682	693
QVMH	86.3%	117.2%	100.0%	100.0%	930	802.5	1395	1635	682	682	682	682
Whit & Tank	100.0%	131.6%	100.0%	101.6%	930	930	1162.5	1530	682	682	682	693
Sevenoaks	105.6%	111.3%	98.4%	100.0%	930	982.5	1395	1552.5	682	671	682	682
Tonbridge - Goldsmit	87.9%	139.4%	95.2%	200.0%	930	817.5	1162.5	1620	682	649	341	682
Tonbridge - Primrose	90.3%	97.6%	N/A	94.6%	465	420	1395	1361.25	0	44	1023	968
Hawkhurst	100.0%	119.4%	95.2%	100.0%	930	930	1350	1612.5	682	649	682	682
Edenbridge	88.7%	121.0%	95.2%	103.2%	930	825	930	1125	682	649	341	352
Total	95%	122%	99%	106%	7905	7485	11580	14118.75	5456	5379	5797	6127
	Over 90% Fill Rate			65% to 90% Fill rate			Less than 65%					

1.3. 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/alert staff from other wards to provide cover or offer support
- 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
- request to operationalize staff within the Clinical Education Team

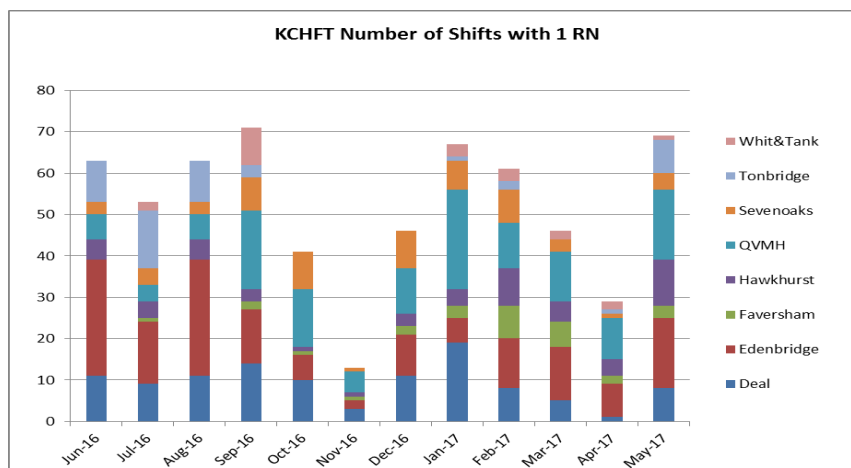
1.4. The number of patients requiring 1-1 support continues to be high; the majority of requests are related to the number of inpatients with dementia. The red flag data at figure 2 demonstrates the number of occasions that patients required a 1-1 special on a shift. Whilst work is underway to explore different ways of supporting these patients there has been the need to request additional staff to maintain safety.

Figure 2:



1.5. In May, the E-roster data reports that 69 shifts had 1 RN on duty, this is an increase from April where only 29 shifts had 1 RN on duty. Edenbridge, QVMH and Hawkhurst were the wards that were the most challenged, 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. Of the 69 shifts with 1 RN, there were clinical incidents on 7 of these shifts (Figure 4), all of which were low or no harm incidents. 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
Deal Hospital	15.05.17	Fall	Low harm
Deal Hospital	21.05.17	Medication error	No harm
Deal Hospital	21.05.17	Medication error	No Harm
Hawkhurst	20.05.17	Fall	No Harm
QVMH Hospital	21.05.17	Fall	Low harm
Sevenoaks	29.05.17	Fall	No Harm
Edenbridge	02.05.17	Fall	Low harm

1.7. Pressure Ulcers

The Pressure Ulcer Taskforce Group continues to meet monthly to progress prevention strategies in pressure ulcer management. Monthly highlight reports are submitted by each locality to evidence progress, actions and audit outcomes. Root cause analysis is carried out for category 3, 4 and ungradeable pressure ulcers confirmed as unavoidable and are signed off by the Chief Nurse. Action plans are in place for all localities which are monitored at the Pressure Ulcer Taskforce meetings.

The stop the pressure campaign “Heat = Moisture = Harm” has been finalised and is ready to launch across the organisation.

Category 2 pressure ulcers

There has been one confirmed avoidable category 2 incident acquired in our care this month, this is the first one since February. There are 42 outstanding category 2 investigations (48 last month) to be completed

Category 3, 4 and ungradeable pressure ulcers

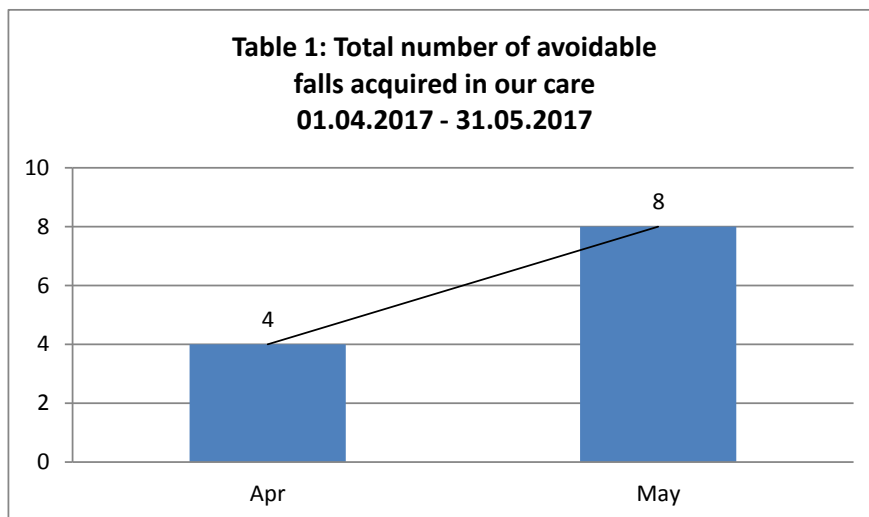
There have been no confirmed avoidable category 3 and above harms acquired in our care this month, although there are 2 potential harms currently under investigation. The last avoidable pressure ulcer of this grade was in November 2016. There are 42 outstanding incidents to be investigated (49 last month).

1.8. Falls

There were 45 falls reported across KCHFT in May, of which 8 were found to be avoidable and this is an increase from 4 falls in the previous month.

Of the 8 falls that occurred in May, 1 resulted in moderate harm to the patient (which was a minor head injury), 4 resulted in low harm to the patient and 3 resulted in no harm to the patient. No serious incidents were declared in May as a result of a fracture.

Figure 5



The Trust is keen to benchmark and the national average of falls per 1000 Occupied Bed Days (taken from 170 acute and community hospitals across England and Wales) is 6.63 for all falls per 1000 OBDs. This compares to a KCHFT average of 6.56.

The national average for falls resulting in moderate to severe harm per 1000 OBDs is 0.19 compared to a KCHFT average of 0.37. This is a slight decrease from April where the KCHFT average was 0.42. The challenge of using the national data is that

it is mainly focused on patients in acute hospitals and not the older population KCHFT have who are vulnerable to falls as they are rehabilitated.

The Trust has taken part in the Royal College of Physicians audit of in-patient falls. This is the first time community trusts have been invited to take part in this national audit. The results will be available in September.

The results from the internal falls audit against the NICE Quality Standard 15 and the Royal College of Physicians (RCP) key indicator recommendations to prevent falls have now been shared with adult operations. The improvement recommendations mirror the actions from KCHFT involvement in the NHSI Falls Collaborative and are:

- Staff to take an accurate lying and standing blood pressure on admission
- Staff to complete a bedside vision check using the RCP tool
- A medication review is completed and documented in relation to falls risk, and to support this pharmacy team are currently sourcing “This patient is at High Risk of Falls. Please review medication” stickers.

1.9. Medication Incidents

There were 45 avoidable medication incidents acquired in our care that were received during May 2017. Of these, 39 were actual incidents and 6 were near misses. The highest reported category of avoidable incidents is continues to be omitted medication making up 40% of the total number logged since the last report.

Of the 39 actual incidents that occurred during May 2017 there were no reported moderate or severe harms. This compares favourably to last year.

Total avoidable low harms 2015/16 = 104

Percentage low harms = 17%

Total avoidable low harms 2016/17= 81

Percentage low harms = 13%

Data related to actual incidents is slightly higher this month, and data related to near misses has also increased.

Figure 6

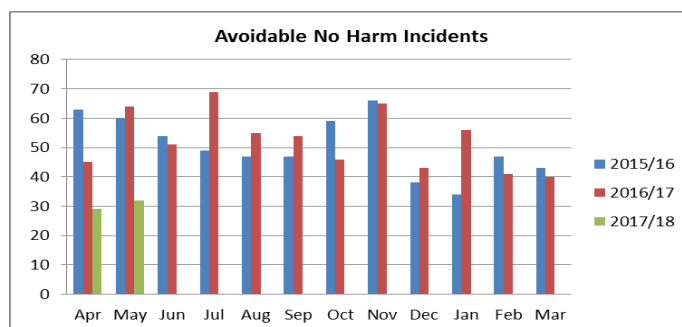
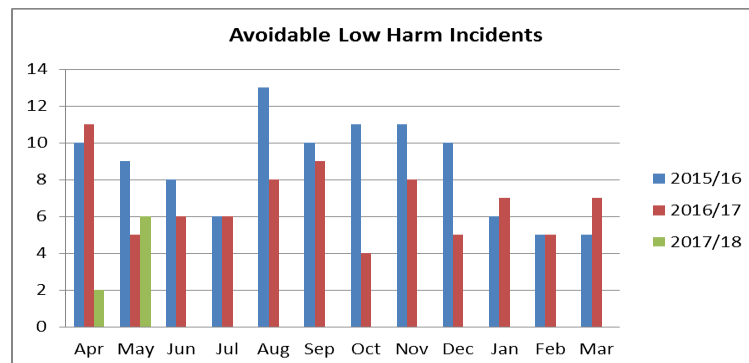


Figure 7



1.10. Infection, prevention and control

May has seen the launch of the SEPSIS awareness and action algorithms through the organisation. Once implemented, the on-going training and support for staff will be through training provided by learning and development on care of the deteriorating patients and will incorporate signs and symptoms and symptoms of Sepsis.

There was one unavoidable *Clostridium difficile* infection in Tonbridge therapy ward. The unit does not employ nursing staff and an inappropriate anti motility medication was prescribed by an out of hours GP. This could have had a poor outcome for the patient because the non-registered staffing model means unit staff may not have recognised this as a problem. The Trust diarrhoea pathway has now been re written to ensure non-registered staff would know this type of prescription was not appropriate. The Assistant Practitioner in charge of this unit, along with others in the Trust, is part way through a medicines management course.

Actions from the *Clostridium Difficile* reduction plan continue to be implemented, including implementation of a new diarrhoea assessment tool, revision of *Clostridium difficile* policy and protocols, and training of all staff within inpatient areas on the new tools.

1.11. Quality Surveillance

QVMH, Herne Bay remain on minor concern – the new leadership at this hospital continues to challenge culture and progress is being made to improve working practices and enhance patient experience and flow.

Hawkhurst Hospital remained on moderate concern – a visit from the Chief Operating Officer to discuss the challenges at this hospital and seek solutions is planned in June 2017. An application for a retention premium has been made for this area to increase recruitment opportunities.

Both hospitals are receiving support from the operational managers for the areas. Nursing and Quality are supporting with specialist advice.

