

Agenda and Papers

for the

Formal meeting of the

Kent Community Health NHS Foundation
Trust Board

to be held at 10am on

Thursday 25 January 2018

In

The Council Chamber

Sevenoaks Town Council Offices
Bradbourne Vale Road
Sevenoaks
TN13 3QG

**Meeting of the Kent Community Health NHS Foundation Trust Board
to be held at 10am on Thursday 25 January 2018
in the Council Chamber, Sevenoaks Town Council Offices, Bradbourne Vale Road,
Sevenoaks TN13 3QG**

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 30 November 2017 | Chairman | |
| 1.5 | To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 30 November 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"> • Sustainability and Transformation Plan (STP) Update | Chief Executive | |
| 1.8 | To receive the Chief Operating Officer's Winter Report | Chief Operating Officer/Deputy Chief Executive | |

2. BOARD ASSURANCE/APPROVAL

2.1	To receive the Patient Story	Chief Nurse	
2.2	To receive the Quality Committee Chair's Assurance Report	Chair of Quality Committee	
2.3	To receive the Strategic Workforce Committee Chair's Assurance Report	Non-Executive Director	Verbal
2.4	To receive the Charitable Funds Committee Chair's Assurance Report	Chair of Charitable Funds Committee	Verbal
2.5	To receive the Integrated Performance Report	Director of Finance Chief Operating Officer/ Deputy Chief Executive Chief Nurse	
2.6	To receive the Monthly Quality Report	Chief Nurse	
2.7	To receive the Finance Report – Month Nine	Director of Finance	
2.8	To receive the Workforce Report	Director of Workforce, Organisational Development and Communications	
2.9	To receive the Community Hospitals Safer Staffing Review	Chief Nurse	
2.10	To receive the Mortality and Learning From Deaths Report	Medical Director	

3. REPORTS TO THE BOARD

3.1	To receive the Half Yearly CQUIN Programme 2017/19 Report	Director of Finance
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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 29 March 2018
The Oak Room, Oakwood House, Maidstone Kent
ME16 8AE**

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

Meeting held in Public

Present: 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
Bridget Skelton, Non-Executive Director
Lesley Strong, Deputy Chief Executive/Chief Operating Officer
Ali Strowman, Chief Nurse

In Attendance: Gina Baines, Committee Secretary (minute-taker)

Observer: Emma Foreman, Senior Manager, Deloitte

30/11/1 Introduction by Chair

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

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

30/11/2 Apologies for Absence

Apologies were received from Jennifer Tippin, Non-Executive Director.

The meeting was quorate.

30/11/3 Declarations of Interest

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

30/11/4 Patient Story

Ms Strowman presented the video to the Board for assurance.

The story was an example of a patient's positive experience of the care that they had received from the Trust's Lymphoedema Service. Mr Bentley highlighted the various elements which had contributed to this. In response to a question regarding how these positive themes could be shared with other teams, Ms Strowman suggested that a bank of positive stories could be developed which would highlight the good work that was being carried out by staff. These would be available on Flo. They could also be included in future training programmes and the corporate induction programme, to be shared with both clinical and non-clinical staff.

The Board **RECEIVED** the Patient's Story.

30/11/5 Minutes of the Meeting of 28 September 2017

The Board **AGREED** the minutes.

30/11/6 Matters Arising from the Meeting of 28 September 2017

The Board **RECEIVED** the Matters Arising.

30/11/7 Chairman's Report

Mr Griffiths highlighted that Baroness Harding, the Chair of NHS Improvement (NHSI), had reconfirmed that the Chairs' Advisory Partnership would continue to meet. He would continue to attend as previously.

Mr Griffiths had attended the Trust's Clinical Audit and Research Conference the previous week. He suggested that a service review by the Research and Development Team be presented to the Board for consideration to the strategic direction of research in the Trust.

Actions – Dr Phillips

Mr Griffiths had visited the ward simulation suite at the Medway campus of Canterbury Christ Church University at the invitation of Mrs Sue Plummer, Trust Governor. He commented that this would be a useful resource for the Trust and suggested that the Learning and Development Team and the operational services arrange to visit the suites.

Action – Ms Norris/Ms Strong

Mr Flack highlighted that the Audit and Risk Committee regularly received a Research and Development Report and that the Board received an annual report. Dr Phillips added that the Clinical Effectiveness Group also had oversight of research. She suggested that research and development would be a good resource for audit and quality improvement both in the short and long term.

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

30/11/8 Chief Executive's Report

Mr Bentley presented the report to the Board for assurance.

The Trust was participating in a process in east and west Kent for additional funds that had been released to the NHS in the Autumn Budget. Overall, the NHS financial position continued to be difficult. Despite this climate, the Trust would continue to press for transforming the way services were delivered in order to improve them for patients.

In response to a question from Mr Field regarding how the Board would receive the information and assurance that the Safety Thermometer had previously provided, Ms Strowman confirmed that the individual areas covered by the Thermometer were already monitored internally and by the Board through various regular reports. The Executive Team had discussed withdrawing from the Safety Thermometer programme with both NHSI and the Care Quality Commission, both of whom had been happy with the decision. It was anticipated that front-line staff would welcome the removal of this additional, bureaucratic task.

In response to a question from Mr Griffiths regarding the amount of time that would be released to services through stopping data collection and submission of the Safety Thermometer, it was agreed that this would be investigated.

Action – Ms Strowman

East Kent Accountable Care Partnership (ACP) Proposal

The Board had been provided with a full briefing at its October 2017 Informal Board meeting. The proposed ACP was a step towards a different approach to delivering care to patients, bringing together providers from health, social and primary care. The Board was asked to endorse the Trust's participation in the partnership. Mr Bentley highlighted that he had been invited to be the Senior Responsible Officer of the new entity. He had accepted the position and did not expect there to be any conflict of interest.

In response to a question from Mr Conway regarding accelerating the proposed timescale, Mr Bentley indicated that although there was enthusiasm from some parties to move quickly, it was recognised that more immediate demands on local services this winter was likely to act as a brake on the pace of decision-making. Additionally, a number of contracts would be ending in April 2019 which would enable a smoother transition of services. The Board agreed that there should be an explicit aim to bring the timetable forward wherever possible. Mr Bentley confirmed that he had spoken with Ms Tippin who supported the proposal.

Mr Griffiths highlighted the need for a governance framework to tie in the various parties in the absence of a formal legal agreement. He suggested that this was developed and that all providers were encouraged to support it.

In response to a question from Dr Phillips regarding how the ACP would prioritise its budgetary demands, Mr Bentley indicated that this was yet to be agreed. There could be a role for a Clinical Senate to guide decision-making. Ms Strong added that as the ACP would include local authorities, there was further work for them to do to align themselves bearing in mind their democratic mandate and their responsibilities for public health and social care.

The Board **SUPPORTED** the proposal that the Trust become a partner in the Accountable Care Partnership in East Kent.

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

30/11/9 Quality Committee Chairman's Assurance Report

Mr Howe presented the report to the Board for assurance.

The Committee had met on 19 October 2017 and 20 November 2017.

With regards to the standard and completeness of holistic assessments and their recording on the Community Information System (CIS), a re-audit was due in Spring 2018. The results would be presented to the Quality Committee. Further to the report regarding the clinical, quality and safety aspects of CIS, it had been agreed that a report would be made to the Board at its December 2017 meeting.

Action – Mr Flack

Mr Howe and Ms Barber had observed the meetings of the three sub-groups that reported to the Quality Committee. The groups were embedding well and continued to develop. Mr Howe and Ms Barber had visited the Phlebotomy Service at the Queen Victoria Memorial Hospital (QVMH), Herne Bay and were pleased with the improvements seen in relation to the issues that had been raised previously. Mr Howe and Ms Barber had also visited Heron Ward and had met with the new Matron. There had observed good leadership and anticipated that there would be future improvement in performance. With regards to Infection Prevention and Control, although the Trust was reporting good compliance across a range of metrics, it had been highlighted that cleaning standards were not being met at some community hospitals. The Quality Committee would monitor this. With regards to the relatively high number of reported medication incidents which had been raised to the Committee by the Governors, the Committee had reviewed the data and been given a full explanation by the Medical Director. It was satisfied with the explanation and would be writing back to the Governors. In order that the Board more fully understood the context behind the incidents, Dr Phillips suggested that this was discussed with staff when Non-Executive Directors visited the relevant services.

In response to a question from Mr Conway regarding whether there were any national standards set for medication incident performance and who would be responsible for setting the local standard in the Trust, Dr Phillips

agreed to discuss this with the Chief Pharmacist, with a view to establishing a local standard in the community.

Action – Dr Phillips

With regards to the Quality Strategy, this had been reviewed and commented on by the Committee at its November 2017 meeting. The Committee commended it to the Board.

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

30/11/10 Audit and Risk Committee Chairman's Assurance Report

Mr Conway presented the report to the Board for assurance.

The Committee had met on 15 November 2017.

The recent Clinical Audit Report had confirmed that the Trust was progressing well with regards to research. With regards to the fire safety reviews of Trust and NHS Property Services estate, this item had been reviewed by the Committee. It had asked for an update on the current position and remediation work to be clarified in an out of committee update. This was yet to be received. The Committee had discussed the risks associated with partnership working and this would continue to be explored at future meetings.

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

30/11/11 Strategic Workforce Committee Chairman's Assurance Report

Ms Skelton presented the report to the Board for assurance.

The Committee had met on 14 November 2017.

The Committee suggested that the Workforce Report be presented to the Board on a bi-monthly basis when it met formally. This would allow for greater clarity of the themes and trends that were shaping the challenges and activities in managing the workforce and its environment. With regards to the ratification of policies, it was suggested that in future this should be undertaken by the Committee on behalf of the Board.

The Terms of Reference had been refreshed, reflecting the comments that had been made by the Board at its Formal meeting in September 2017.

