

**Agenda and Papers**

**for the**

**Formal meeting of the**

**Kent Community Health NHS Foundation**  
**Trust Board**

**to be held at 10am on**

**Thursday 30 November 2017**

**In**

**The Oak Room**

**Oakwood House**  
**Maidstone**  
**Kent**  
**ME16 8AE**



**Meeting of the Kent Community Health NHS Foundation Trust Board  
to be held at 10am on Thursday 30 November 2017  
in The Oak Room  
The Oak Room, Oakwood House, Barming, Maidstone Kent  
ME16 8AE**

**This meeting will be held in Public**

## **AGENDA**

### **1. STANDARD ITEMS**

- |     |   |                 |        |
|-----|---|-----------------|--------|
| 1.1 | Introduction by Chair   | Chairman        |        |
| 1.2 | To receive any Apologies for Absence  | Chairman        |        |
| 1.3 | To receive any Declarations of Interest   | Chairman        |        |
| 1.4 | To agree the Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 28 September 2017  | Chairman        |        |
| 1.5 | To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 28 September 2017  | Chairman        |        |
| 1.6 | To receive the Chairman's Report  | Chairman        | Verbal |
| 1.7 | To receive the Chief Executive's Report <ul style="list-style-type: none"> <li>• Sustainability and Transformation Plan (STP) Update</li> <li>• To approve the East Kent Accountable Care Partnership (ACP) Proposal</li> </ul> | Chief Executive |        |

## 2. BOARD ASSURANCE/APPROVAL

2.1	To receive the Patient Story	Chief Nurse
2.2	To receive the Quality Committee Chairman's Assurance Report	Chairman, Quality Committee
2.3	To receive the Audit and Risk Committee Chairman's Assurance Report	Chairman, Audit and Risk Committee
2.4	To receive the Strategic Workforce Committee Chairman's Assurance Report <ul style="list-style-type: none"> <li>To approve the Terms of Reference</li> </ul>	Chairman, Strategic Workforce Committee
2.5	To receive the Charitable Funds Committee Chairman's Assurance Report	Deputy Chairman, Charitable Funds Committee
2.6	To receive the Integrated Performance Report <ul style="list-style-type: none"> <li>Looked After Children Service performance</li> <li>Home First Pathway One</li> </ul>	Director of Finance  Chief Operating Officer/Deputy Chief Executive
2.7	To receive the Monthly Quality Report	Chief Nurse
2.8	To receive the Finance Report – Month Seven	Director of Finance
2.9	To receive the Workforce Report	Director of Workforce, Organisational Development and Communications
2.10	To approve the Quality Strategy	Medical Director

### 3. REPORTS TO THE BOARD

- |     |  |   |
|-----|--|---|
| 3.1 | To receive the approved Minutes of the Charitable Funds Committee meeting of 26 April 2017 | Deputy Chairman,<br>Charitable Funds<br>Committee                             |
| 3.2 | To receive the Infection Prevention and Control Update Report                              | Chief Nurse   |
| 3.3 | To receive the Quarterly Patient Experience Report   | Chief Nurse   |
| 3.4 | To receive the Six Monthly Public Engagement and Equality Report                           | Director of Workforce,<br>Organisational<br>Development and<br>Communications |

### 4. ANY OTHER BUSINESS

- |  |          |
|--|----------|
| To consider any other items of business previously notified to the Chairman. | Chairman |
|--|----------|

### 5. QUESTIONS FROM MEMBERS OF THE PUBLIC RELATING TO THE AGENDA

### 6. DATE AND VENUE OF NEXT MEETING

**Thursday 25 January 2018 at 10am; Kent Invicta Chamber of Commerce, Ashford Business Point, Waterbrook Avenue, Sevington, Ashford Kent TN24 0LH**



**Unconfirmed Minutes  
of the Kent Community Health NHS Foundation Trust Board  
held at 10am on Thursday 28 September 2017  
in The Council Chamber  
Sevenoaks Town Council Offices, Bradbourne Vale Road, Sevenoaks,  
TN13 3QG**

**Meeting held in Public**

<b>Present:</b>	David Griffiths, Chairman Pippa Barber, Non-Executive Director Paul Bentley, Chief Executive Peter Conway, Non-Executive Director Richard Field, Non-Executive Director Gordon Flack, Director of Finance Steve Howe, Non-Executive Director Louise Norris, Director of Workforce, Organisational Development and Communications Dr Sarah Phillips, Medical Director David Robinson, Non-Executive Director Bridget Skelton, Non-Executive Director Lesley Strong, Deputy Chief Executive/Chief Operating Officer Ali Strowman, Chief Nurse Jennifer Tippin, Non-Executive Director.
<b>In Attendance:</b>	Gina Baines, Committee Secretary (minute-taker) Natalie Davies, Corporate Services Director

**28/09/1     Introduction by Chair**

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

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

**28/09/2     Apologies for Absence**

There were no apologies.

The meeting was quorate.

**28/09/3      Declarations of Interest**

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

**28/09/4      Minutes of the Meeting of 27 July 2017**

The following amendment was made:

27/07/7 Chief Executive's Report; paragraph 1 should read '...and that sites which the Trust operated...'

The Board **AGREED** the minutes, subject to the amendment.

**28/09/5      Matters Arising from the Meeting of 27 July 2017**

Ms Strong confirmed that the review of the targets for the Length of Stay Key Performance Indicator (KPI) would be discussed in Part Two of the meeting.

The Board **RECEIVED** the Matters Arising.

**28/09/6      Chairman's Report**

Mr Griffiths commented that he had visited the Whitstable and Tankerton Hospital recently. He had been impressed by the work of the multi-disciplinary team and medical staff and the much improved hospital environment for patients.

The Board **RECEIVED** the Chairman's verbal report.

**28/09/7      Chief Executive's Report**

Mr Bentley presented the report to the Board for assurance.

Mr Field confirmed that the Finance, Business and Investment (FBI) Committee would be holding its October 2017 meeting at the Orthotics Laboratory in Sandwich.

In response to a comment from Ms Barber regarding the important work that the Learning Disabilities Service undertook in the Trust, it was agreed to invite the service to present at a future Board meeting.

**Action** - Ms Davies

With regards to the ongoing activities with the Kent and Medway Sustainability and Transformation Plan (STP), a number of issues were being debated. These included the stroke consultation, changes in the health system in east Kent, and the local care investment case. The latter was expected to be approved at the November 2017 STP Programme Board. It was agreed that all Board members be invited to attend the local conference 'One Year On' to be held at the end of October 2017.

**Action** – Ms Norris



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

Mr Bentley presented the Trust Vision and Mission statements to the Board for approval.

The Board **APPROVED** the Trust Vision and Mission.

## **28/09/8      Quality Committee Chairman's Assurance Report**

Mr Howe presented the report to the Board for assurance.

In response to a question from Mr Griffiths regarding the poor performance that had been reported at Queen Victoria Memorial Hospital (QVMH), Herne Bay, Ms Strowman confirmed that there had been a number of issues relating to the leadership of the ward, staffing and estates. These had been addressed. There had been a change of leadership and estates issues were being addressed. The Infection Prevention and Control Team had increased its support on the ward and additional funds had been made available to improve the general environment for patients and staff. Ms Strong added that the Early Warning Trigger Tool (EWTT) had moved from a red to an amber rating which was encouraging.

In response to a question from Ms Tippin regarding the leadership in place on Heron Ward, QVMH, Ms Strowman confirmed that the Ward Matron at the Whitstable and Tankerton Hospital was overseeing the ward in the interim. She was confident of her leadership.

Mr Howe presented the Quality Committee Terms of Reference to the Board for approval.

In response to a question from Ms Tippin regarding the Committee's confidence in its relationship with the three formal sub-groups that reported to it, Mr Howe confirmed that the Non-Executive Directors (NEDs) on the Committee had agreed to observe each of the groups to ensure that they were satisfied that there was sufficient scrutiny of the reports.

The Board **APPROVED** the Quality Committee Terms of Reference.

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

## **28/09/9      Audit and Risk Committee Chairman's Assurance Report**

Mr Conway presented the report to the Board for assurance.

In response to a question from Ms Barber regarding the issues that had been identified by the Committee in relation to community nursing and the new models of care, Mr Conway indicated that the Committee had not been assured that the risk registers had addressed the key risks and actions. It would be revisited at its November 2017 meeting and if there were any residual concerns, these would be escalated to the Quality Committee. Ms

Strong added that changes linked to the STP and the new care models represented a risk to some teams, where it was expected that they would take on additional work and new responsibilities.

With regards to the next round of the Cost Improvement Programme (CIP) for 2018/19, the Committee had suggested that it needed a relaunch to encourage greater innovation from services. It was agreed that the Executive Team would consider the suggestion and report back with a proposal to the Board.

**Action** – Ms Strong

The Committee had discussed the Trust's gap analysis of the recommendations made by Deloitte following its review of Gloucestershire Hospitals NHS Foundation Trust. The Committee recommended that the Board support two changes in practice; that non-members of committees rotate their attendance at all committees, and that Executive Directors also attend all committees on a rotational and occasional basis. It was agreed that this would be arranged.

**Action** – Ms Davies

## **28/09/10    Integrated Performance Report**

Mr Flack presented the report to the Board for assurance.

The Corporate Scorecard reported a good performance for the Trust at Month Five with the majority of KPIs rated Green or Blue.

In response to a question from Ms Tippin regarding the ability of the Trust to respond to the Contract Performance Notice that it had received from the commissioner of the Looked After Childrens Service (LAC), Mr Flack confirmed that there was considerable clinical and management effort being made to address the commissioner's concerns and ensure that the service was working properly in the future. Early reporting indicated that there was an improvement in the process to ensure that assessments were carried out in a timely way. Ms Strong added that she had visited the team. She was also confident that the new process would lead to improved performance.

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

## **28/09/11    Monthly Quality Report**

Ms Strowman presented the report to the Board for assurance.

In response to a question from Mr Field regarding the staffing arrangements at the integrated units, Ms Strowman reminded the Board that these units were managed by Kent County Council (KCC). As the Registered Manager, it had not signed up to the Trust's own safer staffing standard. The units had recently been inspected by the Care Quality Commission which had rated them as Good. Mr Field highlighted that the discussion over funding arrangements of the units had dragged on for a

considerable period of time and left the Trust exposed to a potential risk if there was an incident. The discrepancy in acceptable staffing levels for the two organisations also required some attention. It was agreed that the staffing and reported incidents at the units over the previous twelve months would be reviewed.

**Action** – Ms Strowman

In response to a question from Ms Barber regarding staffing, especially at QVMH, Ms Strong confirmed that the ward was a priority for agency staff to ensure sufficient staffing, particularly Registered Nurses.

Ms Barber requested more information on when and where the medication incidents were occurring. Ms Strowman confirmed that this had been discussed by the Patient Safety and Clinical Risk Group. The Pharmacy Lead had suggested that the high number of incidents reported was due to incorrect coding on Datix. Doses were late rather than missed due to shift handover timings. This was being addressed and it was anticipated that there would be an improvement in performance the following month.

In response to a question from Mr Griffiths regarding the number of reported E coli bacteraemias that had been reported in the community, Ms Strowman explained that this was linked to the number of urethra catheters used. The Trust was engaged in a national programme, working with other health care professionals, to help reduce that number. Reporting would begin from next April 2018 to help with monitoring performance.

The Board **RECEIVED** the Monthly Quality Report.

## **28/09/12 Finance Report (Month 5)**

Mr Flack presented the report to the Board for assurance.

The Trust was on target to report a surplus at year end. The Corporate Scorecard underlined that quality had not been compromised to achieve good financial performance. There was some risk relating to income flows. With regards to the overall CIP, this was doing well compared to the previous year. The Capital Plan was slightly behind target and this was being addressed. The Trust was performing well against the agency and medical locum trajectories.

The Board **RECEIVED** the Finance Report.

## **28/09/13 Workforce Report**

Ms Norris presented the report to the Board for assurance.

The sickness absence data in the report would be republished following a query with the data.

**Action** – Ms Norris

In response to a question from Mr Conway regarding what the Trust could

do differently to address its recruitment and retention problems, Ms Norris explained the various approaches that had been taken. Underpinning these, the Trust was striving to be the best employer by providing supportive management, particularly during times of organisational change. The Trust was particularly challenged in east Kent where there was a high level of staff movement across the health care system, especially in primary care. The Trust would be analysing the NHS Staff Survey results to help provide a focus on the areas where it could make a difference.

In response to a question from Ms Tippin regarding when the Trust had last benchmarked itself locally to test the attractiveness of its proposition, Ms Norris confirmed that this had been done in west Kent. With regards to east Kent, Ms Norris suggested that more could be achieved by raising the issue of staff movement into the primary care sector with the east Kent commissioners. . It was agreed to carry out a benchmarking exercise regarding the remuneration and wider offering of the Trust compared to its competitors.

**Action** – Ms Norris

The Board **RECEIVED** the Workforce Report.

#### **28/09/14    Mortality Review Policy**

Dr Phillips presented the policy to the Board for approval.

Consultation with a number of groups including the Quality Committee had been undertaken in developing the policy. The Trust had referred to the published guidance but amended it where relevant to reflect the community context. Mortality data would be reported to the Board on a quarterly basis, although this would be limited as the thrust of the report would be on learning for the Trust. The policy would be available on the Trust's public website.

In response to a clarification question from Mr Griffiths regarding deaths in the community, Dr Phillips confirmed that deaths would be reviewed by the organisation that was deemed to 'own' the patient. Although, this needed further guidance from NHS England (NHSE) as it was a more complex situation in the community. Currently, the Trust could review all relevant deaths as the numbers were small. Any unexpected deaths attributable to the Trust would be fully reviewed.

Ms Barber confirmed that she attended the Mortality Surveillance Group and provided input into the development of the policy.

The Board **APPROVED** the Mortality Review Policy.

#### **28/09/15    Trust Constitution**

Ms Davies presented the report to the Board for approval.

In response to a question from Mr Field regarding the amount of support

the Trust expected from the various organisations that had been proposed to nominate an Appointed Governor, Ms Davies indicated that early discussions had been positive. No formal agreement was yet in place.

In response to a question from Ms Skelton regarding the appointment of Governors from KCC and Medway Council, in light of closer working relationships between the Trust and these organisations, Mr Griffiths highlighted that the Trust needed to be conscious of a potential conflict of interest for these Governors in the future. Ms Davies responded that the suggestion had been made by the KCC representative and that the feedback she had received did not indicate that the two local authorities were unhappy about the proposed changes.

The Board **APPROVED** the Trust Constitution.

#### **28/09/16    Senior Independent Director**

Ms Davies presented the report to the Board for approval.

Ms Skelton had been nominated as the Senior Independent Director, following the retirement from the Trust Board of Mr Robinson, the previous Senior Independent Director.

The Board **APPROVED** the Senior Independent Director.

#### **28/09/17    Proposal and Formation and Terms of Reference of a Workforce Committee**

Ms Norris presented the report to the Board for approval.

Ms Davies suggested that the Committee membership should be amended to ensure that there was adequate oversight by the Non-Executive Directors. She also suggested that the Committee's quoracy be revised to ensure that it was robust. The Terms of Reference would be amended to reflect the attendance of Non-Executive Directors (NEDs) on a rotational basis at the Committee meetings. Two NEDs would attend each meeting.

**Action** – Ms Norris

In response to a question from Mr Griffiths regarding Executive Director membership, it was suggested that there would be a core membership and that other directors would be invited to attend when required. It was agreed that the membership of the Committee would be reviewed in March 2018.

**Action** – Ms Norris

With regards to its decision-making authority, the Committee would primarily provide assurance to the Board. However, it was suggested that it would also be responsible for ratifying relevant policies; a responsibility previously held by the Board. Further work needed to be undertaken by the Committee to identify which reports it would receive. It was agreed that the Deputy Director of Finance would be a member of the Committee and that the Committee would meet as frequently as required, initially bi-monthly.

It was agreed that the revised Terms of Reference would be brought back to the Board for approval when they had been finalised.

**Action** – Ms Norris

The Board **APPROVED** the Formation of the Strategic Workforce Committee.

The Board **APPROVED** the Terms of Reference of the Workforce Committee, subject to the amendments.

#### **28/09/18 Policies For Ratification**

Ms Norris presented the following policies to the Board for ratification.

- Gender Identity At Work
- Induction
- Managing Sickness Absence
- Organisational Change

The Board **RATIFIED** the Policies.

#### **28/09/19 Safeguarding Annual Report 2016/17**

Ms Strowman presented the report to the Board for assurance and approval.

The report had previously been received by the Quality Committee. The full report was available electronically. The Board was also asked to approve the Slavery and Human Trafficking Statement.

The Board **RECEIVED** the Safeguarding Annual Report 2016/17.

The Board **APPROVED** the Slavery and Human Trafficking Statement.

#### **28/09/20 Monthly Mortality Report**

Dr Phillips presented the report to the Board for assurance and approval.

The data indicated that the Trust was looking after its patients well. The Executive Team would be reviewing the value of the clinical coding undertaken by the Trust to determine what additional value it provided.

The Board **RECEIVED** the Monthly Mortality Report.

#### **28/09/21 Quarterly Patient Experience Exception Report**

Ms Strowman presented the report to the Board for assurance.

The report had been received by the Quality Committee. The most recent data for August 2017 indicated that patient experience continued to be positive. There had been an increase in complaints in June 2017 which

had subsided subsequently.

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

## **28/09/22 Six Monthly Freedom To Speak Up Guardian's Report**

Ms Norris presented the report to the Board for assurance.

In response to a question from Ms Barber regarding the strategy of the Trust when a member of staff left the organisation and did not pursue their complaint, Ms Norris confirmed that the Trust would consider what had been raised in a broader sense, if any member of staff chose not to take forward an issue.

In response to a question from Ms Tippin regarding as to how Freedom To Speak Up differed from whistleblowing, particularly around the confidentiality of the individual who had raised the concern, Ms Norris confirmed that Freedom To Speak Up included whistleblowing. With regards to confidentiality, the Trust had a responsibility to ensure that staff were not adversely affected. Ms Tippin suggested that this was a difficult area but that the Trust had a duty to protect the identity of staff in cases of whistleblowing. It was suggested that future reports to the Board would limit their focus on how well the Trust's procedures were working.

Mr Conway commented that the Audit and Risk Committee was well-placed to provide assurance to the Board that the process was working and identify any themes. It was agreed that regular reports would be received and the Board updated annually through the Committee Chair's Assurance Report.

**Action** – Ms Norris

There was a further discussion regarding the similarities and differences between the Trust's Whistleblowing Policy and the Freedom To Speak Up Policy, and it was agreed that further clarification was needed and an update would be provided to the Board.

**Action** - Ms Norris

In response to a question from Mr Howe regarding the role of the Non-Executive Director and the signposting for staff to escalate concerns, it was agreed that this would be clearly articulated.

**Action** – Ms Norris

It was also agreed to identify who would have Non-Executive Director responsibility in the Trust for whistleblowing going forward, following the retirement of Mr Robinson.

**Action** – Ms Davies

The Board **RECEIVED** the Six Monthly Freedom To Speak Up Guardian's Report.



**28/09/23    Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Process Report**

Ms Davies presented the report to the Board for assurance.

The Trust had carried out the self-assessment against the NHS Core Standards for EPRR and achieved a substantial level of compliance. This had been supported by the Area Team.

The Trust **RECEIVED** the Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Process Report.

**28/09/24    Any Other Business**

Mr Griffiths thanked Mr Robinson for his commitment to the Trust during his tenure as Non-Executive Director and wished him well in his retirement. These sentiments were endorsed by the Board.

**28/09/25    Questions from Members of the Public Relating to the Agenda**

There were no questions from the public.

The meeting closed at 12.25pm.

**28/09/26    Date and Venue of the Next Meeting**

Thursday 30 November 2017 at 10am in the Oak Room, Oakwood House, Maidstone ME16 8AE



**MATTERS ARISING FROM BOARD MEETING OF 28 SEPTEMBER 2017 (PART ONE)**

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Chief Executive's Report	To invite the Learning Disabilities Service to present at a future Board meeting.	Ms Davies	The Learning Disabilities Service presented at the October 2017 Informal Board meeting.
Chief Executive's Report	To invite all Board members to attend the Kent and Medway Sustainability and Transformation Plan (STP) Conference 'One Year On', to be held at the end of October 2017.	Ms Norris	Action complete. Action closed.
Audit and Risk Committee Chairman's Assurance Report	For the Executive Team to re-launch the 2018/19 Cost Improvement Programme to encourage greater innovation from services.	Ms Strong	Agenda item on Management Committee for discussion.
Audit and Risk Committee Chairman's Assurance Report	To arrange for the co-ordination and monitoring of formal attendance by all Non-Executive Directors at all Committees on a rotational basis through the year.	Ms Davies	Work in progress.

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Monthly Quality Report	To review the staffing levels at the integrated care centres over the previous twelve months.	Ms Strowman	These will be included in the next Monthly Quality Report.
Workforce Report	To republish the sickness absence data in the report.	Ms Norris	Action complete. Action closed.
Workforce Report	To carry out a benchmarking exercise regarding the remuneration offerings of the Trust compared to its competitors.	Ms Norris	Action complete. A report was discussed at the November 2017 Strategic Workforce Committee meeting and it was agreed to discuss it again at the January 2018 meeting.
Terms of Reference of a Workforce Committee	To incorporate the comments from the Board into the Terms of Reference.	Ms Norris	Action complete. Action closed.
Terms of Reference of a Workforce Committee	To review the membership of the Committee in March 2018.	Ms Norris	This has been incorporated into the Forward Plan. Action closed.
Terms of Reference of a Workforce Committee	To bring a revised Terms of Reference to the Board for approval.	Ms Norris	Agenda item.
Six Monthly Freedom To Speak Up Guardian's Report	For the Audit and Risk Committee to receive regular Freedom To Speak Up Guardian reports and to report annually to the Board through the Chair's Assurance Report.	Ms Norris	Reflected in the Audit and Risk Committee Forward Plan.

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Six Monthly Freedom To Speak Up Guardian's Report	To clarify the similarities and differences between the Trust's Whistleblowing Policy and the Freedom To Speak Up Policy and provide an update to the Board.	Ms Norris	The Trust's Freedom To Speak Up (Whistleblowing) Policy is a standard policy recommended as part of the Sir Robert Frances review of speaking up and incorporates whistleblowing. The main change to the Trust policy has been the appointment of the Freedom To Speak Up Guardian.
Six Monthly Freedom To Speak Up Guardian's Report	To clearly articulate the role of the Non-Executive Director (NED) and the signposting for staff to escalate concerns.	Ms Norris	Guidance has been sought from the National Freedom To Speak Up Guardian's office and the Trust's Guardian is awaiting information.
Six Monthly Freedom To Speak Up Guardian's Report	To identify who will have Non-Executive Director responsibility in the Trust for whistleblowing going forward.	Ms Davies	Yet to be confirmed.
Six Monthly Freedom To Speak Up Guardian's Report	To update the policy with the name of the Non-Executive Director who will be responsible for whistleblowing in the Trust going forward.	Ms Norris	This will be updated once a NED has been identified.



<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	1.7
<b>Subject:</b>	Chief Executive's Report
<b>Presenting Officer:</b>	Paul Bentley, Chief Executive

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	<input type="checkbox"/>
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<b>Report Summary (including purpose and context)</b>
This report highlights key business and service developments in Kent Community Health NHS Foundation Trust in recent weeks.

<b>Proposals and /or Recommendations</b>
Not applicable.

<b>Relevant Legislation and Source Documents</b>
<b>Has an Equality Analysis (EA) been completed?</b>
Not applicable.
<b>* Protected characteristics:</b> Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Paul Bentley, Chief Executive	Tel: 01622 211903
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## **CHIEF EXECUTIVE'S REPORT NOVEMBER 2017**

As previously I wanted to highlight to the Board the following significant developments since my last formal report in September, as previously the report is categorised into patients, our staff and partnership.

### **Patients**

I am very pleased to be able to report to the Board that our patient satisfaction levels remain very high and our complaints at the lowest level for at least three year, both of which is a strong testament to the teams who work in the Trust, particularly at a time of rising demand. However, an area in which we are seeking to improve is in the area of end of life care, which is when patients and their families are often at their most vulnerable. Given this, I am pleased to be able to report on our:

#### **1. Making Families Count Event**

The Making Families Count event was organised by the Trust in conjunction with Maidstone and Tunbridge Wells NHS Trust. The conference sought to share what families experience of care after a family bereavement under the care of the NHS (directly or indirectly), a key part of the new Mortality Review Process. The conference provided very strong feedback from families on how improvements could be made when something has gone wrong with the care provided or the death of a family member both expected or unexpected.

The key points from the event were, when something has gone wrong/death of a patient, to acknowledge the family and provide a review if something did happen which was untoward. Ask families for feedback that can help towards the review and make it clear that the services welcome questions at any time during the process. It reminded us that families are part of the process when they have lost a loved one or the care we provided has not gone as we would, and again it reiterated the key issue that we must listen more than we talk. The conference was very widely attended and I strongly welcomed the 'conversation' which continued as we listen to the voices of the people we serve.

## **2. Winter**

Whilst the weather so far may have belied the season, we are now in the depths of winter which is the most demanding time for our services. We have a winter plan and the activities are all on track. We have also ensured that we comply with the guidance from NHS England (NHSE) and NHS Improvement (NHSI) on supporting systems under high levels of demand. I will share the outcome of a conference of Chief Executives of community providers with the CEO's of NHSI and NHSE which will take place before the Board meets but after this written report is submitted.

### **Staff**

As an Executive Team we have created more opportunities to listen to all of our team members and as such have listened to a request from the front line to increase time with patients. To do this, we have taken some key steps

#### **1. Freeing up time for our clinical teams**

Our Chief Nurse, Ali Strowman shared three pieces of great news for clinical teams across the trust: all of which create more time with our patients

1. No more Safety Thermometer - goodbye to this repetitive and duplicative audit.
2. A combined holistic assessment is now available on the Community Information System (CIS), which will take less than half the time of the previous two assessment forms.
3. Goodbye to nurses having to self-assess their competency every year at appraisal. This is captured more effectively in the appraisal process.