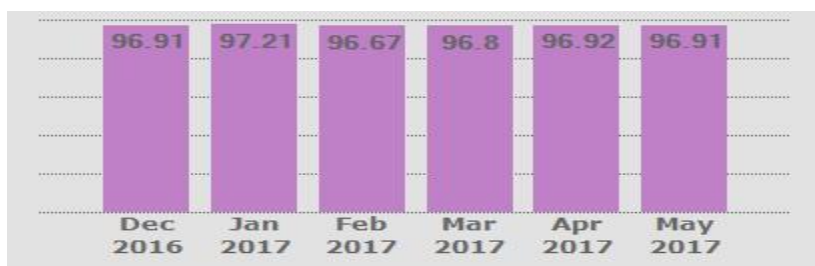
2. Patient Experience

2.1. 6,008 surveys were completed by patients using KCHFT services throughout May with a combined satisfaction score of 96.91%. This includes 2,321 short NHS FFT surveys used by the MIUs that achieved an overall satisfaction score of 96.87%. Trend lines for the last six months of reports are set out below:

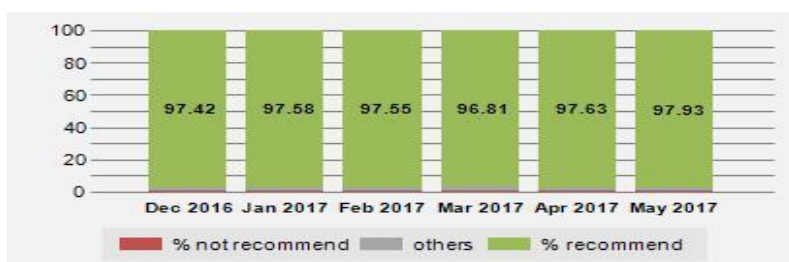
Questionnaire volumes



Aggregated monthly survey scores



NHS Friends and Family Test score response comparison



Satisfaction levels remain consistently high.

Combined result from all questionnaires submitted between 1-May-2017 and 31-May-2017	Number of questionnaires submitted between 1-May-2017 and 31-May-2017
96.91%	6,008

The below table demonstrates the NHS Friends and Family Test (FFT) Trust wide results for May. The majority of responses are extremely positive about KCHFT services.

	<u>Recommend</u>	<u>Not Recommend</u>	<u>Total Responses</u>	<u>Extremely Likely</u>	<u>Likely</u>	<u>Neither Likely or Unlikely</u>	<u>Unlikely</u>	<u>Extremely Unlikely</u>	<u>Don't Know</u>
Trust	97.93%	0.47%	5,568	4,614	839	51	13	13	38

A selection of positive feedback is detailed below.

Community Hospital (Edenbridge)	The staff are wonderful. I've been treated so well. What more do I want, you are a lovely group of girls.
Physiotherapy (MSK) - Faversham Cottage Hospital	Very helpful and personable staff. Useful techniques given. Always listen well. Great experience.
Diabetes Nursing - Canterbury	Always a friendly and informative service whenever I have an appointment. Always beneficial.
Stop Smoking - Tunbridge Wells	Found the service very encouraging and supportive, I could easily open up and the service doesn't judge you.
Rapid Response Service - Tonbridge	Very professional and caring personnel and arrived on time. An absolute brilliant service, thank you so much.
Sexual Health Service - Dover	The ladies down at the clinic were extremely understanding and helpful with my situation. The lovely lady that took my blood was so gentle and quick. Generally just a great service.
Children's Integrated Therapy Services - Eastbourne, The Havens, Polegate, Hailsham	They are brilliant at helping my little girl and so patient with her when she is having a stubborn moment. She gets really excited about having her visits.
Health Visiting - Tunbridge Wells	Always very helpful and friendly. Have been available to speak to whenever I have had any concerns. Great service.
Children's Bladder and Bowel Nursing - Sheppey	So helpful and feel extremely comfortable. Made my child feel relaxed.
Newborn Hearing Service - Dartford	I was very pleased with the lady who dealt with my baby and me. Gave a full explanation for the test, was very friendly and nice.

All negative comments are flagged to services for investigation and action if possible and a selection of negative feedback from the NHS Friends and Family Test question is below

Health Checks - Gravesham	Unlikely	Comment: I felt at times the person doing my health check had not listened to me. I told her at the start I had spent most of last week in bed with food poisoning, one of her first questions was to ask me the sort of exercise I did last week.
Survey flagged up to service 17.05.17. This was not one of our clinics- information was communicated to commissioners.		

Integrated Therapy and Care Services School Years - Thanet	Unlikely	We used to receive a specialised service for our son in a safe and specialised environment. Disabled children and adults don't get much that is just for them and now we have to bring him here with able bodied children and adults who do not understand and stare at him. The disabled parking spaces are taken by able bodied families and Kier vans.
Survey 287722 - Action raised by service: Locality clinical manager based at Greenbanks will speak to Kier, partner agencies who use the centre and the Centre receptionist about not using the disabled parking spaces and making use of nearby on-road parking.		

Sexual Health Service - Swale	Extremely unlikely	Comment: Rude ladies behind counter.
Survey 287191 flagged up to service on 11.05.17. Response received from Clinical Nurse Service Manager: Regarding the staff rudeness, I can only apologise if this was the case but this is impossible to investigate if we do not have the client's name to contact to obtain more details about the actual incident. I will however be discussing customer care and confidentiality at our next team meeting.		

2.2. Selection of actions and lessons learnt completed in May 2017

Community Nursing, Faversham – Patient unhappy that they not received visits from nurses to give injections following chemotherapy. **Action:** The trust pharmacy team was contacted and these issues will now be picked up and supported out of hours by the on call pharmacist.

Intermediate Care Team, Ashford - Unhappy regarding missed visits and that when visited staff attitude was not helpful, family believe this lack of care caused collapse at home and admission to hospital. **Action:** All teams across long and short term services teams in Ashford have been 'transitioned' and now have their caseloads on CIS, and the patients are allocated to staff via the CIS system to the staff tablet and a fail-safe back-up is being implemented.

QVMH, Herne Bay (Inpatient) - Family member unhappy that TIA was not recorded properly in the community hospital. Unhappy that information was not passed on to the GP. **Action:** Head of Service met with GP and meeting arranged with Consultant Community Physicians, GPs and Head of Service to finalise template. Doctor is now

undertaking the review and has trialled a new discharge summary document on Herron Ward.

Phlebotomy Service, QVMH, Herne Bay - Patients were unhappy with the new telephone appointment booking system, as phone line constantly engaged. **Action:** Installation of an additional telephone line and moving to a Voice Over Internet Phone (VOIP) telephone system whereby there is a loop and phone message informing patients that the phones are busy. A message has been added onto the KCHFT website and NHS Choices informing patients of the new appointment system and signage has also been amended in the outpatient main reception and clinic area.

2.3. Compliments

Compliments received by the PALS team

While compliments continue to be underreported there are some very positive responses below.

Directorate	Written Compliments	Verbal Compliments	Total
Adults	36	16	52
Adults – Health Improvement & Self-Management	21	34	55
Children and Young People	8	5	13
CYP- Dental	-	-	-
CYP – Sexual Health	3	11	14
Other Directorate	-	-	-
TOTAL	68	66	134

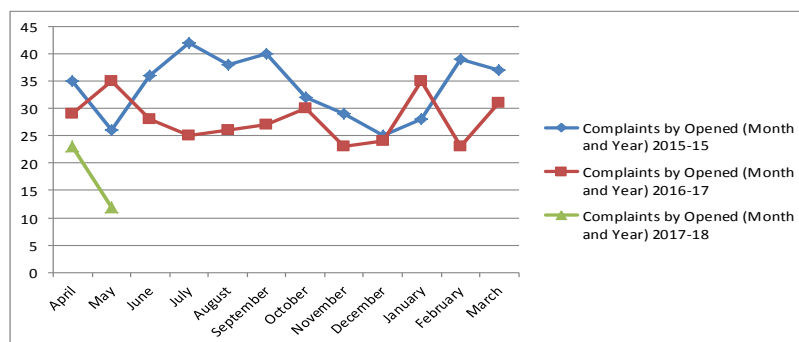
2.4. Complaints

In May 2017 there were 12 complaints for services, compared to 23 in April 2017.

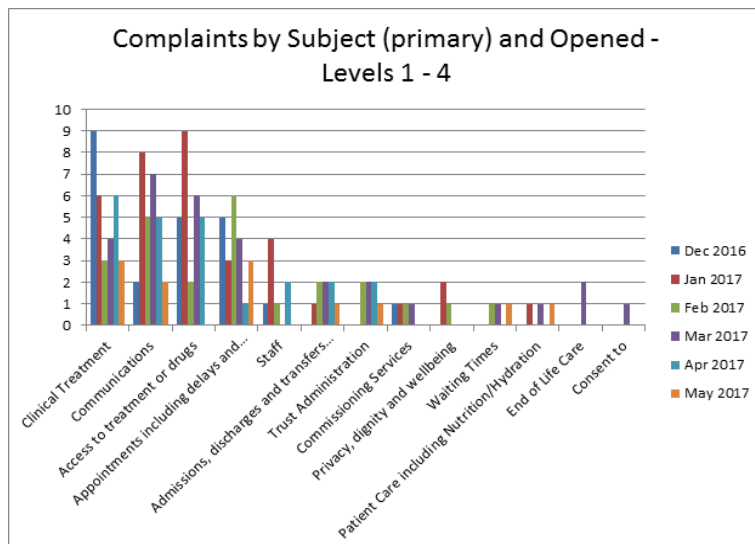
There were 2 multi-agency complaints.

At the time of preparing this report 12 complaints were graded as low risk, none as medium risk and none were ungraded.

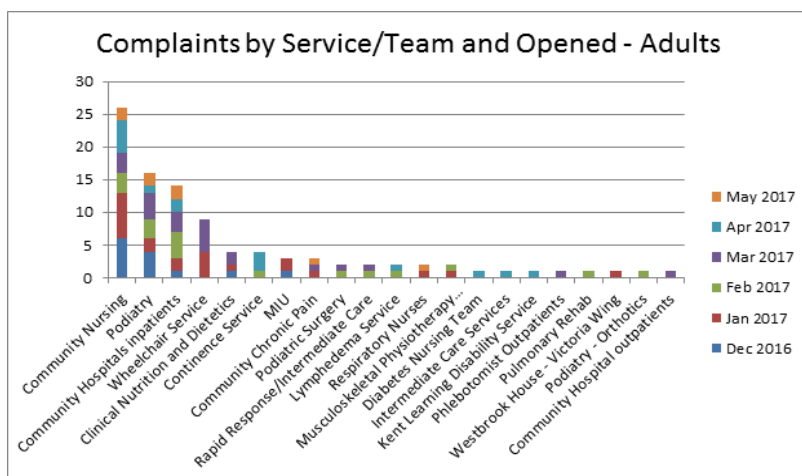
The following graph shows complaints received by month for the last 3 years



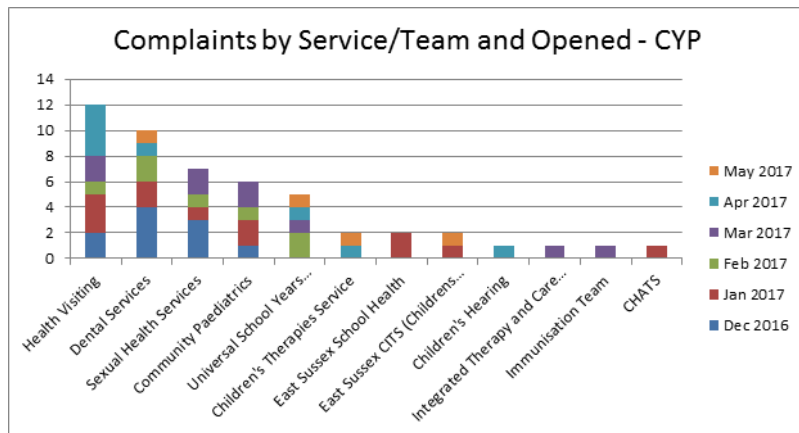
The following table shows complaints received by **subject** from December 2016 to May 2017



The following table shows numbers of complaints for **adult services** from December 2016 to May 2017.



The following table shows numbers of complaints for **children and young people's services** from December 2016 to May 2017.



The below table sets out complaints in May by **directorate and category**.