In response to a question from Mr Conway regarding new staffing models and new ways of working, Ms Norris confirmed that the Committee would receive a report in Spring 2018. This would set out suggestions as to how the future workforce should look in order to be able to achieve the successful delivery of different models of care. New roles such as generic

workers and advanced practitioners were likely to be part of the new skill mix. The report would also address how the Trust could fill future skill gaps.

With regards to workforce performance reporting, the Board agreed that in future it would receive monthly headline data through the Integrated Performance Report and a more in-depth report bi-monthly.

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

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

30/11/12 Charitable Funds Committee Chairman's Assurance Report

Mr Field presented the report to the Board for assurance.

With regards to the proposed i Care 'Pennies From Heaven' staff donation scheme, the Committee had agreed that support for it needed to be gained from Staff Side and the Executive Team before it came to the Board for approval. A decision also had to be reached regarding how the set up and on-going running costs would be funded. Mr Bentley indicated that the Management Committee would review the proposal.

Action – Ms Norris

With regards to the Bow Road Charitable Fund, because of the very defined criteria which was restricting the spending of the fund, the Committee had agreed to seek dispensation from the Charities Commission to spend it more widely beyond its geographical location, but within West Kent.

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

30/11/13 Integrated Performance Report

Mr Flack presented the report to the Board for assurance.

The report incorporated the new goals that had been set out by the Trust. Overall, performance against the metrics was good with over 80 per cent rated Green or Blue. There was only one Red rated metric on the high level dashboard and the Delayed Transfers of Care (DTOC) Key Performance Indicator (KPI) was an improving trend. With regards to activity, most services were meeting their obligations.

In response to a question from Mr Field regarding the plan for introducing new metrics, Mr Flack confirmed that this was being discussed with the Management Committee.

Looked After Children (LAC) Service Performance

Ms Strong presented the report to the Board for assurance.

Although a Contract Performance Notice had been received, the service had been carrying out and had completed a number of significant actions to improve its performance which had been agreed with its commissioners. The recruitment of three additional LAC nurses which had been approved by the Board in May 2017 had been completed and they were now coming into post. An external review of the service's performance by the Royal College of Paediatricians had recognised the significant amount of work that had been undertaken by the team to improve performance. Its report was due to be finalised and published in the near future.

Mr Griffiths highlighted that the service had begun to improve its performance prior to the recruitment of the additional nurses and that this provided additional confidence of the service's future performance. The Board thanked the service for its excellent work and it was agreed a note of thanks be sent to the team accordingly.

Home First Pathway One

Ms Strong presented the report to the Board for assurance.

The published data related to the performance in west Kent. Data had been extracted from the Kent Integrated Data Set. Although some contemporariness data was beginning to come through, it was too early to see the positive impact that was being reported elsewhere. Length of Stay and DTOC KPIs had been reported as reducing for the Maidstone and Tunbridge Wells NHS Trust but this was yet to show on the dashboard. The dashboard would be monitored closely over the coming months to understand the impact of the pathway.

In response to a question from Ms Norris regarding the spike in hospital readmissions in July 2017, Ms Strong indicated that there was no obvious explanation for this. The trend over a few months was needed to ensure that the processes in place were the correct ones.

In response to a question from Dr Phillips regarding whether every patient should be categorised as a 'home first' patient, Ms Strong explained that the current criteria selected those patients who needed additional support. Further clarity was needed regarding which factors were influencing performance as the pathway was a whole system construct.

In response to a question from Ms Barber regarding the contribution of the Rapid Response Service to admission avoidance performance, Ms Strong indicated that its activity could be included. However, she confirmed that the daily monitoring calls did not indicate that there were any patient delays as a result of Trust activity. It was agreed to reflect the Rapid Response Service activity as admission avoidance in the KPIs.

Action – Ms Strong

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

30/11/14 Monthly Quality Report

Ms Strowman presented the report to the Board for assurance.

In response to a question from Ms Barber, Ms Strowman confirmed that Ward Matron interventions were currently highlighted in the red flag report. There had been some local variation in reporting and she had reminded local teams to record it correctly. A new real time information system known as Beautiful Information was being piloted. It would help the Trust with planning and resourcing the wards to meet fluctuations in patient demand. It was anticipated that there would be full implementation of the system in the near future.

In response to a question from Ms Barber regarding whether a Quality Impact Assessment (QIA) had been carried out and risks identified in relation to the installation of additional wi-fi, Ms Strowman confirmed that an assessment had not been undertaken. Mr Flack confirmed that he had released funds to ensure a speedy resolution of the issue that had been highlighted by a patient complaint. Ms Strong suggested that it was important that decision-making around such schemes remained the responsibility of local services. This point was accepted by the Board.

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

30/11/15 Finance Report (Month 7)

Mr Flack presented the report to the Board for assurance.

The Trust continued to perform well against its KPIs although achievement against the 2017/18 Cost Improvement Programme (CIP) and Capital Expenditure was currently rated Amber. The 2018/19 CIP was being finalised along with the QIAs. With regards to capital expenditure, there were proposals being put forward such as the implementation of telehealth in care homes. These would be considered.

The Board **RECEIVED** the Finance Report.

30/11/16 Workforce Report

Ms Norris presented the report to the Board for assurance.

With regards to the destination of leavers, it had been identified that there had been an increase in the number taking up employment with a specific local acute trust. Work was underway to address how staff could be retained who were considering a move. The service workforce dashboards had been reviewed by the Strategic Workforce Committee that month. In future, they would form part of the monthly performance reviews of services.

The Board **RECEIVED** the Workforce Report.

30/11/17 **Quality Strategy**

Dr Phillips presented the strategy to the Board for approval.

The strategy had been reviewed by the Quality Committee. The action plan was being finalised to reflect a greater emphasis on Quality Improvement and devolved responsibility and accountability to staff. A Strategy On A Page was being drafted by the Communications Team and would be circulated to the Board.

Mr Howe highlighted the importance of engaging the health care assistants and it was agreed that a launch event would be arranged.

In response to a comment from Mr Field regarding ensuring that the strategy was relevant to non-clinical staff as well, Dr Phillips indicated that she intended the strategy to be so but she would check that this was properly described for that staff group.

Actions – Dr Phillips

The Board **APPROVED** the Quality Strategy, subject to the Board's comments.

30/11/18 **Charitable Funds Committee Minutes of the 26 April 2017**

The Board considered the Minutes of the meeting.

The Board **RECEIVED** the Minutes of the meeting of 26 April 2017.

30/11/19 **Infection Prevention and Control Update Report**

Ms Strowman presented the report to the Board for assurance. The report had been received by the Quality Committee at its November 2017 meeting.

In response to a question from Mr Griffiths regarding the current position of the Trust in meeting its target for the 2017/18 staff flu vaccination programme, Ms Strowman confirmed that everything was being done to encourage staff to have the vaccination, beyond the agreed scheme. This included bringing pharmacy technicians to meetings to vaccinate large groups on a single occasion. Based on the current learning to date from this year's programme, a mixed offering might be the optimum way forward to achieving a greater level of immunisation.

The Board **RECEIVED** the Infection Prevention and Control Update Report.

30/11/20 **Quarterly Patient Experience Report**

Ms Strowman presented the report to the Board for assurance.

Mr Bentley welcomed the additional benchmarking information which was

encouraging.

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

30/11/21 Six Monthly Public Engagement and Equality Report

Ms Norris presented the report to the Board for assurance.

Following a request from the Governors in west Kent to support them with engaging with the traveller community, the Trust would be providing the necessary resource to address this.

In response to a comment from Ms Skelton regarding future reports, it was agreed to include where a Governor had been included or invited to take part in public engagement and equality activities.

Action – Ms Norris

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

30/11/22 Any Other Business

There was no further business to discuss.

30/11/23 Questions from Members of the Public Relating to the Agenda

There were no questions from the public.

The meeting closed at 12.30pm.

30/11/24 Date and Venue of the Next Meeting

Thursday 25 January 2018; The Council Chamber, Sevenoaks Town Council Offices, Bradbourne Vale Road, Sevenoaks Kent TN13 3QG

MATTERS ARISING FROM BOARD MEETING OF 30 NOVEMBER 2017 (PART ONE)

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Chairman's Report	To arrange for a service review by the Research and Development Team to be presented to the Board. Date to be confirmed.	Dr Phillips	Work in progress. Date to be confirmed.
Chairman's Report	To highlight to the Learning and Development Team and the operational services the opportunity to visit the ward simulation suites at the Medway campus of the Canterbury Christ Church University.	Ms Norris Ms Strong	Action completed.
Chief Executive's Report	To investigate the amount of time that is released to services through stopping data collection and submission to the Safety Thermometer.	Ms Strowman	An approximate estimate is 90 hours each month (80 hours clinical time and 10 hours Performance Team).
Quality Committee Chairman's Assurance Report	To present a Community Information System (CIS) Report to the Board at its December 2017 meeting.	Mr Flack	Agenda item.

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Quality Committee Chairman's Assurance Report	To discuss with the Chief Pharmacist with regards to setting a local standard for medication incident performance in the Trust.	Dr Phillips	Work in progress.
Charitable Funds Committee Chairman's Assurance Report	For the Management Committee to review the proposed i Care Pennies From Heaven fundraising scheme.	Ms Norris	Action completed.
Integrated Performance Report – Home First Pathway One	To reflect the Rapid Response as an admission avoidance in the Key Performance Indicators.	Ms Strong	Dashboard is being updated.
Quality Strategy	To circulate the Quality Strategy On A Page to the Board.	Dr Phillips	Action complete. Action closed.
Quality Strategy	To arrange a launch event of the strategy.	Dr Phillips	Details on the implementation of the quality strategy including a launch event will be available in due course and an update will be provided at the Board meetings in February and March 2018.
Quality Strategy	To ensure that the strategy is inclusive of both clinical and non-clinical staff.	Dr Phillips	This will be included in the detail of the implementation plan and will be described in the update to the Board in February and March 2018.

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Six Monthly Public Engagement and Equality Report	To include in future reports to the Board where a Governor has been included or invited to take part in public engagement and equality activities.	Ms Norris	Action completed.