#### **2. Team Leaders Conference**

More than 80 colleagues came together for our first Team Leaders' Conference to give their views to the Executive Team on how to devolve more authority to the frontline.

The conference asked colleagues to consider what we had achieved during the past 12 months, what made you proud to work for KCHFT, as well as look at how we could give more power and decision-making abilities to team members to help improve patient care. Colleagues were asked to make pledges of changed behaviour which many of us did.

The session finished with a question and answer session with Chief Nurse, Ali Strowman and myself, plus an interactive vote where people were asked to



considered how well communication was working and the level of understanding of the Trust direction.

## Partnerships

### 1. STP One Year On Conference

It is a year since the NHS in Kent and Medway, Kent County Council and Medway Council published their draft plan for changing health and care services locally. The plan sets out intentions to improve prevention, local care, mental health and hospital services and to be more efficient, including making better use of technology and buildings.

At the conference that brought together leaders from across health and social care in Kent and Medway last week, Glenn Douglas, newly appointed chief executive of the Kent and Medway Sustainability and Transformation Partnership (STP), pointed to three main highlights:

- Development of detailed plans for improving care for frail, older people and others with long-term health conditions. These will help them stay well, and minimise their risk of being in a hospital bed when they are well enough to go home.
- Agreement about creating three hyper acute stroke units providing specialist care round the clock, to improve stroke patients' chances of survival and reduce their risk of disability.
- NHS organisations working better together and with social care, so patients get more seamless, joined-up care, and the NHS can use its collective resources more effectively.
- The conference was well attended by a wide range of leaders across the health and social care system in Kent and Medway, and as always the value was about the informal conversations and knowledge sharing which this enabled as much as the ability to listen to the formal presentations from the platform.

### 2. National NHS Digital Conference

One of the key enablers of better patient care is how we use the technology and I am delighted to be able to report that Dr Sarah Phillips, Medical Director, with colleagues presented at the National NHS Digital Conference, the presentation covered the shared data set we have in Kent and the relevance of this to accountable care development. Our Finance Director, Gordon Flack was also able to attend and he and Sarah examined some of the 'up and coming' technology which we can use to make improvements for our patients.

### **3. 2017/18 Quarter 2 Finance and Performance**

Since the last Board meeting the national position in the provider sector has been published. The position has deteriorated since the previous quarter and is evidence of the major service and financial pressures felt throughout the NHS. It also shows the real achievement of our teams to stay within the financial envelope at a time of rising demand.

**Paul Bentley**  
**Chief Executive**  
**November 2017**

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 September 2017
<b>Agenda Item:</b>	2.2
<b>Subject:</b>	Quality Committee Chairman's Assurance Report
<b>Presenting Officer:</b>	Steve Howe, Chair of the Quality Committee

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<b>Report Summary (including purpose and context):</b>
The paper summarises the Quality Committee meeting held on 17 October and 20 November 2017.

<b>Proposals and /or Recommendations:</b>
The Board is asked to receive the Quality Committee Chairman's Assurance Report.

<b>Relevant Legislation and Source Documents:</b>
<b>Has an Equality Analysis been completed?</b>
No. High level position described and no decisions required.

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



## QUALITY COMMITTEE CHAIRMAN'S ASSURANCE REPORT

### Introduction

The Quality Committee met on 17 October and 20 November 2017.

### OCTOBER 2017

Assurance reports were received from Patient Safety and Clinical Risk Group (PSCRG), the Patient Experience Group (PEG) and the Clinical Effectiveness Group (CEG).

**Early Warning Trigger Tool and Red Flags.** East Kent staffing levels and vacancies remain challenging, with Canterbury a particular area of concern. At the time of the meeting the causes of the risk score for Queen Victoria Memorial Hospital (QVMH) coupled with a reduced patient experience score was subject to detailed scrutiny. Assurance was received that robust action plans were in place and being implemented with Director level oversight. The consensus amongst the executive members was that the situation was improving, but the recruitment of a high calibre Matron was essential to provide the local leadership required.

**Holistic Assessment (HA).** The committee continues to monitor the implementation of lessons from Serious Incidents where lack of HA or inadequate recording of assessment has been identified in the Root Cause Analysis. The committee was informed that a new interface with CIS had been developed, which should make the completion of HA easier and implementation would be complete by the end of December 2017. The level of assurance on this issue is rated as Limited.

**Update on the clinical, quality and safety aspects of CIS.** The committee had requested an assurance report on the progress of clinical, quality and safety aspects of CIS. It is of note that to date no SIs have been directly attributable to the CIS system. However, the functionality of the tablets is severely limited in comparison to the desktop variant which hinders the clinicians' ability to fully use the system when operated remotely. The quality of clinical documentation across the Trust is variable and may point to an additional training requirement. A large number of product development requests await completion by Advanced Health and Care.

### Policies Ratified by the Committee

- Transition to parenthood pathway (incorporating new birth guidelines)
- Waste management and procedures

## NOVEMBER 2017

Assurance reports from the PSCRG, PEG and CEG continue to be developed and have become valuable tools for the committee. NED visits to each of the sub-committees will take place in November 2017 to provide assurance about the level of scrutiny and challenge in each of these groups.

**Early Warning Trigger Tool and Red Flags.** It was noted that a Ward Matron for Heron Ward, QVMH had been recruited and the risk scores for the unit continue to improve, although patient experience is graded as Red. NED assurance visits to the ward and the QVMH phlebotomy service, an area of previous concern to the Board following a service redesign, has been scheduled for 24 November 2017.

**Patient Experience Quarterly Report.** The committee received the Quarter 2 report. The Trust continues to have a lower number of complaints when compared to like providers and Healthwatch has confirmed this matches its intelligence and assessment.

**Quarterly Infection Prevention and Control Report.** There was one *Clostridium difficile* reported in September (Heron Ward QVMH). The Root Cause Analysis (RCA) found that this case was unavoidable, but noted that lessons from a previous infection outbreak had not been embedded. Cleaning reports show standards are not being met at Faversham, QVMH and Sevenoaks community hospitals – a new Head of Facilities has started in post. The Board is invited to note that the Assistant Director of Infection Prevention and Control has presented at two national conferences on the work KCHFT has completed to ensure CAUTI reduction (53% over the previous 4 years). The committee commends the report to the Board and will continue to look for improvement in cleaning reports and embedding of lessons.

**Dental Serious Incident.** The Board is aware of an incident where a child's milk tooth was wrongly extracted. The committee received the RCA Report and will look for evidence that the application of Local Procedures for Invasive Procedures and the WHO checklist has been fully embedded across the Trust.

**Medication Incidents.** The committee received an assurance report from the Lead Pharmacist in October 2017, following a request for analysis of identifiable trends of regarding medication incidents. Of the 20 reported incidents in August, 9 were in hospitals and 11 in homes, most occurred within normal working hours. There would appear to be some ambiguity on the definition of delayed or missed dose in the community setting which may impact on reporting. In regard to insulin administration, the Trust has a 0.08% error rate. The Medical Director further expanded on the National Reporting and Learning System data at the November meeting. It was explained that Implementation of Care (pressure ulcers (PU), falls and medication incidents, were reported as percentages of total incidents, so as PU and falls have been reduced so medication incidents have risen as a percentage of the total. In numerical terms medication incidents have reduced from 435 in 2014 to 285 2016/17.

**Research and Innovation Strategy.** The Research and Innovation Strategy 2017-2020 was reviewed and is commended to the Board.

## **Policies and Guidance Ratified by the Committee**

- Care After Death Guidance for Care Homes

**Steve C Howe CBE**  
**Chair, Quality Committee**  
**21 November 2017**





<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	2.3
<b>Subject:</b>	Audit and Risk Committee Chairman's Assurance Report
<b>Presenting Officer:</b>	Peter Conway, Chair of the Audit and Risk Committee

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<b>Report Summary (including purpose and context):</b>
The Report summarises the Audit and Risk Committee meeting held on 15 November 2017.

<b>Proposals and /or Recommendations:</b>
The Board is asked to note the report.

<b>Relevant Legislation and Source Documents:</b>
<b>Has an Equality Analysis been completed?</b>
No. High level position described and no decisions required.

Peter Conway, Non-Executive Director	Tel: 01622 211900
	Email:



## AUDIT AND RISK COMMITTEE CHAIRMAN'S ASSURANCE REPORT

### Audit and Risk Committee meeting on 15.11.17

We received positive assurance on:

Maintenance of Corporate Policies	Previously advised slippage has improved and the backlog will be caught up by the end year. A new target of "no policy to be out of date for more than one month" to be implemented
Delayed Transfers of Care (DTC) – Data Quality	A CIS solution did not make the cut for AHC development. Instead, a low cost manual solution is being trialled before wider roll out
Board Assurance Framework	Some fine tuning of wording and actions suggested. 2017/18 CIP residual risk rating (RRR) to be reduced (and so removed from BAF). RRR to be increased for staff capacity/capability in the light of the long-standing vacancies and turnover rates
Clinical Audit	Slightly below target on some of the KPIs as these have been raised but on track for annual achievement. The Trust's Research performance has been recognised in the 2016/17 Health Research league tables with KCHFT being -joint 9 <sup>th</sup> of top recruiting care trusts (excludes Acutes) -seventh most improved by % of recruits -the best for value for money within the KSS Research Network
Data Integrity	The Trust has made considerable progress here and isolated areas (eg. Agency workers and CIS, DTC) are being addressed
Freedom to Speak Up (FTSU)	Whistleblowing is part of this wider and re-launched/branded NHS initiative. The new arrangements are working well, we have benchmarked well to the "York" best practice and the national FTSU champion will be visiting the Trust in December
Internal Audit and Counter Fraud	The previously advised overdue management recommendations have been caught up. One limited assurance report (MiCAD database) but this is being remediated swiftly
Legal Services	Continuing grip and successful challenge of clinical and non-clinical claims. Consideration of the £348,000 annual premium to NHSLA versus alternatives still work-in-progress as NHSLA not yet responded to FOI requests for more data
Cyber Security	Outstanding items have been caught up and a staff distance-learning module will be launched. TIAA want to use KCHFT as an example of good practice given the progress we have made
Training Risks	The previously advised concerns regarding quantity and quality of training have been resolved

Areas for concern and/or where we need further assurance:

NHS Property Services Safe Environment Assurances	Current position and remediation still in train and Board to be advised of progress against agreed milestones at its next meeting
Fire Assessment Reviews (NHS Property Services)	Current position and remediation to be clarified in an out of committee update
Risks/Risk Management in Partnership Working (including STP and outsourcing)	ARAC considered the procurement risks under the proposed partnership arrangement with KCC as a first step. Partnership risk is a potentially large and complex area where conflicting legal advice is possible. This will be a standing agenda item going forwards and items will be considered on a case by case basis to help us build our knowledge and thinking on the subject.
Medical Devices Process Assurance	A number of gaps in the paper provided plus insufficient output data and evidence. The assurance paper will be refreshed and circulated to ARAC out of committee

**Peter Conway**  
**Chair of the Audit and Risk Committee**  
**15 November 2017**

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	2.4
<b>Subject:</b>	Strategic Workforce Committee Chairman's Assurance Report
<b>Presenting Officer:</b>	Bridget Skelton, Non-Executive Director

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<b>Report Summary (including purpose and context)</b>
The paper summarises the Strategic Workforce Committee meeting held on 14 November 2017.

<b>Proposals and /or Recommendations</b>
The Board is asked to receive the Strategic Workforce Committee Chairman's Assurance Report.

<b>Relevant Legislation and Source Documents</b>
<b>Has an Equality Analysis (EA) been completed?</b>
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*.
<b>* Protected characteristics:</b> Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Bridget Skelton, Non-Executive Director	Tel: 01622 211900
	Email:



## STRATEGIC WORKFORCE COMMITTEE CHAIRMAN'S ASSURANCE REPORT

This report describes the business conducted at the Strategic Workforce Committee on 14 November 2017 indicating the Non-Executive Directors' (NED) challenges made and the assurances made and/or gaps in assurance, with work outstanding.

Workforce item	Report /key points	Challenges	Assurance	Residual issues gaps in controls or assurance - work outstanding
<b>Workforce Report</b>	<p>The Committee discussed the issues behind the data presented in the Workforce Report, specifically Turnover, Sickness and Vacancies.</p> <p>A main contributory factor being 'service change' or transformation, potentially not handled well enough to retain and motivate staff.</p>	<p>How we are getting beneath the numbers to find the hot spots, and know where leadership is absent or poor?</p> <p>To what extent are the vacancies true, rather than a CIP saving.</p>	<p>Evaluation of service changes is ongoing with lessons being learnt. Specific problem areas (Dental, Health Improvement, Public Health) are being visited by senior management.</p> <p>Staff side being included in a new process to better understand leaving for work life balance reasons.</p>	<p>Require process to anticipate service change needs and leadership gaps - to be explored with HR Business Partners.</p> <p>Work to do to think more creatively about making staff feel more appreciated and valued.</p> <p>Where other Trusts like Derby/Birmingham have better statistics than we do continually try and learn</p>

				<p>Deep dive taking place to better understand stress caused by service change, with a view to manage that better in the future.</p> <p>Areas of high case loads being looked at more closely.</p> <p>A 'bucket' has been set up and Heads of service to put any resource CIP saving in here rather than hold a vacancy.</p>	<p>from with alternative approaches.</p> <p>Look as part of wider piece of work at sponsoring nurse apprenticeship programmes in 2019</p>
<b>Service Dashboards</b>	Service Dashboards for each service were presented.	As this data currently only goes to the Service head, the Committee explored how it could be better used.	HR Business Partners to discuss the data at monthly Performance Review meetings, detailing what has been achieved since last time, and identifying if there are any service changes imminent that need watching or gaps in leadership.		
<b>People Strategy - Implementation Plan</b>	The plan to deliver the People Strategy was presented and discussed	A huge amount of activity was in the plan, how well was it prioritized and where were the outcomes to know when the task had been completed successfully.	Items are to be collected under Strategy headings, outcomes and timescales agreed and added to the plan.	Definitions of what 'devolved leadership' means, what is negotiable and non negotiable, and scenarios illustrating required behaviours is being addressed on 28 November, and included in the plan	



		A discussion to ensure the right balance between doing to and engaging, the later having more traction for change.			
<b>Nursing Staff Age profile</b>	<p>The change to retirement age and change to NHS pension has meant the profile of over 60's has changed with now many more in that category.</p> <p>Our workforce profile is older than the national average, and we are struggling to recruit younger people.</p> <p>With the out of hospitals agenda would hope to see more out of hospital placements being encouraged.</p>	How can we encourage our stretched services to welcome rather than drop students, and at the same time attract more male nurses?	As part of the work force modeling, age and attraction of new recruits is a priority.	Creation of new staffing models and ways of working especially in the community.	
<b>Employee Retention Comparison Guide</b>	<p>This had been raised as an important issue at BSD and it was recognised that initiatives had to continue to retain staff but this was not enough given the turnover numbers and problem recruiting.</p>	<p>How can we be less reliant on the Band 5s, and understand really clearly what only a nurse can do?</p> <p>What are the opportunities to empower others to do more and encourage leaders to think radically?</p>	<p>Safe staff numbers for the hospitals was reported regularly to the Board.</p> <p>New numbers (following the Meridian work) was going to make reporting on Community nursing numbers easier.</p>	<p>Work to separate numbers for Community nursing teams and agree what safe means given the lack of statutory guidelines and new ways of working being introduced.</p>	

	The list of initiatives being undertaken by the Board to support retention of staff was presented.	<p>How could we get the patient to do more?</p> <p>Would more admin allow the practitioner to do more?</p> <p>How we can separate out the employee numbers in the community from the hospitals, as may present different issues, and require different solutions?</p>	<p>Cross referencing innovation and quality improvement with the Quality Committee will ensure attention is given to items with out duplication.</p> <p>A number of initiatives are actively being researched and explored.</p>	A paper outlining new starting models and new ways of working is being prepared for 2018.
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#### Items for the Board to specifically note:

The Terms of Reference were refreshed, language in purpose revised and inclusion of Ratification of Policies and membership to include Finance added. Paper will go to Main Board for approval.

Recommend a bi-monthly Workforce Report to go to the Board with top level data still available on the monthly Integrated Performance Report (IPR).

The following policies were ratified:

- Salary on Appointment Process
- Employment References Policy
- Capability Policy (to be titled now 'Managing Performance Policy')

**Bridget Skelton**  
**Chairman, Strategic Workforce Committee**  
**November 2017**

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	2.5
<b>Subject:</b>	Charitable Funds Committee Chairman's Assurance Report
<b>Presenting Officer:</b>	Richard Field, Deputy Chair of the Charitable Funds Committee

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<b>Report Summary (including purpose and context):</b>
The paper summarises the Charitable Funds Committee meeting held on 25 October 2017.

<b>Proposals and /or Recommendations:</b>
The Board is asked to receive the Charitable Funds Committee Chairman's Assurance Report.

<b>Relevant Legislation and Source Documents:</b>
<b>Has an Equality Analysis been completed?</b>
No. High level position described and no decisions required.

Richard Field, Non-Executive Director	Tel: 01622 211900
	Email:



## CHARITABLE FUNDS COMMITTEE CHAIRMAN'S ASSURANCE REPORT

The Charitable Funds Committee met on 25 October 2017 at the new Discovery Orthotics Laboratory, Sandwich.

### Marketing the Charitable Funds Report

Following the success of the Gift of Play appeal, the Committee was briefed on the official opening of the Sensory Room for Children at the Heathside Clinic in Coxheath on the 22 September 2017. The Mayor of Maidstone, along with the President of the Lions Club attended and was featured in the local paper. The next appeal which is being proposed is the Forget-me-not Appeal which is aimed at dementia. A number of ideas were discussed which were based around the community hospitals. The Committee felt that as there were restricted funds available for the local hospitals these should be used first. It was felt that more thought was needed to go into this appeal to help those areas where there were little or no funds currently available, such as the community nursing teams and children and young people.

The Comms Team is now unable to provide the support for fund raising activities for i-care as it has lost a member of staff. It was suggested to the Committee that to maintain momentum it wished to take on a freelance fundraiser for one day a week. This was supported by the Committee, with the proviso that there would be achievable targets set that were greater than the cost of the role, and that it could be developed further if it were successful.

Restricted Funds are still proving difficult to spend. The Committee heard how, due to the very tight geographic areas that some are restricted to, it is extremely difficult to put together worthwhile projects. The Committee has asked the Head of Financial Accounting to contact the Charities Commission to see if the Trust can use them over a larger geographic area.

### Staff donation scheme

Pennies From Heaven was presented to the Committee for approval. Of the two options for staff, it was felt opting in was the preferred one. As the donations are from payroll there is a cost to administer the scheme. The Committee felt that support for the scheme should be sought from Staff Side and then it should go to the Board for final approval.

## **Draught Accounts**

A final examination and report will be brought to the Committee in January 2018 to then go to the Charities Commission. There had been some slight adjustment to the fund split but there was no effect to the bottom line. There were only a couple of noticeable changes from the previous year. There was an incorrect payment to the charity from The Royal Surrey shown in creditors and no legacy income during the year. The balance sheet was strong, with £300k invested in CAF Bank which was giving slightly better interest than before.

**Richard Field**

**Deputy Chair of the Charitable Funds Committee**

**7 November 2017**

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	2.6
<b>Subject:</b>	Integrated Performance Report (Part 1)
<b>Presenting Officer:</b>	Gordon Flack, Director of Finance

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	X
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<p><b>Report Summary (including purpose and context)</b></p> <p>The Integrated Performance Report has been produced to provide the Board with a detailed overview of Kent Community Health NHS Foundation Trust's (KCHFT's) quality, safety and performance. The report has been produced in collaboration with the Executive Team and their support teams.</p> <p>The report has been split into to two parts because of the commercial sensitivity of some of the data included.</p> <p>Part One of the report contains the following sections:</p> <ul style="list-style-type: none"> <li>• Key and Glossary</li> <li>• Corporate Scorecard</li> <li>• Executive Summary: Narrative</li> </ul> <p>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.</p> <p>This report shows the year-end forecast position for all indicators.</p>
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<b>Proposals and /or Recommendations</b>
The Board is asked to note this report.

<b>Relevant Legislation and Source Documents</b>
Not Applicable
<b>Has an Equality Analysis (EA) been completed?</b>
No. Papers have no impact on people with any of the nine protected characteristics*.
* <b>Protected characteristics:</b> 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





November 2017  
*April 2016 - October 2017 data*



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Key & Glossary	Page. 2
Executive Summary: Scorecard	Page. 3
Executive Summary: Narrative	Page. 4

## Key and Glossary of Terms

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



## Strategic Goals

### 1. Prevent ill health

KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
1.1	Prevention: Stop Smoking - Nos. of 4 week Quitters (Kewitide): YTD performance against trajectory (%)	80.2%	93.6%	13.4%	100.0%	-6.4%	100.0%	N/A	-ve	1.4	Health Visiting - Increase the uptake of the 6-8 week assessment by 8 weeks	85.2%	88.8%	3.6%	95.0%	3.8%	90.0%	N/A	+ve
1.2	Prevention: Health Checks: Carried Out (Kewitide): YTD performance against trajectory (%)	100.3%	106.4%	6.1%	100.0%	6.4%	100.0%	N/A	+ve	1.5	School Health - Reception Children Screened for Height and Weight	93.9%	97.3%	3.4%	90.0%	7.3%	95.0%	N/A	+ve
1.3	Health Visiting - Increase the uptake of New Birth Visits by 14 days	85.8%	91.2%	5.4%	90.0%	1.2%	95.0%	N/A	+ve	1.6	School Health - Year 6 Children Screened for Height and Weight	95.4%	95.7%	0.3%	90.0%	5.7%	95.0%	N/A	-ve

### 2. Deliver high-quality care at home and in the community

KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
2.2	Never Events: Number	1	0	-1	0	0	0	N/A	stat	2.14	Allied Health Professionals Referral to Treatment Times (RTT)	92.8%	95.3%	3.1%	95.0%	9.8%	98.0%	97.6%	-ve
2.3	Infection Control: C.Diff (Target <6 cases in year) (Target YTD)	7	2	-5	3	-1	3	N/A	-ve	2.15	Access to GUM: within 48 hours (Monthly Target 100%)	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	N/A	stat
2.8	Contractual Activity: YTD as % of YTD Target	102.0%	98.9%	-3.1%	100.0%	-1.1%	100.0%	N/A	+ve	2.16	Length of Stay (Median Average)	21.6	20.0	-1.6	21.0	-1.0	21.0	25.6	-ve
2.9	Trustwide Did Not Attend Rate: DNAs as a % of total activity	3.2%	3.8%	0.6%	4.0%	-0.2%	3.0%	4.0%	-ve	2.17	End of Life Care: Percentage of patients dying in their preferred place	86.3%	87.7%	1.4%	95.0%	-7.3%	95.0%	85.2%	-ve
2.10	LTC/ICD Response Times Met (%)	93.8%	96.8%	3.0%	95.0%	1.8%	98.0%	N/A	+ve	2.18	QOLU TS - Outcomes: Percentage of outcomes achieved upon discharge for planned care and therapy services	85.0%	87.6%	2.6%	80.0%	7.6%	90.0%	N/A	-ve
2.11	Rapid Response - Percentage of Consultations started within 2hrs of referral acceptance (Trustwide)	91.9%	94.2%	2.3%	95.0%	-0.8%	98.0%	N/A	-ve	2.19	Safety Therapeutics: % harm free care New Harms	97.7%	96.9%	-0.8%	95.0%	2%	97.5%	96.3%	-ve
2.12	Total Time in IMUs: Less than 4 hours	99.94%	99.87%	-0.1%	95.0%	4.9%	99.5%	99.5%	-ve	2.21	Patient Experience: Friends and Family Test (Patients surveyed for Trust & Comm. Resp.) - Response Rate	23.7%	20.3%	-3.4%	20.0%	0.3%	30.0%	30.7%	-ve
2.13	Consultant Led 18 Week RTT (Monthly Target 95%) - Incomplete Pathways	99.6%	99.3%	-0.3%	95.0%	4.3%	98.0%	96.8%	-ve	2.23	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

### 3. Integrate Services

KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
3.1	Delayed Transfers of Care as a % of Occupied Bed Days	12.1%	12.8%	0.5%	9.5%	3.3%	3.5%	6.0%	+ve										

### 4. Develop Sustainable Services

KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	KPI Ref	KPI Description	15/16	16/17	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
4.2	Bed Occupancy: OBs as a % of available bed days	88.6%	90.1%	1.5%	87.0%	3.1%	91.7%	87.9%	-ve	4.3	Income & Expenditure - Surplus (%)	1.7%	1.5%	-0.2%	1.0%	0.5%	1.0%	1.0%	+ve

### Be the Best Employer

KPI Ref	KPI Description	16/17	17/18	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend	KPI Ref	KPI Description	15/16	16/17	YoY Change	Target	RAG/ Variance	Aspiration	Bench Mark	Trend
5.1	Sickness Rate	4.30%	4.23%	-0.07%	3.90%	0.35%	3.75%	4.30%	+ve	5.4	Mandatory Training: Combined Compliance Rate	94.7%	94.5%	-0.2%	85.0%	9.5%	92.5%	88.4%	-ve



## Kent Community Health

NHS Foundation Trust

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	2.7
<b>Subject:</b>	Monthly Quality Report
<b>Presenting Officer:</b>	Ali Strowman, Chief Nurse

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<b>Report Summary (including purpose and context):</b>
<p>This report provides assurance to the Board on Patient Safety, Patient Experience and Patient Outcomes.</p> <ul style="list-style-type: none"> <li>• QVMH, Faversham and Deal Hospitals all RN day shifts below 95%.</li> <li>• The number of patients with cognitive impairment on inpatient units has slightly increased this month</li> <li>• The number of pressure ulcers continues to be within trajectory but there have been two avoidable category 2 pressure harms in October and 2 have now been confirmed from August</li> <li>• Meridian surveys show patient experience to be strong at 97% satisfaction, with Friends and Family at 98%.</li> </ul>

<b>Proposals and /or Recommendations:</b>
The Board is asked to note the report.