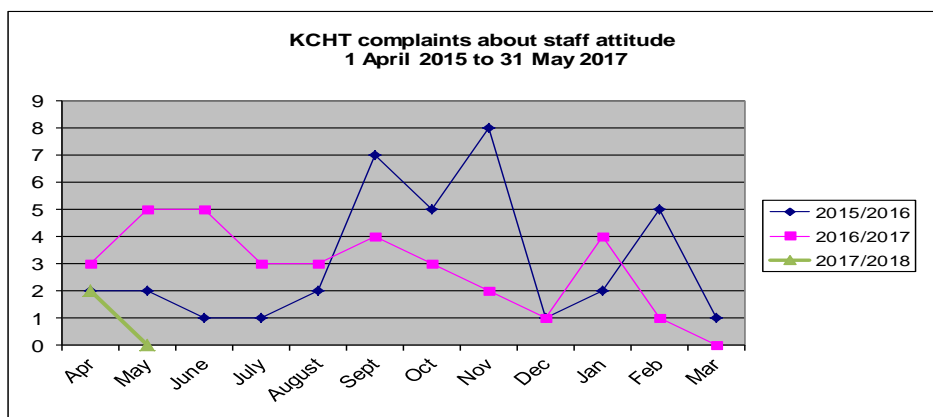
Directorate	Complaints in May 2017	High Risk	Medium Risk	Low Risk	Ungraded
Adults	8	0	0	8	0
Children and Young People	3	0	0	3	0
Dental	1	0	0	1	0
Sexual Health	0	0	0	0	0
Total	12	0	0	12	0

Level of complaint	Number
Level 1: minor complaints resolved within 24 hours. (These are not required to be reported to the Department of Health)	7
Level 2: significant, complaints which require some investigation and correspondence	3
Level 3: serious complaints which require in depth investigation and may involve an SI investigation or independent clinical opinion	0
Level 4: multi-agency complaint involving more than one organisation	2

The 2 multi- agency complaints are:

East Sussex CITS (Children's Integrated Therapy Services)	East Sussex	Admissions, discharges and transfers excluding delayed discharge due to absence of care package	EAST SUSSEX CITS Multi-Agency Complaint - East Sussex County Council Leading Family unhappy that therapy services have been withdrawn now that patient is being home schooled.
Community Hospitals inpatients	Sevenoaks, Tonbridge and Tunbridge Wells	Clinical Treatment	MTW leading Sevenoaks Hospital Inpatients: Unhappy that fracture was not diagnosed until family insisted on x-ray when fractures found

There were 0 complaints about staff attitude as per the chart below.



2.5. Themes and trends of complaints

Adult services

Clinical treatment

During the month there were 4 complaints in this category.

The complaints received were in relation to:

- Unhappy with delay in receiving care and in care provided after cancer treatment
- Wanting clarification of role of tissue viability team and correct route for referral to Burns Unit
- Unhappy that fracture not found until family insisted on x-ray
- Unhappy that patient fell in hospital and subsequent care provided

Referrals, appointments, admissions, discharges and transfers

During the month there were 3 complaints that fell into this category.

- Unhappy with access to clinic and that record of availability not updated.
- Unhappy with podiatry service in getting appointment and frequency of circulation and pulse checks
- Unhappy in delay in getting podiatry appointment and that still on waiting list.

Access to treatment and medication

During the month there were no complaints that fell into this category.

Values and behaviours

During the month there were no complaints that fell into this category:

Communication

During the month there was 1 complaint that fell into this category. This concern was in relation to

- being unhappy with amount of information provided by respiratory team

CYP Services

Clinical treatment

During the month there were no complaints in this category.

Referrals, appointments, admissions, discharges and transfers.

During the month there were 2 complaints that fell into this category.

- Unhappy with delays in patient receiving speech and language therapy
- Family unhappy that therapy services have been withdrawn now that patient is being home schooled.

Access to treatment and medication

During the month there were no complaints that fell into this category.

Values and behaviours

During the month there was 1 complaint that fell into this category.

- Unhappy with having to pay transport costs to dental surgery when thought should be getting treatment at home or free travel.

Communication

During the month there was 1 complaint that fell into this category.

- Unhappy that child weighed and measured with only one parent's consent

3. Patient Outcomes

3.1. Clinical Audit Programme April 2017- March 2018

At the end of May 2017 there were 158 clinical audits on the clinical audit programme. Of these an action plan is in place or currently being developed for 35% (56/158) projects. 13 projects have been completed.

Key Performance Indicators (KPIs)

All the actions identified from clinical audits are monitored and quality checked to close the action. Three Key Performance Indicators (KPIs) were introduced in 2014 based on the status of actions identified from clinical audits. The annual target is for 95% of clinical audit recommendations to be implemented. This is achieved via a stepped target during the year. KPIs at the end of May 2017 showed compliance target met in all 3 KPI areas.

This is an improvement in comparison with last year's figures where we only achieved 57% for May with 10% of actions overdue by more than 3 months and 4% by over 6 months.

Clinical Audit Reporting

Dashboard and SBAR reporting was recently introduced for clinical audit. The KPIs for this have now also gone live. These relate to receiving the full report within a specified timeframe after receipt of dashboard reporting i.e. receipt of final report from lead:

- Within 60 days of receipt of dashboard for audits with full or significant assurance.
- Within 30 days of receipt of dashboard for audits with limited assurance.
- Within 15 days of receipt of dashboard for audits with no assurance.

Whilst the KPI for reporting has not been achieved there has been a significant improvement from April and there has been an improvement from the same period last year in terms of reporting

Key Performance Indicators - Reporting	April	May	Achieved
Receipt of full report within specified timeframe following receipt of dashboard	15%	40%	No

3.2. National Institute for Clinical Excellence (NICE)

The number of NICE guidance/ standards that were issued in May 2017 was twelve. Guidance has a due date of 3 months from release and responses are not due until August 2017. The number of guidance/standards issued in February 2017 that were due for assessment in May 2017 was eighteen in total. Seven of the guidance/standards issued were deemed applicable to at least one service throughout the trust and eleven were assessed as not applicable. Of the seventeen responses from different services that identified guidance/ standards as applicable, the following assessments have been completed;

- Thirteen still remain under initial review and have not yet been fully assessed.
- Four have been identified as fully compliant.

Ali Strowman
Chief Nurse
June 2017

Contributions from the Nursing and Quality Team
Audit and Performance Teams

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	29 June 2017
Agenda Item:	2.3
Subject:	Month 2 Finance Report
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)	
<p>This report provides a summary of the financial position for Kent Community Health NHS Foundation Trust (KCHFT) to the month of May 2017.</p> <p>The Trust achieved a surplus of £472k year-to-date (YTD) which was £56k better than plan. The Trust is forecasting to reach a surplus of £3,026k in line with plan.</p>	
Key Messages	
Surplus: The Trust achieved a surplus of £472k (1.3%) to the end of May. Cumulatively pay and non-pay have underspent by £976k and £320k respectively. Income has under-recovered by £1,190k and depreciation/interest has overspent by £50k.	●
Continuity of Services Risk Rating: EBITDA Margin achieved is 2.7%. The Trust scored 1 against the Use of Resources Rating, the best possible score.	●
CIP: £454k of savings has been achieved to May against a risk rated plan of £679k which is 33% behind target. The full year savings target of £4,271k is forecast to be achieved in full.	●
Cash and Cash Equivalents: The cash and cash equivalents balance was £14,734k, equivalent to 25 days expenditure. The Trust recorded the following YTD public sector payment statistics 97% for volume and 95% for value.	●
Capital: Spend to May was £637k, representing a £66k overspend against the YTD plan.	●
Agency: Agency spend was below trajectory for May.	●
Proposals and /or Recommendations	
The Board 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 <input type="checkbox"/> (Explanation required): High level Financial position described and no decisions 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.	
Gordon Flack, Director of Finance	Tel: 01622 211934
	Email: Gordon.flack@kentcht.nhs.uk

FINANCE REPORT – MAY 2017 (MONTH 2 of 2017-18)

The Trust achieved a surplus of £472k year-to-date (YTD) which was £56k better than plan. The Trust is forecasting to reach a surplus of £3,026k in line with plan which is supported by £1,759k of sustainability and transformation funding.

Dashboard

Surplus			Rag rating: Green		Use of Resource Rating			Rag rating: Green		CIP		Rag rating: Amber	
	Actual	Plan	Variance			Year to Date Rating	Year End Forecast Rating			Actual	Plan	Variance	
Year to Date £k	472	416	56							454	679	-225	
Year End Forecast £k	3,026	3,026	0							4,271	4,271	0	
The Trust achieved a surplus of £472k to the end of May.													
Pay and non-pay have underspent by £976k and £320k respectively.													
Depreciation/interest has overspent by £50k and income is £1,190k under-recovered.													
The Trust has scored the maximum '1' rating against the Use of Resource rating metrics for M2 2017-18.													
Capital Expenditure													
YTD Expenditure £k						637	571						
Year End Forecast £k						4,179	4,179						
Capital Expenditure year to date is £637k, representing an overspend of £66k against the YTD plan.													
Cash and Cash Equivalents													
Year to Date £k	14,734	18,634	-3,900										
Year End Forecast £k		21,386											
Cash and Cash Equivalents as at 31 May 2017 stands at £14,734k, equivalent to 25 days operating expenditure. The YTD variance is due to the late payment of SLA invoices from KCC and NHSE.													
Agency Trajectories													
	Actual £	Actual £	Variance £			Actual/Forecast	Plan			Actual £	Trajectory £	Variance £	
External Agency Expenditure (Inc. Locums)	380,725	723,333	342,608							702,707	1,446,667	743,960	
Locum Expenditure	80,141	106,250	26,109							138,220	212,500	74,280	

1. Income and Expenditure Position

The position for May was £29k favourable compared to plan. The in-month performance comprised underspends on pay and non-pay of £616k and £110k respectively, partly offset by an overspend on depreciation/interest of £25k and an under-recovery on income of £673k. The summary income and expenditure statement is shown below:

	MAY ACTUAL £'000	MAY BUDGET £'000	MAY VARIANCE £'000	% VARIANCE	YTD ACTUAL £'000	YTD BUDGET £'000	YTD VARIANCE £'000	% VARIANCE
CCGs - Non Tariff	10,199	10,880	-681	-6.3%	20,789	21,780	-991	-4.6%
CCGs - Tariff	352	373	-21	-5.7%	607	746	-139	-18.6%
Charitable and Other Contributions to Expenditure	7	6	2	28.0%	-7	11	-18	-162.4%
Department of Health	0	0	0	0.0%	0	0	0	0.0%
Education, Training and Research	193	193	0	0.0%	440	385	54	14.1%
Foundation Trusts	274	279	-5	-1.7%	541	558	-17	-3.1%
Income Generation	17	13	4	30.5%	79	26	53	200.0%
Injury Cost Recovery	29	27	3	10.2%	67	53	14	25.9%
Local Authorities	3,987	4,044	-57	-1.4%	7,945	8,091	-145	-1.8%
NHS England	1,912	1,836	76	4.1%	3,779	3,635	144	4.0%
NHS Trusts	514	549	-35	-6.4%	886	1,098	-212	-19.3%
Non NHS: Other	145	103	42	41.2%	251	205	47	22.9%
Non-Patient Care Services to Other Bodies	43	44	-1	-2.6%	92	89	4	4.0%
Other Revenue	159	188	-29	-15.4%	307	347	-40	-11.5%
Private Patient Income	53	23	30	131.0%	104	46	58	125.4%
Sustainability and Transformation Fund	147	147	0	0.0%	293	293	0	0.0%
INCOME Total	18,031	18,704	-673	-3.6%	36,175	37,365	-1,190	-3.2%
Administration and Estates	2,589	2,760	172	6.2%	5,152	5,317	165	3.1%
Healthcare Assistants and other support staff	1,845	1,915	70	3.7%	3,647	3,809	162	4.3%
Managers and Senior Managers	769	814	46	5.6%	1,500	1,617	117	7.2%
Medical and Dental	797	827	29	3.6%	1,579	1,623	44	2.7%
Qualified Nursing, Midwifery and Health Visiting	4,619	4,728	109	2.3%	9,082	9,450	368	3.9%
Scientific, Therapeutic and Technical	2,527	2,724	197	7.2%	5,010	5,372	362	6.7%
Employee Benefits	-149	0	149	100.0%	-91	0	91	100.0%
CIP Target Pay	0	-54	-54	-100.0%	0	-125	-125	-100.0%
East Kent Savings	0	-73	-73	-100.0%	0	-146	-146	-100.0%
North Kent Savings	0	-29	-29	-100.0%	0	-62	-62	-100.0%
PAY Total	12,997	13,613	616	4.5%	25,880	26,856	976	3.6%
Audit fees	5	5	0	3.8%	10	10	0	3.8%
Clinical Negligence	41	41	0	0.8%	82	83	1	0.8%
Consultancy Services	26	12	-14	-115.8%	34	22	-11	-50.0%
Education and Training	69	69	0	0.1%	85	138	53	38.4%
Establishment	431	631	200	31.7%	1,096	1,644	549	33.4%
Hospitality	1	1	0	-27.7%	1	2	0	25.9%
Impairments of Receivables	-83	0	83	0.0%	-86	0	86	0.0%
Insurance	2	1	-1	-90.8%	7	2	-4	-189.5%
Legal	24	26	2	7.2%	67	52	-15	-29.5%
Other Auditors Remuneration	0	0	0	0.0%	0	0	0	0.0%
Other Expenditure	7	10	3	34.6%	17	20	3	14.8%
Premises	1,380	1,360	-21	-1.5%	2,762	2,665	-97	-3.7%
Research and Development (excluding staff costs)	0	0	0	100.0%	0	1	1	100.0%
Services from CCGs	0	0	0	0.0%	0	0	0	0.0%
Services from Foundation Trusts	0	0	0	0.0%	0	0	0	0.0%
Services from Other NHS Trusts	37	25	-12	-47.4%	76	50	-26	-51.2%
Supplies and Services - Clinical	2,130	1,979	-152	-7.7%	4,135	3,976	-159	-4.0%
Supplies and Services - General	91	114	23	19.8%	168	221	53	24.1%
Transport	378	418	40	9.6%	852	840	-13	-1.5%
CIP Target Non Pay	0	-42	-42	-100.0%	0	-100	-100	-100.0%
NONPAY Total	4,540	4,650	110	2.4%	9,305	9,625	320	3.3%
EBITDA	494	441	53	12.1%	990	884	106	12.0%
EBITDA %	2.7%	2.4%	-0.4%		2.7%	2.4%	-8.9%	
DEPRECIATION/AMORTISATION	262	240	-22	-9.0%	523	480	-43	-9.0%
INTEREST PAYABLE	0	0	0	0.0%	0	0	0	0.0%
INTEREST RECEIVED	3	6	-3	-53.3%	5	12	-7	-57.2%
SURPLUS/(DEFICIT)	235	207	29	13.8%	472	416	56	13.4%
SURPLUS %	-1.3%	-1.1%	-0.2%		-1.3%	-1.1%	-0.2%	