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	25 January 2018
Agenda Item:	1.7
Subject:	Chief Executive's Report
Presenting Officer:	Paul Bentley, Chief Executive

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

Proposals and /or Recommendations
To note the report.

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

Paul Bentley, Chief Executive	Tel: 01622 211903
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CHIEF EXECUTIVE'S REPORT

As previously I wanted to highlight to the Board the following significant developments since my last formal report during the Board meeting in November 2017, my regular practice is to categorise the report into patients, our staff and partnership. However there is one issue which transcends all three priority areas, which is the impact of winter on our patients, our staff members and our partners.

The period since 26 December has been very challenging for health and social care services across the country and in Kent and Medway. I want to take the opportunity to thank our staff team members who have repeatedly taken actions 'above and beyond' to respond to patient and service user need.

I am also able to report that the partnerships in the system have worked successfully, albeit on occasions under some strain to continue service delivery. The issue is of such importance that the Board will receive a separate and more detailed report from the Deputy Chief Executive which outlines the issues. An initial review of the data for the period would suggest that the pressures in the system are not as a result of the increased levels of attendances in Emergency Departments, which appear consistent with the levels experienced last year, but that some of the challenges of maintaining patient flow through a system which is running at high levels of occupancy.

I do want very publicly to thank Lesley Strong, who in conjunction with her team has been the mainstay of the Trust response to winter, and I would invite the Board to thank her for doing so.

Whilst winter has occupied so much capacity and attention there a number of other areas which I do wish to bring to the attention of the Board.

Since the last time we met the inaugural meeting of the Kent County Council/Kent Community Health Foundation Trust steering group for public health has met, this is the senior level group who will drive forward the partnership between the two organisations very specifically in the area of public health. It was clear from the meeting led by the Chair of the Trust and the Deputy Leader of the Council that there is a meaningful appetite to work collaboratively to deliver major improvements across public health and I do want to thank Kent County Council for the partnership which has led to the partnership. I will be reporting on the specific changes which arise from this partnership in due course to the Board.

We also hosted a visit from Dr Henrietta Hughes, the National Freedom to Speak Up Guardian, Henrietta spent time meeting with staff members including the executive team our Freedom to Speak Up Guardian Karen Edmunds, and eight of our new newly appointed ambassadors to ensure that all our workforce know how to raise issues. Dr Hughes was very supportive of the work she saw and commented:

"Freedom to Speak Up is an investment in the amazing staff who are the lifeblood of the NHS and the excellent work that is being done across England to deliver safe, high-quality services without compromising staff experience."

Since the last time the Board met the additional funding for the health service identified in the budget has been allocated, the Trust as part of the system in both the East and the West of the county secured some additional non-recurrent funding and given the need to implement at pace has already committed activity and expenditure against this additional investment.

One of the ways to mitigate against the possible consequences of an outbreak of 'flu' are for health care employees to receive a flu jab, it is disappointing despite extensive efforts from the team that the level of uptake of jabs across the workforce of the Trust is circa 56%, leaving a sizeable minority of our workforce not having had the jab. Whilst the professional responsibilities is clear I will commence a review of lessons learnt before the Board meets and change our approach accordingly this year, I am also of the view that the Trust should lobby for the jab to become a mandatory immunization, consistent with other jabs, as this will drive up take up.

I do want to repeat my thanks to all the team members across all services of the Trust who have worked so hard since Christmas Day. It is a testament to the teams that the patient satisfaction and quality metrics have remained so strong.

Paul Bentley
Chief Executive
January 2018

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	25 January 2018
Agenda Item:	1.8
Subject:	Chief Operating Officer's Winter Report
Presenting Officer:	Lesley Strong, Chief Operating Officer

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary (including purpose and context)
The pressures in the Health and Social Care system are high at this time. There was significant early planning in preparation for winter but the demand for services, particularly urgent care services, remains high due to sicker and frailer patients with increasing numbers of respiratory conditions, flu and norovirus. This paper sets out the actions taken by KCHFT to ensure good patient flow through our services to support the whole systems

Proposals and /or Recommendations
To note the report

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

Lesley Strong, Chief Operating Officer	Tel: 01622 211900
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CHIEF OPERATING OFFICER'S WINTER REPORT

WINTER PRESSURES UPDATE ON ACTIONS TAKEN BY KCHFT

Introduction

As has been widely reported in the national media, the pressures on the health and social care system at this time are high. This paper is to update the board on the actions taken by Kent Community Health NHS Foundation Trust (KCHFT) as whole system partners to manage patient care at this time.

Background

The winter of 2016/17 presented significant challenges to the health and social care system. There was an increased level of demand which extended into the summer. For this reason planning for winter 2017/18 started much earlier with the local A&E delivery boards required to submit their plans at the beginning of September. KCHFT plans as part of the system plans were agreed by the Board at the meeting in September.

Further time limited winter monies became available from the budget in November and KCHFT were successfully awarded funding to increase community capacity.

However, despite this extensive planning, the level of demand for services means severe pressures remain across the health and social care system. The increased demand is due to sicker and frailer patients with increasing numbers of respiratory conditions, flu and norovirus.

Assessment

The key role of community services at this time is to ensure good patient flow through our services to support the timely discharge of patients from acute hospitals to community services and community services to other settings. The emphasis is on reducing the number of patients experiencing delays to discharge to improve their care and free up capacity. This means that the community hospitals, rapid response teams, Home Treatment Service and community nursing and therapy teams are working to capacity at this time.

Key areas of focus:

- Supporting patients to return home. Much work has been done over the last few months to introduce the Home First model. Capacity has been increased in the service provided by Hilton Nursing Partners that supports patients to return home with an assessment visit within 2 hours and to provide support for 3 to 5 days until a longer term package of care if necessary is arranged. KCHFT are also working with

the British Red Cross in East Kent to give additional support to patients going home from A&E.

Rapid response services are being increased by additional generic worker posts in East Kent to increase the number of patients on their caseloads.

- Supporting patients with rehabilitation needs in community hospitals. The focus is on ensuring patients are discharged as soon as their needs are met and reducing the number of patients whose discharge is delayed. The wards have increased the board rounds, and are working closely with the acute trusts via the new roles of discharge coordinators so that beds are used promptly as they become available. In response to increased demand KCHFT have opened 8 additional escalation beds in East Kent.
- Supporting the acute trusts to assess and discharge patients. Additional community therapists have been working with the acute trusts either in A&E or as part of the discharge teams to enable timely assessment and discharge of patients. Additional therapists have been released from MSK clinic services to support the urgent care services.
- Alternatives to A&E. KCHFT Minor injury units were promoted in the Community Health Magazine in the autumn edition. Activity is 3.7 % higher in the units year to date.
- Working as part of the whole system. KCHFT has participated in local whole system calls and Kent and Medway calls to work collectively to unblock the system.
- Staffing. There is increased demand on all community services and the need for additional staff to support our substantive staff. All bank staff have been directly contacted to ask if they are available for additional shifts in January and an incentive scheme agreed.

Winter Heroes

KCHFT staff have been 'winter heroes' during this period and although it is difficult to pick out individuals, the few following examples from the local managers show how staff have responded:

The staff have pulled out all the stops, moving to cover the gaps of sickness and sharing the workload. We have several staff who have worked additional shifts to cover the gaps either adding to their working week or picking up several shifts in their annual leave. We have seen great team work over the past few weeks.

A staff nurse in Faversham hospital helped with a patient in the community with a specialist dressing. There were no staff competent in the community team that weekend so the patient went to Faversham hospital. The nurse had a busy ward full of patients but still found the time for the patient to come to the ward rather than A&E and have their dressing changed.

The discharge coordinator who supports and leads that “difficult” conversation with patients, their families and Care Homes in order to ensure discharge plans are robust and timely in their delivery but also goes that “extra mile” demonstrated by her recently accompanying a patient to a placement to ensure the handover was comprehensive and the patient supported through-out the whole process.

Rapid response team who in three days received and dealt with 12 extra, unplanned referrals. Although staff already had appointments booked they’ve arranged their appointments so to that the referrals could be dealt with and staff could play their part in helping with the winter crisis.

Staff in MIU in Sheppey who dealt with a violent patient and had to close the unit to avoid injury to other patients. Once the patient had been removed by the police the staff opened the unit promptly.

Managers who have covered on call rotas which have been demanding with many whole system calls and problems to solve out of hours.

Saying thank you sometimes does not describe fully how grateful we are for the care and support our teams continually give or indeed just how much we really do value our clinical leaders and all their teams and to me they are all stars each and every one.

Conclusion

This period of sustained pressure is likely to continue as the number of patients with flu rises over the next couple of weeks.

The board is asked to note the actions taken by KCHFT in response to the pressures and the work across the whole systems.

Lesley Strong
Chief Operating Officer
January 2018

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	25 January 2018
Agenda Item:	2.2
Subject:	Quality Committee Chair's Assurance Report
Presenting Officer:	Steve Howe, Chair of the Quality Committee

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	x
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Report Summary (including purpose and context):
The paper summarises the Quality Committee meeting held on 11 December 2017.

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

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

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

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

Introduction

The Quality Committee met on 11 December 2017.

Sub-Committees

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. As previously reported to the Board, East Kent staffing levels and vacancies remain challenging, with Canterbury a particular area of concern.

Medical Devices. The committee received an update report on the EME SLA with Maidstone and Tunbridge Wells and East Kent Hospitals that will end on 31 March 2018 and ongoing issues with I-Leader. As requested by the Audit and Risk Committee, the Quality Committee will monitor the completion of the action plan and seek assurance that devices are appropriately recorded on the I-Leader system.

Community Information System (CIS). It was reported that there were ongoing concerns regarding SafeMed reporting and transfer of information between laptop and desktop systems. The committee's concern was to be highlighted to IT applications.

Dental Serious Incident Assurance Report. It was noted that the LocSSIP process document had been developed further and an additional assurance report would be provided early in the New Year.