<b>Relevant Legislation and Source Documents:</b>
<b>Has an Equality Analysis (EA) been completed?</b>
No. High level position described and no decisions required.

Ruth Herron, Deputy Chief Nurse	Tel: 01622 211900
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## MONTHLY QUALITY REPORT

### 1. Patient Safety

#### Workforce Data and Quality Metrics

**1.1.** The information below relates to October 2017 fill rates per community hospital ward broken down by day and night for registered and unregistered staff. The fill rate for registered nurses has improved from September, producing a total fill rate of 96% for RN's day shifts (99% last month). The night shift fill rates for RN's has also increased to 99% from 100%. The Chief Nurse will provide commentary on any areas less than 95%.

**1.2.** QVMH, Faversham and Deal Hospitals all had RN day shifts below 95%. QVMH had the lowest at 89%. Where RN shifts were unable to be filled by bank or agency the wards increased the use of HCA staff to increase general capacity. Additional HCAs were also used to provide enhanced observation (1:1 care) as required. Where the staff bank are unable to fill requested shifts, a clear process for requesting the use of agency nurses is in place.

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	94.4%	142.5%	100.0%	122.6%	930	877.5	1395	1987.5	682	682	682	836
Deal	92.7%	126.3%	95.2%	98.4%	930	862.5	1395	1762.5	682	649	682	671
QVMH	88.7%	132.8%	98.4%	129.0%	930	825	1395	1852.5	682	671	682	880
Whit & Tank	98.4%	132.3%	100.0%	100.0%	930	915	1162.5	1537.5	682	682	682	682
Sevenoaks	97.6%	110.2%	100.0%	100.0%	930	907.5	1395	1537.5	682	682	682	682
Tonbridge - Goldsmid	96.0%	108.4%	100.0%	112.9%	930	892.5	1162.5	1260	682	682	341	385
Tonbridge - Primrose (HCA% includes some RN activity)	N/A	97.8%	N/A	103.2%	0	0	1395	1365	0	0	1023	1056
Hawkhurst	107.3%	109.1%	98.4%	100.0%	930	997.5	1395	1522.5	682	671	682	682
Edenbridge	95.2%	129.0%	100.0%	103.2%	930	885	930	1200	682	682	341	352
<b>Total</b>	<b>96%</b>	<b>121%</b>	<b>99%</b>	<b>107%</b>	<b>7440</b>	<b>7163</b>	<b>11625</b>	<b>14025</b>	<b>5456</b>	<b>5401</b>	<b>5797</b>	<b>6226</b>
	Over 90% Fill Rate			65% to 90% Fill rate					Less than 65%			

**1.3** The fill rates for Westbrook and Westview KCC Integrated units are set out below. Planned staffing levels have been calculated using the established KCHFT process at 2 RNs per ward of 15 patients. However, the wards are using 2 RNs per shift at Westview where KCHFT would recommend 4, and 2 RNs at Westbrook where KCHFT would recommend 4. The data demonstrates that they have high numbers of HCAs to support the RNs. Data has been taken from roster and additional spread sheets submitted by the wards.

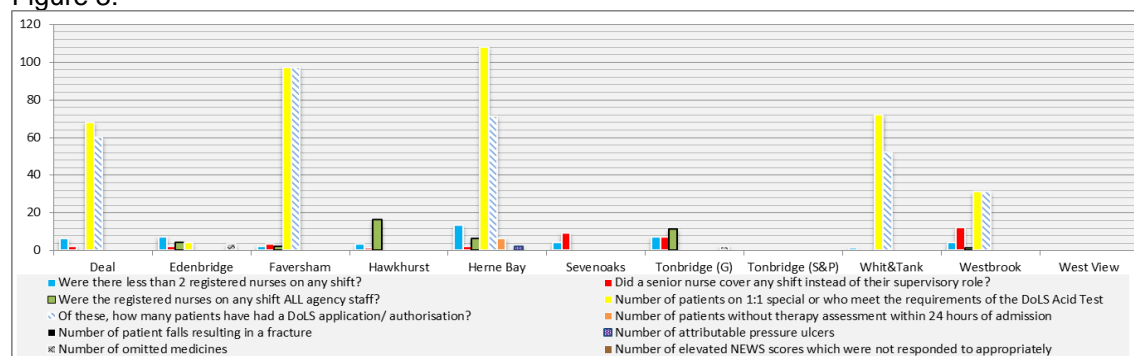
Staffing is reviewed daily by the ward and unit manager and shortages are subject to the same escalation processes as other KCHFT wards. Admissions are restricted when staffing levels are reduced.

Figure 2:

	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
Westbrook	59.7%	153.0%	50.0%	125.8%	1860	1110	1627.5	2490	1364	682	1023	1287
West View	50.8%	178.6%	51.6%	123.7%	1860	945	1860	3322.5	1364	704	1023	1265

**1.4** All wards are required to submit an assessment each day, identifying any key quality indicators for safe patient care (the red flag report). Below is a summary of red flags raised in the month of October 2017. 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. Patients requiring 1-1 support continues to be the greatest reason for the red flags submitted.

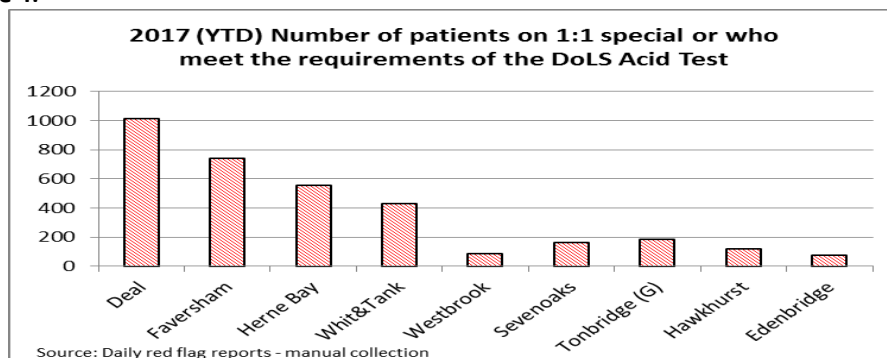
Figure 3:



**1.5** There number of patients with cognitive impairment has continued to increase and the chart below demonstrates the numbers of patients by ward January - October 2017. The ward bed numbers should be considered when reviewing the data, however data does suggest that Deal has had the highest number of patients with cognitive impairment.

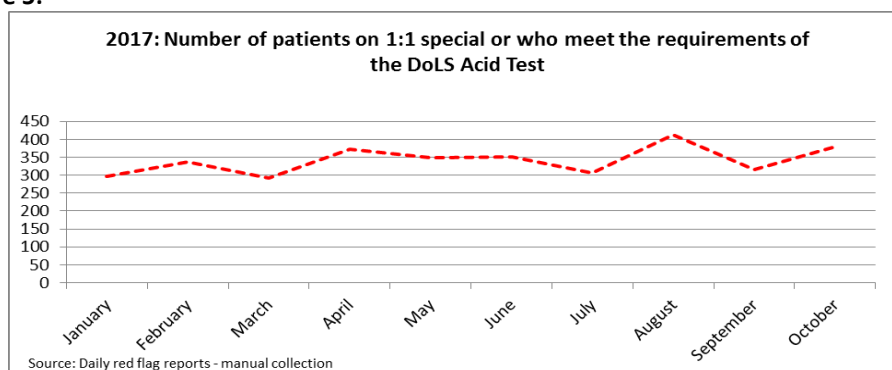


**Figure 4:**



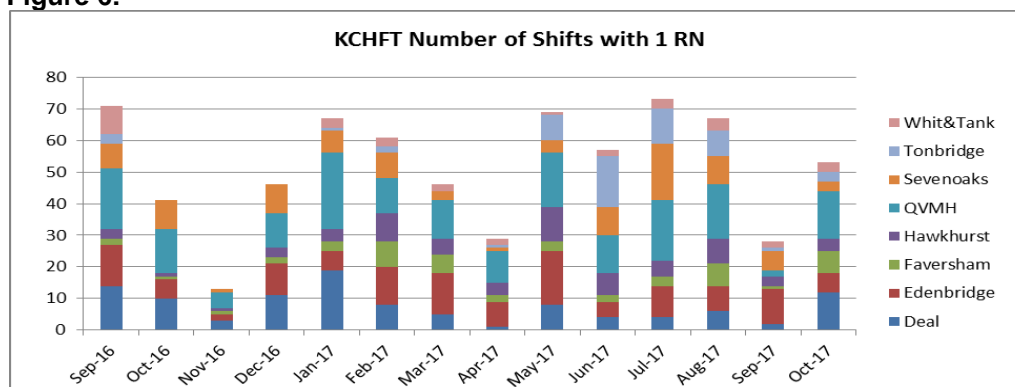
The chart below details the trend of the number of patients in our care with cognitive impairment and demonstrates that this is gradually increasing.

**Figure 5:**



**1.6** The table below shows the trend in respect of shifts where 1 RN is present across the Trust. In October, 53 shifts had 1 RN on duty (excluding Primrose), this is an increase from September where 25 shifts had 1 RN on duty. Deal and QVMH were the wards that were most challenged in filling RN shifts and this is reflected in their lower fill rate. However, it has been identified that there are some inconsistencies in the categorisation of the 1 RN, and that there are times when the Band 7 supervisory nurse has converted their hours to clinical to support the 1 RN, but this has still been raised as a red flag, wards have been reminded of the correct process.

**Figure 6:**



In the integrated units Westview has 3 shifts with 1 RN on whilst Westbrook had 5.

- 1.7 Within the KCHFT shifts with 1 RN, safety was maintained by implementation of an established escalation process. Of the 53 shifts with 1 RN, there were clinical incidents on 10 of these shifts, all of which were low or no harm. Incidents are fully investigated and lessons learnt are shared. We continue to monitor this data closely.

**Figure 7:**

Hospital	Type of Incident	Impact on Patient
Deal	Slip/Trip and fall	No harm
QVMH	Medication omitted	No Harm
QVMH	Slip/Trip and fall	No harm
QVMH	Medication error	No Harm
QVMH	Slip/Trip and fall	Low harm
QVMH	Slip/Trip and fall	No harm
QVMH	Slip/Trip and fall	No harm
QVMH	Slip/Trip and fall	Low Harm
Faversham	Medication Error	No Harm
Edenbridge CH	Medication Error	No Harm

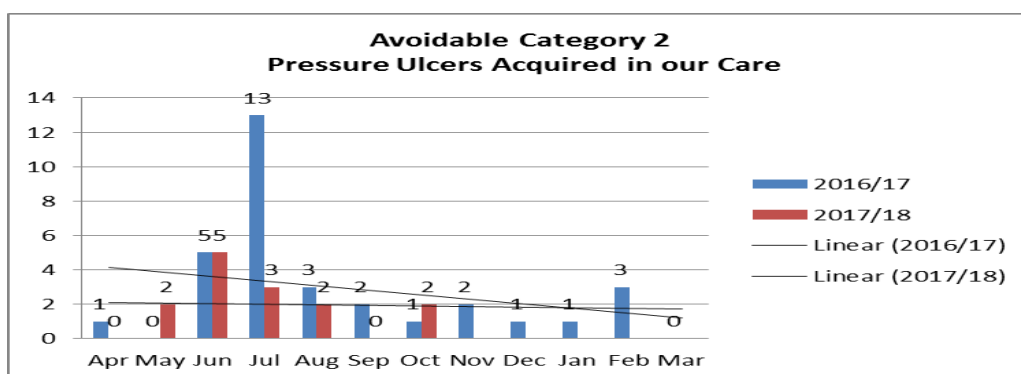
## 1.8 Pressure Ulcers

### Category 2 Pressure Ulcers

There have been 2 avoidable pressure ulcers acquired in our care during the month of October.

Following the investigations it has also now been identified that there were 2 avoidable pressure ulcers in August; these were related to the same patient.

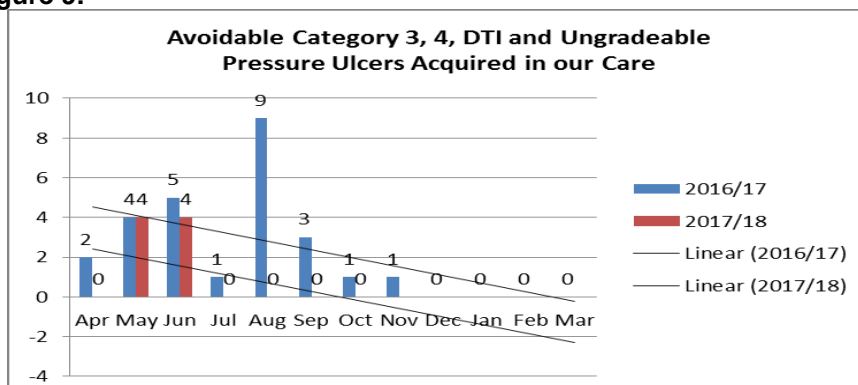
**Figure 8:**



### Category 3, 4 and ungradeable pressure ulcers

There have been no category 3, 4, deep tissue injury and ungradeable pressure ulcers acquired in our care during the month of October. This is the fourth consecutive month with no pressure ulcers causing moderate or severe harm.

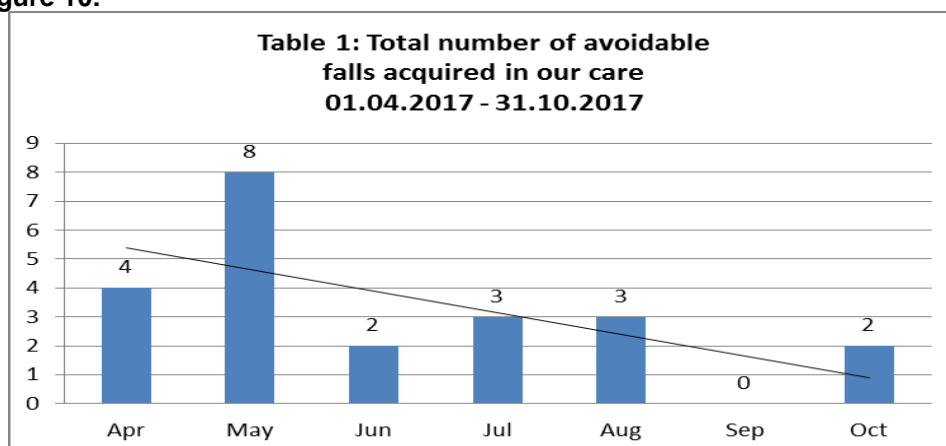
**Figure 9:**



## 1.9 Falls

There were 44 falls acquired in our care which were reported in October, 2 of which were found to be avoidable - this is an increase from the previous month where 0 falls were found to be avoidable. No serious incidents were declared in October as a result of a fracture. This is the fourth consecutive month where no falls have resulted in a fracture.

**Figure 10:**



Overall the Trust is continuing to make good progress in falls prevention, this is illustrated by Q1 and Q2 data where we have achieved a 17% reduction in falls resulting in moderate and severe harm and a 2.5% reduction in all falls across the community hospitals.

## 1.10 Medication Incidents

The table below shows the number of medication incidents received and investigated in October.

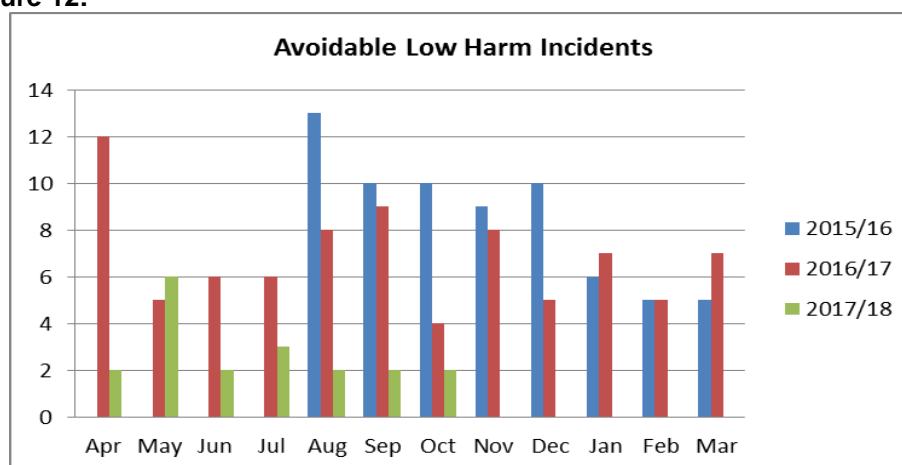
**Figure 11:**

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
<b>Actual</b>	39	59	67	42	43	37	33
<b>Near Miss</b>	3	8	3	1	1	1	3

The highest reported category of avoidable incidents is omitted medication making up 27% of the total number logged since the last report. The second highest reported category of avoidable incidents is wrong frequency making up 21% each of the total number logged since the last report. The third highest reported category of avoidable incidents is wrong method of preparation / supply making up 18% each of the total number logged since the last report.

Of the 33 incidents, 94% resulted in 'no harm' to the patient with the majority of these being omitted medication and wrong frequency. There were 6% which resulted in 'low harm' with these 2 incidents being omitted medication. Low harms are continuing to reduce. There were no incidents that resulted in 'moderate harm', 'severe harm' or 'death' of a patient.

**Figure 12:**



### 1.11 Infection, prevention and control

In October the Trust breached the reduction target for CAUTI's with 3 reported against a target of no more than 1 per month. Each case has been investigated, and 2 of the three cases may have been given antibiotics for colonisation rather than infections, however, there is a lack of documentation to be able to ascertain if the patients were truly displaying signs of infection. The IPC team are now revising the algorithms for CAUTI suspicion and recognition, and provide clearer parameters around microbiological results for catheterised patients as most will have a colonisation of 'mixed growth', and therefore advice is for a medical review of a patient to ascertain if antibiotics maybe required and / or a catheter change. The CAUTI/UTI reduction group are undertaking this piece of work.

There have been no outbreaks reported in October and all wards have outbreak resources and have received training on identification and management of outbreaks.

## 2 Patient Experience

### 2.1 Meridian Patient Experience Survey results

5,156 surveys were completed with a strong combined satisfaction score of 96.88%. This includes 1,796 short NHS FFT MIU surveys that achieved a positive overall satisfaction score of 97.48%. Satisfaction levels remain consistently high at 96.9% trust wide. Adult services had an overall satisfaction score of 96.3%, Children & Young

People's services 97.6% and Health Improvements 96.1%. Survey volumes are detailed below.

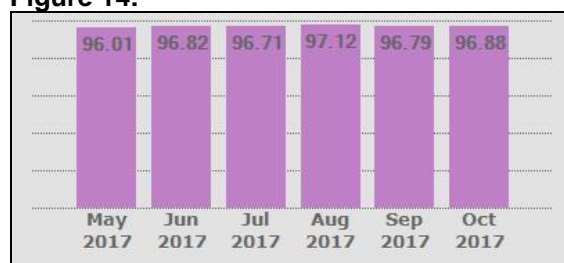
#### Volumes

Figure 13:



#### Aggregated monthly survey scores

Figure 14:



The number of surveys returned is varied across the region with some teams not returning any surveys and some teams returning 20-30 each month. A league table of survey returns will be shared with the Heads of Service on a monthly basis.

**The NHS Friends and Family Test** score response comparison is shown below and satisfaction levels remain consistently high, albeit there is a drop to 96% for October. However, data shows that less than 1% of our patients would be unlikely to recommend the service they received. This is in comparison to October 2016 where 4,722 survey returns showed a Recommend score of 97.97%.

Figure 15:

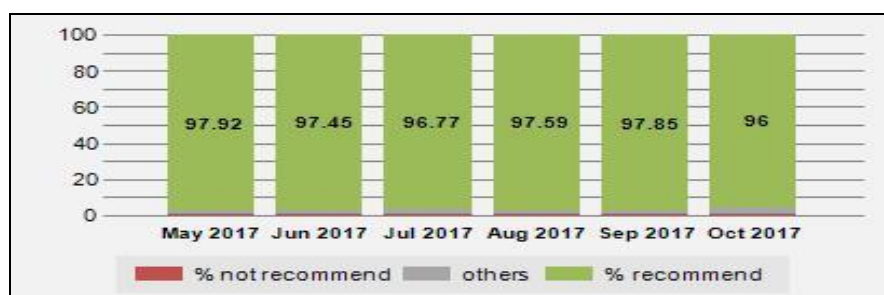


Figure 16:

	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Trust	96.00%	0.78%	4998	4016	782	115	15	24	46

## 2.2 Positive feedback from the NHS Friends and Family Test question

As always, there were positive comments on the friendly, helpful, kind, welcoming staff across many services. Patients commented that they felt supported and listened to and had been treated with kindness and respect.

## Negative feedback from the NHS Friends and Family Test question –

All negative feedback is flagged to services for investigation and action where possible. It is expected that all services discuss their survey responses at their team meetings and follow through on any actions determined as a result.

### 2.3 PALS enquiries for October 2017

PALS received a total of 712 enquiries in October compared with 601 in September. The team have continued to receive many calls this month from patients who are unable to get through to the Podiatry service to make an appointment. The Podiatry service is undergoing changes which are creating short term issues they are working to resolve.

There has been one formal complaint relating to inability to reach the Podiatry Service during October, which has been managed appropriately. This demonstrates that the PALS team are working closely with the service to manage complaints and concerns at an informal level for the patients.

The number of calls/emails PALS have received from patients who think they are calling a service (due to being confused by contact details on letters received) has increased again to 162 in October from 126 in September. The main services this involves is Health Visiting, MSK Physiotherapy, Podiatry, Community Paediatrics and the Kent Continence Service. The Trust has updated its Appointment Letter Templates to make it clearer to callers which number they need for which service. The Patient Experience Team will continue to work with the services to ensure that the updated letter templates are in use and will be monitoring the number of calls to the PALS team from patients believing they are contacting the service directly.

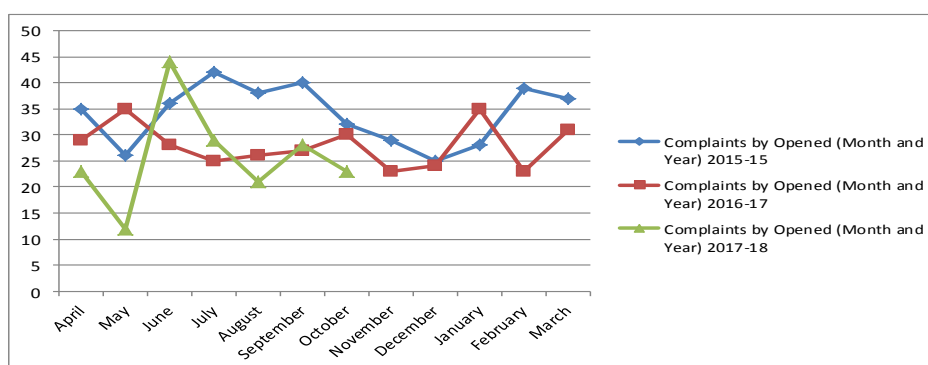
#### Compliments:

An overall total of 89 compliments were recorded by the PALS team in October compared with 113 in September 2017. Work is underway to encourage teams to share their compliments.

### 2.4 Complaints data for October 2017

In October 2017 there were 23 complaints for services, compared to 28 in September 2017 and of these 5 were multi-agency complaints. The Trust is leading on three of these. There continues to be a reduction in the number of complaints compared with the previous 2 years as demonstrated below.

**Figure 17:**



## 2.5 Themes and trends of complaints

The complaints have been themed as below.

7 complaints fell into the clinical treatment category:

- care provided by nurses
- 2 x missed fractures at MIU with no x-rays taken ( this is under investigation as a potential SI)
- Lack of physiotherapy in care home in 2015
- MIU refused to treat wound
- Family member unhappy with treatment provided
- Unhappy that staff did not follow protocol after child's fall in school

4 complaints fell into the Referrals, appointments, admissions, discharges and transfers category :

- being unable to contact the podiatry service.
- taken off dental caseload after not attending for 2 years
- dental service will not sign insurance form and that patient was not given a check up
- unhappy that patient de-registered from dental practice when advised they would continue to be seen whilst orthodontist treatment continued

Five complaints fell into the values and behaviours category in relation to being unhappy:

- with diabetic nurse's attitude and plan implemented
- that staff member did not listen and was dismissive
- about being sent a warning letter and with appointments and reception staff attitude
- that staff lost patient's dentures
- dental staff who were felt to be rude and dismissive when family with autistic patient was late for appointment.

Five complaints fell into the communication category. These concerns were in relation to being unhappy:

- that patient turned up for appointment and it had been cancelled
- with lack of information and service provided for orthotics
- with orthopaedic appointment and expectations following this
- unhappy with comments from health visiting service that contributed to child protection plan
- Concerned about advice given regarding breast and night feeding.

## 2.6 Information about current multi-agency complaints

All multi agency complaints are logged as level 4. There are 10 multi agency complaints open at present. KCHFT are leading on 1 one of those complaints and EKHUFT are leading on 4. Common themes are poor communication between services, particularly in relation to discharge home and community nursing. Work is underway to improve transfers of care.

## 3.0 Patient Outcomes

### Key Performance Indicators (KPIs)

The annual target is for 95% of clinical audit recommendations to be implemented. This is achieved via a stepped target during the year. There has been a fall in compliance for September. This will be addressed with the Directorate Audit Leads.