Table 1.1: Trust Wide variance against budget in month

2. Risk Ratings

The Trust has scored a 1 against this 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
679	454	-226	4,271	2,759	1,512	4,271	0

Table 3.1: Cost Improvement Programme Performance

The cost improvements required this year amount to £4,271k.

YTD achievement is 33% behind plan with £454k removed from budgets at month two against a risk rated year to date plan of £679k. This position is improved from a shortfall of 38% in month one. Of the total CIP removed from budgets for the year, all savings have been achieved recurrently.

The forecast is to deliver the full £4,271k CIP target.

4. Statement of Financial Position and Capital

	At 31 Mar 17 £000's	At 30 Apr 17 £000's	At 31 May 17 £000's	Variance Analysis Commentary
NON CURRENT ASSETS:				
Intangible assets	238	310	304	
Property, Plant & Equipment	16,717	16,506	16,766	
Other debtors	68	66	64	
TOTAL NON CURRENT ASSETS	17,023	16,882	17,134	
CURRENT ASSETS:				
NHS & Non NHS - Invoiced Debtors (net of bad debt provision)	13,715	14,050	16,587	NHS & Non NHS - Invoiced Debtors (net of bad debt provision) The in-month increase is primarily due to the late payment of the M1 SLA with KCC (HV, FNP and CYP Services) and the non-payment of the M1 and M2 SLA invoices with NHSE for the new Dental contracts. All respective invoices have been paid in early June.
NHS Accrued Debtors	2,026	3,439	3,432	
Other debtors	2,604	3,403	2,751	
Total Debtors	18,345	20,892	22,771	
Cash at bank in GBS accounts	2,118	2,307	203	
Other cash at bank and in hand	49	37	30	Cash and Cash Equivalents
Deposit with the National Loan Fund (Liquid Investment)	17,000	14,500	14,500	The in-month decrease is primarily due to the late payment of the M1 SLA invoice with KCC as outlined above.
Total Cash and Cash Equivalents	19,166	16,844	14,734	
TOTAL CURRENT ASSETS	37,511	37,736	37,504	
CREDITORS:				
NHS & Non NHS - Invoiced Creditors falling due within 1 year	-5,322	-3,092	-2,805	
NHS - accrued creditors falling due within 1 year	-3,234	-2,793	-2,468	
Non NHS - accrued creditors falling due within 1 year	-8,283	-11,391	-12,171	Non NHS - accrued creditors falling due within 1 year The in-month increase is due to accruals applied for a further month's NHSPS costs yet to be invoiced.
Other creditors	-6,993	-6,418	-6,241	
Total amounts falling due within one year	-23,832	-23,694	-23,685	
NET CURRENT ASSETS	13,679	14,042	13,820	
TOTAL ASSETS LESS CURRENT LIABILITIES	30,702	30,924	30,954	
Total amounts falling due after more than one year	0	0	0	
PROVISION FOR LIABILITIES AND CHARGES	-3,584	-3,569	-3,364	
TOTAL ASSETS EMPLOYED	27,118	27,355	27,590	
FINANCED BY TAXPAYERS EQUITY:				
Public dividend capital	-2,612	-2,612	-2,612	
Income and expenditure reserve	-23,740	-23,977	-24,212	
Revaluation Reserve	-766	-766	-766	
TOTAL TAXPAYERS EQUITY	- 27,118	- 27,355	- 27,590	

Table 4.1: Statement of Financial Position, May 2017

	Total Assets	Total Liabilities	Assets/ Liabilities
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
Jan-17	59,366	34,202	1.74
Feb-17	53,766	28,267	1.90
Mar-17	53,651	27,417	1.96
Apr-17	54,618	27,263	2.00
May-17	54,639	27,048	2.02

Table 4.2: Assets and Liabilities

4.1 Capital

The table below shows the Trust's total expenditure on capital projects for the year to date 2017-18. The Trust's total Capital Plan for 2017-18 is set at £4.2m.

Capital Projects	M2 Actual YTD £000's	M2 Plan YTD £000's	M2 Variance to plan	Full Yr Forecast	Full Yr Plan £000's	Full Yr Variance	Variance Analysis Commentary
Estates Developments	420	399	-21	1,676	1,676	0	Actual expenditure YTD relates to continued works on the Orthotics Site, the completion of the Sevenoaks Wound Care Centre and works relating to service relocation at Wrotham Rd/Rochester Rd.
Backlog Maintenance	147	35	-112	455	455	0	Actual expenditure YTD primarily relates to the Hawkhurst Flooring Project which has progressed in advance of plan.
IT Rolling Replacement & Upgrades	76	40	-36	1,556	1,556	0	Actual expenditure YTD relates to Licensing Upgrade requirements.
Dental SBU	-6	97	103	242	242	0	Actual expenditure YTD relates to VAT refunds for 16/17 Capital Projects
Other Minor Schemes	0	0	0	250	250	0	
Total	637	571	- 66	4,179	4,179	-	

Table 4.3: Capital Expenditure May 2017

Gordon Flack
Director of Finance
June 2017

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	29 June 2017
Agenda Item:	2.4
Subject:	Workforce Report
Presenting Officer:	Louise Norris, Director of Workforce, Organisational Development and Communications

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary This report provides the Board with an update on the current workforce position as at June 2017. 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 May.

Proposals and /or Recommendations The Board is asked to note the current position on workforce performance.

Relevant Legislation and Source Documents Has an Equality Analysis (EA) been completed? No. This is an assurance report and no decisions required/no significant change. The Workforce Report in itself will 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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Louise Norris, Director of Workforce, Organisational Development and Communications	Tel: 01622 211910
	Email: louise.norris@kentcht.nhs.uk


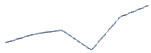











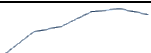



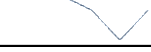







WORKFORCE UPDATE REPORT

1. Report Summary

- 1.1 This report provides the Board with an update on the current workforce position as at May 2017. 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 generally an 'exception' report; it contains narrative relating to those metrics against which KCHFT is performing below target in May.

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 and a trendline has now been included to illustrate current performance against recent performance. Each metric has been rated to illustrate performance against the Trust target.

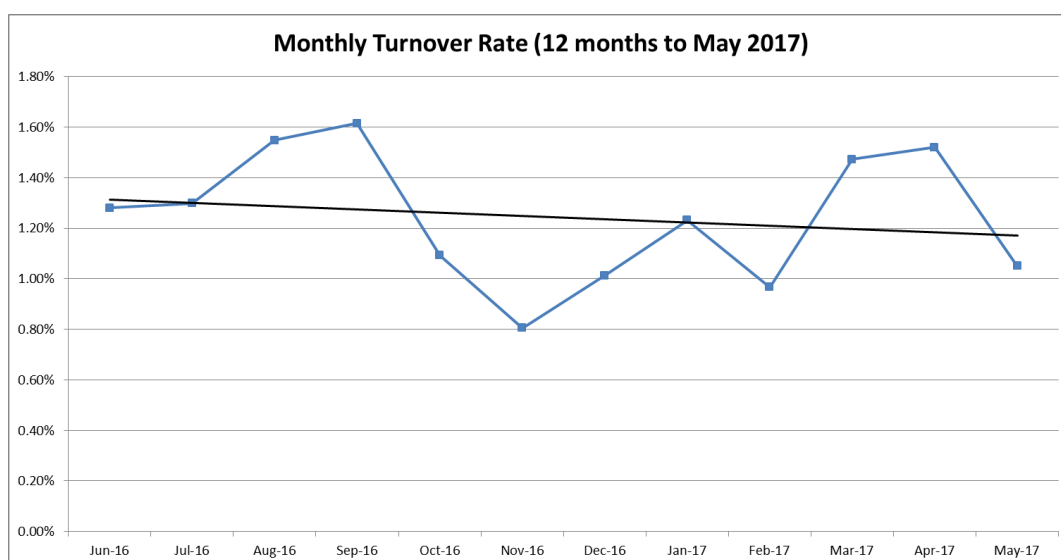
Month	May-17			
Direction (Better/Worse)	Metric	Target	Current Position	6mth Trendline (Dec 16 to May 17)
	Turnover (12 mths to May)	10.50%	14.91%	
	Absence (2017/18 cumulative)	3.90%	3.84%	
	Vacancies	5.00%	6.12%	
	Fill Rate Overall	No target set (rated on 75%)	89.76%	
	Fill Rate Bank	No target set (rated on 30%)	59.05%	
	Agency spend as a proportion of the trajectory (May, without contingency)	< 100%	52.6%	
	Agency shifts - Framework agency used - compliant with price cap	100%	93.72%	
	Average Recruitment Time in Weeks (in May 2017)	< 7 Weeks	5.46wks	
	Statutory and Mandatory Training (adjusted % for 2 yr Prevent/WRAP target)	85%	92.1%	TRENDLINE TBC
N/A	Number of suspended staff	No target set	5	
	Appraisals (annual figure)	85%	95.9%	
N/A	Trust Headcount (at 31 May 2017)	No target set	4,977	
	Number of Starters (May)	No target set	44	
	Number of Leavers (May)	No target set	53	

3. Performance Commentary

Turnover

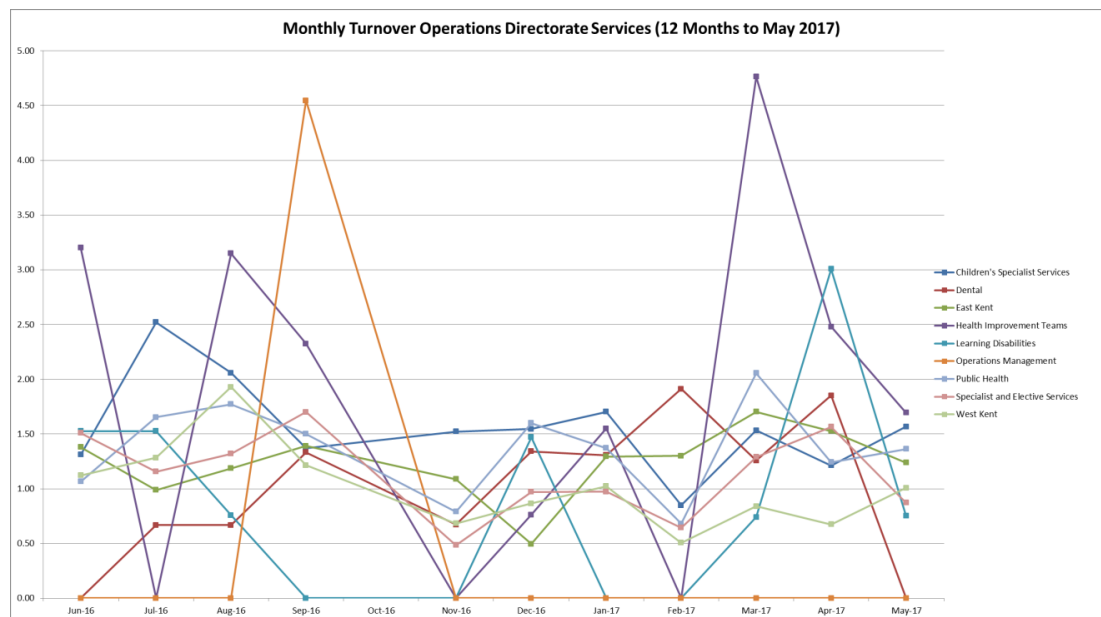
- 3.1 Turnover is rated red this month. The turnover rate for the 12 months to May 2017 is 14.91%, which is an increase against April's figure of 14.76% and above the target of 10.50%. This turnover data excludes TUPE transfers.
- 3.2 Figure 1 below shows turnover for the month of May, which stands at 1.05% compared to 1.52% the previous month. Looking at the same period last year the trend is similar with a reduction in May from the previous month: April 2016's turnover at 1.20% and May's at 0.98%.
- 3.3 The previous month's change to an upwards trajectory has now returned to being a downward trend.