2017 PLACE Report. PLACE inspections had occurred in community hospitals between March and May 2017 and the scores achieved, in the main, were lower than the previous year. A discussion took place regarding the oversight and governance of action plans resulting from PLACE inspections and it was agreed that in future the Quality Committee had a role to play in providing Board level assurance.

SC Howe CBE
Chairman Quality Committee
10 January 2018

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	25 January 2018
Agenda Item:	2.5
Subject:	Integrated Performance Report (Part 1)
Presenting Officer:	Gordon Flack, Director of Finance

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	X
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<p>Report Summary (including purpose and context)</p> <p>The Integrated Performance Report has been produced to provide the Board with a detailed overview of KCHFTs quality, safety and performance. The report has been produced in collaboration with the Executive Team and their support teams.</p> <p>The report has been split into 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"> • Key and Glossary • Corporate Scorecard • Executive Summary: Narrative <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>

<p>Proposals and /or Recommendations</p> <p>The Board is asked to note this report.</p>
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<p>Relevant Legislation and Source Documents</p> <p>Not Applicable</p>
<p>Has an Equality Analysis (EA) been completed?</p> <p>No. Papers have no impact on people with any of the nine protected characteristics*.</p>
<p>* Protected characteristics: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.</p>

Nick Plummer, Assistant Director of	Tel: 01233 667722
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Performance and Business Intelligence	
	Email: nick.plummer@nhs.net



Kent Community Health

NHS Foundation Trust

Integrated Performance Report - 2017/18
Part 1





January 2018
April 2016 - December 2017 data



Contents

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

Key and Glossary of Terms

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

Executive Summary: Supporting Narrative - September Report 2017/2018

Quality

Infection Control: MRSA & C-Difficile: There have been no Clostridium difficile Toxin positive infections in KCHFT sites in December.

Workforce

Sickness: The cumulative sickness absence rate for the financial year to December 2017 is 4.40% which is up slightly from 4.34% at M8. The sickness rate in December was 4.7%, an increase of 0.12% from last month. The total FTE days lost for the rolling year to December equates to an average of 9.97 days sickness lost per employee, the same as last month. The proportion of FTE lost to short-term sickness has decreased to 35.2%, compared to 39.9% in November

Mandatory Training: All areas of mandatory training are currently meeting the 85% target

Finance

Income & Expenditure and Financial Risk Rating: The Trust achieved a surplus of £2,634k (1.6%) to the end of December. Cumulatively pay has underspent by £8,078k and non-pay and depreciation/interest have overspent by £704k and £2,248k respectively. Income has under-recovered by £4,622k.

Access

Sexual Health Services, MIU 4-Hour wait and 18 week referral to treatment pathways: currently these targets are all being met at a Trust level, with 98.1% completed RTT pathways within 18 weeks and 97.4% incomplete RTT pathways within 18 weeks for M8. Chronic Pain has improved in M8 to 92.5%, compared to 90.8% of patients seen within 18 weeks in M7.

Referral to Treatment Times for all Allied Health Professionals when measured against the 18 week threshold shows 96% of patients being seen within this timescale for November 2017, down slightly on the M7 position. Podiatric Surgery, MSK (West Kent Block), Adult SLT and CNRT were below 90% compliance with 18 weeks RTT for M8

National Targets

Stop Smoking: The stretch target set by KCC is 3750 quits. KCC have set a minimum target of 3400 quits. Currently at 95.4% at M8

Health Checks: The service continues to over-achieve month on month with regard to the target. The implementation phase of the new integrated model has begun and the service is working with the other Health Improvement teams to minimise the possible impact of a reduction in outreach opportunities. In preparation for the changes in working, the service has sourced other opportunities to improve outreach Health Checks. These include working with P & O Ferries to support their Health and Wellbeing initiatives, providing Health Checks for eligible staff on board the ships. In addition, regular clinics are being offered at Bluewater shopping centre in partnership with the Fire Safety group. The service has also completed a successful mini HC week in Shepway working with local supermarkets and the Well Being People partners. Most areas of checks are performing well; especially GP delivered checks. KCHFT core checks have steadily increased month on month due mainly to a robust and regularly reviewed clinic plan. A review of the under-performing GP practices with regard to the 'two year trend' is currently being reviewed with regard to planning for next year's contract options as well as continuing to offer support and alternative delivery options for the remainder of this financial year. The procurement of the new IT software for Health Checks by KCC and its mobilisation prior to implementation on 1st April 2018 has the potential to affect outcomes related to the target and this has been highlighted regularly. The service is currently working with KCC to construct a plan minimising this risk.

Community Hospitals

There were 181 admissions to the Community Hospitals in November and bed occupancy stood at 93.9%. There were a total of 451 bed days lost due to delayed transfers of care (9.6% of total occupied bed days). The average length of stay (median) was 23.7 days in Month 8, YTD standing at 20.6 days

Bed Occupancy (Target range 87-92%): The Kent wide occupancy rate across all hospitals was 93.9% in November, an increase from October and above the ideal threshold of 87% to 92%. Bed occupancy has generally increased due to pressures in the whole system and the need to facilitate patient discharges from acute hospital beds.

Length of Stay (LOS) - Median (Target 21 days): Performance against the median average length of stay target is within the target YTD (20.6 days), although has increased to 23.7 days in M8

Delayed Transfer of Care (DTOC) days as percentage of total bed days (Target 9.5%): Delayed Transfers of Care has increased in M8 and is slightly above the target for the month at 9.6% (11.5% YTD). Four sites were above target for M8, Faversham (11.4%), QVMH (14.5%), Whitstable (17.1%) and Edenbridge (10.9%). The 9.6% is split between 3.5% KCHFT responsibility and 6.1% Social Services/Other/Both

Activity

KCHFT's clinical services carried out 196,918 contacts (This figure includes various currencies e.g. face to face contacts, telephone contacts, group sessions, Units of Dental Activity), of which 9,941 were MIU attendances, during November 2017. KCHFT is below target at Month 8 (-1%), mainly due to low activity in Dental Services. Performance against 2017/18 contract targets has been summarised at Service Specification level below:

Service & Currency	M8 Actual	YTD Actual	YTD Target	YTD Variance	Contract BRG	Trend
Long Term Conditions	55,680	431,093	428,959	0.5%		-----
Intermediate Care	20,566	166,828	169,598	-1.6%		-----
MIU Attendances	9,941	88,691	75,564	17.4%		-----
Community Hospital Admissions	181	1,479	1,213	21.9%		-----
Community Hospital Occupied Bed Days (WK)	2,253	16,868	16,910	-0.2%		-----
Community Hospital Occupied Bed Days (EK)	2,482	19,401				-----
Specialist and Elective Services	30,989	231,490	236,113	-2.0%		-----
Learning Disabilities - Face to Face	3,010	24,599	0	0.0%		-----
*Children's Universal Services	42,198	254,431				-----
Children's Specialist Services	16,799	108,587	112,644	-3.6%		-----
Dental Service - All currencies	12,623	90,821	106,649	-14.8%		-----
Health Trainers	196	2,017	2,008	0.5%		-----
All Services and Currencies (Contracted)	149,228	1,137,874	1,149,658	-1.0%		-----



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

Adults: Long Term Conditions (LTC) contacts are 0.5% (2,134 contacts) below at M8. Intermediate Care and Rehab Services (ICT) are 1.5% below target (2,631 contacts) at M8 of 2017/18. Activity for the planned care services is 2.0% under target for the year (all currencies). Main variances are within Dental services. Dental activity is behind target YTD, mostly in East Kent (which has improved to green in recent months) and Kent OHP (the contract has now ended)

Children and Young People: It should be highlighted that the contract for Health Visiting does not have an activity target (hence the target and variance being greyed out). Health Visiting are measured against specific KPIs, although these still require a certain level of activity to ensure compliance with KPIs such as New Birth Visits, 1 year and 2 1/2 year development checks. Therefore is useful to see overall activity levels to highlight any major changes. Collectively the Childrens Specialist Clinical Services are 3.5% below target at M8, mostly attributed to West Kent Special Schools and ITAC in East Kent. Canterbury ITAC team have the largest variance due to staffing issues.

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 (Kenswide): YTD performance against trajectory (%)	80.2%	95.4%	15.1%	100.0%	-4.6%	100.0%	N/A	-ve	1.4	Health Visiting - Increase the uptake of the 6-8 week assessment by 8 weeks	85.2%	89.0%	3.8%	95.0%	4.0%	90.0%	N/A	+ve
1.2	Prevention: Health Checks: Carried Out (Kenswide): YTD performance against trajectory (%)	100.3%	103.9%	3.6%	100.0%	3.9%	100.0%	N/A	-ve	1.5	School Health - Reception Children Screened for Height and Weight	93.9%	0.0%	-93.9%	90.0%	N/A	95.0%	N/A	-ve
1.3	Health Visiting - Increase the uptake of New Birth Visits by 14 days	85.8%	91.0%	5.3%	90.0%	1.0%	95.0%	N/A	+ve	1.6	School Health - Year 6 Children Screened for Height and Weight	95.4%	73.0%	-22.4%	90.0%	-17.0%	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%	96.0%	3.2%	95.0%	1.0%	98.0%	97.6%	+ve
2.3	Infection Control: C.Diff (Target -6 cases in year) (Target YTD)	7	2	-5	4	-2	4	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	97.4%	99.0%	1.6%	100.0%	-1.0%	100.0%	N/A	-ve	2.16	Length of Stay (Median Average)	21.6	20.6	-1.0	21.0	-0.4	21.0	25.6	-ve
2.9	Trustwide Did Not Attend Rate: DNAs as a % of total activity	3.2%	3.7%	0.5%	4.0%	-0.3%	3.0%	4.0%	+ve	2.17	End of Life Care: Percentage of patients dying in their preferred place	86.3%	85.9%	-0.3%	95.0%	-9.1%	95.0%	85.2%	+ve
2.10	LTC/IC Response Times Met (%)	93.8%	96.6%	2.8%	95.0%	1.6%	98.0%	N/A	-ve	2.18	KQIUS - Outcomes: Percentage of outcomes achieved upon discharge for planned care and therapy services	85.0%	97.1%	12.1%	80.0%	17.1%	90.0%	N/A	-ve
2.11	Rapid Response - Percentage of Consultations started within 2hrs of referral acceptance (Trustwide)	91.9%	94.5%	2.6%	95.0%	-0.5%	98.0%	N/A	+ve	2.21	Patient Experience: Friends and Family Test (Patients surveyed for MUs & Comm. Hosp.) - Response Rate	23.7%	19.7%	-4.0%	20.0%	-0.3%	30.0%	30.7%	-ve
2.12	Total Time in MUs: Less than 4 hours	99.94%	99.87%	-0.1%	95.0%	4.9%	99.5%	99.5%	+ve	2.23	NICE guidance: New NICE Guidance revised within required timescales following review of publication	100.0%	100.0%	0.0%	100.0%	0%	100.0%	N/A	stat
2.13	Consultant Led 18 Week RTT (Monthly Target 95%) - Incomplete Pathways	99.6%	98.9%	-0.7%	95.0%	3.9%	98.0%	96.8%	-ve										