**Figure 18:**

Key Performance Indicators – Actions	April Target >35%	May Target >35%	June Target >55%	July Target >65%	August Target >75%	Sept. Target >80%	Oct. Target >80%	Achieved
<b>Stepped Target</b>								
1. Due audit recommendations implemented - KPI 4.6 Target April >35%	43%	61%	51%	75%	78%	75%	78%	Yes
2. Actions overdue by more than 3 months - PI 36 Target <=10%	3%	0%	6%	0%	5%	5%	8%	Yes
3. Actions overdue by more than 6 months - PI 37 Target <=5%	3%	0%	0%	0%	0%	0%	0%	Yes

### Clinical Audit Reporting

Dashboard and SBAR reporting was recently introduced for clinical audit. These relate to receiving the full report within a specified timeframe after receipt of dashboard reporting.

**Figure 19:**

Key Performance Indicators – Reporting Target 50% *	April	May	June	July	August	Sept.	Oct.	Achieved
Receipt of full report within specified timeframe following receipt of dashboard	25%	44%	47%	53%	50%	75%	77%	Yes

\*method for recording has been fine-tuned therefore all figures from April have been updated.

### 3.1 Research

KCHFT is set an annual target by the Kent Surrey and Sussex Clinical Research Network to deliver high quality national studies (known as portfolio studies) to local patients. This is being achieved and is a key performance indicator for research and a Quality Objective for 2017/18.

**Figure 20:**

Key Performance Indicators – Reporting Target 2017/18 = 200	Quarter 1	Quarter 2	Quarter 3 (at 6/11/17)	Achieved
Recruitment to portfolio studies	179	236	258	Yes



### **3.2 National Institute for Clinical Excellence (NICE)**

The number of NICE guidance/ standards that were issued in October 2017 was thirteen.

The number of guidance/standards issued in June 2017 that were due for assessment in October 2017 was twenty two. Six of the guidance/ standards issued were deemed applicable to at least one service throughout the trust.

**Ali Strowman, Chief Nurse**

**November 2017**

**Contributions from the Nursing and Quality and Audit and Performance teams**



<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	2.8
<b>Subject:</b>	Month 7 Finance Report
<b>Presenting Officer:</b>	Gordon Flack, Director of Finance

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	<b>x</b>
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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 October 2017.</p> <p>The Trust achieved a surplus of £1,910k year-to-date (YTD) which was £327k better than plan. The Trust is forecasting to reach a surplus of £3,026k in line with plan.</p>	
Key Messages	
<b>Surplus:</b> The Trust achieved a surplus of £1,910k (1.5%) to the end of October. Cumulatively pay has underspent by £5,739k and non-pay and depreciation/interest have overspent by £66k and £292k respectively. Income has under-recovered by £5,054k.	●
<b>Continuity of Services Risk Rating:</b> EBITDA Margin achieved is 3.0%. The Trust scored 1 against the Use of Resources Rating, the best possible score.	●
<b>CIP:</b> £2,222k of savings has been achieved to October against a risk rated plan of £2,411k which is 8% behind target. The full year savings target of £4,271k is forecast to be achieved in full.	●
<b>Cash and Cash Equivalents:</b> The cash and cash equivalents balance was £25,426k, equivalent to 44 days expenditure. The Trust recorded the following YTD public sector payment statistics 99% for volume and 97% for value.	●
<b>Capital:</b> Spend to October was £1,630k, representing 78% of the YTD plan.	●
<b>Agency:</b> Agency expenditure was below trajectory for October.	●
Proposals and /or Recommendations	
The Board is asked to note the contents of the report.	

<b>Relevant Legislation and Source Documents</b>	
Monitor NHS Foundation Trusts Annual Reporting Manual NHS Manual for Accounts 2014-15	
<b>Has an Equality Analysis (EA) been completed</b>	
No. High level Financial position described and no decisions required. Papers have no impact on people with any of the nine protected characteristics*.	
* <b>Protected characteristics:</b> 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@nhs.net

**FINANCE REPORT – OCTOBER 2017 (MONTH 7 of 2017-18)**

The Trust achieved a surplus of £1,910k year-to-date (YTD) which was £327k 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	1,910	1,583	327	Capital Service Capacity			1	1		Year to Date £k	2,222	2,411	-189
Year End Forecast £k	3,026	3,026	0	Liquidity			1	1		Year End Forecast £k	4,271	4,271	0
The Trust achieved a surplus of £1,910k to the end of October.													
Pay has underspent by £5,739k and non-pay and depreciation/interest have overspent by £66k and £292k respectively.													
Income has under-recovered by £5,054k.													
The forecast is to deliver a surplus of £3,026k in-line with the plan for the year.													
The Trust has scored the maximum '1' rating against the Use of Resource rating metrics for M7 2017-18.													
91% of the total annual CIP target has been removed from budgets to month seven.													
Despite the shortfall year to date, the Trust is forecasting to achieve the full plan of £4,271k by the end of the year.													
Cash and Cash Equivalents	Rag rating: Green			Capital Expenditure			Rag rating: Amber			Agency Trajectories			
	Actual	Forecast	Variance				Actual/Forecast	Plan	Variance	M7			
Year to Date £k	25,426	23,423	2,003	YTD Expenditure £k			1,630	2,080	450	Actual	Trajectory	Actual	Variance
Year End Forecast £k	21,026			Year End Forecast £k			4,179		0	£	£	£	£
Cash and Cash Equivalents as at M7 close stands at £25,426k, equivalent to 44 days operating expenditure.													
Capital Expenditure year to date is £1,630k, representing 78% of the YTD plan.													
External Agency Expenditure (inc. Locums) is £311k against £723k trajectory in M7. (YTD £2,335k against £5,063k trajectory).													
Locum Expenditure in M7 is £50k against £106k trajectory. (YTD £460k against £744k trajectory).													

## 1. Income and Expenditure Position

The position for October was £110k favourable compared to plan. The in-month performance comprised an over-recovery on income of £650k partly offset by overspends on pay, non-pay and depreciation/interest of £296k, £138k and £105k respectively. The summary income and expenditure statement is shown below:

	OCT ACTUAL £'000	OCT BUDGET £'000	OCT VARIANCE £'000	% VARIANCE	YTD ACTUAL £'000	YTD BUDGET £'000	YTD VARIANCE £'000	% VARIANCE
CCGs - Non Tariff	11,683	10,903	780	7.2%	73,646	76,762	-3,116	-4.1%
CCGs - Tariff	321	381	-60	-15.7%	1,991	2,706	-714	-26.4%
Charitable and Other Contributions to Expenditure	3	6	-2	-42.5%	50	39	11	27.4%
Department of Health	0	0	0	0.0%	0	0	0	0.0%
Education, Training and Research	31	50	-20	-39.5%	1,273	1,227	46	3.8%
Foundation Trusts	266	288	-22	-7.7%	1,905	1,996	-91	-4.6%
Income Generation	11	13	-2	-17.1%	167	92	75	81.2%
Injury Cost Recovery	36	27	9	35.2%	255	187	68	36.5%
Local Authorities	3,986	4,013	-27	-0.7%	27,699	28,335	-636	-2.2%
NHS England	1,822	1,953	-131	-6.7%	12,629	13,674	-1,044	-7.6%
NHS Trusts	533	510	22	4.4%	3,521	3,573	-52	-1.5%
Non NHS: Other	120	99	20	20.4%	846	695	151	21.7%
Non-Patient Care Services to Other Bodies	47	41	6	14.2%	388	313	75	24.1%
Other Revenue	365	327	37	11.4%	1,375	1,412	-37	-2.6%
Private Patient Income	61	23	38	166.2%	372	161	211	131.4%
Sustainability and Transformation Fund	176	176	0	0.0%	792	792	0	0.0%
<b>INCOME Total</b>	<b>19,461</b>	<b>18,811</b>	<b>650</b>	<b>3.5%</b>	<b>126,909</b>	<b>131,963</b>	<b>-5,054</b>	<b>-3.8%</b>
Administration and Estates	2,596	2,756	-160	-5.8%	17,855	19,027	-1,172	-6.2%
Healthcare Assistants and other support staff	1,608	1,791	-183	-10.2%	12,518	12,844	-326	-2.5%
Managers and Senior Managers	845	819	-27	-3.2%	5,526	5,841	-315	-5.4%
Medical and Dental	775	817	-42	-5.1%	5,444	5,713	-269	-4.7%
Qualified Nursing, Midwifery and Health Visiting	4,201	4,544	-343	-7.6%	29,913	32,569	-2,656	-8.2%
Scientific, Therapeutic and Technical	2,462	2,698	-236	-8.8%	17,283	18,611	-1,328	-7.1%
Employee Benefits	1,204	0	-1,204	-100.0%	-152	0	152	100.0%
CIP Target Pay	0	12	-12	-100.0%	0	77	-77	-100.0%
East Kent Savings	0	-61	61	100.0%	0	-442	442	100.0%
North Kent Savings	0	19	-19	-100.0%	0	-113	113	100.0%
<b>PAY Total</b>	<b>13,691</b>	<b>13,395</b>	<b>-296</b>	<b>-2.2%</b>	<b>88,387</b>	<b>94,126</b>	<b>-5,739</b>	<b>-6.1%</b>
Audit fees	5	5	0	3.8%	34	35	-1	-3.8%
Clinical Negligence	41	39	-2	-5.4%	288	288	0	0.0%
Consultancy Services	17	2	-15	-817.7%	248	91	-157	-172.4%
Education and Training	95	83	-12	-14.5%	462	533	-71	-13.3%
Establishment	803	803	0	0.0%	4,883	5,773	-890	-15.4%
Hospitality	11	0	-10	-225.4%	24	3	-21	-662.4%
Impairments of Receivables	0	0	0	0.0%	-86	0	86	0.0%
Insurance	6	1	-4	-384.7%	20	8	-12	-147.3%
Legal	18	26	-8	-31.1%	191	181	-10	-5.8%
Other Auditors Remuneration	0	0	0	0.0%	0	0	0	0.0%
Other Expenditure	9	10	-1	-7.6%	63	70	-7	-10.4%
Premises	1,322	1,299	-23	-1.8%	9,596	9,238	-359	-3.9%
Research and Development (excluding staff costs)	0	0	0	100.0%	0	3	-3	-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	-3	30	-33	-111.2%	473	391	-82	-21.0%
Supplies and Services - Clinical	2,238	2,110	-127	-6.0%	14,873	14,568	-305	-2.1%
Supplies and Services - General	78	105	-27	-25.4%	593	740	-147	-19.8%
Transport	402	418	-16	-3.8%	3,020	2,960	-60	-2.0%
CIP Target Non Pay	0	-29	29	100.0%	0	-266	266	100.0%
<b>NONPAY Total</b>	<b>5,041</b>	<b>4,902</b>	<b>-138</b>	<b>-2.8%</b>	<b>34,682</b>	<b>34,616</b>	<b>-66</b>	<b>-0.2%</b>
EBITDA	729	514	215	41.9%	3,839	3,220	619	19.2%
EBITDA %	3.7%	2.7%	-1.0%		3.0%	2.4%	-12.2%	
DEPRECIATION/AMORTISATION	342	240	-102	-42.6%	1,951	1,679	-272	-16.2%
INTEREST PAYABLE	0	0	0	0.0%	0	0	0	0.0%
INTEREST RECEIVED	3	6	-3	-42.5%	22	42	-20	-48.1%
<b>SURPLUS/(DEFICIT)</b>	<b>390</b>	<b>280</b>	<b>110</b>	<b>39.5%</b>	<b>1,910</b>	<b>1,583</b>	<b>327</b>	<b>20.7%</b>
<b>SURPLUS %</b>	<b>-2.0%</b>	<b>-1.5%</b>	<b>-0.5%</b>		<b>-1.5%</b>	<b>-1.2%</b>	<b>-0.3%</b>	

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
2,411	2,222	-188	4,271	3,902	369	4,271	0

*Table 3.1: Cost Improvement Programme Performance*

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

YTD achievement is 8% behind plan with £2,222k removed from budgets at month seven against a risk rated year to date plan of £2,411k. This position is unchanged from a shortfall of 8% to month six. 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 Sept 17 £000's	At 31 Oct 17 £000's	Variance Analysis Commentary
<b>NON CURRENT ASSETS:</b>				
Intangible assets	238	406	390	
Property, Plant & Equipment	16,717	16,496	16,331	
Other debtors	68	58	56	
<b>TOTAL NON CURRENT ASSETS</b>	<b>17,023</b>	<b>16,960</b>	<b>16,777</b>	
<b>CURRENT ASSETS:</b>				
NHS & Non NHS - Invoiced Debtors (net of bad debt provision)	13,715	13,009	14,264	<b>NHS &amp; Non NHS - Invoiced Debtors (net of bad debt provision)</b>
NHS Accrued Debtors	2,026	862	1,186	The in-month increase is primarily due to the raising of invoices to
Other debtors	2,604	3,595	3,499	Medway FT and MTW for newborn hearing services, an invoice for STP
<b>Total Debtors</b>	<b>18,345</b>	<b>17,466</b>	<b>18,949</b>	pay recharge to MTW and invoices to EKHUFT for July to September
Cash at bank in GBS accounts	2,118	2,776	3,374	Finance Consortium charges. All invoiced amounts were previously
Other cash at bank and in hand	49	55	52	accrued. The transition to a faster reporting timetable in M7 and the
Deposit with the National Loan Fund (Liquid Investment)	17,000	21,000	22,000	resultant earlier cash book close has also contributed to the in-month
<b>Total Cash and Cash Equivalents</b>	<b>19,166</b>	<b>23,831</b>	<b>25,426</b>	increase.
<b>TOTAL CURRENT ASSETS</b>	<b>37,511</b>	<b>41,297</b>	<b>44,375</b>	
<b>CREDITORS:</b>				
NHS & Non NHS - Invoiced Creditors falling due within 1 year	-5,322	-2,870	-4,249	<b>NHS &amp; Non NHS - Invoiced Creditors falling due within 1 year</b>
NHS - accrued creditors falling due within 1 year	-3,234	-2,782	-2,695	The in-month increase is in the main due to the transition to a faster
Non NHS - accrued creditors falling due within 1 year	-8,283	-15,670	-17,065	reporting timetable in M7 and the resultant earlier cash book close.
Other creditors	-6,993	-6,238	-6,469	
<b>Total amounts falling due within one year</b>	<b>-23,832</b>	<b>-27,560</b>	<b>-30,479</b>	<b>Non NHS - accrued creditors falling due within 1 year</b>
<b>NET CURRENT ASSETS</b>	<b>13,679</b>	<b>13,737</b>	<b>13,896</b>	The in-month increase is due to accruals applied for a further month's
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>30,702</b>	<b>30,697</b>	<b>30,673</b>	NHSPS costs.
Total amounts falling due after more than one year	0	0	0	
<b>PROVISION FOR LIABILITIES AND CHARGES</b>	<b>-3,584</b>	<b>-2,059</b>	<b>-1,644</b>	<b>Provisions</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>27,118</b>	<b>28,638</b>	<b>29,028</b>	The in-month decrease is due to a further utilisation of the redundancy
<b>FINANCED BY TAXPAYERS EQUITY:</b>				provision
Public dividend capital	-2,612	-2,612	-2,612	
Income and expenditure reserve	-23,740	-25,260	-25,650	
Revaluation Reserve	-766	-766	-766	
<b>TOTAL TAXPAYERS EQUITY</b>	<b>- 27,118</b>	<b>- 28,638</b>	<b>- 29,028</b>	

Table 4.1: Statement of Financial Position, October 2017

	Total Assets	Total Liabilities	Assets/ Liabilities
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
Jun-17	55,962	28,135	1.99
Jul-17	57,812	29,693	1.95
Aug-17	57,448	29,092	1.97
Sep-17	58,257	29,619	1.97
Oct-17	61,152	32,123	1.90

Table 4.2: Assets and Liabilities

#### 5. 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	M7 Actual YTD £000's	M7 Plan YTD £000's	M7 Variance to plan	Full Yr Forecast	Full Yr Plan £000's	Full Yr Variance	Variance Analysis Commentary
Estates Developments	920	816	-104	1,287	1,326	39	Actual expenditure YTD relates to 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	238	410	172	699	698	-1	Actual expenditure YTD primarily relates to the Hawkhurst Flooring Project.
IT Rolling Replacement & Upgrades	417	612	195	1,570	1,663	93	Actual expenditure YTD relates to Licensing Upgrade requirements, Hardware refresh and Switches.
Dental SBU	3	192	189	140	242	102	Actual expenditure YTD in the main relates to the purchase of a mobile unit from Barts Health
Other Minor Schemes	52	50	-2	250	250	0	Actual expenditure YTD relates to an upgrade of the Trust's Qlikview reporting capabilities.
Contingency	0	0	0	233	-	-233	Contingency retained to cover potential new schemes and those schemes at tender stage where actual costs could exceed pre-tender estimates.
<b>Total</b>	<b>1,630</b>	<b>2,080</b>	<b>450</b>	<b>4,179</b>	<b>4,179</b>	<b>-</b>	

*Table 5.1: Capital Expenditure October 2017*

**Gordon Flack**  
**Director of Finance**  
**14 November 2017**

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	2.9
<b>Subject:</b>	Workforce Report
<b>Presenting Officer:</b>	Louise Norris, Director of Workforce, Organisational Development and Communications

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<b>Report Summary (including purpose and context):</b>
This report provides the Board with an update on the current workforce position as at October 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 Kent Community Health NHS Foundation Trust (KCHFT) is performing below target in October.

<b>Proposals and /or Recommendations:</b>
The Board is asked to note this report.

<b>Relevant Legislation and Source Documents:</b>
None.

<b>Has an Equality Analysis been completed?</b>
No. An EA is not required for a report of this nature as the detail is monitored by the Strategic Workforce Committee.

Louise Norris	<b>Tel:</b> 01622 211905
Director of Workforce, Organisational Development and Communications	<b>Email:</b> lousienorris@nhs.net








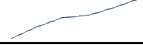

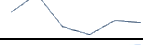

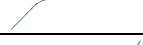







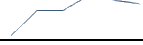


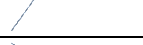





## WORKFORCE REPORT

### 1. Report Summary

- 1.1 This report provides the Board with an update on the current workforce position as at October 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 October.

### 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 trend line has now been included to illustrate current performance against recent performance. Each metric has been rated to illustrate performance against the Trust target.

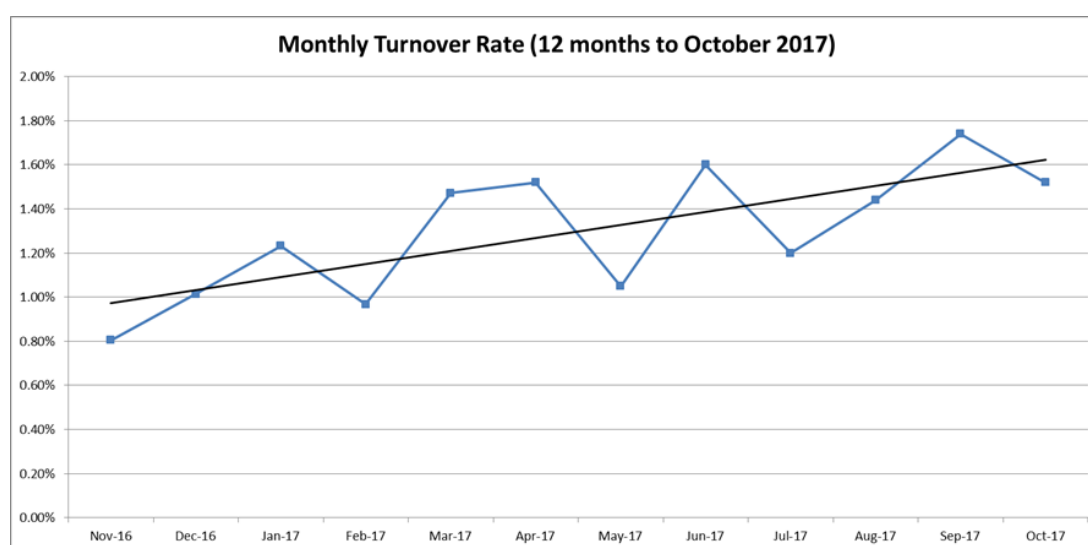
Month	Oct-17			
Direction (Better/Worse)	Metric	Target	Current Position	6mth Trendline (May to Oct 2017)
	Turnover (12 mths to Oct)	10.50%	16.36%	
	Absence (2017/18 cumulative)	3.90%	4.23%	
	Vacancies	5.00%	8.91%	
	Fill Rate Overall	No target set (rated on 75%)	85.95%	
	Fill Rate Bank	No target set (rated on 30%)	69.26%	
	Agency spend as a proportion of the trajectory (Oct, without contingency)	< 100%	65.84%	
	Agency shifts - Framework agency used - compliant with price cap	100%	89.31%	
	Average Recruitment Time in Weeks (in Oct 2017)	< 7 Weeks	7.82%	
	Statutory and Mandatory Training (adjusted % for 2 yr Prevent/WRAP target)	85%	100%	
N/A	Number of suspended staff	No target set	5	
	Appraisals (annual figure)	85%	98.1%	
N/A	Trust Headcount (at 31 Oct 2017)	No target set	4,791	
	Number of Starters (Oct)	No target set	54	
	Number of Leavers (Oct)	No target set	73	

### 3. Performance Commentary

#### Turnover

- 3.1 Turnover is rated red this month. The turnover rate for the 12 months to October 2017 is 16.36%, which is an increase from September's 15.58% and above the target of 10.50%. This turnover data excludes TUPE transfers. The 0.78 point rise since last month is accounted for by a decrease in the average headcount (from 4,936 to 4,923) whilst there has been an 36 headcount increase in the number of leavers in this current rolling 12 months from 769 to 805.
- 3.2 The trend line for turnover is currently showing an upward trend in turnover performance.

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



**Fig. 2: Turnover by service**

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
IT	20.24%	15.91%	14.80%	12.12%	7.89%	8.60%	8.55%	10.05%	11.52%	13.00%	14.48%	15.19%
Nursing and Quality	4.33%	4.34%	4.37%	2.93%	2.94%	7.37%	7.41%	10.45%	15.04%	18.23%	21.54%	21.85%
Medical Director	16.44%	12.10%	9.85%	9.58%	7.45%	10.94%	12.54%	12.35%	13.93%	17.19%	17.05%	17.07%
HR, OD and Communications	16.44%	16.23%	16.11%	16.03%	14.36%	16.68%	15.20%	14.54%	14.68%	15.66%	16.59%	14.19%
Finance	19.41%	18.23%	18.18%	17.05%	15.93%	13.82%	12.72%	10.57%	8.44%	5.25%	4.20%	3.18%
Corporate Services	20.11%	17.78%	19.82%	17.45%	17.33%	17.11%	19.01%	20.87%	20.51%	20.17%	19.64%	25.08%
Estates	16.32%	16.82%	16.45%	18.74%	17.84%	18.71%	18.41%	20.31%	19.73%	18.46%	18.25%	18.95%
Children's Specialist Services	14.47%	14.51%	14.87%	15.60%	16.67%	16.56%	17.85%	17.77%	16.12%	15.29%	15.33%	17.28%
Dental	8.07%	9.40%	10.73%	12.01%	11.93%	14.29%	13.43%	15.99%	20.46%	21.55%	22.57%	24.41%
East Kent	12.51%	11.92%	12.43%	13.14%	13.56%	14.00%	14.46%	15.64%	15.63%	16.01%	16.20%	16.72%
Health Improvement Teams	16.28%	16.29%	16.34%	16.40%	19.61%	21.30%	21.41%	19.95%	20.94%	21.14%	23.05%	25.74%
Learning Disabilities	12.65%	12.60%	12.59%	11.87%	7.43%	8.92%	9.67%	9.65%	9.67%	9.69%	10.50%	12.07%
Operations Management	11.32%	11.27%	11.16%	11.11%	5.56%	5.45%	5.33%	5.22%	5.11%	5.02%	4.94%	4.86%
Public Health	16.33%	16.80%	16.96%	16.54%	17.02%	17.01%	16.62%	16.82%	16.81%	17.16%	18.03%	17.44%
Specialist and Elective Services	15.17%	15.34%	15.35%	14.52%	14.34%	14.49%	14.10%	13.97%	13.36%	13.25%	13.78%	14.39%
West Kent	15.81%	14.61%	14.21%	13.12%	12.51%	11.89%	11.93%	11.64%	11.86%	11.75%	11.73%	12.04%
KCHFT	16.45%	14.47%		14.62%	14.37%	14.74%	14.93%	15.29%	15.38%	15.29%	15.58%	16.36%
Target	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%

- 3.3 The increase for Corporate Services from 19.64% to 25.08% is accounted for by three leavers in October 2017 towards a total of 13 leavers for the year (which is around a fifth of the year's turnover). Similarly, the increase in Health Improvement Team turnover from 23.05% to 25.74% is accounted for by 4 leavers in October, representing 13% of the year's 31 leavers, a similar proportion to the increase in turnover.

- 3.4 Services with the highest turnover levels for the 12 months to October are shown in the chart below, with Health Improvement Teams the highest at 25.7%. Finance has the lowest turnover rate at 3.2%.