Fig.1: Monthly Turnover Rates for the 12 Months to May 2017



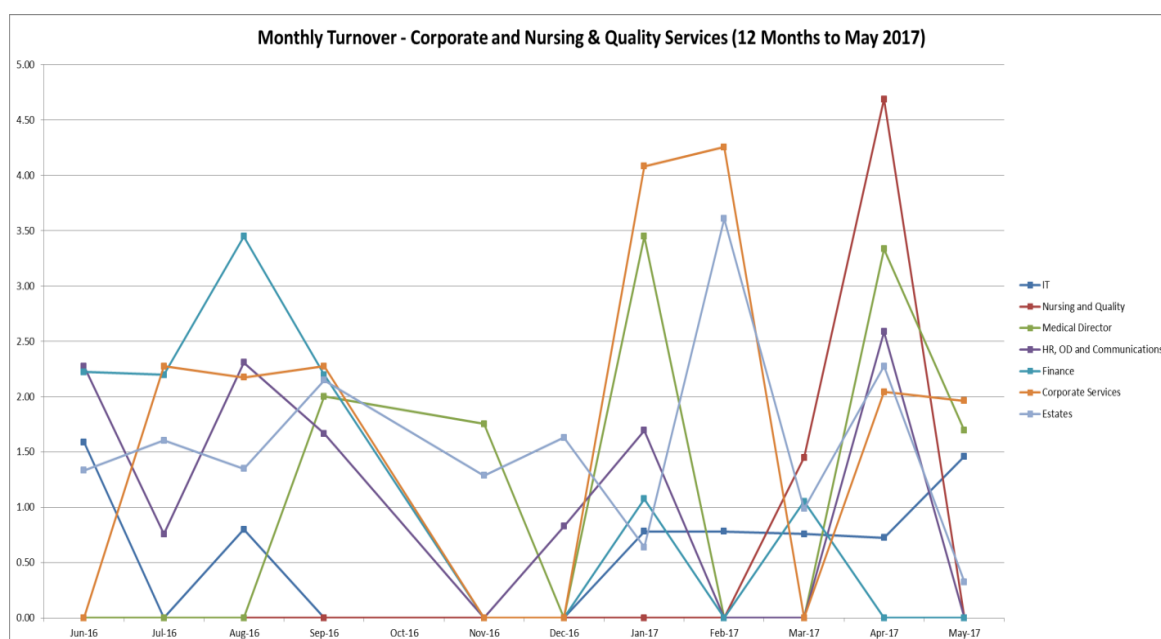
- 3.4 Fig. 2 below shows turnover for services within the Operations Directorate. The highest turnover for May was for Health Improvement Teams which stood at 1.69% compared to 2.48% for the previous month. Second highest turnover was Children's Specialist Services at 1.57%, up from 1.21% the previous month. The third highest rate was 1.36% for Public Health, up from 1.24% the previous month. The largest proportional increase was in West Kent where turnover increased from 0.67% last month to 1.01% this month. The largest decrease in turnover was in Dental which has a rate of 0.00% this month compared to 1.85% last month.

Fig.2: Monthly Turnover for Operational Directorate Services (12 months to May 2017)



3.5 Fig. 3. below shows turnover by directorate for other Trust services. These are primarily corporate related services but also Nursing and Quality. The highest turnover for May 2017 is 1.96% for Corporate Services, down from 2.04% the previous month. Second highest is the Medical Directorate at 1.69%, down from 3.33% the previous month. Third highest is IT at 1.46%, up from 0.72% the previous month (IT also had the highest proportional increase).

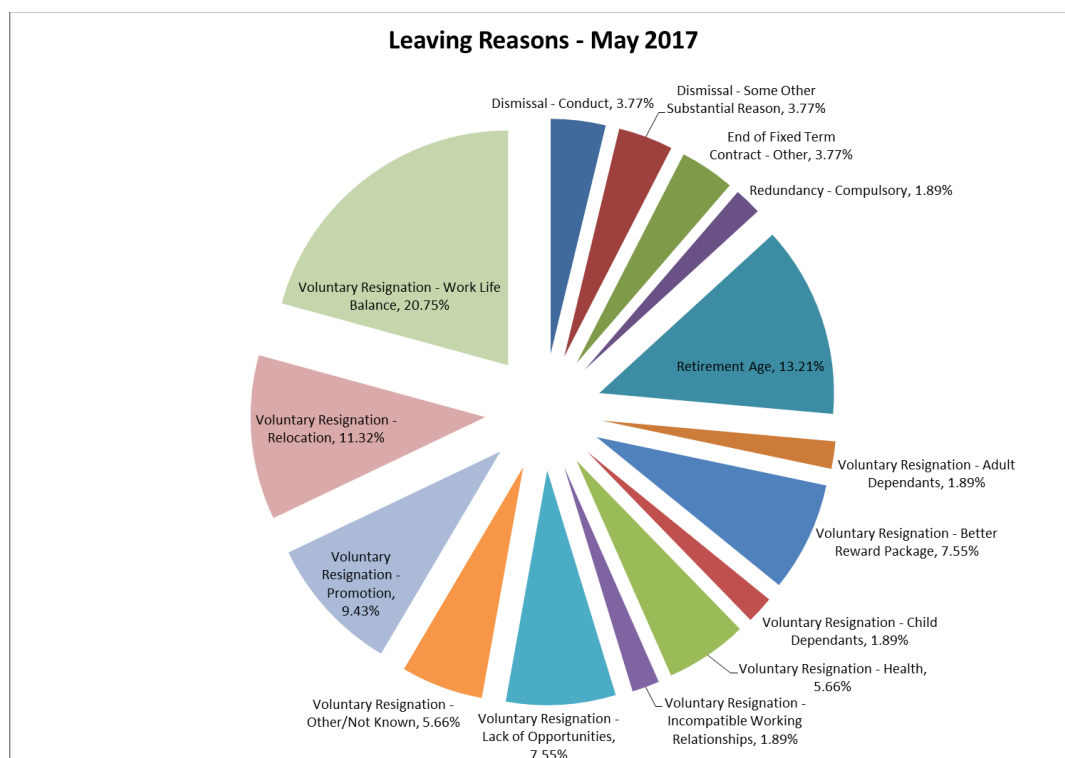
Fig.3: Monthly Turnover for Corporate and Nursing & Quality Services (12 months to May 2017)



Leaving Reasons

- 3.6 There were 53 leavers in May 2017 compared to an average number of leavers of 76 during the previous period of 12 months to April. There were 44 starters in May. This means there was a net loss of nine staff in May.
- 3.7 The figures below show leaving reasons for May. The largest number of leavers (20.75%) gave 'work life balance' reasons as their reason for leaving. The second most prevalent reason for leaving was 'retirement age' at 13.21%. Relocation was the third highest reason at 11.32%. The fourth most prevalent leaving reason was for promotion at 9.43%. Together these four reasons account for 54.72% of the total number of leavers.

Fig.4: Leaving reasons – May 2017



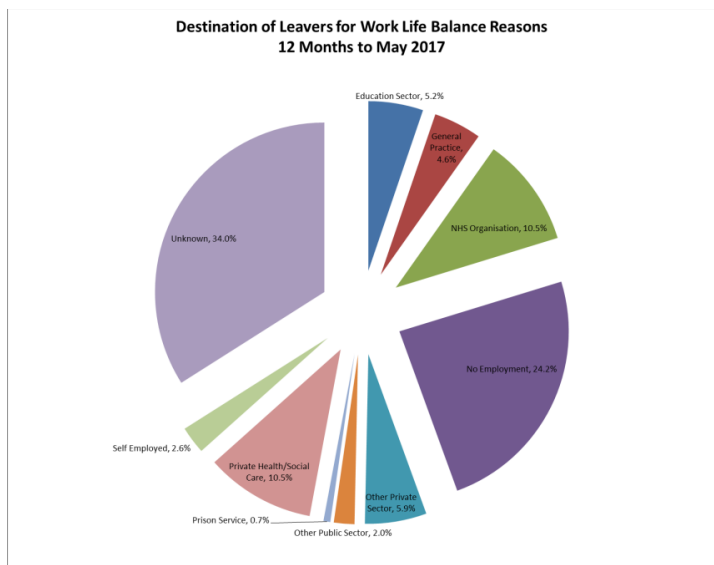
- 3.8 Looking at the trend over the year as a whole, Fig. 5 below shows the latest picture on leaving reasons over the past 12 months to May 2017. The figures shown represent the actual number of leavers.
- 3.9 Resignation for work life balance reasons remains as the top reason with 153 leavers (an increase of 1 leaver from the previous month). This was followed by promotion at 109 (up from 106) and retirement age at 102 (up from 98). For retirements, the figure of 102 leavers increases to 132 if other forms of retirement are taken into account. The fourth highest reason for leaving was relocation with 87 leavers (up from 81). These four reasons account for 451 of leavers (481 if other forms of retirement than retirement age are included) which is 58% of all leavers. These figures exclude TUPE transfers.

Fig.5: Leaving reasons – 12 months to May 2017 (excluding TUPE)



3.10 Fig. 6 below shows the destination of work life balance leavers during the year to May 2017. The top destination leavers for work life balance reasons is no employment at 24.2% (up from 23.5% last month), with 10.5% leaving for other NHS organisations (down from 11.1%). This is followed by 10.5% going to private health/social care providers (up from 9.2% last month) and 5.9% to other private sector providers (down from 7.2%). The top four destinations remain the same as last month. The Trust does not know the destination of 34% of work life balance leavers (the same percentage as last month). By way of a breakdown of those leaving to go to no employment, 89% were female and 11% male compared to 92% and 8% respectively across all leavers destinations.

Fig.6: Destination of Leavers for Work Life Balance Reasons 12 months to May 2017



Sickness Absence

- 3.11 Cumulative sickness absence for 2017/18 is 3.84% to date which is just within the target of 3.90%. Sickness absence performance for May 2017 alone was 4.04% (up from 3.65% in April 2017) and is therefore above the target of 3.90% and would be rated red. Fig 7 below shows the absence rate for each individual month during the past 12 months and at 4.04% this month's rate is the fourth lowest during the period being monitored.