3. Integrate Services

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%	11.6%	-0.5%	9.5%	2.1%	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
4.2	Bed Occupancy: OBs as a % of available bed days	88.6%	90.7%	2.1%	87.0%	3.7%	91.7%	87.9%	+ve
	Income & Expenditure - Surplus (%)			-0.1%	1.0%	0.6%	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
5.1	Sickness Rate	4.30%	4.40%	0.10%	3.90%	0.50%	3.75%	4.30%	-ve
	Mandatory Training: Combined Compliance Rate	94.7%	95.0%	0.3%	85.0%	9.9%	92.5%	88.4%	+ve

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	25 January 2018
Agenda Item:	2.6
Subject:	Quality Report
Presenting Officer:	Ali Strowman, Chief Nurse

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	x
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Report Summary (including purpose and context):
<p>This report provides assurance to the Board on Patient Safety, Patient Experience and Patient Outcomes.</p> <ul style="list-style-type: none"> • The fill rate for registered nurses on day shifts was 82.3% due to staffing shortages. • There have been no pressure ulcers this month • Falls have decreased to 41 with one incident of a fall with fracture • There have been two outbreaks at community hospitals causing beds to close • Patient Experience continues to be strong at 97% with the Friends and Family test at 9a 7.22% recommend rate.

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

Relevant Legislation and Source Documents:
None
Has an Equality Analysis (EA) been completed?
No. High level position described and no decisions required.
* Protected characteristics: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation

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

January 2017

1. Workforce Data and Quality Metrics

- 1.1 The shift fill rates for community hospital wards are set out below. The fill rate for registered nurses (RN) has decreased from November for day shifts, producing a total fill rate of 96% for RN's day shifts (98% last month). The night shift fill rate for RN's has improved slightly to 99% from 98%. The Chief Nurse will provide commentary on any areas less than 95%.
- 1.2 Edenbridge was the only hospital that had RN day shifts below 95% at 82.3%. None of the hospitals had RN shifts below 95% for night shifts. Where RN shifts were unable to be filled by bank or agency the wards increased the use of HCA staff to increase general capacity. Tonbridge Goldsmidt has had more RN than required as they have been supporting the staff on the therapy ward. Additional HCAs were also used to provide enhanced observation (1:1 care) as required. Where the staff bank is unable to fill requested shifts, a clear process for requesting the use of agency nurses is in place.

	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	99.2%	130.6%	96.8%	101.6%	930	922.5	1395	1822.5	682	660	682	693
Deal	98.4%	134.9%	98.4%	96.8%	930	915	1395	1882.5	682	671	682	660
QVMH	96.0%	141.9%	98.4%	148.4%	930	892.5	1395	1980	682	671	682	1012
Whit & Tank	98.4%	145.2%	98.4%	135.5%	930	915	1162.5	1687.5	682	671	682	924
Sevenoaks	95.2%	117.2%	95.2%	100.0%	930	885	1395	1635	682	649	682	682
Tonbridge - Goldsmidt	95.2%	91.9%	103.9%	103.2%	930	885	682	627	1162.5	1207.5	341	352
Tonbridge - Primrose (HCA% includes some RN activity)	N/A	84.9%	N/A	84.9%	0	0	1395	1185	0	0	1023	869
Hawkhurst	103.2%	115.6%	96.8%	101.6%	930	960	1395	1612.5	682	660	682	693
Edenbridge	82.3%	127.4%	96.8%	103.2%	930	765	930	1185	682	660	341	352
Total	96%	122%	99%	108%	7440	7140	11145	13617	5937	5850	5797	6237
	Over 90% Fill Rate			65% to 90% Fill rate					Less than 65%			

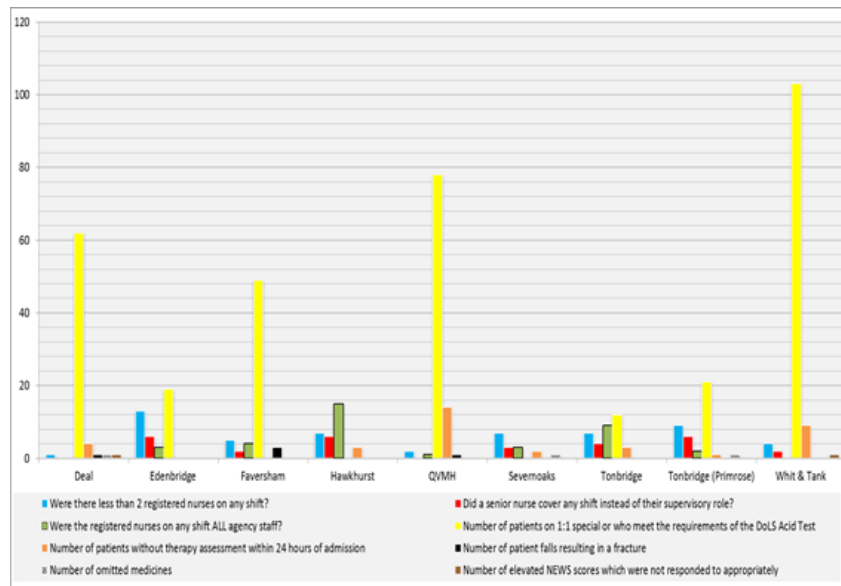
The fill rates for Westbrook and Westview KCC Integrated units are set out below. The wards have reduced the number of patients admitted to the wards and the staffing levels have remained unchanged resulting in a much more positive situation for staffing. Analysis of the past 6 months when RN levels were lower than planned has found no relation between staffing and incidents. Data for the integrated units has been taken from e-roster and additional spread sheets submitted by the wards.

- Westbrook now has 15 beds (previously 30)
- Westview has reduced to 20 nursing beds and 5 social care beds

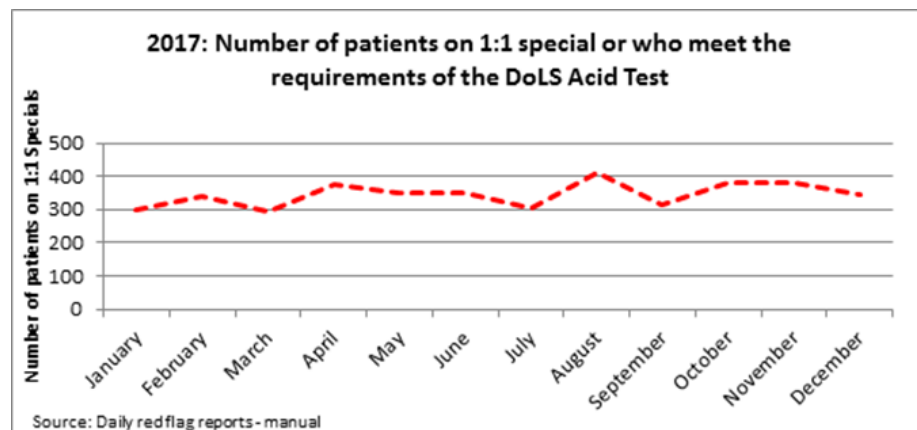
Staffing on the integrated units is reviewed daily by the ward and unit manager and shortages are subject to the same escalation processes as other KCHFT wards.

	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	100.8%	98.4%	98.4%	104.8%	930	937.5	1395	1372.5	682	671	682	715
West View	100.0%	175.4%	100.0%	124.7%	930	930	1860	3262.5	682	682	1023	1276

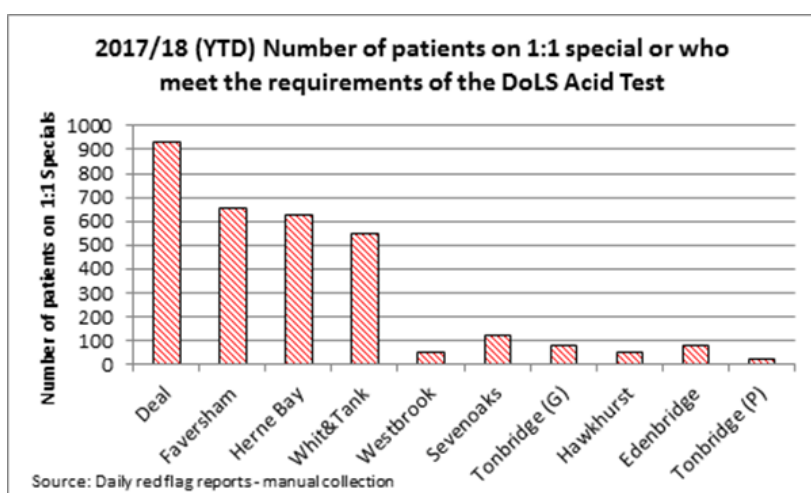
- 1.3 Below is a summary of red flag quality report for December. Additional staff for patients requiring 1-1 support continues to be the greatest reason for red flags submitted. There are noticeable differences between the figures for the number of patients on 1:1 special /or who meet the requirement of the DoLS Test between the community hospitals in the East and in the West. This is related to the ward sizes and the lack of provision of onward care settings in the community for East Kent patients.