Service	Oct-17
Health Improvement Teams	25.7%
Corporate Services	25.1%
Dental	24.4%
Nursing and Quality	21.9%
Estates	19.0%

- 3.4 Although some services may have high turnover rates this is affected by the impact of small numbers of leavers in small teams. Of those with the highest numbers of staff Dental, Health Improvement and Public Health are those of note and all have been impacted by significant organisational change since April. In the case of Dental they have recruited staff with the right skills to the new model but avoided redundancy costs through turnover. Turnover for Health Improvement and Public Health has been affected by planned redundancies. Whilst a small team Nursing and Quality have also shown a significant increase in turnover which is planned and attributable to organisational change.
- 3.5 Some key actions being taken to address retention include:
- participation in the NHS Employers retention programme + NHSI masterclass
  - fortnightly visits by the Chief Operating Officer and Director of Workforce to teams with high turnover
  - Lessons learnt on organisational change shared with services.
  - Talent Management Strategy
  - Engagement of staff in the refresh of the Trust values and behaviours framework. The new branding and values will now be visible across all KCHFT properties.
  - Leadership of health and social care east Kent branding in advertising campaigns. This will now be developed Kent wide.
  - Launch of the 'Aspire' mentorship network.
  - Introduction of Professional lead roles for adult nursing and therapy services.
- 3.6 In addition all services have local plans to address their areas with the highest turnover.
- 3.7 When benchmarked against comparable NHS organisations KCHFT is ranked 26 out of 42 organisations for turnover. Turnover rates range from 8.7% to 30.77%. In terms of organisational size KCHFT is the second largest and when compared to organisations with over 3000 FTE KCHFT falls in the middle range with only two organisations below 15%.
- 3.7 Figure 3 below demonstrates the trend for leavers over the year as a whole, for the past 12 months to September 2017. The top four reasons for leaving constitute approximately 55% of leavers.

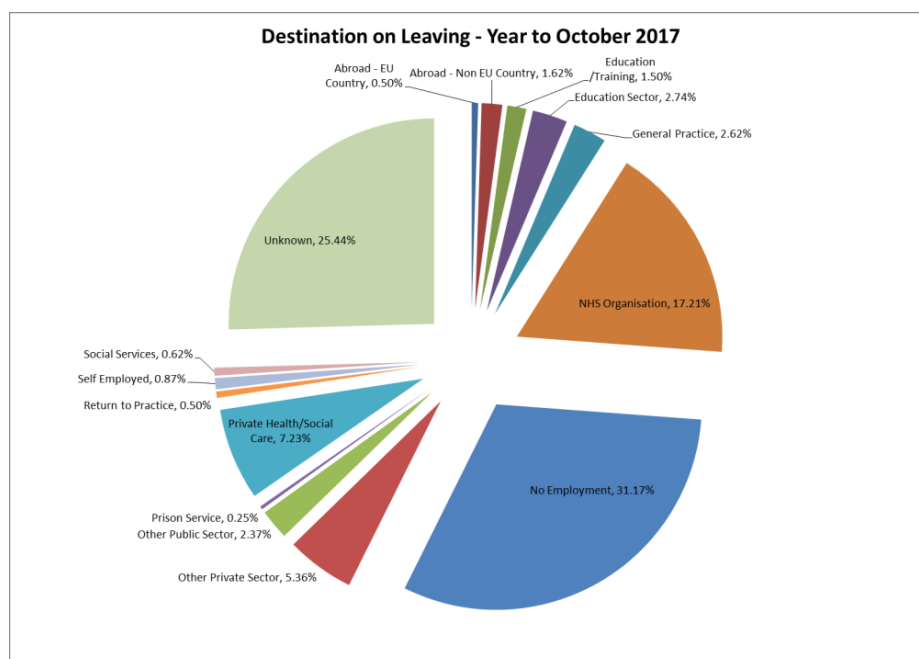
**Fig.3: Leaving reasons – 12 months to October 2017 (excluding TUPE)**



3.8 We have worked with payroll to ensure that the destination of leavers is now being regularly recorded in ESR.

3.9 Fig 4 below shows the destination of leavers during the 12 months to October 2017. The destination of a large proportion (25.44%) is unknown. The largest category we do know about are those who go to 'no employment' at 31.17%. Those who tell us where they go tell us that 17.21% go to other NHS organisations. This is then followed by those who go to private health / social care (7.23%) and those who go to other private sector (5.36%).

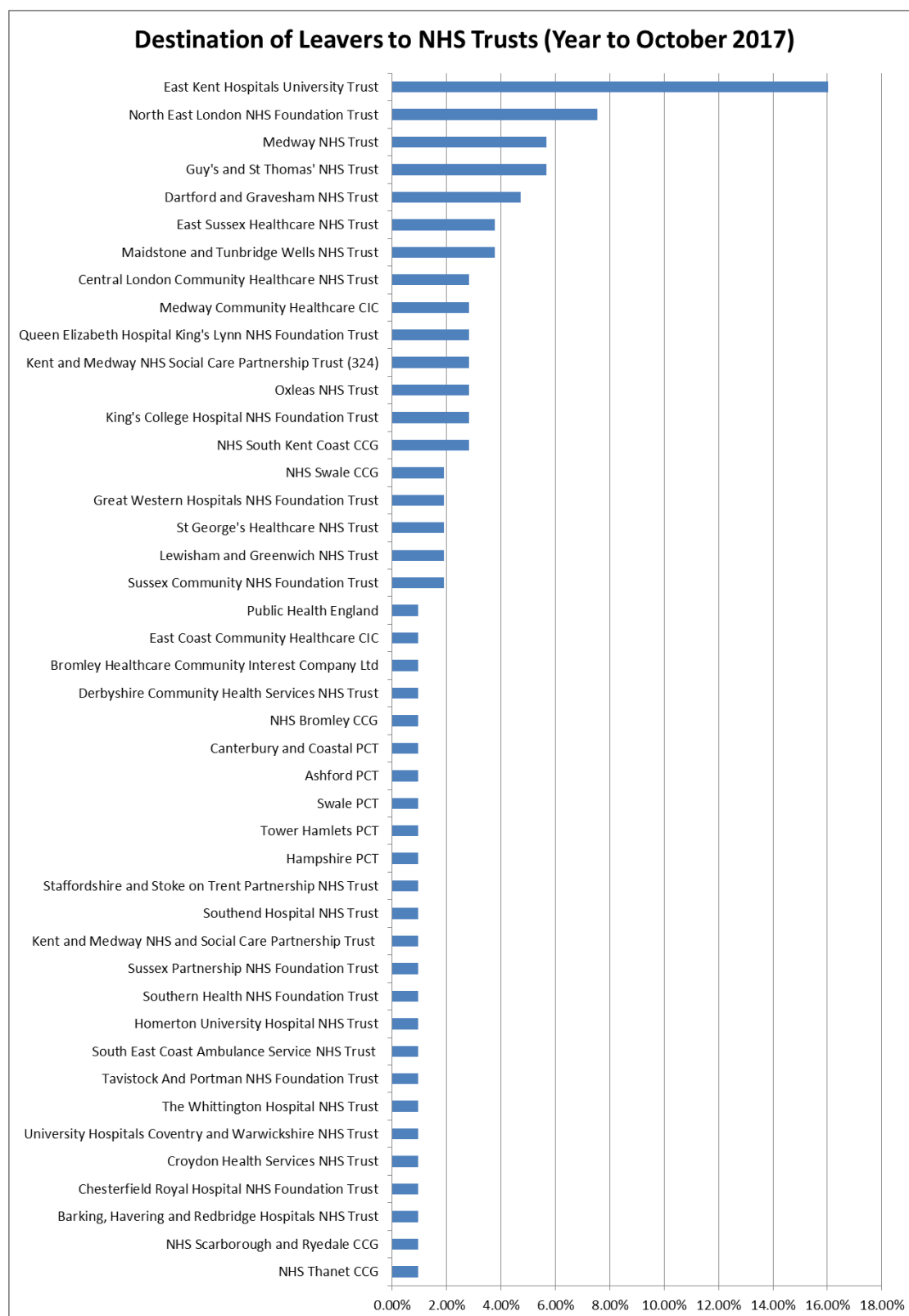
**Fig.4: Destination on Leaving – 12 months to October 2017**





- 3.10 Looking at those leavers who go to other NHS organisations, 45.3% go to organisations based in Kent, 29.2% to London based organisations and the remaining 25.5% go to other parts of the country. Fig. 5 below shows the proportion going to the different NHS organisations.

**Fig.5: NHS Trust Destinations – 12 months to October 2017**

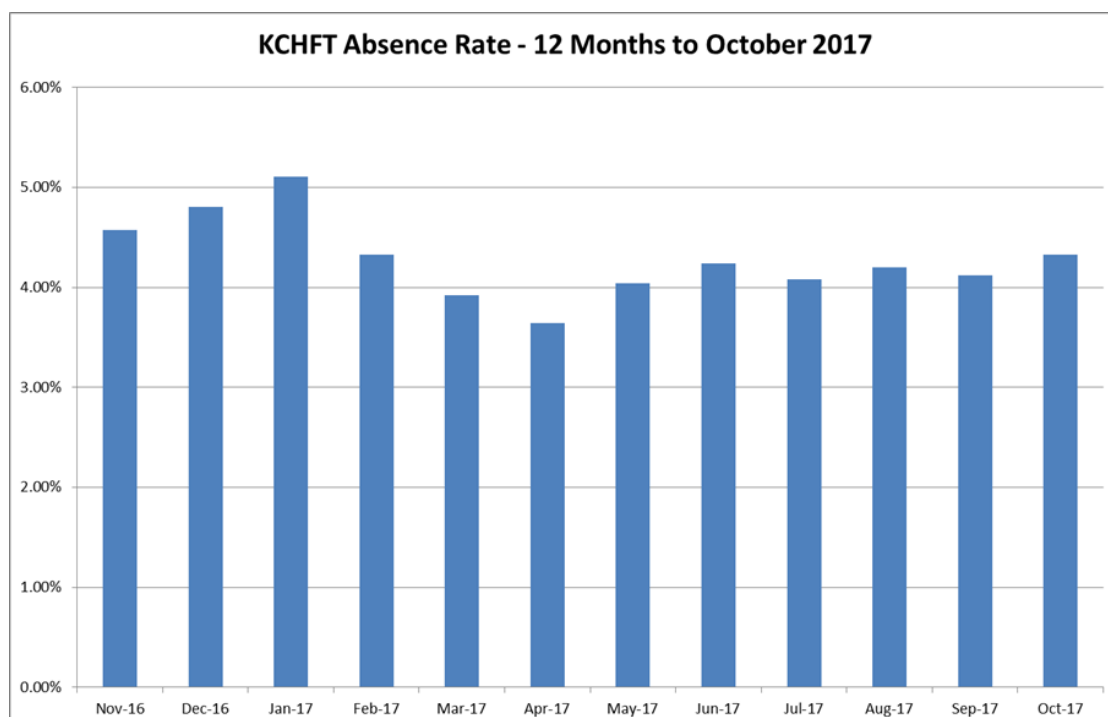


- 3.11 The NHS organisation to which the largest proportion of our staff goes is East Kent Hospitals University Trust. In the 12 months to October 2017, 17 of the staff we lost to other NHS organisations went to that Trust, equating to 16.04% of the total. This equates to around 0.35% of our total turnover and around 1.8% of the staff within East Kent, suggesting that a disproportionate number of East Kent leavers are lost to that Trust.

### Sickness Absence

- 3.12 Sickness absence is rated red for October 2017. Cumulative sickness absence for 2017/18 is 4.23% to date which is above the target of 3.90% (and marginally up from 4.22% last month). Sickness absence performance for October 2017 alone was 4.27% (up from 4.12% for September 2017). Fig 6 below shows the absence rate for each individual month during the past 12 months.

**Fig.6: Sickness Absence Rate for the 12 months to October 2017**



**Fig 7. Service sickness rates.**

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	YTD to Oct-17
IT	4.28%	3.47%	2.67%	1.66%	2.19%	2.93%	3.93%	2.92%	1.93%	3.45%	4.48%	3.78%	3.40%
Nursing and Quality	2.63%	2.30%	0.95%	0.86%	0.52%	1.32%	3.88%	7.27%	6.93%	5.71%	4.73%	7.67%	5.36%
Medical Director	2.14%	6.41%	6.48%	5.69%	5.95%	6.32%	4.76%	4.83%	2.74%	3.98%	4.22%	3.50%	4.81%
HR, OD and Communications	3.31%	1.58%	2.34%	1.08%	1.23%	3.09%	2.69%	3.51%	4.78%	6.16%	2.99%	3.47%	3.94%
Finance	1.89%	1.85%	3.80%	2.90%	3.89%	2.39%	1.45%	1.94%	1.05%	1.65%	1.76%	1.64%	1.69%
Corporate Services	6.66%	5.86%	3.13%	6.89%	7.22%	5.19%	7.30%	5.22%	4.83%	2.79%	0.68%	0.42%	4.56%
Estates	7.81%	5.80%	7.08%	4.47%	3.80%	3.79%	4.15%	3.99%	3.82%	4.17%	4.13%	4.51%	4.85%
Children's Specialist Services	3.87%	3.92%	3.45%	3.60%	3.00%	2.67%	1.84%	2.05%	2.90%	3.24%	3.20%	4.36%	3.24%
Dental	3.57%	4.19%	8.88%	6.47%	4.86%	2.67%	3.51%	5.43%	6.91%	6.77%	5.44%	4.76%	5.46%
East Kent	6.38%	7.26%	7.42%	5.97%	4.91%	5.13%	5.79%	5.39%	5.40%	5.25%	5.83%	5.37%	5.96%
Health Improvement Teams	2.34%	3.53%	2.82%	2.94%	3.23%	3.23%	5.23%	6.04%	5.71%	4.81%	2.44%	2.77%	3.93%
Learning Disabilities	3.56%	3.04%	5.00%	4.16%	3.35%	3.59%	3.35%	3.04%	2.77%	2.43%	2.38%	3.31%	3.45%
Operations Management	4.92%	3.12%	1.36%	4.20%	2.60%	2.11%	1.87%	0.32%	1.54%	1.45%	1.50%	0.00%	1.75%
Public Health	4.61%	5.06%	5.37%	5.27%	4.56%	3.90%	4.53%	4.57%	4.51%	3.50%	4.15%	4.48%	4.68%
Specialist and Elective Services	2.85%	2.77%	3.15%	3.15%	3.20%	2.08%	2.43%	2.87%	2.69%	2.79%	3.15%	3.59%	2.93%
West Kent	4.73%	5.33%	5.26%	3.53%	4.10%	4.14%	4.71%	5.27%	5.42%	5.81%	4.16%	3.98%	4.66%
KCHFT	4.58%	4.80%	5.10%	4.33%	3.92%	3.65%	4.04%	4.24%	4.08%	4.20%	4.12%	4.27%	4.23%
Target	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%

- 3.13 The three teams with the highest sickness rates remain the same as last month: Nursing and Quality (down from 7.67% to 5.36%), Dental (up from 4.76% to 5.46%) and East Kent (up from 5.37% to 5.96%). Dental has seen an increase as a result of organisational changes. East Kent has arranged deep dives in those areas with high sickness for November but can provide assurance that all cases are being dealt with in line with the Trust policy.
- 3.11 When benchmarked against other comparable community NHS organisations KCHFT rank 28 out of 42 and when compared to organisations of a similar size the Trust ranks 2 with sickness rates ranging from 2.28% to 8.24%.
- 3.12 All services scrutinise their sickness performance and have a range of local actions in place which include deep dives, health and wellbeing activities and management coaching. The Employee Relations team are also undertaking a further review of staff with the highest sickness rates to ensure that they are being managed in line with the policy.

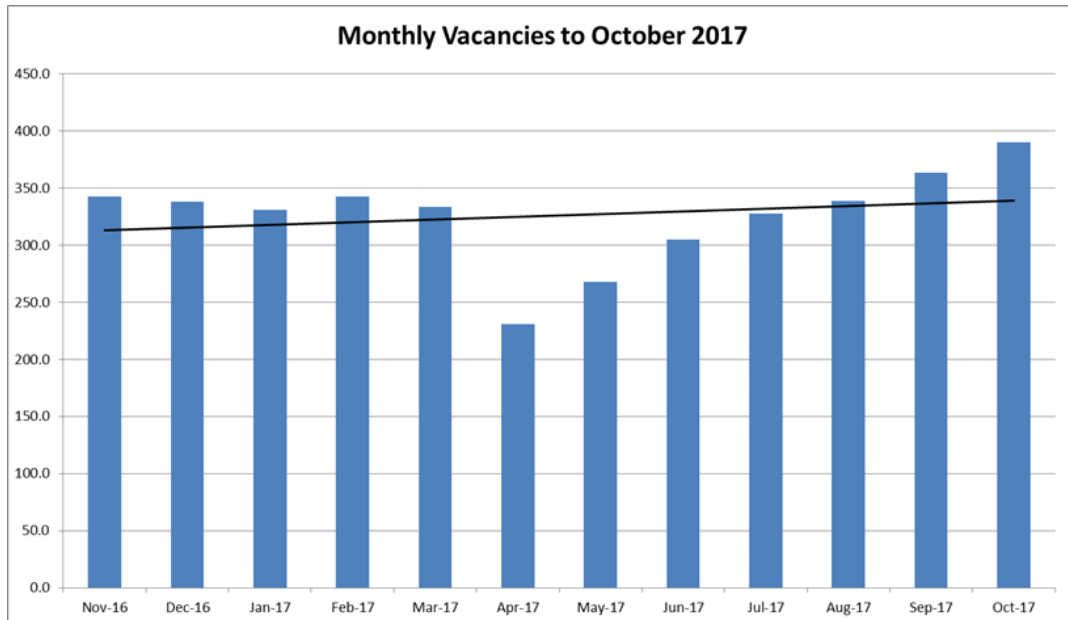
#### Training Compliance

- 3.13 Training compliance is at 100.0% this month compared to 100.9% the previous month and is therefore rated green for October 2017.
- 3.14 All mandatory topics are in the green although we have had a few minor drops in compliance this month. The only drop that causes concern is the Adults Level 1 Safeguarding which although still green has had a pattern of dropping compliance for the past few months and is now 85.2%; 0.2% from being amber. As this course is completed via e-Learning we would like to flag this with operational services and ask managers to encourage completions.
- 3.15 All aggregated topics are on track to meet compliance by the agreed dates.

## Vacancies

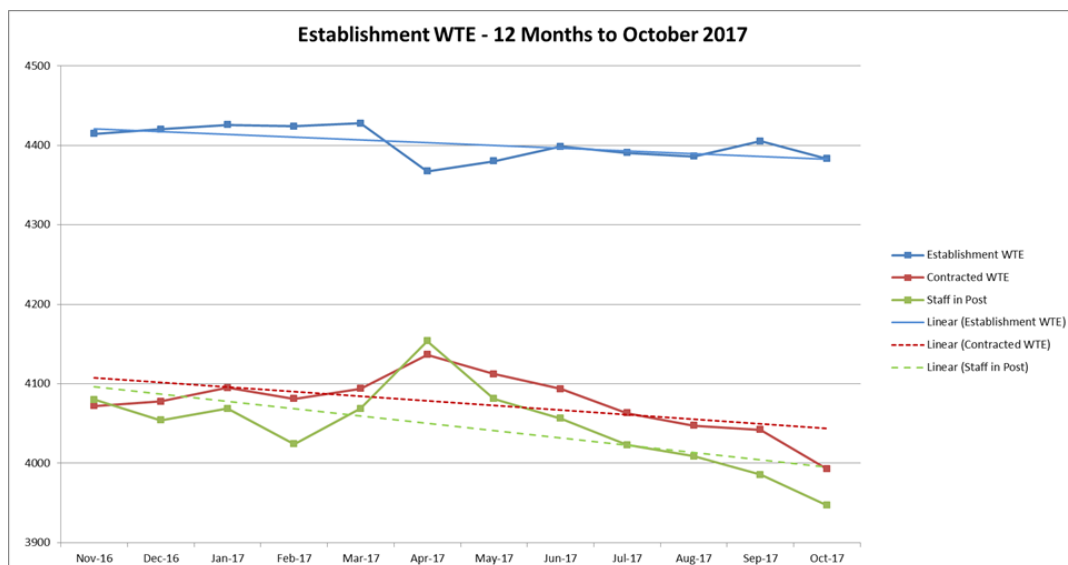
- 3.16 The vacancy rate for October 2017 is 8.91% compared to a target of 5.0%, which means performance has been rated as red this month. This is an increase from 8.24% last month. October's figure is the highest rate since the start of the financial year, having steadily increased from 5.28% in April 2017. Fig. 8 below shows the number of vacancies has increased to 390.35 WTE in October 2017 from 363.18 WTE in September 2017.

**Fig.8: Vacancy Levels for the 12 months to October 2017**



- 3.17 Fig. 9 shows there was a 19.18 WTE decrease in the establishment from 4,405.23 WTE in September 2017 to 4,383.13 WTE in October 2017. This is a 0.5% decrease. There was a 42.97 WTE (or 1.22%) reduction in contracted staff from 4,042.05 WTE to 3992.78 WTE. This has led to an increase in the vacancy rate of 0.66 percentage points.

**Fig. 9: Establishment: November 2016 to October 2017**



- 3.18 A breakdown of the vacancy rate for October is shown in Fig. 13 below. Areas where the vacancy rate is above the target -5% rate are coloured red. Those within the target are shown as green. Areas where there is an overestablishment are shown as blue.
- 3.19 As last month, whilst some of the highest percentage vacancy rates include East Kent Management, Estates Site Overheads, Commercial, Medical Director and Operations Management these do not reflect those areas which have the highest number of vacancies nor those which are the most difficult to recruit to.
- 3.20 In addition West Kent and East Kent Adult services and Specialist and Elective which are those with the greatest number of vacancies and include the areas which are most difficult to recruit have local plans in place. Although Health Visiting have a significant number of vacancies some of these roles are being held to deliver the reduction in the contracts for the service.
- 3.21 Some key actions being taken to address recruitment include:
- Development of the generic worker and advance clinical practitioner. These roles will take on work carried out by posts which are difficult to recruit.
  - International Recruitment
  - The implementation of an apprenticeship framework which allows for all posts to be recruited as trainee roles where applicants do not have the requisite skills/qualifications.

**Fig 10. Breakdown of vacancy rates**

Service	Budgeted WTE	Contracted WTE	Vacancy WTE	Vacancy WTE
<b>Corporate Services</b>	<b>49.8</b>	<b>50.4</b>	<b>0.7</b>	<b>1.4%</b>
Corporate Assurance & Legal	5.2	6.2	1.0	19.2%
Corporate Services	33.2	32.5	-0.7	-2.1%
Executive Teams	11.4	11.8	0.4	3.3%
<b>Estates</b>	<b>214.8</b>	<b>201.2</b>	<b>-13.6</b>	<b>-6.3%</b>
Estates Management	28.5	24.9	-3.6	-12.5%
Hotel Services	168.7	160.7	-8.0	-4.7%
Site Overheads	17.6	15.5	-2.1	-11.9%
<b>Finance Directorate</b>	<b>94.3</b>	<b>87.7</b>	<b>-6.6</b>	<b>-7.0%</b>
Commercial	26.8	20.9	-6.0	-22.2%
Finance	59.9	58.7	-1.1	-1.9%
Performance & Business Intelligence	7.6	7.4	-0.2	-2.6%
Recharges	0.0	0.7	0.7	n/a
<b>HR, OD &amp; Communications</b>	<b>118.1</b>	<b>105.7</b>	<b>-12.4</b>	<b>-10.5%</b>
Communication & Patient Engagement	14.6	13.5	-1.1	-7.3%
Human Resources	100.5	89.2	-11.3	-11.3%
Management of Human Resources	3.0	3.0	0.0	0.0%
<b>IT</b>	<b>132.1</b>	<b>120.3</b>	<b>-11.8</b>	<b>-8.9%</b>
IT	132.1	120.3	-11.8	-8.9%
<b>Medical Director</b>	<b>48.1</b>	<b>49.0</b>	<b>0.9</b>	<b>1.9%</b>
Medical Director	16.9	13.4	-3.6	-21.0%
Medicines Management	31.2	35.6	4.5	14.3%
<b>Nursing &amp; Quality</b>	<b>58.0</b>	<b>54.6</b>	<b>-3.5</b>	<b>-5.9%</b>
Chief Nurse	7.2	6.8	-0.4	-5.4%
Clinical Governance	10.4	10.9	0.6	5.3%
Deputy Chief Nurse	5.9	4.9	-1.0	-16.9%
Infection Prevention & Control	3.6	3.5	-0.1	-2.5%
Patient Experience	4.0	4.0	0.0	0.0%
Safeguarding	21.3	18.8	-2.5	-11.8%
Tissue Viability	5.6	5.6	0.0	0.0%
<b>Operations</b>	<b>3720.5</b>	<b>3323.9</b>	<b>-396.6</b>	<b>-10.7%</b>
Ashford & Canterbury LTC	152.3	125.8	-26.5	-17.4%
Canterbury	0.0	0.0	0.0	n/a
Children & Adult Talking Therapies	3.0	2.5	-0.5	-16.7%
Childrens Specialist Services	487.9	453.8	-34.1	-7.0%
Dental	216.2	203.2	-13.1	-6.0%
DGS	0.0	0.0	0.0	n/a
East Kent Management	29.9	22.2	-7.6	-25.5%
East Kent Urgent Care	544.1	490.4	-53.7	-9.9%
Health Improvement Teams	100.0	90.5	-9.5	-9.5%
Health Visiting	418.1	380.1	-38.0	-9.1%
Learning Disabilities	130.8	112.0	-18.9	-14.4%
Management of Childrens Specialist Services	9.8	8.6	-1.2	-12.2%
Management of Public Health Services	5.7	7.5	1.8	31.6%
Operations Management	13.6	11.6	-2.0	-14.7%
School Nursing & Immunisations	182.2	167.4	-14.8	-8.1%
Sexual Health	119.2	115.6	-3.6	-3.0%
SKC	0.0	0.0	0.0	n/a
SKC & Thanet LTC	184.5	170.7	-13.7	-7.4%
Specialist and Elective Services	541.9	475.9	-66.0	-12.2%
Swale	0.0	0.0	0.0	n/a
Thanet	0.0	0.0	0.0	n/a
West Kent	581.4	486.2	-95.2	-16.4%

### Temporary Staff Usage

- 3.22 The table below shows shifts for October 2017 filled by agencies. The number of shifts filled with framework agencies compliant with the price cap is 89.3%, up from 87.6% the previous month and rated red. The measure becomes amber at 95%.