Fig.7: Sickness Absence Rate for the 12 months to May 2017

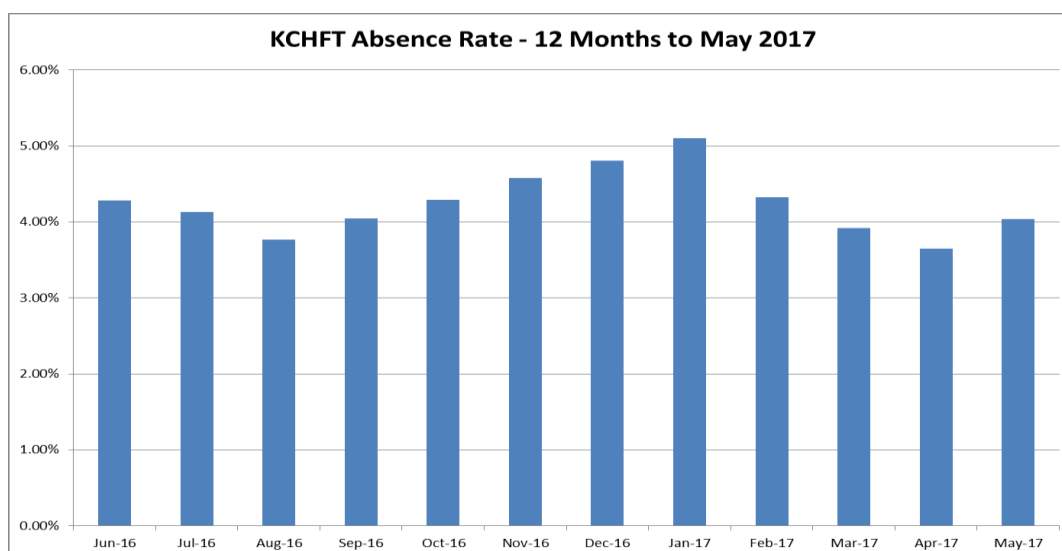
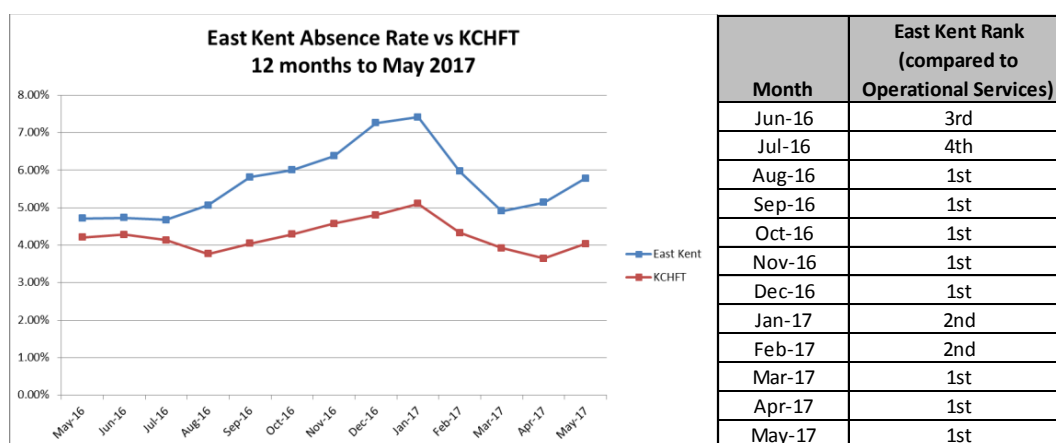
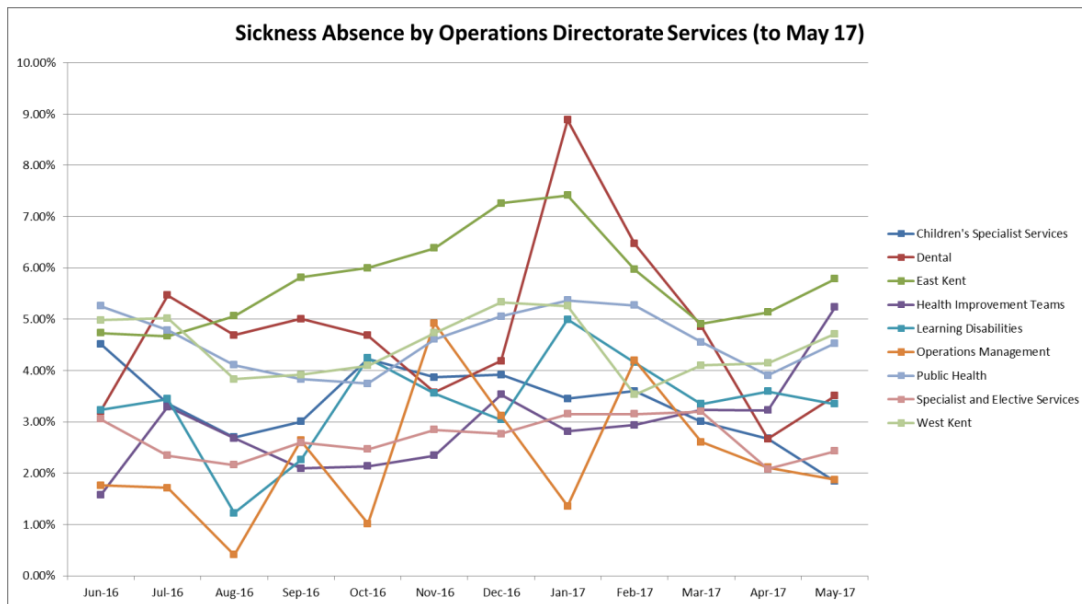


Fig 8: East Kent Data



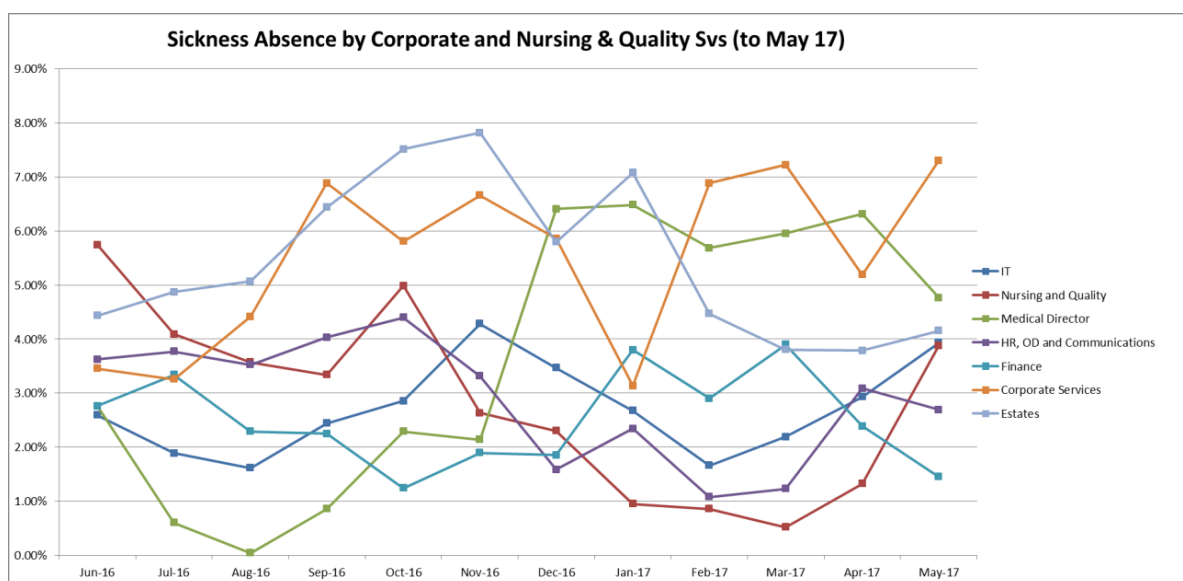
- 3.12 Fig 9a below shows sickness rates within the Operational Directorate. As in April, in May 2017 East Kent had the highest sickness rate at 5.79% compared to 5.13% the previous month. Over the 12 months to May East Kent has had the highest sickness rate on most occasions (information regarding East Kent is shown in Fig 8 above). The second highest rate was for the Health Improvement Teams at 5.23% (compared to 3.23% the previous month). The third highest rate was for West Kent at 4.71% (up from 4.14% the month before). The highest proportional increase in sickness was in the Health Improvement Teams with the second highest proportional increase being Dental which increased from 2.67% to 3.51%. The largest proportional decrease was for Children's Specialist Services which decreased from 2.67% in April to 1.84% in May.

Fig.9a: Sickness Absence for Operations Directorate 12 mths to May 2017



3.13 Fig.9b below shows sickness absence by corporate directorates and Nursing and Quality for May 2017. The highest sickness rate was in Corporate Services at 7.30% compared to 5.19% the previous month. Second highest was the Medical Directorate at 4.76% compared to 6.32% the previous month. Third highest was Estates with an absence rate of 4.15% compared to 3.79% the previous month. The highest proportional increase was for Nursing and Quality where the absence rate increased from 1.32% in April to 3.88% in May 2017. The largest proportional fall in sickness absence was for Finance where the rate decreased from 2.39% in April to 1.45% in May.

Fig.9b: Sickness Absence by Corporate and Nursing and Quality Services 12mths to May 2017



3.14 NHS sickness absence figures for NHS Foundation Trusts have been produced for 2016 in relation to 2016/17 final accounts by NHS Digital (previously the Health and Social Care Information Centre). These figures cover data for the calendar year January to December 2016.

3.15 Data for KCHFT reported as part of this shows:

- Average WTE for 2016: 4,310
- Adjusted WTE days lost to Cabinet Office definitions: 40,161
- Average days sick per WTE: 9.3
- WTE days available: 1,573,260
- WTE days recorded sickness absence: 65,150

3.16 The data has been collected from the ESR data warehouse for KCHFT to the same standards as the data extracted and calculated for other trusts in the sample.

3.17 The chart at Appendix A attached shows the average days sick per WTE and KCHFT's position in relation to this. With an average sickness of 9.3 WTE days this puts us in joint 60th place out of the 152 Trusts (for which full year data is available). The chart directly below shows the data available for the two Kent Foundation Trusts.

Name	OCS code	Figures Converted by DH to Best Estimates of			Statistics Published by NHS	
		Average FTE 2016	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
Kent Community Health NHS Foundation Trust	RYY	4,310	40,161	9.3	1,573,260	65,150
Medway NHS Foundation Trust	RPA	3,793	33,234	8.8	1,384,579	53,913

Training Compliance

3.18 Training compliance is at 92.1% and is therefore rated green for May 2017. Areas of training rated amber are outlined below:

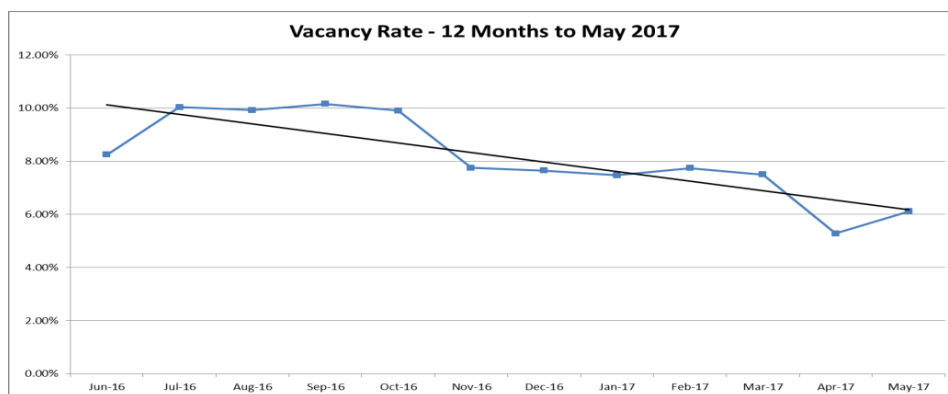
Amber rated areas:

- **Client Handling.** Although this has improved by 5.8% it is still amber. There are a lot of undersubscribed session for this topic as well as sessions being cancelled as a result of very low numbers.
- **Safeguarding Adults Level 1.** This has increased by 1.1%, as an e-Learning module (or knowledge assessment if updating) it is accessible and should continue to increase.
- **MCA Level 3 (DoLs)** This has maintained compliance this month. Three dates are being finalised with the safeguarding team, once ready these will be directly emailed to those in the target audience to book on.