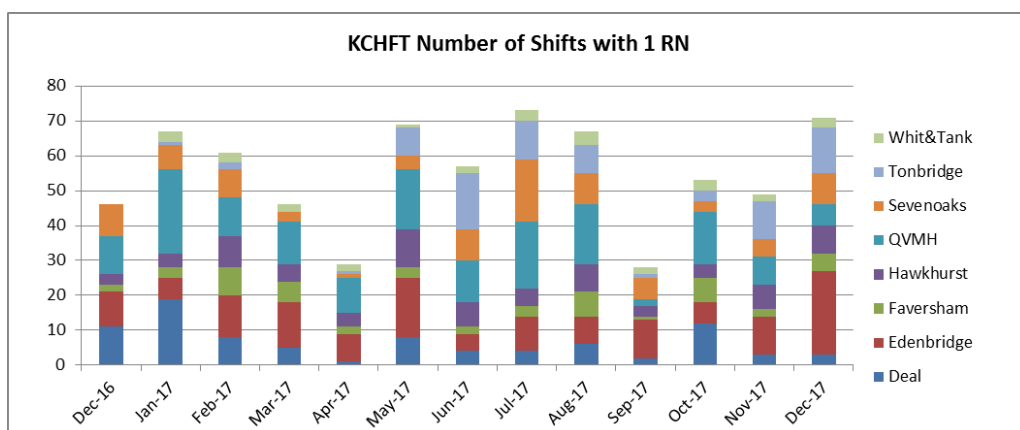
- 1.4 The charts below demonstrate the numbers of patients requiring 1-1 care has increased but is now stable.



1.5 The number by ward is detailed below (April to December).



1.6 There were 71 occasions (49 last month) when an RN shift could not be filled by substantive or temporary staff resulting in 1 RN on a shift (excluding Primrose), Tonbridge and Edenbridge were the wards that were most challenged in filling RN shifts and this is reflected in their lower fill rate. This is rarely a full shift as staff on the neighbouring shifts stay late/start early, so the actual length of time with 1 RN may be as little as an hour, ward staff are being encouraged to detail this on roster.



Westview had 5 shifts with 1 RN and Westbrook also had 5.

1.7 Within the KCHFT shifts with 1 RN, safety was maintained by implementation of an established escalation process. Of the 71 shifts there were clinical incidents on 20 shifts and all except 3 were low or no harm. The 3 moderate harms were related to:

- An admission to hospital with sepsis. The patient is recovering in the acute. Changes that the ward has made include that staff are including NEWS scores in handovers, scores are recorded on a wall mounted board and the ward has training booked on sepsis. Learning from the incident has been discussed at staff meetings.
- A patient admitted with a category 3 pressure ulcer, this was unavoidable for KCHFT
- A patient who developed a deep vein thrombosis, this was unavoidable and KCHFT had all preventative measures in place

All of the incidents below have been investigated and lessons learnt.

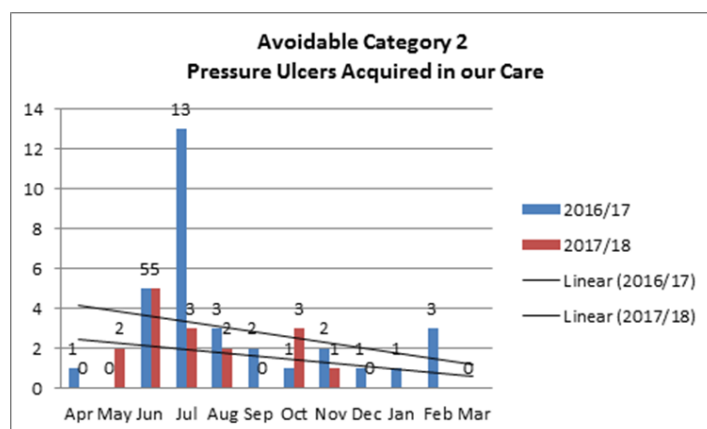
Hospital	Type of Incident	Impact on Patient
Deal	Slip/Trip/Fall	No Harm
QVMH	Slip/Trip/Fall	No Harm
Hawkhurst	Slip/Trip/Fall	Low Harm

Hospital	Type of Incident	Impact on Patient
Faversham	Failed/Delayed Diagnosis	Moderate Harm
Sevenoaks	Slip/Trip/Fall	No Harm
Sevenoaks	Slip/Trip/Fall	No Harm
Edenbridge CH	Slip/Trip/Fall	No Harm
Edenbridge CH	Slip/Trip/Fall	Low Harm
Tonbridge cottage	Slip/Trip/Fall	No Harm
Tonbridge cottage	Unplanned transfer to specialist unit	Moderate Harm/Avoidable
Whit & Tank	Transfer	No Harm
Whit & Tank	Transfer	No Harm
Tonbridge - Primrose	Missed Medication	No Harm
Tonbridge - Primrose	Failed/Delayed Diagnosis	No Harm
Westbrook	Patient Transport	No Harm
Westbrook	Medication Error	No Harm
Westbrook	Slip/Trip/Fall	Near Miss
Westbrook	Failed/Delayed Diagnosis	Moderate Harm
Westbrook	Medication Error	No Harm
Westbrook	Slip/Trip/Fall	Near Miss

1.8 Pressure Ulcers

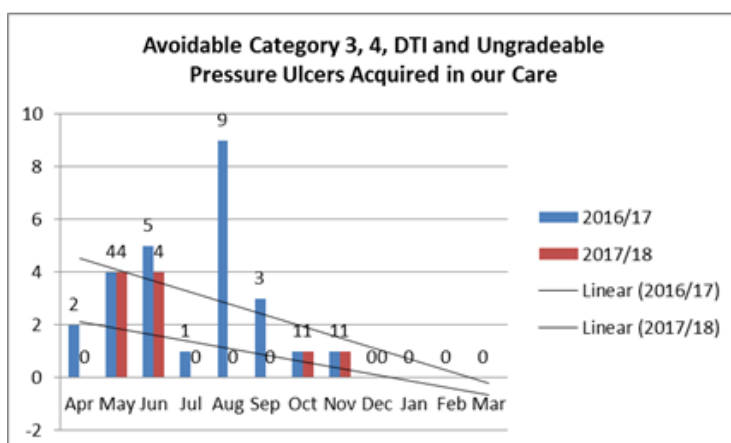
Category 2 Pressure Ulcers

There have been no avoidable Cat. 2 pressure ulcers in December.



Category 3, 4 and ungradable pressure ulcers

There have been no Cat. 3, 4 or ungradable pressure ulcers in December.

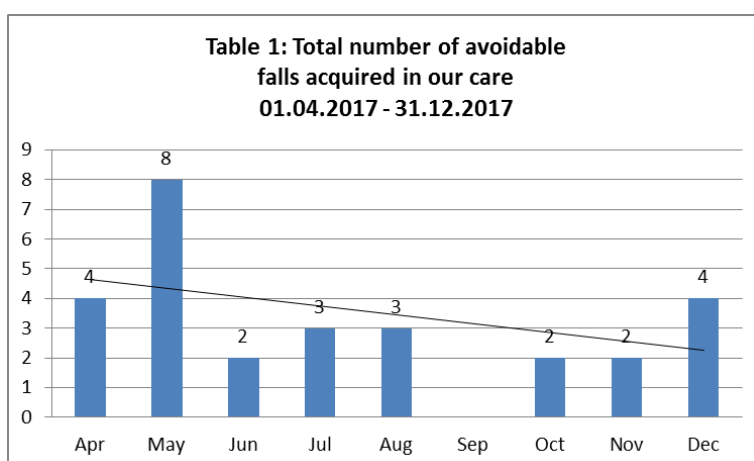


1.9 Falls

There were 41 falls reported across KCHFT in December, 4 of which acquired in our care were found to be avoidable (2 occurred at Deal, 1 at Whitstable & Tankerton and 1 at Hawkhurst), this is an increase from the previous month where 2 falls were found to be avoidable. All have been investigated and although the patients did not sustain harm as a result of these falls the notable themes were

- Deal Hospital: The call bell system on the ward was not working - patient was unable to call for help when slipping from a chair. This had been reported to Estates earlier in the day – the ward was waiting for the engineer to arrive. Patient had full capacity but limited mobility.
- Deal Hospital: The sensor mat was not connected correctly; therefore it did not alert staff that the patient had got up. Patient had a diagnosis of dementia.
- Whitstable & Tankerton: Agency nurse was allocated to the one to one supervision of a patient left him to get water from another area of the ward instead of using the sink in the bay – during this time the patient got up to mobilise and subsequently fell. Patient had a diagnosis of dementia.

Lessons learnt from incidents are shared through the Falls Quality Improvement Groups.



- 1.10 One serious incident was declared in December at Faversham Cottage Hospital as a result of an unwitnessed fall with fracture. This is under investigation and all preventable measures have been found to be in place, therefore it may be downgraded when reviewed by the CCG. The incidents reported in this report will be highlighted at the Falls Prevention & Improvement Group and the Falls Champions will be asked to feedback at their team meetings.

1.11 Medication Incidents

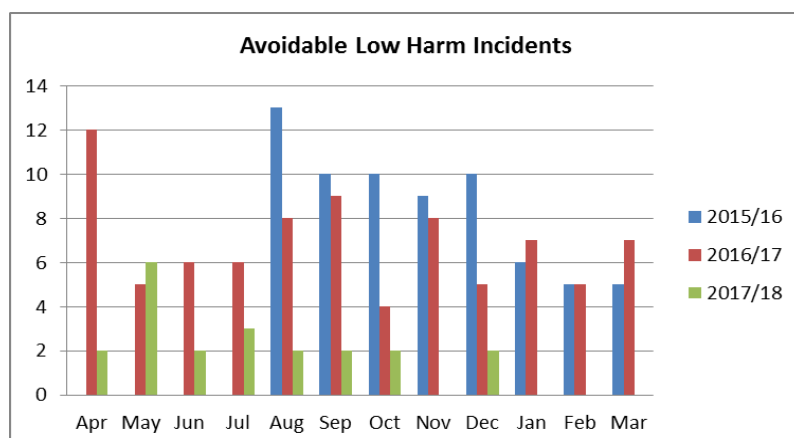
The table below shows the number of medication incidents received and investigated in December.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	39	60	67	42	43	45	69	45	33			
Near Miss	3	8	3	1	1	1	3	1	0			

1.12 A total of 33 avoidable medication incidents, acquired in our care, have been reported in December 2017. The highest reported category of avoidable incidents is omitted medication making up 39% of the total number logged since the last report.