	Framework		Non Framework		Total
	Price Cap Breach	Price Cap Compliant	Price Cap Breach	Price Cap Compliant	
Number of shifts	72	1061	55	0	1188
Percentage	6.06%	89.31%	4.63%	0.00%	100.00%

- 3.23 As well as the 89.31% of shifts compliant with price caps, a further 6.06% of shifts were booked with framework agencies who do not meet the price cap. In October 2017 a total of 95.37% of shifts were therefore filled using framework agencies, a slight decrease from 95.40% last month.
- 3.24 This measure has a target of 100%. As performance is now on the approach towards this, 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 The remainder of shifts were filled using non framework agencies which do not (4.63%) adhere to the price cap. This is down from 4.8% last month.
- 3.26 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.
- 3.27 Agency spend for October 2017 is £311,232. Compared to data available for last year, this is 50.50% of the comparative data target (including the contingency fund) of £723,333.

#### 4. Conclusions

- 4.1 The vacancy, turnover and sickness rates continue to increase however the Trust is not out of line nationally in any of these areas when compared to other comparable community NHS organisations. When compared to organisations of comparable size KCHFT performs in the middle to top quartile in these areas.
- 4.2 There is significant local activity to monitor and address these three areas as well as wider organisational actions and the Workforce Committee will monitor these plans to provide further Board assurance.

#### 5. Recommendations

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

**Louise Norris**

**Director of Workforce, Organisational Development and Communications**

**November 2017**





<b>Committee / Meeting Title:</b>	Formal Board - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	2.10
<b>Subject:</b>	Quality Strategy
<b>Presenting Officer:</b>	Dr Sarah Phillips, Medical Director

<b>Action - this paper is for:</b>	Decision	<b>x</b>	Assurance	
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<b>Report Summary (including purpose and context)</b>
The attached Quality Strategy has been reviewed in a number of groups and feedback has been incorporated. The final document is attached and is presented to the Trust Board for decision. The Board is asked to note the action plan.

<b>Proposals and /or Recommendations</b>
To approve the Quality Strategy and note the action plan.

<b>Relevant Legislation and Source Documents</b>
<b>Has an Equality Analysis (EA) been completed?</b>
An Equality Analysis has been completed. The required changes have been incorporated into the strategy.
As described in policy.
<b>* Protected characteristics:</b> Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Dr Sarah Phillips, Medical Director	Tel: 01622 211900
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# Quality Strategy

2017- 2020

<b>Document Reference No.</b>	
<b>Status</b>	For Consultation
<b>Version Number</b>	1.0
<b>Replacing/Superseded policy or documents</b>	New Policy
<b>Number of pages</b>	21
<b>Target Audience/ applicable to</b>	All staff members involved in patient care in Kent Community Health NHS Foundation Trust
<b>Author</b>	Sarah Philips, Medical Director Ali Strowman, Chief Nurse Dawn Nortman, Head of Clinical Audit & Research
<b>Acknowledgements</b>	
<b>Contact Point for Queries</b>	Elaine Adams, PA to Medical Director/Chief Nurse
<b>Date Ratified</b>	
<b>Date of Implementation/distribution</b>	
<b>Circulation</b>	Policy Dissemination / flo
<b>Review date</b>	September 2020
<b>Copyright</b>	Kent Community Health NHS Foundation Trust 2017

#### Related Policies/Procedures

Title	Reference

#### Document Tracking Sheet

Version	Status	Date	Issued to/approved by	Comments / summary of changes
0.1	Draft	12/09/17	Quality Committee	
		12/09/17	Senior Managers Meeting	
			Adults Quality Group	
			Dental Quality Group	
			CYP Quality Group	
			Sexual Health Governance Group	
			Health Improvement Governance Group	
			Patient Experience Group	
			Patient Safety and Clinical Risk Group	
			Clinical Effectiveness Group	
1.0	Ratified	?????		

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- 3 Triangulation and Links**
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## **Foreword**

Kent Community Health NHS Foundation Trust provides out of hospital, community-based NHS healthcare services for over one million people across Kent, Medway, East Sussex and within London.

Our Organisational Strategy recognises the importance of providing high quality services and is central to our vision, mission and values. This is enshrined in our Quality Strategy which places quality at the heart of everything we do in order to deliver services we are proud of that make a positive difference to the communities we serve. Improving quality is the role of every single employee and we wish to partner with patients and carers wherever possible to bring about quality improvements to our services.

As outlined in the Five Year Forward View (2014) the NHS is facing increasing challenges which require a sustainable strategy in order to prevent a widening of:

- The health and wellbeing gap – which requires greater emphasis on prevention to prevent avoidable illnesses
- The care and quality gap – which requires that we transform how care is delivered, capitalise on available technology and reduce variation in the quality and safety of care.
- The funding and efficiency gap – which requires that we deliver more productive and efficient care models

Every aspect of this is influenced by the national, local (STP) and Trust approach to quality hence the importance of a robust organisational Quality Strategy. This will ensure that we offer new models of care to meet the needs of our patients, and value for money in order to remain competitive in the changing healthcare market.

The Quality Strategy for 2017-20 needs to deliver the quadruple aim of:

- Enhancing patient experience
- Improving population health
- Reducing costs by increasing values for money and efficiency
- Improving staff experience at work

It is therefore focussed to ensure that quality is utilised not only as a tool to provide assurance but also to deliver demonstrable and measureable improvements in patient experience, outcomes and safety and to deliver care where possible at home or as near to home as possible. Recruiting, developing and retaining a kind, compassionate and competent workforce is essential if we are to achieve these quality objectives.

**Paul Bentley**  
**Chief Executive**

## **Strategy on a Page**

**Work with Comms on infographic (to include objectives, Quality structures i.e. 3 groups)**

Draft

## 1 Strategy Aim

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Quality consists of 3 elements:

- Patient Experience – *Be nice to me*
- Patient Safety – *Do me no harm*
- Clinical Effectiveness – *make me better, help me live with my condition or help me to die in a way I choose*

The aim of this strategy is to embed quality at all levels of the organisation and to deliver demonstrable improvements in patient care over the next 3 years by:

- Enhancing patient experience
- Improving population health
  - Improving patient outcomes and clinical effectiveness against national benchmarks
  - Improving safety and reducing harm
- Reducing costs by increasing value for money and efficiencies in the healthcare system
- Improving staff experience at work
- Ensuring that all staff are encouraged and empowered to demonstrate and drive continuous quality improvement

This is known as the “Quadruple Aim” which recognises that care, health, cost and meaning in work all have equal significance in the development of a robust quality improvement culture.

In order to achieve this KCHFT is committed to delivering effective quality and equal access in all the clinical services it provides. The Trust sees quality as an essential component for developing and maintaining high quality patient-centred services. We are committed to delivering services that are accessible to all in order to ensure that all patients experience the same quality of outcome.

## 2 Quality Strategy Alignment with Organisational Strategy

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The Quality Strategy is designed to contribute to the achievement of KCHFT'S Organisational Strategy which involves prioritising patient outcomes, innovation, transformation, productivity, leadership and partnership working in order to deliver the following goals:

### Strategic Goals

- Prevent ill health
- Deliver high-quality care at home and in the community
- Integrate services
- Develop sustainable services
- Provide affordable services

It is integral that we ensure that the delivery of both organisational and clinical goals are influenced and informed by the potential quality impact i.e. the impact on patient experience, clinical effectiveness and patient safety for the diverse population we serve. In addition we need to ensure that the available quality tools are used not only to provide assurance of quality impact but also used to expand and advance what KCHFT can offer to our patients, their families and carers, staff and partners.



### 3 Quality Strategy Alignment with Equality Objectives

The Quality Strategy is designed to contribute to the achievement of KCHFT's Equality Objectives. Current objectives for 2017/18 are listed below. However, Quality Strategy will continue to be aligned with the objectives listed below for the life of the strategy.

#### Equality Objectives

- To work with other NHS organisations, the voluntary sector and local authority to engage with young people and migrant communities in order to promote health improvement and reduce health inequalities. This includes working with young people who are from Black and minority ethnic communities, disabled, LGBTQ and young carers.
- Using co-design principles to work with our patients and their families, our staff, other NHS organisations and the voluntary sector in order to improve access to services and patient and family experience of health care.
- To recruit and manage a diverse workforce and to create a work place where our staff feel they are able to be themselves
- To ensure that equality and diversity is embedded in the business of KCHFT

### 3 Triangulation and Links

Quality is not an isolated activity but rather it is the central tenet of all that we aspire to achieve. It is supported by a set of tools and disciplines which KCHFT utilises to assure and improve the care that is delivered to service users and their families. As such there are a number of links between quality and a number of wider frameworks and initiatives. Quality contributes to the delivery of the organisation's corporate objectives and its overall vision for:

1. Organisational Strategy (in particular the role of this strategy in helping to deliver high quality Care)
2. Sustainability and Transformation Plan (by ensuring that quality and efficiency are considered at every level as we move to a more preventative and integrative approach with our partners in the health economy)
3. Clinical and integrated governance (by moving beyond the assurance role of governance to give all team members the confidence and skills to continuously improve the quality of care they provide)
4. Corporate assurance (including CQC registration standards, NHSLA Risk Management Standard's and Board Assurance Framework )
5. Patient engagement and involvement (by ensuring the 'Duty to Involve' set out in Section 242 of the NHS Act 2006 is incorporated into the Quality process). This will include the co-design of services and person-centred care planning.
6. Clinical effectiveness and evidence-based practice (ensuring that quality tools such as research and clinical audit provide us with new ways of working, measure outcomes for patients and drive quality improvements)
7. Clinical risk management and patient safety (ensuring that quality issues from adverse events and risk issues are appropriately escalated, resolved and/or mitigated)

8. Complaints and other forms of patient feedback (ensuring that themes from this intelligence are used to address quality issues)
9. Performance monitoring (the mechanisms through which we assure ourselves that we are meeting the required quality metrics e.g. key performance indicators)
10. Workforce development (enabling clinicians to comply with their professional codes of conduct whilst ensuring quality through continuing professional development for all staff, appraisal and revalidation)
11. Statements of Internal Control (by increasing the contribution of quality tools to the process by which an organisation gains assurances about the quality of its services and the effective management of risk)
12. Quality Walkabouts (which afford our Non-Executive Directors and Governors the opportunity to visit frontline services, speak to staff and patients and test services against CQC standards)
13. Maintenance of existing business and the tender process (ensuring that the quality tools we have in place provide evidence of the high quality service we provide and thereby strengthen our competitiveness)

## **4 Strategy Implementation**

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The Quality Strategy relies on every staff member to understand and take responsibility for their role in delivering a quality service for the benefit of our patients. All members of staff will be supported to develop ideas for service improvements into quality improvement projects. Patients, carers and their families will be encouraged to be involved in both service design and service improvement initiatives. In addition the following are also necessary to ensure the Quality Strategy is fully embedded:

### **4.1 Ownership:**

Providing high quality services, and seeking opportunities for continuous quality improvement will be owned by all. Clinicians, managers and support staff will all be supported and encouraged to own and lead quality improvement work. Patients, carers and families will be encouraged to be involved using co-production wherever possible. Success will be celebrated and learning shared. The Chief Nurse and Medical Director will work in partnership with Operations, Corporate Services and other stakeholders to ensure that the quality agenda continues to be informed, shaped and driven by the whole organisation.

## 4.2 Resourcing Quality

In a number of localities a Head of Quality, Governance and Professional Standards will be appointed to work as part of the strategic leadership team within the locality to initiate and embed programmes of clinical leadership, quality and governance within services. This will be a pivotal role to enable all members of the organisation as well as patients and their representatives to drive the quality agenda.

## 4.3 New Structures:

In recognition of the Darzi definition of quality the following 3 groups have been formed to deliver the Quality Strategy:

- i. **Patient Experience Group (PEG) -**
- ii. **Patient Safety and Clinical Risk Group (PSCRG)**
- iii. **Clinical Effectiveness Group (CEG)**

The annual work plan for these groups will have as part of their remit the delivery of KCHFT'S annual quality priorities. (For Details of quality priorities see the Annual Quality Account). :

All three groups have wide representation from across the organisation. In addition the PEG also has patient and public representatives and voluntary sector representatives who reflect the protected characteristics in the Equality Act 2010. Where required these Groups will set up time-limited task and finish working groups to deal with specific issues.

## 4.4 Existing Structures:

Directorate Quality Groups will monitor progress with their quality action area objectives and the Heads of Quality, Governance and Professional Standards will provide a link with each of the 3 action areas.

## 4.5 Trouble-shooting:

Quality Action Teams (QATs) may be commissioned by the Quality Committee, PEG, PSCRG or CEG to address specific issues. These time-limited task and finish teams will be set up where there is a concern regarding an area of quality, for example an increase in pressure ulcers or concerns regarding a particular team. The QATs will be led by the Heads of Quality, Governance and Professional Standards who will pull together an appropriate group of professionals to analyse the problem, recommend evidence based interventions and support Directorates/Teams to implement and evaluate interventions. QATs will report not only to the appropriate Trust wide action area group but also directly to the Quality Committee. The PEG, PSCRG

and CEG, as appropriate, will provide oversight of the QAT reports prior to submission to Quality Committee.

#### **4.5 Sharing Intelligence**

The Chief Nurse and Medical Director will report back to the Quality Committee on key themes and trends arising in the three Quality Groups. This will include operational intelligence. This will support triangulation of quality data. Triangulation will also serve as a tool to validate existing quality approaches.

### **5 Scope**

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The target audience for this strategy is all members of the organisation. We all have a duty to safeguard existing quality standards and to strive to develop better ways of working. In addition there are key groups with responsibility for overseeing the direction and development of quality within the organisation. This includes:

- Members of the Board
- Directors and Assistant Directors
- Service Leads or Heads of Department
- Clinical Directors and Specialty Leads
- Locality and Team Managers
- Quality Committee
- Audit and Risk Committee
- Patient Experience Group
- Clinical Effectiveness Group
- Patient Safety and Clinical Risk Group
- Directorate Groups responsible for quality
- Commissioners
- External agencies (e.g. CQC, NHSLA, etc).

### **6 Objectives**

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This section describes the areas of quality practice that the organisation is committed to developing or maintaining during the lifetime of this strategy document. These objectives are supported by an Operational Action Plan and designed to not only embed the Quality Strategy but also enable the delivery of KCHFT's Organisational Strategy.

1. To provide visible corporate leadership around the quality agenda.
2. To empower all employees at all grades to take ownership of quality agenda by actively engaging in QI

3. Strive to deliver improved patient experience and increase patient and public engagement and involvement (PPE/PPI) in quality.
4. To offer clinically and cost effective evidence based services
5. To improve patient safety
6. To promote organisational learning to enhance quality
7. To engage with external partners around the quality agenda

Draft

## 7 Operational action plan

	Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
						17/18	18/19	19/20
1	To provide visible corporate leadership around quality agenda	Continue with Quality compliance with practice on bi-monthly basis which test services against CQC standards.	Non-Executive Directors / Governors	Head of Quality and Standards Assurance	<ul style="list-style-type: none"> <li>Work of the quality groups informed by the experience of patients and frontline staff.</li> <li>Evidence through 3 quality groups of learning from CWP visits – minutes and resulting actions</li> </ul>	*	*	*
		Regular visits to clinical areas by leaders. For example Back to the floor sessions to work alongside frontline staff.	Trust Board / Executive Team	N/A	<ul style="list-style-type: none"> <li>Executives to report on all visits through short summary to QC in the month that the visit occurred.</li> <li>Relevant intelligence from leaders' visits to services fed into appropriate Quality Action Area.</li> <li>Staff state know their board – demonstrated by CQC assessment, Key Line of Enquiry as part of Well Led Domain</li> <li>% of staff in staff survey who report good communication between senior management and staff remains above 25%</li> </ul>	*	*	*
		Chief Nurse and Deputy Chief Nurse work clinically every Friday.	Chief Nurse / Deputy Chief Nurse	N/A	<ul style="list-style-type: none"> <li>Role modelling by senior clinical leaders.</li> <li>Any relevant intelligence fed in via appropriate QAA group and included in summary report to QC</li> </ul>	*	*	*

	Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
						17/18	18/19	19/20
		Recruitment of Heads of Quality Governance and Professional Standards across Adult Services East, Adult Services West, Childrens Services and LD, Adult Specialist Services	Chief Nurse / Medical Director / Chief Operating Officer/CFO	Community Service Directors (CSDs) / Deputy CSDs / Assistant Directors/ Nathalie Parkinson	<ul style="list-style-type: none"> <li>HQG&amp;PS will receive bespoke training in QI leadership and methodology according to need</li> <li>Under the oversight of the relevant QAA group, HQG&amp;PS will identify high priority areas for QI support in year 1. Targeting those teams with leadership, coaching and project support to enable the team to make changes and monitor outcomes</li> </ul>	*		
2	To empower all employees at all grades to take ownership of quality agenda by actively engaging in QI	Establish Idea/Proposal Filter for QI initiatives and Innovation Committee	Medical Director	Medical Directorate Lead	<ul style="list-style-type: none"> <li>Introduction of Innovation Filter/idea gathering methods. Email address to collect ideas. Demonstrate process set up and working via minutes and projects live</li> <li>Map ideas coming in across services</li> <li>Filter 'get on and do' , from those that need some support and can be overseen by 3 QAA groups, and those that need to be considered for significant other support by Innovation Committee</li> </ul>	*	*	*

Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
					17/18	18/19	19/20
	Launch Quality Strategy by series of engagement events including: <ul style="list-style-type: none"> <li>• Senior Managers Meeting</li> <li>• Roadshows</li> <li>• Enrol key clinical leaders on short QI training programmes within year 1, or take training out to them in the teams</li> </ul>	Medical Director Chief Nurse	CSDs	<ul style="list-style-type: none"> <li>• Activities and learning documented and celebrated via intranet QI and Innovation Hub, Staff Awards, External Recognition. Monthly highlight report of projects to QC via QAAs or Innovation Committee</li> <li>• Training delivered to key clinical leaders</li> <li>• Staff that recognise their role in promoting and delivering quality. Demonstrated by an upward trend in ideas being put forward from staff to QI/Innovation Hub</li> <li>• Quality animation to promote the Quality Strategy and provide education on Quality Improvement in action. This will include examples from practice to bring the QI process to life.</li> </ul>	*	*	*
	Heads of Quality Governance and Professional Standards to take a leadership role in promoting engagement with the	Chief Operating Officer	Heads of Quality Governance and Professional Standards	<ul style="list-style-type: none"> <li>• Frontline staff mentored and supported to deliver meaningful QI projects that make a difference to patient outcomes, the working environment and/or productivity/efficiency.</li> <li>• Experienced by number of active projects on QI/innovation hub</li> </ul>	*		



Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
					17/18	18/19	19/20
	<p>quality agenda in their areas by:</p> <ul style="list-style-type: none"> <li>• Embedding and supporting clinical leadership</li> <li>• Promoting the participation of staff and patients in activities that improve quality of care, safety and experience of all patients.</li> <li>• Promote the participation of staff and patients in activities that enhance the health and well-being of staff.</li> <li>• Delivering the quality and governance agenda in partnership with frontline staff</li> <li>• Use clinical audit</li> </ul>		Medical Directorate Lead	<ul style="list-style-type: none"> <li>• Buy-in of frontline staff with the quality agenda evidenced by projects/mapping of service ideas</li> </ul>	*	*	*

Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
					17/18	18/19	19/20
	and research to promoting evidence based practice.						
	Develop in-house Quality Improvement website resources	Finance Director	Service Improvement Team Service Improvement Team / Head of Clinical Audit & Research	Reference site for Trust internal and external QI resources on line. Demonstrate participation in bespoke bite-size training in QI methodologies which could include: <ul style="list-style-type: none"> <li>• Plan Do Study Act</li> <li>• Lean</li> <li>• Six Sigma</li> <li>• Clinical Audit</li> <li>• Services Evaluation</li> <li>• Research</li> <li>• Project Management</li> <li>• Run Charts</li> <li>• Root Cause Analysis</li> <li>• Change Management</li> </ul>	*	*	*
	Every member of staff within the organisation will set at least one personal annual objective related to clinical effectiveness, patient experience or patient safety. This will be informed by	Director of Workforce, Organisational Development and Communications	All Staff / Managers	<ul style="list-style-type: none"> <li>• Demonstrable engagement of individuals in QI work</li> </ul>	*	*	*

	Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
						17/18	18/19	19/20
3	Strive to deliver improved patient experience and increase patient and public engagement and involvement (PPE/PPI) in quality	the quality objectives set within their Directorate.  Recruit up to 3 patient/public representatives, 1 representative from Healthwatch Kent and up to 3 voluntary sector representatives to provide input into the new PEG.  • Actively involve patients and carers in QI work. • Improve involvement of carers and families in learning from deaths (mortality review) • Implement 'Mortality Review Policy' which includes a new letter to carers and relatives inviting	Director of Workforce, Organisational Development and Communications	Head of Engagement	<ul style="list-style-type: none"> <li>Patient/Public Representatives attend PEG and influence discussions/outputs evidenced in minutes/action</li> </ul>	*	*	*
			Chief Nurse	Head of Patient Experience	<ul style="list-style-type: none"> <li>Tailored online and group face to face options to bring QI methodology to patients and carers so that they can be meaningfully involved in quality improvement projects. Courses available and uptake monitored by PEG and fed into QC</li> <li>Evidence of carer and relative involvement in mortality review learning via MSG minutes</li> </ul>	*	*	*

	Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
						17/18	18/19	19/20
		them to share feedback with us and be involved in mortality reviews.						
4	<b>To offer clinically and cost effective evidenced based services</b>	<p>Promote the concept of 'quadruple aim' to all staff, patients and carers i.e. quality improvement that:</p> <ul style="list-style-type: none"> <li>Enhances patient experience</li> <li>Improves population health</li> <li>Reduces costs by increasing value for money and efficiency</li> <li>Improves staff experience at work</li> </ul>	Chief Nurse / Medical Director	Head of Clinical Audit & Research / Heads of Quality Governance and Professional Standards	<ul style="list-style-type: none"> <li>Staff will recognise 'quadruple aim'</li> <li>CEG will prioritise and drive clinical effectiveness priorities</li> <li>Foster innovation via QI Hub and Innovation Pathway</li> <li>Demonstrate clinical effectiveness by compliance with NICE and other guidance – as audited</li> </ul>	*	*	*
		<ul style="list-style-type: none"> <li>Use research and clinical audit to transform how</li> </ul>	Medical Director	Head of Clinical Audit & Research,	<ul style="list-style-type: none"> <li>CEG will oversee audit priorities and delivery as demonstrated in bimonthly updates and annual audit report</li> </ul>	*	*	*

	Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
						17/18	18/19	19/20
		care is delivered.			<ul style="list-style-type: none"> <li>CEG will oversee and support research activity within the trust delivery the research related quality priorities in recruitment into studies.</li> </ul>			
		Service delivery is informed by triangulation from the following groups / work streams: NICE, Clinical Audit, Medicines Management, Professional advisory Group, CQUINS, Quality Walkabouts, Medical Gases, SafeMed.	Medical Director	Head of Clinical Audit & Research	<ul style="list-style-type: none"> <li>CEG Triangulation of information resources and soft intelligence to find opportunities to improve clinical effectiveness demonstrated by relevant QI initiatives active and delivered.</li> </ul>	*	*	*
5	<b>Improve Patient Safety</b>	Patient Safety is informed by triangulation from the following groups / work streams: Infection Prevention and Control, Medical Devices and Decontamination,	Chief Nurse	Head of Patient Safety	<ul style="list-style-type: none"> <li>Patient Safety and Risk group demonstrates though minutes and actions a response to triangulated information, providing assurance to Quality Committee</li> </ul>	*	*	*

	Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
						17/18	18/19	19/20
		Safeguarding Assurance, SafeMed, Risk Registers, Complaints, Litigation, Incidents, PALS, Serious incidents, Pressure Ulcer Taskforce, Falls Group and Quality Walkabouts.						
6	Promote organisational learning to enhance quality	Work plan for CEG, PEG and PSCRG to include formulation of strategies to share learning from both successful and unsuccessful areas of quality activity.	Medical Director/Chief Nurse	Heads of Quality Governance and Professional Standards	<ul style="list-style-type: none"> <li>Impact and learning from all 3 quality action areas is routinely shared across the organisation via HQG&amp;PS, Departmental Quality Meetings, Clinical Directors, Flo eg Blogs, quality improvement microsite and staff awards</li> </ul>	*	*	*
		Utilise existing (e.g. CHAIN, national audits) and new routes which will enable benchmarking of quality activities. Use of	Medical Director	Head of Clinical Audit & Research	<ul style="list-style-type: none"> <li>Evidence in minutes, actions and priorities of Patient Safety and Risk Group (PSRG) and CEG that benchmarking data has been reviewed and utilised.</li> </ul>	*	*	*

	Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
						17/18	18/19	19/20
		benchmarking data, for example benchmarking club, Rightcare data, Kent Integrated Dataset (KID).to identify 'where to look to direct quality improvement activity						
7	To engage with external partners around the quality agenda	Engage with Commissioners on Quality Agenda  Contribute to system wide quality meetings	Medical Director/Chief Nurse	Commercial Services / KCHFT Partners / Relevant Service Leads	<ul style="list-style-type: none"> <li>Participation and leadership in STP delivery of 5YFV for example Medicines Management Productivity workstream, Local Care Delivery, Frailty productivity workstream</li> </ul>	*	*	*
		Share learning from Mortality Reviews across organisations where relevant, invite feedback from other organisations (eg primary care, acute care) to help with meaningful learning from deaths	Chief Nurse Medical Director	AD for Clinical Governance	<ul style="list-style-type: none"> <li>Attendance at meetings, improved trust in relationships with quality leads in commissioning and other provider organisations demonstrated by a willingness to share problems and work on joint collaborative solutions. E.g. East Kent quality and performance pressure ulcer group; West Kent Clinical Quality Review Group</li> <li>Examples via MSG of cross organisational</li> </ul>	*	*	*

	Quality Objective	Action	Executive Lead	Managerial Lead	Expected Outcome	Year		
						17/18	18/19	19/20
					learning and sharing of concerns in minutes from MSG and 3 QAA	*	*	*



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<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	3.1
<b>Subject:</b>	Charitable Funds Committee Minutes
<b>Presenting Officer:</b>	Richard Field, Deputy Chair of Charitable Funds Committee

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<b>Report Summary (including purpose and context):</b>
The paper presents the confirmed Minutes of the Charitable Funds Committee meeting of the 26 April 2017.