Vacancies

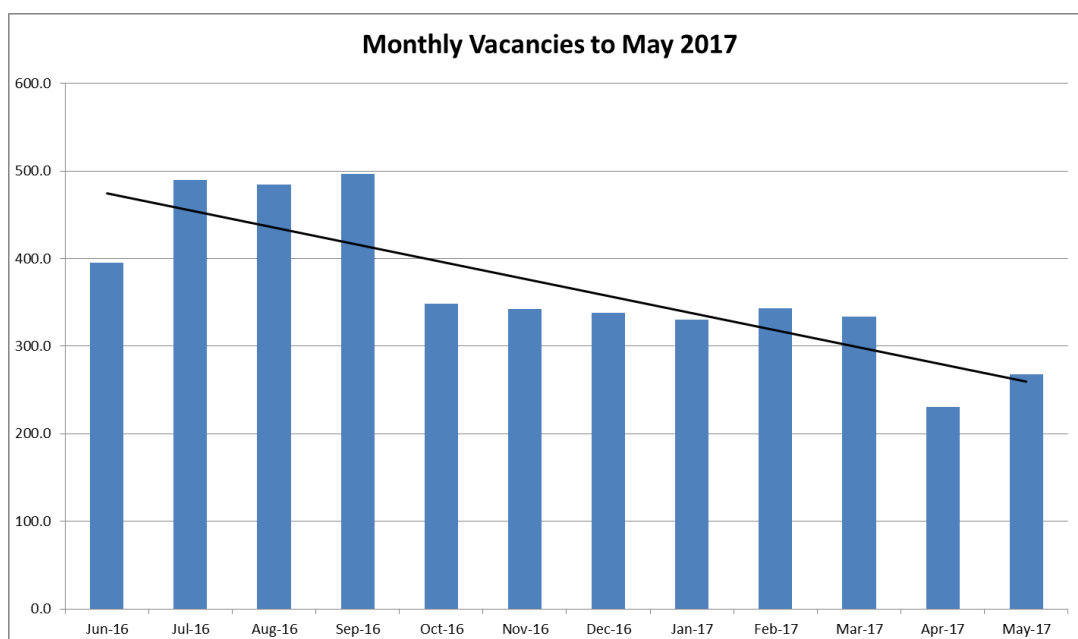
- 3.19 The vacancy rate for May 2017 is 6.12% compared to a target of 5.0% which means performance has been rated as red this month. The rate has increased to 6.12% from 5.28% in April. Last month's performance was the lowest rate for around two years. Fig.10 shows the overall downward trend in the vacancy rate.

Fig.10: Vacancy Rate for the 12 months to May 2017



- 3.20 Fig. 11 shows the number of vacancies has increased to 267.90 WTE in May 2017 compared to 230.73 WTE last month.

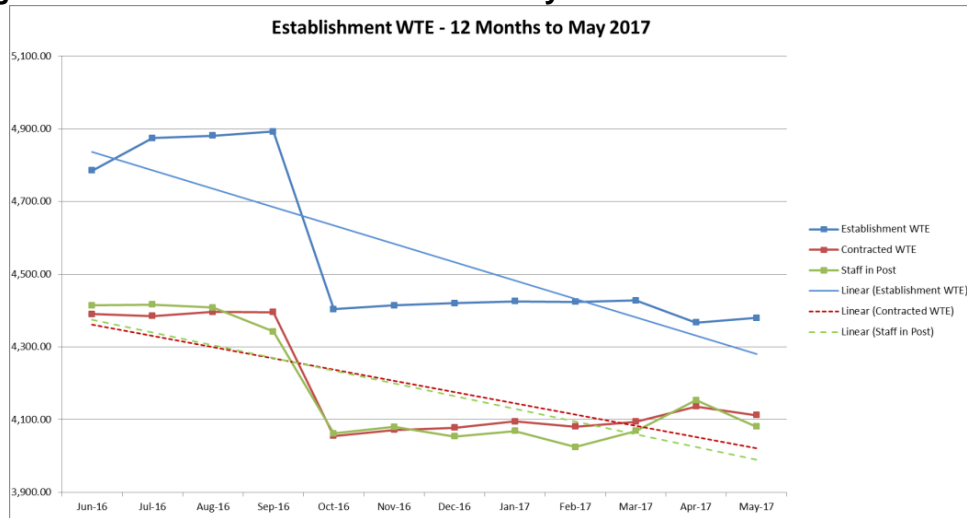
Fig.11: Vacancy Levels for the 12 months to May 2017



- 3.21 Fig 12 shows there was a 12.90 WTE increase in the establishment from 4367.39 WTE in April to 4380.29 WTE in May. This is an increase of 12.90 WTE in the establishment (a 0.3% increase). The number of contracted staff has fallen from 4136.66 WTE in May to 4112.39 WTE in May (a 0.6% decrease in contracted staff). This has therefore resulted in an overall proportional increase in the vacancy rate of 15.9% (or 0.84 percentage points) to 6.12%.
- 3.22 In terms of the establishment increase, the largest increases were 1.27 WTE in Finance and a 16.83 WTE increase in Operations (including a 10.46 WTE

increase in Children's Specialist Services). The reduction in contracted staff included a 1.4 WTE reduction in Corporate Services and a 11.86 WTE reduction in Operation (including a 7.42 WTE reduction in East Kent).

Fig. 12: Establishment: June 2016 to May 2017



Temporary Staff Usage

- 3.23 The table below shows shifts for May 2017 filled by agencies. The number of shifts filled with framework agencies compliant with the price cap is 93.72% which is therefore rated red.

	Framework		Non Framework		Total
	Price cap breach	Price cap compliant	Price cap breach	Price cap compliant	
Number of shifts	26	1179	43	10	1258
Percentage	2.07%	93.72%	3.42%	0.79%	100%

- 3.24 In May 2017, 93.72% of shifts were filled using framework agencies which are compliant with the price cap, down from 95.05% the previous month. This is a slight reduction but is within the context of significant and sustained upward performance on this measure towards a target of 100%. As performance is now on the approach towards the 100% mark inevitably there will be some fluctuations in performance as we seek to weed out the remaining shifts filled by other means; these will be the harder areas to reduce.
- 3.25 As well as the 95.05% of shifts compliant with price caps, a further 2.07% of shifts were booked with framework agencies who do not meet the price cap. In May 2017 a total of 97.12% of shifts were therefore filled using framework agencies, a slight decrease from 97.47% last month. This equates to 1,205 of shifts being filled with framework compliant agencies in May (a 19.9% increase in the number of shifts filled this way since April's 1,005 shifts).
- 3.26 The remainder of shifts were filled using non framework agencies which do (0.79%) and do not (3.42%) adhere to the price cap. This represents 4.2% of shifts in total, an increase from 2.52% the previous month.
- 3.27 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.
- 3.28 Fig. 13 on the following page shows agency spend for May 2017 compared to data available for last year in advance of a trajectory being established for 2017/18. For Month 2 agency spend is £380,725. Measured against an average of the previous 7 months costs this is 80.54% of the comparative data (minus the contingency).

Fig. 13. Agency spend for May 2017

Directorate and Locality	External Agency and Locum Expenditure M2 (£)	Trajectory M2 (£)	Adverse or Favourable Variance to Trajectory
Operations	364,016	453,147	F
Childrens Specialist Services	64,367	70,744	F
Audiology Service	0	173	F
East Sussex Childrens Integrated Therapy Services (CITS)	3,755	12,304	F
Integrated Therapy and Care Services	8,930	10,776	F
Kent Looked After Children Service	5,772	0	A
Paediatrics Service	45,952	27,691	A
Specialist Community Childrens Nursing Services	0	3,061	F
Universal SLT Services	-42	16,738	F
Dental	0	1,408	F
East Kent	130,194	188,094	F
Community Hospitals Ashford	883	794	A
Community Hospitals Canterbury	25,414	25,923	F
Community Hospitals SKC	16,430	10,964	A
Community Hospitals Thanet	22,332	22,179	A
Integrated Discharge Team	30,269	24,362	A
Intermediate Care Services Ashford	-256	10,340	F
Intermediate Care Services Canterbury	19,913	21,857	F
Intermediate Care Services Thanet	0	12,322	F
Intermediate Care SKC	2,058	24,628	F
Long Term Service Ashford	-4	7,148	F
Long Term Service Canterbury	6,836	7,723	F
Long Term Service SKC	6,324	16,957	F
Long Term Service Thanet	-4	2,750	F
Management of Canterbury Local	0	1	F
Management of SKC	0	68	F
Minor Injury Units SKC	0	79	F
Health Improvement Teams	0	111	F
Learning Disabilities	4,956	13	A
Operations Management	0	302	F
Public Health	588	6,180	F
East Kent Sexual Health Service	0	31	F
Health Visiting	588	4,023	F
Immunisations – Kent	0	731	F
Management of Public Health Services	0	769	F
Management of Sexual Health	0	194	F
Medway Sexual Health Services	0	63	F
North Kent Sexual Health Services	0	16	F
School Nursing	0	354	F
Specialist & Elective Services	9,810	19,639	F
West Kent	154,102	166,656	F
Community Hospitals West Kent	72,049	76,114	F
Add Additional Ward - Primrose Ward	5,600	5,600	F
Intermediate Care Services West Kent	65,329	61,993	A
Long Term Service West Kent	11,124	15,343	F
Management of West Kent Locality (ACS)	0	3,004	F
Minor Injury Units West Kent	0	4,601	F
Corporate Services	5,714	819	A
Estates	2,962	13,576	F
Finance	0	880	F
HR, OD & Communications	0	961	F
IT	6,162	3,154	A
Medical Director	3,738	0	A
Nursing & Quality	-1,867	184	F
Total Directorate Position	380,725	472,722	F
Contingency		250,611	F
Total Directorate Position/Trajectory based on last year Trajectory	380,725	723,333	F

4. Conclusions

- 4.1 There needs to be a focus on non-compliant statutory and mandatory training. This report outlines 14 topics which are red or amber rated including new areas which target audiences need to be participating in. In some areas inclusion of new training on compliance emails should improve rates.

5. Recommendations

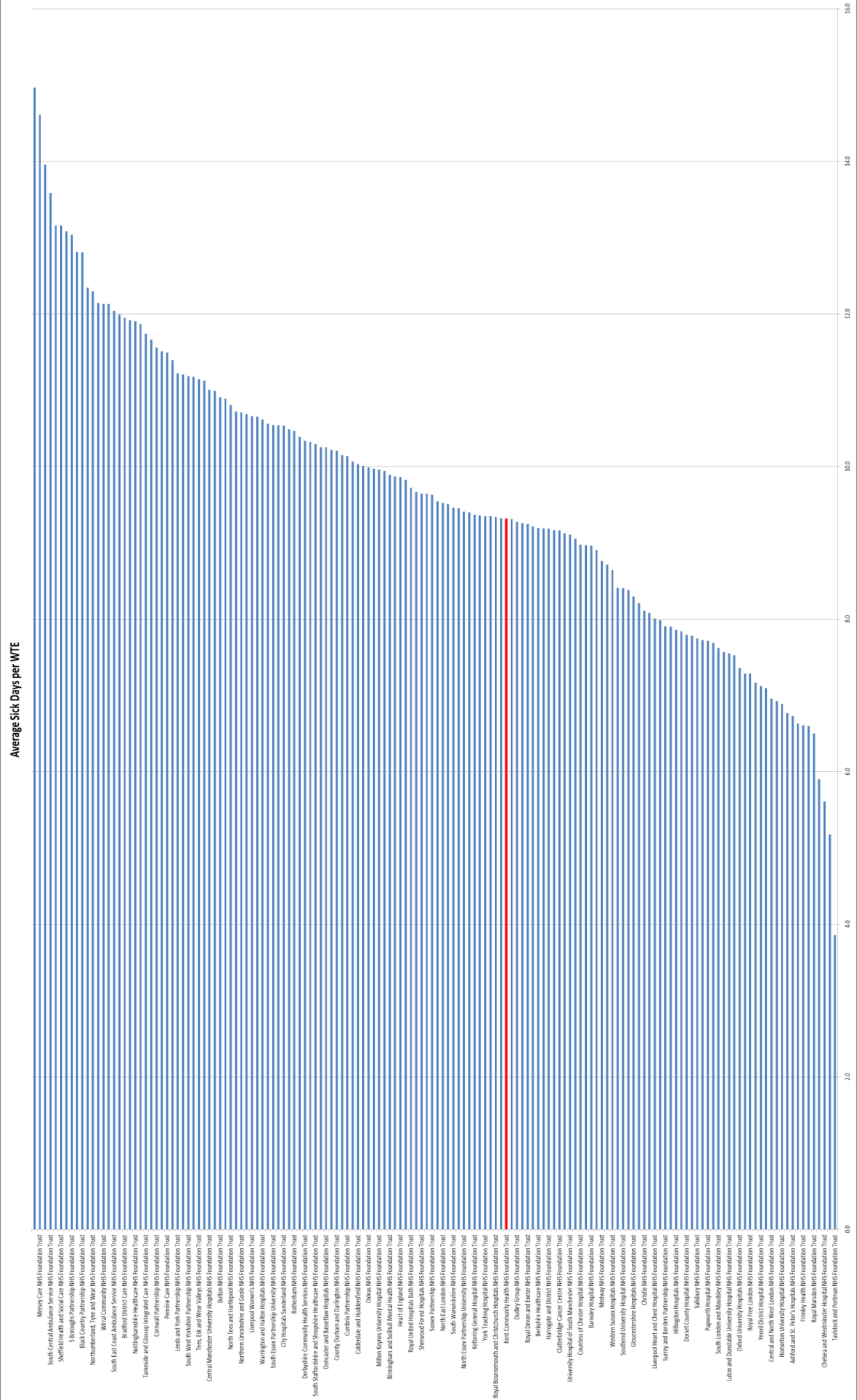
- 5.1 The Board is asked to note the current position on workforce performance and the proposed actions.