1.13 Of the 33 incidents that occurred during December 2017 there were no incidents that resulted in 'moderate harm', 'severe harm' or 'death' of a patient. 94% resulted in 'no harm' to the patient with the majority of these being omitted medication.

6% resulted in two incidents of 'low harm' to the patient, one of which was related to an omitted dose. The other case related to a patient where the blood glucose was at the level requiring insulin, however the patient was unwell causing the blood glucose to drop and then they required treatment for hypoglycaemia. This was actioned and monitored as per Trust protocol. Lessons learnt are shared via the Medicine Management Governance Group.



1.14 Infection, prevention and control

In December there was one diarrhoea and vomiting outbreak at Tonbridge Hospital. Four patients were affected however stool results did not confirm a cause. The ward was closed to admissions from 21-24th December. Faversham Hospital had an Influenza A outbreak declared in November that affected 4 patients (2 confirmed with the virus) and 5 staff. The ward was only partially re-opened between 30th November and 5th December. A post outbreak meeting was held and local learning shared within the team around communication and the recognising and management of potential Influenza and when to take a viral swab.

In December the Urinary Tract Infection target was achieved, however the Catheter Associated Urinary Tract Infection target for the year has now been breached. In December there were 2 CAUTI's reported.

A Trust wide campaign is now being planned, and a full action plan will be presented at the IPC committee in February. PHE have approached KCHFT and the Kent CCG's to implement and evaluate resources they have produced for patients and public as part of this campaign, and the resources are planned to be completed early 2018.

Staff Flu vaccine programme (reported 29/12/2017)

Flash Figures	Staff	Vouchers	Vaccinated	% Vaccinated
Direct Patient Involvement	3769	2099	1881	50%
Non-Direct	1164	729	684	59%
Total	4933	2828	2565	52%

2. Patient Experience

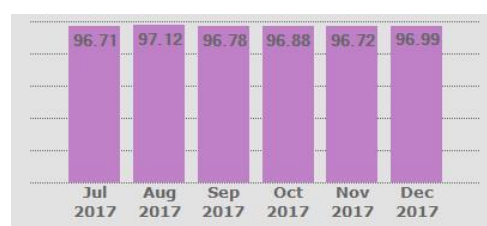
2.1. Meridian Patient Experience survey results

3,729 surveys were completed by KCHFT patients with a strong combined satisfaction score of 96.99% in December. This includes 1,134 short NHS FFT MIU surveys that also achieved a positive overall satisfaction score of 96.99%. Satisfaction levels remain consistently high.

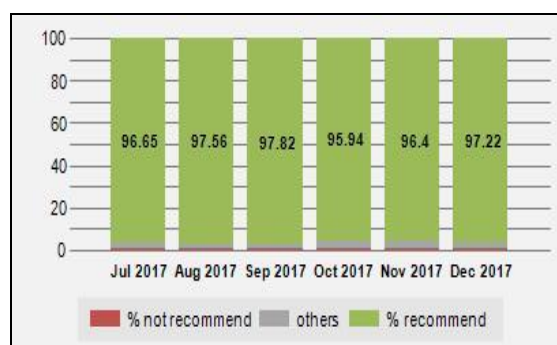
Volumes



Aggregated monthly survey scores



The NHS Friends and Family Test score response comparison is shown below and satisfaction levels remain consistently high.



NHS Friends and Family Test (FFT) trust wide results for December demonstrate that only 0.50% of our patients would choose not to recommend the service they received. There were 10 'extremely unlikely' responses in comparison to 17 in November.

Survey Volumes have decreased in December in line with the usual trend seen over recent years. However there was a shortfall of approximately 1,000 surveys completed in comparison to December 2016. The services highlighted in the table saw the biggest reduction. It is anticipated that this was due to the festive period and that at the time of reporting there were paper surveys which had not yet been uploaded onto Meridian.

Service	Dec-16	Dec-17	Totals
MSK Physiotherapy	271	164	107
FFT (short MIU)	1792	1134	658
Podiatry	208	89	119
Dental	642	312	330
			1214

2.2. Customer Care Team Enquiries

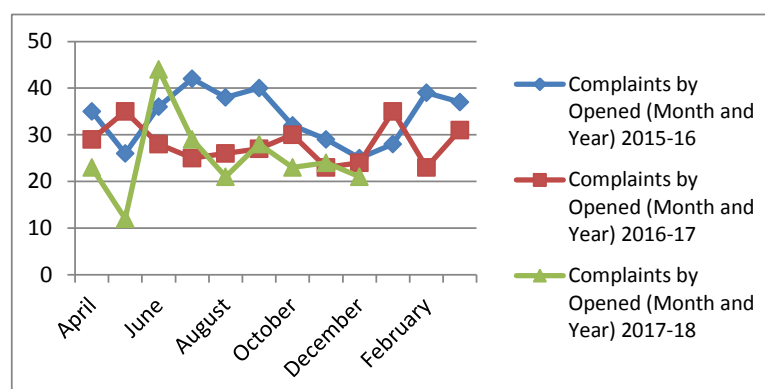
The Customer Care Team received a total of 449 enquiries in December, a reduction compared to 686 in November. 39 calls were received from patients unable to get through to the Podiatry Service to make an appointment, an improvement on the 76 calls received in November.

2.3. Compliments

An overall total of 74 compliments were recorded by the PALS team in December compared with 120 in November 2017, a reduction expected over the festive period.

2.4. Complaints

During December, 2,213 people answered the survey question *'If you recently raised a concern or complaint directly with this service, do you feel it was responded to and acted upon?'* The Trust wide satisfaction score was 94.35%. There were 21 complaints received, compared to 24 in November 2017 and 4 of these were multi-agency complaints.



During December, 24 complaints were closed in total. 21 of these were closed within the agreed timescales (88%) which is consistent to 90% in November 2017. All three cases were delayed due to scrutiny within the approval process and communication with an external organisation. There are currently no complaint cases with the Parliamentary and Health Service Ombudsman.

2.5. Themes and Trends of Closed Complaints

Categories	Clinical Treatment	Appointments including delays /cancellations	Commissioning of Services	Access to Treatment/ Medication	Staff Attitude	End of Life Care	Communication	Total
Clinical Nutrition & Dietetics				1	1			2
Community Chronic Pain		1		1				2

Community Nursing	2		1	1		2		6
Rapid Response						1		1
Community Orthopaedics							1	1
Community Paediatrics	1			1				2
Continence Service							1	1
Dental Services				2	1			3
Folkestone WIC					1			1
Health Visiting								0
Lymphoedema Service		1						1
Podiatry	1	1						2
Podiatry - Orthotics				1				1
Total	4	3	1	7	3	3	3	24

The most complaints received were related to the Community Nursing Teams, all in East Kent with no particular theme.

2.6. Key Quality Improvements

Phlebotomy QVMH - The Phlebotomy service at QVMH is now ready to start receiving patient feedback. Their survey has been built; they have an iPad ready to be wall mounted; paper copies of the survey and 'How Did We Do Today?' cards to give to patients to direct them to the feedback page on the public website.

Community Nurses- A family member complained that the patient had not received a visit by the Dover/Deal Team following an urgent referral from the GP. The process was reviewed and as result all telephone referrals will now be processed by the Local Referral Unit and followed up with notes being added to CIS to avoid any miscommunications.

Podiatry- Improvements in the delivery of the Podiatry Service has resulted in less patients contacting the Customer Care Team due to being unable to get through to make an appointment. The survey question 'Were you happy with the way your appointment was arranged?' has increased from 90.4% of respondents answering positively in November to 97.28% in December.

3. Patient Outcomes

3.1. Audit

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.

Key Performance Indicators – Actions	April >35 %	May >35 %	June >55%	July >65 %	Aug >75 %	Sept >80%	Oct >80 %	Nov >85 %	Dec >85 %	Achieved
Stepped Target										
Due audit recommendations implemented Target April >35%	43%	61%	51%	75%	78%	75%	78%	88%	81%	No
Actions overdue by more than 3 months Target <=10%	3%	0%	6%	0%	5%	5%	8%	0%	2%	Yes
Actions overdue by more than 6 months Target <=5%	3%	0%	0%	0%	0%	0%	0%	3%	2%	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.

Key Performance Indicators – Reporting Target 50% *	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Achieved
Receipt of full report within specified timeframe following receipt of dashboard	25%	44%	47%	53%	50%	75%	77%	72%	68%	Yes

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

3.2. Research

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

Key Performance Indicators – Reporting Target 2017/18 = 200	Quarter 1	Quarter 2	Quarter 3	Achieved
Recruitment to portfolio studies	179	236	267	Yes

3.3. National Institute for Clinical Excellence (NICE)

3.4.

The number of NICE guidance/ standards that were issued in November 2017 was 23. The number of guidance/standards issued in July 2017 that were due for assessment in November 2017 was 21. 4 of the guidance/ standards issued were deemed applicable to at least one service throughout the trust.