<b>Proposals and /or Recommendations:</b>
The Board is asked receive the confirmed minutes.

<b>Relevant Legislation and Source Documents:</b>
<b>Has an Equality Analysis been completed?</b>
No. High level position described.

Richard Field, Non-Executive Director	Tel: 01622 211900
	Email:



**CONFIRMED Minutes of the Charitable Funds Committee  
held on Wednesday 26 April 2017  
in The Boardroom, The Oast,  
Hermitage Court, Hermitage Lane, Maidstone, Kent, ME16 9NT**

**Present:** Jen Tippin(Chair) Non-Executive Director  
Richard Field, Non-Executive Director

**In Attendance:** Gina Baines, Committee Secretary/Assistant Trust Secretary  
(note-taker)  
Jo Bing, Assistant Financial Accountant  
Carol Coleman, Public Governor, Dover and Deal  
Jane Kendal, Community Services Director East Kent (Fund Manager)  
Lewis King, Engagement Officer  
Claire Poole, Community Services Director Public Health/Deputy Chief Operating Officer  
Neil Sherwood, Acting Deputy Convenor Staff Side.  
Fay Sinclair, Head of Communications  
Carl Williams, Head of Financial Accounting

**013/17 Introduction by Chair**

Jen Tippin welcomed everyone present to the meeting of the Charitable Funds Committee meeting.

**014/17 Apologies for Absence and Declarations of Interest**

Apologies were received from Victoria Cover, Head of Clinical Services, Mid Kent West Kent Locality; Gordon Flack, Director of Finance; Dawn Levett, Head of Service, Community Hospitals, Westbrook House and West View; Lesley Strong, Chief Operating Officer/ Deputy Chief Executive; and Jo Treharne, Head of Marketing.

The meeting was quorate.

There were no Declarations of Interest given apart from those formally noted on the record.

**015/17 Minutes of and Matters Arising from the Meeting of 25 January 2017**

The minutes were **AGREED** by the Committee.

### Matters Arising

The Matters Arising from the previous meeting were reviewed and updated as follows:

20/16 Committee Effectiveness – Carol Coleman, Richard Field and Jen Tippin agreed to discuss the Charitable Funds Committee with the new governors at their meeting in May 2017. Action closed.

007/17 Fund Manager Presentation – Remained open.

All other open actions were closed.

The Matters Arising Table was **AGREED**.

### **016/17 Finance Report 2016/17**

Jo Bing presented the report to the Committee for approval.

The Charitable Funds balance at 31 March 2017 was confirmed. A new deposit account had been opened and a significant portion of the fund transferred into it. Interest would be paid on a monthly basis. Written notice was required to withdraw funds. Gordon Flack and Lesley Strong were the co-signatories. The final spend total for 2016/17 was confirmed and details of the main spends were given. The total income for 2016/17 was confirmed. This had been spread over the funds. The funds had received no legacies in the year.

The Committee **NOTED** the Finance Report 2016/17.

### **017/17 Restricted Funds Report**

Jo Bing presented the report to the Committee for assurance.

The Restricted Funds had been spent within the guidelines of their restrictions. There had been some challenge to the use of Restricted Funds for the Trust's Staff Awards and for the Trust's participation in the Global Corporate Challenge in 2015/16. Both challenges had been investigated and where it had been found that funds had been used inappropriately, the money was refunded. With regards to the lease payments that the Bow Road property fund had historically been making, this request had now been rejected for 2016/17 and would not be paid in the future from the fund.

Nicola Osborne and Dawn Levett, Fund Managers, were currently drafting a wish list of equipment for their community hospitals. With regards to the Wateringbury Fund, Victoria Cover was undertaking a similar exercise.

Carol Coleman commented that there was still a considerable amount of money held in the funds. There was a discussion regarding possible areas that would benefit from expenditure. It was suggested that Nicola Osborne, Dawn Levett, Jane Kendal and Victoria Cover were invited to the next

committee meeting to discuss their plans.

**Action** – Gina Baines

The Committee **NOTED** the Restricted Funds Report.

## **018/17 Marketing the Charitable Funds Report**

Fay Sinclair presented the report to the Committee for assurance.

The Gift of Play appeal had hit its target. This had been achieved through various fund-raising channels including a large donation by the Maidstone Lions charity. The plans for how the funds would be spent on the new Sensory Room were set out. It was yet to be established how the ongoing upkeep of the room would be funded.

Two of the three objectives that the Marketing and Communications Team had been set had been achieved. The third objective had been partially met. A new appeal was about to be launched to raise funds for the Cardiac Rehab Service. The team was also considering arranging 'Dragon's Den' events to generate ideas, motivate staff and raise awareness of the Trust's charity. There was a discussion around how such event would be structured. The challenge was to encourage more staff to be involved in fund-raising for i care. A lengthy discussion followed.

In response to a question from Carol Coleman regarding whether the full list of named beneficiaries to the Sensory Room would be acknowledged by the Trust, it was confirmed that they would be approached for their agreement. It was agreed that the Committee would be invited to the opening of the room.

**Action** – Fay Sinclair

With regards to implementing a Pennies From Heaven giving scheme, it was agreed that this was a decision for the Executive Team. There was a lengthy discussion which considered how the idea would be marketed to staff and what options would be available. There was broad support for the idea. Jen Tippin suggested that discussions should take place with the HR and Finance Teams around the feasibility of staff to opt in and out of the two options as they were associated with staff salaries. She also suggested that a paper was presented to the Executive Team to set out the options and to seek their support.

**Action** – Fay Sinclair

The Committee **NOTED** the Marketing the Charitable Funds Report.

## **019/17 Draft Charitable Funds Committee Chair's Annual Report to the Board**

Jen Tippin presented the report to the Committee for approval.

It was agreed that the draft report would be forwarded to Fay Sinclair to incorporate the final comments from that day's meeting. Once these had been incorporated, the report would be sent to Jen Tippin for approval.

**Action** – Gina Baines

In response to a question from Carol Coleman regarding fund-raising at the 2017 Staff Awards, it was agreed that a select number of companies would be approached to donate a prize.

**Action** – Fay Sinclair

The Committee **NOTED** the Draft Charitable Funds Committee Chair's Annual Report to the Board.

## **020/17 Terms of Reference Review**

Jen Tippin presented the report to the Committee for approval.

It was agreed that the Reserves Policy would be an agenda item at the July Committee meeting. The forward plan would be updated.

**Action**– Gina Baines

Carl Williams agreed to locate the Trustee Act 2000 in order that the Committee could review its responsibilities to manage the investment of funds in accordance with the Act.

**Action** – Carl Williams

With regards to membership of the Committee, it was agreed that the Fund Managers and the Assistant Director of Communications and Marketing would regularly attend the meeting. The Terms of Reference would be amended to reflect this.

**Action** – Gina Baines

With regards to confidentiality, the Terms of Reference required for the minutes to be made available to the public, unless deemed exempt under the Freedom of Information Act 2000. Committee minutes were currently published as part of the Part Two Board meeting papers and these were not available to the public. It was agreed that this would be investigated.

**Action** – Gina Baines

The Committee **APPROVED** the Charitable Funds Committee Terms of Reference.

## **021/17 Committee Effectiveness**

Jen Tippin presented the report to the Committee for approval.

It was agreed that this would be circulated and reviewed at the July meeting.

**Action** – Gina Baines

The Committee **APPROVED** the Committee Effectiveness Review.



**022/17 Forward Plan**

Jen Tippin presented the report to the Committee for approval.

The agenda items for the July Committee meeting were agreed. The Forward Plan would be updated.

**Action** - Gina Baines

The Committee **APPROVED** the Forward Plan.

**023/17 Any Other Business**

Claire Poole, on behalf of Lesley Strong, raised a query regarding a recent request to fund the purchase of blue crockery for the community hospitals. This was to support improving the environment for dementia patients. The cost would be £9500. The Committee was asked for its view on whether this should be funded from Charitable Funds or from revenue. There was a discussion regarding how other initiatives to improve the environment for the same reason had been funded. The Committee decided that although it was sympathetic to the request, a broader debate was required around the Trust's strategy to become a dementia-friendly trust. It was agreed that it should be discussed by the Executive Team. Depending on the outcome from that, the request could then come back to the committee.

**Action** – Claire Poole

The meeting ended at 1.50pm.

**024/17 Date and time of next meeting**

Wednesday 26 July 2017 at 12.30pm in The Boardroom at The Oast, Hermitage Court, Hermitage Lane, Maidstone, Kent ME16 9NT



<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	3.2
<b>Subject:</b>	Infection Prevention and Control Update
<b>Presenting Officer:</b>	Ali Strowman, Chief Nurse /Director of Infection Prevention and Control

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

This paper provides a summary of infection prevention and control activity between 1 June and 31 October 2017.

- There was one *Clostridium difficile* infection reported in September and deemed unavoidable.
- Most actions following the cross infection of *Clostridium difficile* infection have been implemented across the organisation
- There have been no MRSA bacteraemias attributed to Kent Community Health NHS Foundation Trust (KCHFT) in this period, but two cases from July and October KCHFT where staff provided care.
- MRSA screening for patients in community hospitals has been 100% compliant throughout this reporting period.
- KCHFT have continued the E-coli bacteraemia surveillance, and commenced *Pseudomonas* and *Klebsiella* surveillance, in order to focus Kentwide IPC programmes.
- The cleaning reports continue to fail to reach target in the wards in Faversham, Queen Victoria Memorial Hospital (QVMH) and Sevenoaks. The new Head of Facilities has started in post and is putting actions in place to address.
- The Assistant Director of Infection Prevention and Control has presented at two national conferences the work KCHFT have completed on CAUTI reduction – which is a 53% reduction over the previous 4 years.
- Trust compliance with hand hygiene training was reported as 90%, and mandatory training 94.5% in September.

- The Trust breached its reduction target for CAUTI's by 3 cases over 2 months, but is on track to achieve the UTI reduction.
- The Trust Staff Flu Vaccination Campaign has commenced.
- The Trust Occupational Health provider continues to evidence to the Infection Prevention and Control Committee its compliance with guidelines on staff checks and vaccinations.
- The Trust has secured a new Independent Authorised Engineer for Decontamination, and will be supporting the Trust Lead for decontamination in providing ongoing assurance relating to decontamination processes.
- The Water Safety Committee continues to meet to highlight gaps in assurance, and evidence risk reduction actions, and the Water Safety Policy has been ratified to be implemented.
- The Antimicrobial Stewardship Committee continues to meet. Currently, focus remains on collaborative working across Kent through clinical commissioning group (CCG) lead Antimicrobial stewardship groups.
- The SEPSIS algorithms and prompt cards have been implemented, and the second stage of the communication campaign is currently being planned.

<b>Proposals and /or Recommendations:</b>
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For assurance only.
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<b>Relevant Legislation and Source Documents:</b>
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<b>Has an Equality Analysis been completed?</b>
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No. High level position described and no decision required.
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Lisa White, Assistant Director of Infection Prevention and Control	Tel: 01233667914
	Email: lisa.white1@nhs.net

## INFECTION PREVENTION AND CONTROL UPDATE REPORT

### 1. Introduction

The content of this report was presented and discussed at The Quality Committee on November 20th 2017.

### 2. *Clostridium difficile*

Target: The national objective has remained unchanged in 2017/18, therefore the Trust must be attributed no more than 5 cases of *Clostridium difficile* infections with no level 3 lapses in care. One case in Heron ward in August was deemed unavoidable, and due to antimicrobial prescribing, but lessons were learned in relation to cleaning and documentation.

#### ***Clostridium difficile* cross infection – Trust Action plan.**

Following the cross infection of *Clostridium difficile* in Feb 2017, Trustwide actions have been implemented, and the risk closed on the risk register, however, local actions remain in place on heron ward.

### 3. MRSA

There was one case investigated where KCHFT staff provided care, the case was not attributed to KCHFT, however local referral forms are being revised to request information pertaining to infection status. During this timeframe compliance with MRSA screening in both inpatient units and Podiatric surgery was 100%.

### 4. Gram negative bacteraemias

Between April 1<sup>st</sup> and September 30th there have been 790 E-Coli bacteraemias in Kent, 128 of which had input from KCHFT staff, 92 pseudomonas bacteraemias, 22 of which had KCHFT input, and 191 Klebsiella bacteraemias, 36 of which had KCHFT input. Reviewing the data collected, the key visits from KCHFT staff have been related to wound care and urinary catheter care, but also palliative care, and long term respiratory patients. The key theme identified across Kent currently, is that patients with urinary catheters do not have a clear pathway of care and the IPC leads in the CCG's across Kent are reviewing this.

### 5. Cleaning

The IPC team are working alongside the Hotel Services team, as Heron ward at QVMH, Faversham and Sevenoaks ward results have all been below the expected standard intermittently over the 6 month period. Changes have been implemented, including staff training, independent auditing and protocol writing. The new Head of Facilities continues to implement changes, and is reviewing the audit process, and writing competencies.

## **6.Training**

The Learning and Development Department collect and collate all training figures on behalf of the IPCT – target - 85% compliance for all infection control training.

Trust Compliance with hand hygiene training was reported as 90%, and mandatory training 94.5% in September. Compliance amongst clinical staff was 88.4% for hand hygiene, and 92.8% for mandatory training. There remain some localities where compliance is below the target, and the IPC team contact these teams to offer support.

## **7.UTI's and CAUTI's**

The target for 2017/2018 is to reduce CAUTI's by 15% and UTI's by 10%, in hospitals – translating to no more than 102 UTI's and 12 CAUTI's. Currently the Trust are 3 cases over trajectory to achieve the CAUTI target. A focussed campaign is due to be launched early 2018 focussing on hydration, hygiene, catheter removal and care. Overall the Trust have reduced rates by 53% over the previous 4 years, and the AD IPC is presenting actions to national conferences.

## **8. Flu campaign**

The campaign commenced in October, with current uptake of clinical staff at 28% (reported 17/11/17)

## **9. Decontamination.**

The organisation has sourced a new Authorised Engineer for decontamination – Terry Easy at Milton Management, who will take over the duties of the previous AED with immediate effect.

## **10. Water safety.**

The Water Safety Committee continues to meet to discuss the assurances required, revise policies and protocols and identify gaps and actions where necessary. Minutes and actions are reported through the Infection prevention and control committee, and the water quality and safety action plan is encompassed in the organisational Estates plan. The Trust Water Safety Policy has been approved and uploaded for implementation.

## **11. Antimicrobial Stewardship.**

The Antimicrobial Stewardship committee continues to meet, and focussed on awareness during National Antimicrobial Awareness week 13<sup>th</sup> November.

## **12. SEPSIS**

The SEPSIS algorithms and prompt cards have been fully rolled out and implemented and part 2 of the sepsis awareness campaign will commence imminently.

**Lisa White**  
**Assistant Director of Infection Prevention and Control**  
**30 November 2017**







## Kent Community Health

NHS Foundation Trust

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	3.3
<b>Subject:</b>	Quarterly Patient Experience Report
<b>Presenting Officer:</b>	Ali Strowman, Chief Nurse

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	x
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<b>Report Summary (including purpose and context):</b>
<ul style="list-style-type: none"> <li>The overall Patient Experience score for Quarter 2 is a strong 97% based on over 15,000 surveys</li> <li>The Friends and Family Test score demonstrates a positive recommend score of 97%</li> <li>There have been a consistent number of complaints in Quarter 2 and Quarter 1 this year</li> <li>Kent Community Health NHS Foundation Trust continues to have a lower number of complaints than other community Trusts.</li> </ul>

<b>Proposals and /or Recommendations:</b>
The Board is asked to note the report.

<b>Relevant Legislation and Source Documents:</b>
<b>Has an Equality Analysis (EA) been carried out?</b>
No. High level position described and no decisions required.

Ruth Herron, Deputy Chief Nurse	Tel: 01622 211900
	Email: Ruth.Herron@nhs.net



## QUARTERLY PATIENT EXPERIENCE REPORT

### 1. Situation

- 1.1 This report provides the Quality Committee with assurance that the Trust is gathering patient feedback, responding to complaints and acting on this feedback to improve services.
- 1.2 Kent Community Health NHS Foundation Trust is committed to improving patient experience. Our key values are to ensure good care that meets our organisational values: compassion, aspirational, responsive and excellence. This report details the feedback for Quarter 2, 1 July to 30 September 2017.

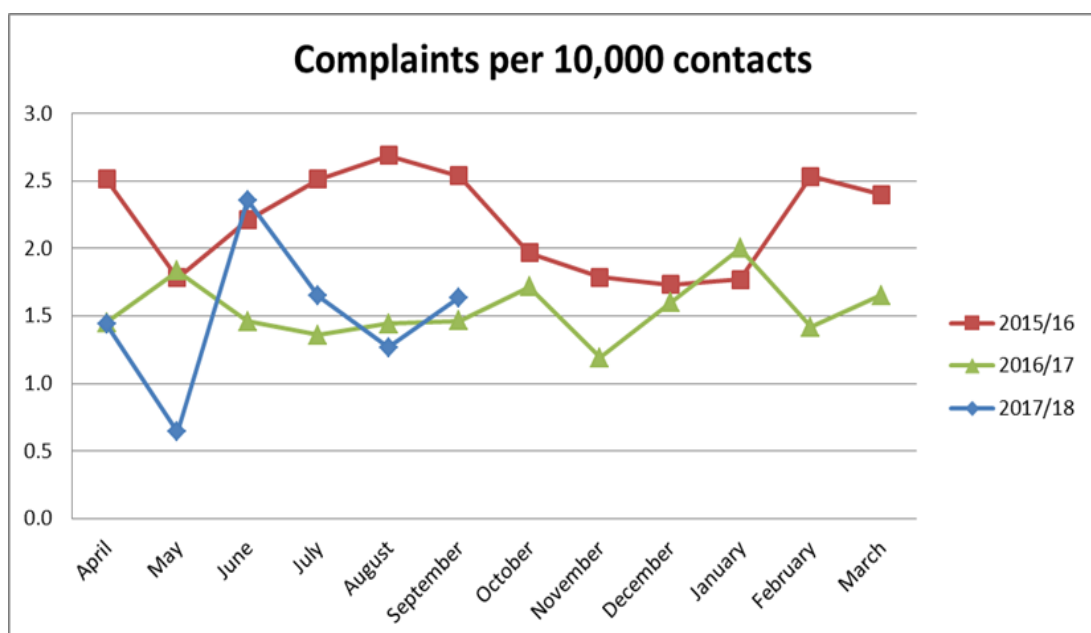
### 2. Background

- 2.1 The Care Quality Commission, as the independent regulator in England, registers and inspects services to ensure they meet fundamental standards of care, including how caring and responsive organisations are to those in their care. Having a good experience of care, treatment and support has increasingly been seen as an essential part of an excellent health and social care service, alongside clinical effectiveness and safety. Data is taken from the Meridian surveys and is reported by team/locality. Complaints are recorded following the Trust's complaints process.

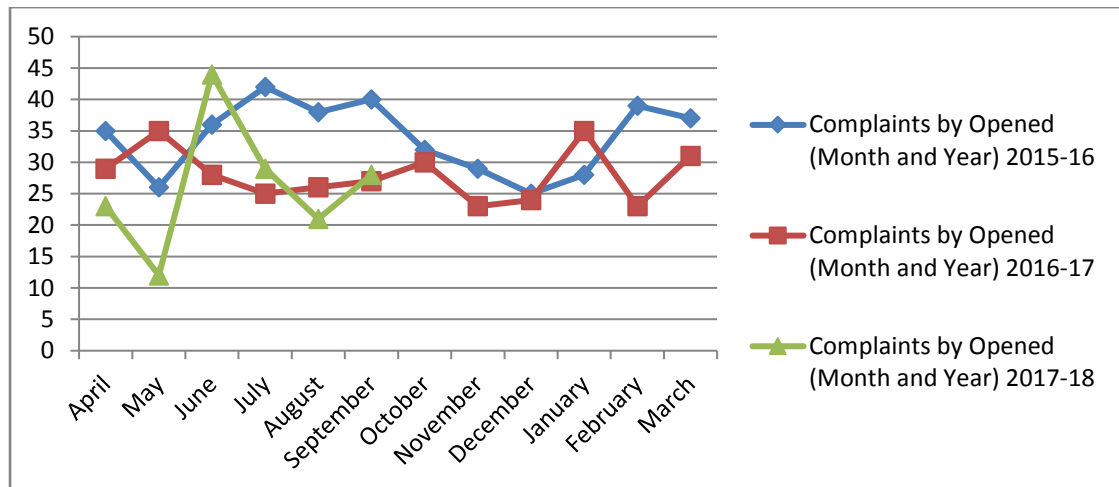
### 3. Assessment

#### 3.1 Complaints

The graph below reflects the number of complaints per 10,000 contacts up to the end of September 2017. There have been a consistent number of complaints in Q2 and Q1 this year (79), although the monthly figures are more irregular.



These results show that there have been less complaints (21) during the first 6 months of 2017/18 when compared to 2016/17.



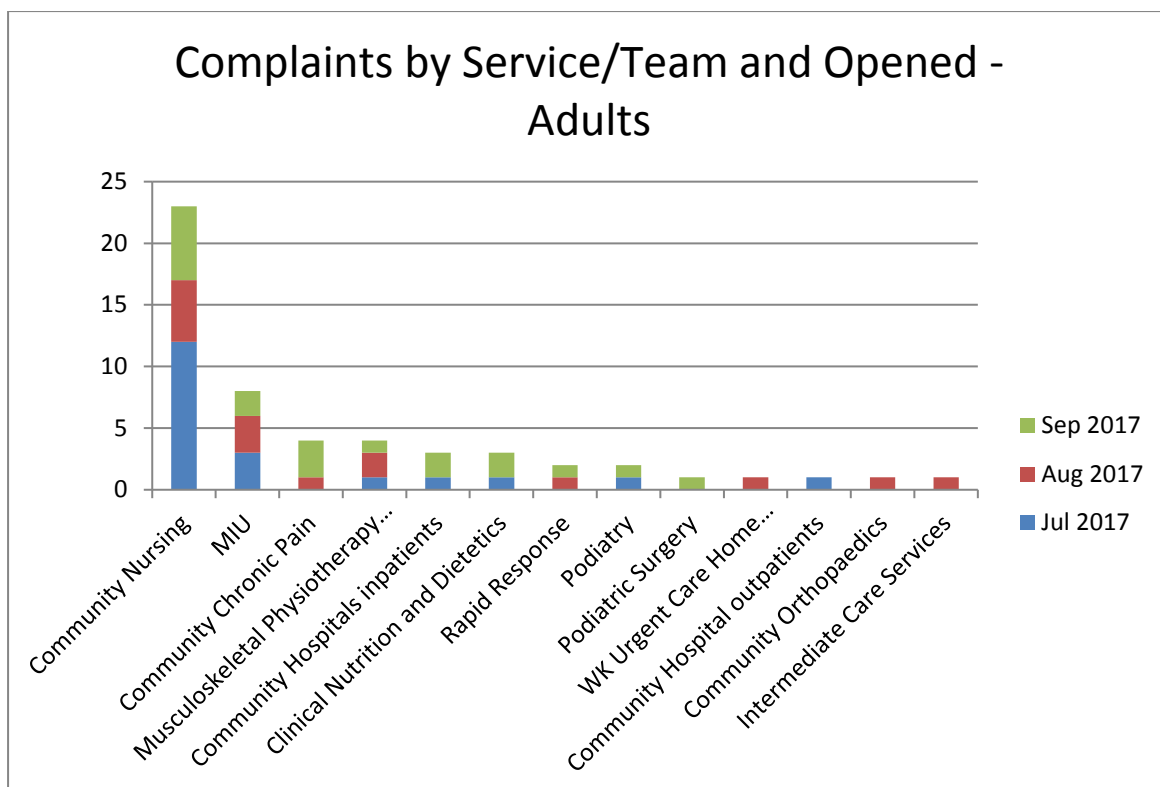
### 3.2 Benchmarking against other providers

KCHFT have benchmarked with other community trusts via the Benchmarking Network and have a considerably lower number of complaints than others (appendix 1). This data reflects the information shared by Healthwatch who have confirmed that they receive very few negative comments about the Trust.