Louise Norris

Director of Workforce, Organisational Development and Communications

June 2017

Appendix A – Average Days Sick per WTE by Foundation Trust



Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	29 June 2017
Agenda Item:	2.5
Subject:	Recommendation In Response To The Edenbridge Public Consultation
Presenting Officer:	Lesley Strong, Chief Operating Officer/Deputy Chief Executive

Action - this paper is for:	Decision	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
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Report Summary (including purpose and context)
<p>This report highlights the outcome of the public consultation on the Edenbridge project. Following a 12 week consultation, including four public meetings attended by over 400 people and 1100 survey responses, this report draws together the main points of the conclusion and the recommendations that have arisen from the process, including the recommendation of the clinical commissioning group (CCG).</p>

Proposals and /or Recommendations
The Board is asked to support the recommendations of the consultation and CCG.

Relevant Legislation and Source Documents
Appendix A - Edenbridge Consultation Report
Has an Equality Analysis (EA) been completed?
No. Not Applicable.

Lesley Strong, Chief Operating Officer/ Deputy Chief Executive	Tel: 01622 211900
	Email: Lesley.strong@kentcht.nhs.uk

EDENBRIDGE PUBLIC CONSULTATION

JUNE 2017

1. Introduction

In August 2016, the Board approved the launch of consultation on the Outline Business Case in relation to the future of the Edenbridge Hospital and Edenbridge Medical Center. This followed a long process of informal engagement and development of options for the future service provision by, and location of, the Edenbridge Medical Practice and the Edenbridge and District War Memorial Hospital.

The consultation was launched following recognition of a strong case for change for local services and the buildings they are housed in.

It was clear that the Medical Practice was overcrowded and did not have the capacity to accept new patients if planned construction in the area was to go ahead, additionally the aging hospital was beginning to see signs of strain under the demands of delivering modern healthcare to an expanding population. It had become self-evident that continuing to provide services to the locality in the same manner would be unsustainable in the medium term.

In order to gauge public support for the matter and get the views of local residents, providers undertook a listening exercise between May and June 2016. This found that while there was some sadness at the prospect of losing a much loved Hospital building, there was a real appetite for the modernisation of service delivery and the expansion of the GP practice.

2. Development of Options

Responding to the public enthusiasm, the services and providers developed options and carried out an equality impact assessment. There were two arms to the consultation:

- whether the two sites should be amalgamated into one site and, if this was accepted, what services should be provided.

Clinically and operationally, a single site integrating primary and community care, and potentially social services, mental health and acute services would be best for patients and was in line with Trust strategy and with NHS England's strategy, the "Five Year Forward View".

Further considerations of the options for consultation were then undertaken in response to the engagement. Realistic options needed to be considered with factors that included a threshold test of whether:

- the hospital and GP surgery could combine on a single site;
- there was a viable site(s) to use in general terms;
- there was a realistic prospect of a new build;
- inpatient beds could be supported; and
- there were other services which could be provided.

On the basis of a positive the response to the above tests of feasibility and with the public listening exercise highlighting strong support for a combined hospital and GP surgery, from which a wide range of services could be provided, a range of options were therefore brought to formal public consultation.

The following options were therefore proposed;

- Build on a new site without inpatient beds (Option 1a)
- Build on a new site with inpatient beds (Option 1b)
- Build on the existing hospital site without inpatient beds (Option 2a)
- Build on the existing hospital site with inpatient beds (Option 2b)

These options were then considered as part of consultation.

In addition the consultation asked what it was that people most valued in the planning and delivering of services as part of the consideration of what services could be provided in the area and in the building specifically.

3. The Public Consultation

Between 1 February and 26 April, a 24 page document describing the situation and rationale for change and identification of the four options was presented to local people in a public consultation. Over the 12 week period local residents were given the opportunity to take part via surveys available online, in person and in writing through completing paper copies which were handed out at the consultation events, by sending a letter or email, or by attending one of the public meetings. Individuals in the local community were made aware of the consultation by a number of means, including physical flyers and leaflets, targeted email, advertisements on local facebook groups, twitter, and stalls around high populous areas such as supermarkets.

In total four public meetings were held over the consultation process which were attended by over 400 people.

The consultation process included a 20 minute presentation on what was being put forward for consultation, and why the consultation was necessary followed by a question and answer session. Following the meeting, attendees were given a hard copy of the survey to complete and/or directed to the online survey.

In total, over 1100 people took the opportunity to complete the survey by either hard copy or digital.

All responses were then independently assess and reviewed. The consultation report is attached at Appendix A.

4. Outcome of Consultation

The consultation survey asked eight questions over a range of affected areas.

Primarily, the survey gave a clear indication that 93.4% of local people considered the right solution was to have a combined GP surgery and hospital, formally confirming the outcome of the listening engagement phase.

Further, option 1a: to build on a new site without inpatient beds but extended other services was heavily favored by 79% of respondents.

The second highest response with 7.8% was option 2a: build on the existing hospital site without inpatient beds.

The consultation also highlighted the three factors people find most important in the planning and delivery of new services, these were;

- Reducing travel so that people can get treatment and care as close to home as possible;
- Designing healthcare to meet the changing needs of the community/population;
- Having the most up-to-date and efficient equipment and facilities.

Responses also highlighted an appetite for the new building to deliver as wide a range of services as possible, to undertake a multi-disciplinary approach to care for individuals with complex or long term needs, and care that assesses people as a whole person, not by illness.

5. Key Stakeholder Option

In addition to local residents, other local stakeholders were included in the consultation and encouraged to express their views. Overwhelmingly, institutions including the Edenbridge and District War Memorial Hospital League of Friends, Edenbridge Town Council, and Sevenoaks District Council, all favored option 1a.

6. Favored option of the CCG and the General Practice

Working with KCHFT and the GP surgery, the Clinical Commissioning Group (CCG) noted that patients were unhappy with the provision for the GP services. Common complaints included the GP practice being too small, and that parking and disabled access was an issue. Further, the GP practice has limited capacity to register more than the current 12,400 patients and will therefore struggle as up to 800 new homes were being built in Edenbridge. The CCG was also sympathetic to the arguments that the community hospital is outdated, and not fit to provide services in line with expectations of the delivery of modern healthcare.

Accordingly, it is the recommendation of the CCG that option 1a be pursued. This letter is included in Appendix B.

The Practice is fully supportive of option 1a and has expressed this clearly as part of consultation. The practice has also been instrumental in ensuring the consultation was both effective and inclusive.

7. Next Steps

Following this Board's consideration of the outcome of consultation, the response will be sent to the West Kent CCG Governing body. The CCG will itself consider the outcome of consultation together with recommendations from both the Practice and the Trust.

The CCG will then make a decision regarding which option will be pursued through to the next stage. Depending on the CCG's decision, in the next stage detailed plans including the financing of the build and the site will be considered. At this stage the different locations will be assessed and the financial sustainability and affordability will be closely reviewed with options for funding proposed and considered.

In advance of this next stage and in recognition that there will need some change at Edenbridge, the Trust and the CCG have jointly funded a fixed term project manager to take the project forward. The role of Project Manager has been offered to a candidate and this is going through the process of appointment.

8. Recommendation

In response to the clear preference of the local population, practice and the CCG, and in accordance with the Outline Business Case and Feasibility Assessment approved by the Board last year, the Board is asked to:

- Support the outcome of public consultation
- Confirm that option 1 is the preferred option of the Trust in the context of the high level review undertaken.
- Support the development of option 1a to detailed proposals.

Appendix 1 Edenbridge Consultation Report

Appendix 2 Letter from CCG regarding the preferred option

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	29 June 2017
Agenda Item:	2.6
Subject:	Policy for Ratification
Presenting Officer:	Louise Norris, Director of Workforce, Organisational Development and Communications

Action - this paper is for:	Decision	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
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Report Summary (including purpose and context):
This report presented for ratification is:
<ul style="list-style-type: none"> Temporary and Agency Workers Policy

Proposals and /or Recommendations:
The Board is asked to ratify the policy.

Relevant Legislation and Source Documents:
Has an Equality Analysis been completed?
Yes and available electronically.

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

RATIFICATION OF POLICIES

1. Introduction

- 1.1 A KCHFT policy has been revised and the Board is asked to ratify this policies.

2. Policies for ratification

- 2.1 The policy presented for ratification is –
- a) Temporary and Agency Workers Policy
- 2.2 The above policy is available electronically if required prior to the meeting of the Board.
- 2.3 The main changes to this policy are:
- The Policy has been reviewed and written in order to reflect the disengagement from NHS Professionals in March 2015 to the establishment and delivery of a Trust wide internal bank office to manage all KCHFT requests for temporary workers from April 2015.
 - Aligned to Trust template (mandatory formatting and content).

3. Process of developing and consulting on policies




- 3.1 The process for developing and consulting on new/revised policies is as follows:
- a. The policy is written by the Policy Owner
- b. Consultation within the appropriate Directorate to seek further professional input
- c. Policies are placed on to StaffZone for two weeks for general consultation and the feedback collated by Staffside and fed back to policy authors
- d. Approval from the appropriate committee or group. See consultation and sign off sheet attached below
- e. Board ratification

4. Recommendation

4.1 The Board is asked to ratify the above policy.

Louise Norris
Director of Workforce, Organisational Development and
Communications
June 2017

POLICIES – CONSULTATION AND SIGN OFF

Policy Title	Consultation With	Signature of the Chair(s)	Signature of Director with Responsibility
Temporary and Agency Workers Policy	HR Team All staff through Flo SPF	<div style="text-align: center;">  Louise Norris Director of Workforce, OD and Communications </div> <div style="text-align: center; margin-top: 20px;">  Neil Sherwood Deputy Staffside Convenor and Vice Chair (Staffside) </div>	<div style="text-align: center;">  Louise Norris Director of Workforce, OD and Communications </div>

Meeting of the Kent Community Health NHS Foundation Trust Board

to be held at 10am on Thursday 29 June 2017

in the Thomas Keane Room, East Malling Research Station, New Road, East Malling

ME19 6BJ

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 receive the Chairman's Report	Chairman	Verbal
1.5	To receive the Chief Executive's Report <ul style="list-style-type: none">Sustainability and Transformation Plan Update	Chief Executive	
2. BOARD ASSURANCE/APPROVAL			
2.1	To receive the Integrated Performance Report	Director of Finance Chief Operating Officer/Deputy Chief Executive Chief Nurse	
2.2	To receive the Monthly Quality Report	Chief Nurse	
2.3	To receive the Finance Report – Month 2	Director of Finance	

- | | | |
|-----|---|--|
| 2.4 | To receive the Workforce Report | Director of Workforce,
Organisational Development
and Communications |
| 2.5 | To approve the recommendation in
response to the Edenbridge Public
Consultation | Deputy Chief Executive/Chief
Operating Officer |
| 2.6 | Policies for Ratification <ul style="list-style-type: none">• Temporary and Agency
Workers Policy | Director of Workforce,
Organisational Development
and Communications |

3. ANY OTHER BUSINESS

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

DATE AND VENUE OF NEXT MEETING	Thursday 27 July 2017 The Committee Room, Tonbridge and Malling Council Offices, Gibson Building, Gibson Drive, Kings Hill, West Malling Kent ME19 4LZ
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