### 3.3 Complaints across services

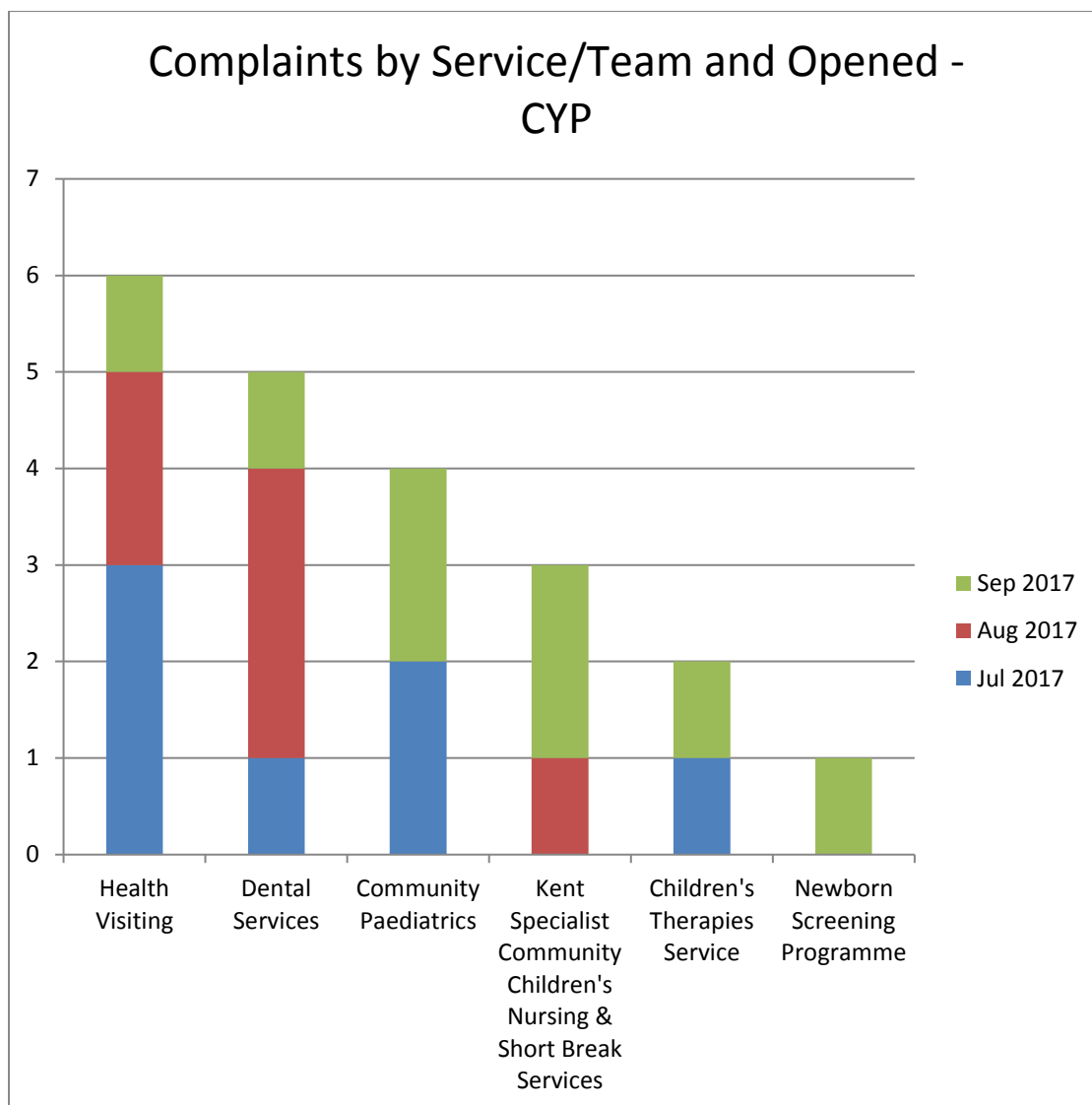
The number of Q2 complaints by service is set out in the chart below. Community Nursing services continue to receive the highest number as would be expected as they have the highest number of patient contacts.

#### Complaints in Adults services



#### Complaints in CYP and Dental Services

Health visiting has the largest volume of complaints but has the most contacts; however numbers are small at 6 complaints over the 3 month period. The Dental service is operating a newly commissioned service in London and this has caused some patient complaints due to changes in access criteria and there are particular issues with patient transport no longer being provided.



### 3.4 Themes and details

#### Clinical Treatment

During the quarter there were 28 complaints that fell into this category, an increase from Q1 (23). These complaints were 24 for adult services, 3 for children's services, 1 for Dental. Examples:

- Concerns over PEG feeding training and support provided
- Unhappy that community nurses would not dress patient's legs or visit as not housebound
- Being unhappy with podiatry operation had several years ago

#### Admissions, discharges and transfers

During the quarter there were 8 complaints (6 in adult services and 2 in children's services Dental), the same number as in the previous quarter. Examples:

- Unhappy that discharged from service and nurses will not be visiting to do catheter change and that clinic attended unclean and difficult to access
- Unhappy that discharged from service for health and safety reasons
- Unhappy with waiting times for dental appointment

#### Access to treatment and medication

During the quarter there were 16 complaints that fell into this category (11 for adult services and 4 for children's services and 1 Dental). Examples:

- Unhappy that had to bring own stoma equipment to hospital and not transferred with patient
- Comments requested on community nursing input and support available to patient
- Unhappy with waiting times for physiotherapy
- Family unhappy with minimal SLT provided and wait for community paediatrics regarding ASD assessment

#### Values and behaviours

During the quarter there were 9 complaints that fell into this category (6 in adult services and 2 in children's services and 1 in Dental). Examples:

- Unhappy with lack of engagement and communication from staff member
- Unhappy that details for patient left on unknown answerphone and breached confidentiality
- Dental - Unhappy that dentist did not do a proper examination and querying diagnosis and lack of treatment

#### Communication

During the quarter there were 18 complaints that fell into this category (9 in adult services, 7 in children's services and 2 in corporate services). Examples:

- Unhappy that neither patient or family member could access the podiatry service to book appointment
- Unhappy that would not provide enough hearing aid batteries to family known to trust
- Unhappy with communication to family and between services and professionals during end of life care.
- Unhappy that family not informed that patient discharged from community nursing team

#### **4. Ombudsman Cases**

- 4.1 There are currently no complaint cases with the Ombudsman.

#### **5. Response Times**

- 5.1 During Q2 the Trust responded to 91% of all complaints within the timescale initially agreed.

#### **6. Complaint Feedback**

- 6.1 In Quarter 2 there were 8 responses to the Trust's survey sent to complainants. This is a positive increase on the 2 surveys received in Q1.

#### **7. The Customer Care Team (PALS)**

- 7.1 Key themes from PALS feedback:

- Patients unable to get through to the Podiatry Service to book appointments
- Calls being made to PALS from patients thinking they are contacting services direct. This is due to misleading information on service appointment letters. These templates have now been amended by the Communications Team to try and prevent future problems.

## 8. Compliments

Services are encouraged to log compliments. It is estimated that there is substantially more feedback that is not shared centrally and therefore the below table is a snapshot of the compliments across KCHFT.

Directorate	Written Compliments	Verbal Compliments	Total
<b>Adults</b>	139	36	175
<b>Adults – Health Improvement &amp; Self-Management</b>	16	76	92
<b>Children and Young People</b>	32	13	45
<b>CYP- Dental</b>	5	1	6
<b>CYP – Sexual Health</b>	10	41	51
<b>Other Directorate</b>	1	-	1
<b>TOTAL</b>	<b>203</b>	<b>167</b>	<b>370</b>

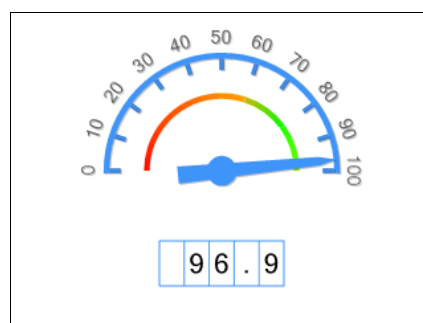
### **Selection of compliments recorded by the PALS team:**

- Staff so friendly and helpful. Put at ease by surgeon who was funny too. Fantastic experience
- Thank you so very much for all that you have done for me since I came here for rehab. I have been in tears, in pain, alone, but I have always had a kind ear and an arm around the shoulder for comfort and that meant a lot. You are a wonderful bunch of caring people and once again, thank you.
- I really don't know what to say but a just really big thank you for bringing some light into some very dark days. Love and respect to you all

## 8.1 Patient Experience

### **Meridian data**

The Trust's overall patient experience score for quarter 2 is 96.86% based on 15,435 completed surveys. There was a decrease in survey returns when compared with quarter 1 of 2017/18 (18,115 surveys) where the satisfaction score was 96.55%.



- 8.3 The Trust's NHS Friends and Family Test (FFT) score demonstrates an extremely positive recommend rate of 97.36% responses, which is consistent with the last quarter (97.66%).

14,463 people answered the FFT question, with a minority of 98 patients being unlikely or extremely unlikely to recommend. The below tables allow comparison of Q1 with Q2 2017/18.



	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Q1 2017/18	97.66%	0.56%	16,824	13,887	2,544	193	46	49	105
Q2 2017/18	97.36%	0.68%	14,463	11,937	2144	178	41	57	106

- 8.4 The FFT score findings demonstrate high levels of satisfaction within the services. All surveys which receive an unlikely or extremely unlikely response to the FFT question are recorded are included in Quality Group reports and teams will take action regarding negative feedback, whenever possible.

**Examples of negative feedback and actions include taken in relation to the Friends and Family Test question:**

Service	Comment made by client/patient and action taken by service
Minor Injury Unit (Sittingbourne)	<p><b>Comments made regarding:</b> Lack of care, compassion, the nurses appeared more focused on leaving on time</p> <p><b>Action:</b> Service is to liaise with Learning and Development to arrange bespoke Values into Action training for staff in the unit.</p>
Health Visiting - Ashford	<p><b>Comment:</b> Because Ashford is xxxx with everything. They don't care about my children I have a nearly 3 year old and she has no speech.</p> <p><b>Action:</b> Manager was sorry survey was anonymous as service would have liked to offer further support and apologise to the mother. Patient Experience Team suggested adding a question to the survey giving clients the option to leave details so that the service can contact them. To be discussed at next Health Visiting Senior Management meeting.</p>

- 8.6 Patient experience is measured across seven key areas. The table below demonstrates overall scores with extremely positive responses. There are three areas which are less positive; the most prominent of these is 'Other' but this relates to one service where the client/patient answered 'don't know'.

n/a – no question on survey related to competency

Locality	Returns	Communi- cation	Co- ordinated Care	Equality and Diversity	Given necessary info	Involved in decisions about care and treatment	Listened to and worries taken seriously	Staff Attitude
Ashford	442	96.62%	93.94%	98.37%	97.85%	97.90%	98.07%	98.79%

Locality	Returns	Communication	Co-ordinated Care	Equality and Diversity	Given necessary info	Involved in decisions about care and treatment	Listened to and worries taken seriously	Staff Attitude
(Locality)								
Canterbury and Whitstable (Locality)	1446	98.77%	94.92%	99.43%	97.05%	99.30%	98.73%	99.07%
Dartford, Gravesham and Swanley	774	96.83%	-	99.87%	97.94%	98.84%	99.13%	99.40%
Dover, Deal and Shepway	945	97.93%	81.25%	99.03%	98.21%	98.73%	99.25%	99.47%
East Sussex (Locality)	241	99.14%	100.00%	100.00%	99.07%	99.41%	99.76%	100.00%
Maidstone, Maidstone, Malling, West Kent and Weald	1515	97.74%	95.11%	99.51%	96.27%	98.21%	98.66%	98.67%
Medway (Locality)	559	95.68%	84.62%	99.08%	98.01%	98.54%	99.26%	99.67%
Palliative Care Survey	30	-	-	-	100.00%	100.00%	100.00%	100.00%
Other	378	98.39%	100.00%	98.24%	98.90%	99.45%	99.71%	100.00%
Swale (Locality)	482	97.34%	100.00%	99.32%	98.25%	98.29%	99.43%	99.56%
Thanet (Locality)	987	98.48%	92.12%	99.05%	97.69%	98.32%	98.86%	99.62%
<b>Trust Total</b>	<b>7799</b>	<b>97.81%</b>	<b>93.06%</b>	<b>99.25%</b>	<b>97.50%</b>	<b>98.67%</b>	<b>98.95%</b>	<b>99.25%</b>

## 9. Actions

The below actions are a selection from closed complaints and Meridian feedback:

Complaint	Dental	<p>Unhappy with treatment received in September 2016 (did not complaint until end February 2017) - no referral for wisdom tooth treatment made.</p> <p><b>Action taken:</b></p> <ul style="list-style-type: none"> <li>The booking system has been modified. Where possible 40 minutes slots are given for appointments to provide time for records and admin to be done on day patient is seen. Weekly audits of patient notes are now being carried out. A new system is being trialled which involves keeping a logbook of patients who require an outside referral.</li> </ul>
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Meridian	Sexual Health Service	Client unhappy that patients are called for their appointment by name (feel it is a confidentiality issue). <b>Action taken:</b> All patients are to be given the option to be called by name or number to protect their confidentiality.
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#### 10. NHS Choices / Patient Opinion comments

There were **33** comments on NHS Choices and Patient Opinion during the quarter. A selection of these is listed below. Services have been alerted to negative comments and will be taking action.

Service	Review	Response
Dental Services, New Street, Sandwich	Wonderfully helpful and accommodating. I am a new patient here so don't have a huge amount of experience to draw on but the dentist I saw was absolutely lovely, clear in their explanations, considerate about my feelings about a possible extraction and did all they could to alleviate my concerns. Receptionists are incredibly friendly and helpful - I could not ask for more. Thank you.	Thank you for your review. We are pleased to read that your experience as a new patient at the New Street Dental Practice was very positive. We will pass your kind comments onto staff.
Minor Injury Unit, Edenbridge Memorial Hospital	Speedy and efficient removal of stitches We attended with our 14 year old daughter who was participating in a summer school nearby but needed to have facial stitches removed. We telephoned to enquire and were reassured that she could be treated at the end of the week which would prevent her having to leave her course early and return home just to have stitches removed. We loved the calm atmosphere of this unit and were amazed at how quickly she was seen. The nurse/doctor was very efficient and we were pleased to have chosen - really by chance - such a lovely hospital. An excellent walk in service. Thank you!	Many thanks for your review of Edenbridge Minor Injuries Unit. We are very pleased to learn that your daughter was able to have her stitches removed by the staff there and that this meant she didn't have to miss any of her summer school course. We will pass on your kind comments.
Podiatry Service, College Road clinic, Margate	I have tried now for 10 days to get an appointment for podiatry at College Road. The first time, Tuesday 15th August I held on for 20 minutes, then, as suggested left my name and phone number for 'them' to get back to me. Nobody did so. A week later, 22nd August I phoned again, held on for a while, then left my name and number again. Nobody has got back to me. My feet are uncomfortable now. Some shoes I cannot wear. How can I make a formal complaint about this?	We are very sorry to learn of the problems that you have been experiencing when trying to make an appointment at College Road. In the first instance would you be kind enough to contact our Customer Care Team with further information and your contact details so that we can assist and get a member of the podiatry service to give you a call.

## **11. Innovations/Updates**

- 11.1 The Meridian system provided by Optimum healthcare has been re-commissioned for a further 2 years. The team has plans to work with the standards assurance team to develop a system whereby patient experience feedback can be linked into the CQC 5 key domains. This will create more measurable outcomes and richer data in line with the domains of safe, effective, caring, responsive and well led.
- 11.2 The Patient Experience Team now has a Dictaphone for use by service leads when meetings with complainants are arranged. This enables a true record of the meeting to be available without notes being taken by hand.
- 11.3 The Patient Experience team has designed some e-learning training for all staff that describes exactly what to do if approached by someone wishing to make a complaint. This training is about to go live on ATP and the results of the quiz at the end of the training will be recorded. Staff are expected to have undertaken this training before attending the half day face to face training designed for team leaders and managers.

## **12. Recommendations**

The Board is asked to note the report.

**Helen Knope**  
**Patient Experience Manager**  
**October 2017**

## Appendix 1 Benchmarking of the number of formal complaints, per 1,000 WTE budgeted staff - March 2017 to August 2017

KCHFT is the orange line on the graphs









<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	3.4
<b>Subject:</b>	Six Monthly Public Engagement and Equality Report
<b>Presenting Officer:</b>	Louise Norris, Director of Workforce, Organisational Development and Communications

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<b>Report Summary (including purpose and context)</b>
This report provides the Board with an overview of patient and public engagement carried out by the Trust up to 31 October 2017.

<b>Proposals and /or Recommendations</b>
The Board is asked to note the report.

<b>Relevant Legislation and Source Documents</b>
<b>Has an Equality Analysis (EA) been completed?</b>
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*.
<b>* Protected characteristics:</b> Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Karen Edmunds, Head of Engagement	Tel: 01233 667816
	Email: karenedmunds@nhs.net



## SIX MONTHLY PUBLIC ENGAGEMENT AND EQUALITY REPORT

### 1. Executive Summary

This report provides the Board with an overview of patient and public engagement carried out by the Trust up to 31 October 2017.

### 2. Introduction

- This report provides the Board with assurance that the Trust is engaging with patients and the public including those we find harder to reach and ensuring their voices are heard and they are involved in on-going service improvement.
- The Trust has a statutory duty to consult patients and the public on all significant changes to services. Consultation may range from informing people and seeking comments and concerns to full public consultation. Best practice is for services to be co-designed with patients / service users and staff as partners.
- The Trust engages with patients, public and other stakeholders in a variety of ways including having patient / public representatives on various working groups and several committees, working in partnership with KCC to engage with the Deaf community, working with other NHS trusts and Healthwatch Kent to engage with young people about NHS services, and working with our operational services on improving awareness of the needs migrant communities, in order to help them use health services appropriately.
- The public membership of the Trust totals 12,579.

### 3. Engaging with young people

- Earlier this year 187 young people completed our survey on how they want to be engaged and involved. Young people said they would like both a virtual forum and to be involved with a forum that meets. They are keen that their involvement helps them to develop new skills as well as make a difference. The virtual forum was launched in August 2017, aimed at young people aged 14-19 however despite over 90 young people saying in the survey that they would like to join, very few have. We are therefore working with partners to set up a closed Facebook group, hosted in one of the partner trusts – East Kent Hospitals.
- A steering group meets quarterly to take forward this work, with membership from KCHFT, East Kent Hospitals, KMPT, Dartford and Gravesham NHS Trust and Healthwatch Kent. Other partners who will have an advisory role including the Kent Cancer Collaborative and MFT. We have agreed a

- Memorandum of Understanding between the organisations involved and protocols to manage a closed Facebook group. We have recruited two young people to be public representatives on the steering group.
- We surveyed young people on the design and content of the school health website. 201 young people responded, mostly between the ages of 14 and 17. 97% of those who answered the question about the importance of knowing the site was run by the NHS said it was important to know that. Their views on what functions and content they'd like the site to have, including a mobile version, will shape the website.

#### **4. Migrant Communities**

- The Kent Migrant Communities Network, hosted by KCHFT, now has a membership of 286 health, social care, education, fire service and police service professionals.
- A Steering Group supports this work, and its members along with Health Improvement, KCHFT public health services and KCC Public Health have developed a series of bids to the Department of Communities and Local Government's 'Controlling Migrant Fund' to provide cultural awareness training for staff and targeted interventions work with specialist health trainers, health visitors and school nurses. These bids were submitted in early November and we have been asked to provide some further information on the local need and how we will measure the impact of the work in terms of improved community cohesion, in order for the bid to be considered.

#### **5. Membership**

- The Trust's public membership total as of October 2017 is 12,579. Of the total membership, 532 are from Black and Minority Ethnic communities, 935 are aged 21 or under, and 1,041 are aged over 75.
- The Trust held our second Members event before the AGM on 28 September in Sevenoaks. The theme was once again 'Let's talk about Diabetes'. Over 100 members / public attended and there was very positive feedback about the information stands, speakers and the expert panel who were there to answer questions.

#### **6. Patient and Public Engagement**

- We continue to support staff to engage with and involve the public and patients. We have now trained 18 'Engagement Champions' in Children and Young People's Services, mainly from public health services. They will act as role models for engagement in their service. They have access to a

- workspace on flo (our intranet) to share good practice and we hold quarterly support sessions for them. We plan to recruit further champions from children's specialist services.
- We have 24 groups/ committees with patient/public representatives including the eight Community Hospital Patient Experience Groups, the Medway Sexual Health Public Advisory Group and Thanet Adult Speech and Language Therapy Forum (SALT) Forum. A number of the community hospital PEGs in the west of Kent have moved their meetings to late morning to encourage patients from the ward to attend.
- The Patient Engagement Network (PEN) has 99 members – a combination of individual members and voluntary and community sector members.
- We have worked with the Sexual Health Service to develop the concept of 'Apple tree clinic' to improve access to sexual health services for people with a learning disability. People who need extra time for their appointment can ask for 'Apple tree clinic' which alerts staff to the fact the person has a learning disability. We held two groups with people with a learning disability to check patient information. We've also met with Learning Disabilities service colleagues with an interest in sexual health to get champions set up in the service and set up a workspace on flo. We've developed posters, flyers and business cards to promote the Apple tree clinic idea to clients.

## 7. Partnership

- We supported the public STP engagement events held across the county by promoting the events, attending and also facilitating discussion groups if needed.
- We continue to meet quarterly with Healthwatch Kent to share information and look for opportunities for working together to engage with the public and patients. Healthwatch Kent are currently visiting NHS sites to look at compliance with the Accessible Information Standard (AIS). This includes staff awareness of AIS.
- We started working with Action on Hearing Loss to review how we meet the needs of people with hearing impairment. This has led to us working with Falls Prevention to pilot the 'Roger Pen' which is a discrete portable hearing loop that enables hearing aid users to hear better using their 'T' switch. We plan to identify other services to pilot the system.
- We continue to work with East Kent Mencap and North Kent Advocacy to hold monthly groups to test out our Easy Read information. This means it is tested with people with learning disabilities then amended in line with their feedback.

## 8. **Equality and Diversity**

- We assisted a number of colleagues with doing an Equality Analysis (EA) on policies, protocols and strategies. EAs are a requirement of our public sector duty and help to assess any potential negative or positive impact of a new policy or revised policy or process or change on people with any of the nine protected characteristics. If negative impacts are identified they can be addressed to reduce the risk of discrimination.
- We continue to deliver Equality and Diversity training at corporate induction every two weeks and to deal with queries from colleagues concerning equality issues.
- We continue to support the three Staff Networks – Black and Minority Ethnic (BME), Disability and Lesbian, Gay, Bisexual, Transgender and Questioning/Queer (LGBTQ). They held a successful joint conference on 9 November, which included the launch of 'Inspire Network' the trust's in-house mentoring programme. The Engagement team organised the conference on behalf of the networks.
- We have worked with the Disability Staff Network to produce a guide to 'Reasonable Adjustments' for staff and managers to use.
- We continue to manage the trust's contracts for provision of language interpreting, written translation, sign language, Braille and audio. This includes trouble-shooting when there are problems booking interpreters. The top languages requested are Slovak, Polish and Bengali for face to face interpreters and Slovak, Nepali and Polish for telephone interpreting.

## 9. **Volunteer Service**

- The Trust's Volunteer Service is now part of the Engagement team. We have developed a Volunteer Strategy which sets out how we see volunteers playing a key role in enhancing patient experience and connecting the Trust to the communities we serve. There are also opportunities to involve volunteers in the Trust's charity care and to add value in services not currently involving volunteers.
- We have had some challenges in introducing e-Pay for volunteer's expenses as the system is set up for paid staff and some volunteers don't use computers. We produced a shorter guide on e-Pay for volunteers (17 pages as opposed to the 61 page guide for staff).
- Our volunteers give over 2,500 hours a month on average across a wide range of services and localities.



**Kent Community Health**  
NHS Foundation Trust

**Karen Edmunds**  
**Head of Engagement**  
**22 November 2017**





Meeting of the Kent Community Health NHS Foundation Trust Board  
to be held at 10am on Thursday 30 November 2017  
in The Oak Room  
The Oak Room, Oakwood House, Barming, Maidstone Kent  
ME16 8AE

This meeting will be held in Public

AGENDA

1. STANDARD ITEMS			
1.1	Introduction by Chair	Chairman	
1.2	To receive any Apologies for Absence	Chairman	
1.3	To receive any Declarations of Interest	Chairman	
1.4	To agree the Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 28 September 2017	Chairman	
1.5	To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 28 September 2017	Chairman	
1.6	To receive the Chairman's Report	Chairman	Verbal
1.7	To receive the Chief Executive's Report <ul style="list-style-type: none"><li>Sustainability and Transformation Plan (STP) Update</li><li>To approve the East Kent Accountable Care Partnership (ACP) Proposal</li></ul>	Chief Executive	



## 2. BOARD ASSURANCE/APPROVAL

2.1	To receive the Patient Story	Chief Nurse
2.2	To receive the Quality Committee Chairman's Assurance Report	Chairman, Quality Committee
2.3	To receive the Audit and Risk Committee Chairman's Assurance Report	Chairman, Audit and Risk Committee
2.4	To receive the Strategic Workforce Committee Chairman's Assurance Report <ul style="list-style-type: none"> <li>To approve the Terms of Reference</li> </ul>	Chairman, Strategic Workforce Committee
2.5	To receive the Charitable Funds Committee Chairman's Assurance Report	Deputy Chairman, Charitable Funds Committee
2.6	To receive the Integrated Performance Report <ul style="list-style-type: none"> <li>Looked After Children Service performance</li> <li>Home First Pathway One</li> </ul>	Director of Finance Chief Operating Officer/Deputy Chief Executive
2.7	To receive the Monthly Quality Report	Chief Nurse
2.8	To receive the Finance Report – Month Seven	Director of Finance
2.9	To receive the Workforce Report	Director of Workforce, Organisational Development and Communications
2.10	To approve the Quality Strategy	Medical Director



3. REPORTS TO THE BOARD

- |     |  |  |
|-----|--|--|
| 3.1 | To receive the approved Minutes of the Charitable Funds Committee meeting of 26 April 2017 | Deputy Chairman, Charitable Funds Committee                          |
| 3.2 | To receive the Infection Prevention and Control Update Report                              | Chief Nurse  |
| 3.3 | To receive the Quarterly Patient Experience Report   | Chief Nurse  |
| 3.4 | To receive the Six Monthly Public Engagement and Equality Report                           | Director of Workforce, Organisational Development and Communications |

4. ANY OTHER BUSINESS

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

6. DATE AND VENUE OF NEXT MEETING

Thursday 25 January 2018 at 10am; Kent Invicta Chamber of Commerce, Ashford  
Business Point, Waterbrook Avenue, Sevington, Ashford Kent TN24 0LH