Ali Strowman, Chief Nurse

December 2017

Contributions from the Nursing and Quality and Audit and Performance teams

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	25 January 2018
Agenda Item:	2.7
Subject:	Month 9 Finance Report
Presenting Officer:	Gordon Flack, Director of Finance

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary (including purpose and context)	
<p>This report provides a summary of the financial position for Kent Community Health NHS Foundation Trust (KCHFT) to the month of December 2017.</p> <p>The Trust achieved a surplus of £2,634k year-to-date (YTD) which was £502k better than plan. The Trust is forecasting to reach a surplus of £3,026k in line with plan.</p>	
Key Messages	
Surplus: The Trust achieved a surplus of £2,634k (1.6%) to the end of December. Cumulatively pay has underspent by £8,079k and non-pay and depreciation/interest have overspent by £704k and £2,249k respectively. Income has under-recovered by £4,622k.	●
Continuity of Services Risk Rating: EBITDA Margin achieved is 4.2%. The Trust scored 1 against the Use of Resources Rating, the best possible score.	●
CIP: £3,093k of savings has been achieved to December against a risk rated plan of £3,155k which is 1.9% behind target. The full year savings target of £4,271k is forecast to be achieved in full.	●
Cash and Cash Equivalents: The cash and cash equivalents balance was £20,418k, equivalent to 36 days expenditure. The Trust recorded the following YTD public sector payment statistics 99% for volume and 98% for value.	●
Capital: Spend to December was £1,912k, representing 70% of the YTD plan.	●
Agency: Agency expenditure was below trajectory for December.	●

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

Relevant Legislation and Source Documents	
Monitor NHS Foundation Trusts Annual Reporting Manual NHS Manual for Accounts 2014-15	
Has an Equality Analysis (EA) been completed?	
No. High level position described and no decisions required/no significant change. Papers have no impact on people with any of the nine protected characteristics*.	
* Protected characteristics: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.	
Gordon Flack, Director of Finance	Tel: 01622 211934
	Email: gordon.flack@nhs.net

FINANCE REPORT – DECEMBER 2017 (MONTH 9 of 2017-18)

The Trust achieved a surplus of £2,634k year-to-date (YTD) which was £502k better than plan. The Trust is forecasting to at least 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: Green			
	Actual	Plan	Variance		Year to Date Rating	Year End Forecast Rating				Actual	Plan	Variance	
Year to Date £k	2,634	2,132	502	Capital Service Capacity	1	1		Year to Date £k		3,093	3,155	-61	
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 £2,634k to the end of December. Pay has underspent by £8,079k and non-pay and depreciation/interest have overspent by £704k and £2,249k respectively. Income has under-recovered by £4,622k. The forecast is to deliver a surplus of £3,026k in-line with the plan for the year.				I&E margin (%)	1	1		The Trust achieved CIPs of £3,093k to the end of December against a plan of £3,155k, which is 1.9% behind target. 98.6% of the total annual CIP target has been removed from budgets at month nine. Despite the shortfall year to date, the Trust is forecasting to achieve the full plan of £4,271k by the end of the year.					
				Distance from Financial Plan	1	1							
				Agency Spend	1	1							
				Overall Rating	1	1							
Cash and Cash Equivalents		Rag rating: Green		Capital Expenditure			Rag rating: Amber		Agency Trajectories			Rag rating: Green	
	Actual	Forecast	Variance		Actual/Forecast	Plan	Variance		Actual £	Trajectory £	Actual £	Variance £	
Year to Date £k	20,418	19,687	731	YTD Expenditure £k	1,912	2,725	813	External Agency Expenditure (inc. Locums) £k	321	723	402	3,001	
Year End Forecast £k	21,563			Year End Forecast £k	4,179	4,179	0	Locum Expenditure £k	58	106	48	956	
Cash and Cash Equivalents as at M9 close stands at £20,418k, equivalent to 36 days operating expenditure.				Capital Expenditure year to date is £1,912k, representing 70% of the YTD plan.									
				External Agency Expenditure (inc. Locums) was £321k against £723k trajectory in December. (YTD £3,001k against £6,510k trajectory). Locum Expenditure in December was £58k against £106k trajectory. (YTD £594k against £956k trajectory).									

1. Income and Expenditure Position

The position for December was £86k favourable compared to plan. The in-month performance comprised underspends on pay and non-pay of £1,882k and £252k respectively partly offset by an overspend on depreciation/interest of £1,932k and an under-recovery on income of £117k. The summary income and expenditure statement is shown below:

	DEC ACTUAL £'000	DEC BUDGET £'000	DEC VARIANCE £'000	% VARIANCE	YTD ACTUAL £'000	YTD BUDGET £'000	YTD VARIANCE £'000	% VARIANCE
CCGs - Non Tariff	11,122	11,085	36	0.3%	96,312	98,660	-2,348	-2.4%
CCGs - Tariff	293	392	-99	-25.3%	2,618	3,489	-870	-24.9%
Charitable and Other Contributions to Expenditure	14	6	9	157.4%	70	50	19	38.8%
Department of Health	0	0	0	0.0%	0	0	0	0.0%
Education, Training and Research	187	156	31	19.9%	1,576	1,539	36	2.4%
Foundation Trusts	269	285	-16	-5.6%	2,457	2,566	-109	-4.2%
Income Generation	24	13	11	82.4%	236	118	118	99.8%
Injury Cost Recovery	28	27	1	4.7%	316	240	76	31.8%
Local Authorities	3,931	3,979	-48	-1.2%	35,561	36,304	-742	-2.0%
NHS England	1,910	1,953	-43	-2.2%	16,380	17,580	-1,201	-6.8%
NHS Trusts	362	492	-129	-26.3%	4,368	4,575	-207	-4.5%
Non NHS: Other	133	98	35	35.8%	1,094	893	202	22.6%
Non-Patient Care Services to Other Bodies	47	44	3	5.8%	522	401	121	30.2%
Other Revenue	298	254	43	17.0%	1,872	1,889	-17	-0.9%
Private Patient Income	72	23	49	214.8%	507	207	300	144.9%
Sustainability and Transformation Fund	176	176	0	0.0%	1,143	1,143	0	0.0%
INCOME Total	18,866	18,983	-117	-0.6%	165,033	169,655	-4,622	-2.7%
Administration and Estates	2,501	2,717	216	8.0%	22,763	24,314	1,551	6.4%
Healthcare Assistants and other support staff	1,742	1,802	60	3.3%	16,077	16,500	423	2.6%
Managers and Senior Managers	859	866	7	0.8%	7,213	7,563	350	4.6%
Medical and Dental	744	822	78	9.5%	6,987	7,344	357	4.9%
Qualified Nursing, Midwifery and Health Visiting	4,059	4,621	562	12.2%	38,199	41,816	3,618	8.7%
Scientific, Therapeutic and Technical	2,452	2,648	197	7.4%	22,206	23,934	1,728	7.2%
Employee Benefits	-667	127	794	100.0%	17	506	489	100.0%
CIP Target Pay	0	21	21	100.0%	0	201	201	100.0%
CIP Achieved (next year) Pay	0	20	20	100.0%	0	27	27	100.0%
East Kent Savings	0	-57	-57	-100.0%	0	-529	-529	-100.0%
North Kent Savings	0	-14	-14	-100.0%	0	-135	-135	-100.0%
PAY Total	11,691	13,573	1,882	13.9%	113,461	121,539	8,079	6.6%
Audit fees	5	5	0	3.8%	43	45	2	3.8%
Clinical Negligence	41	41	0	0.1%	370	370	0	0.0%
Consultancy Services	54	11	-42	-369.5%	274	107	-167	-155.2%
Education and Training	123	71	-52	-73.8%	670	668	-2	-0.4%
Establishment	650	782	132	16.9%	6,104	6,626	521	7.9%
Hospitality	0	1	0	26.6%	16	5	-12	-255.4%
Impairments of Receivables	-6	0	6	0.0%	-92	0	92	0.0%
Insurance	2	1	-1	-65.3%	23	10	-12	-118.8%
Legal	30	26	-4	-17.0%	261	232	-28	-12.2%
Other Auditors Remuneration	0	0	0	0.0%	0	0	0	0.0%
Other Expenditure	14	10	-4	-37.5%	86	90	4	4.8%
Premises	1,389	1,293	-95	-7.4%	12,585	11,802	-783	-6.6%
Research and Development (excluding staff costs)	0	0	0	100.0%	0	4	4	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	96	88	-8	-8.8%	637	534	-103	-19.2%
Supplies and Services - Clinical	1,673	2,047	374	18.3%	18,851	18,886	35	0.2%
Supplies and Services - General	101	93	-8	-8.1%	790	930	140	15.0%
Transport	480	445	-35	-7.9%	3,964	3,832	-132	-3.5%
CIP Target Non Pay	0	-12	-12	-100.0%	0	-262	-262	-100.0%
NONPAY Total	4,651	4,904	252	5.1%	44,583	43,879	-704	-1.6%
EBITDA	2,524	507	2,017	398.0%	6,989	4,237	2,752	64.9%
EBITDA %	13.4%	2.7%	-10.7%		4.2%	2.5%	-59.5%	
DEPRECIATION/AMORTISATION	2,172	240	-1,932	-805.5%	4,387	2,159	-2,228	-103.2%
INTEREST PAYABLE	0	0	0	0.0%	0	0	0	0.0%
INTEREST RECEIVED	7	6	1	21.3%	32	54	-22	-40.7%
SURPLUS/(DEFICIT)	359	273	86	31.7%	2,634	2,132	502	23.6%
SURPLUS %	-1.9%	-1.4%	-0.5%		-1.6%	-1.3%	-0.3%	

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
3,155	3,093	-61	4,271	4,209	62	4,271	0

Table 3.1: Cost Improvement Programme Performance

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

YTD achievement is 1.9% behind plan with £3,093k removed from budgets at month nine against a risk rated year to date plan of £3,155k. This position is improved from a shortfall of 2.5% in month eight. 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 Nov 17 £000's	At 31 Dec 17 £000's	Variance Analysis	Commentary
NON CURRENT ASSETS:					
Intangible assets	238	381	333		
Property, Plant & Equipment	16,717	16,028	14,197		<u>Property, Plant & Equipment</u>
Other debtors	68	54	53		The in-month reduction follows the decision to amend the asset life remaining on the CIS IT Asset and the resultant effect of the accelerated depreciation.
TOTAL NON CURRENT ASSETS	17,023	16,463	14,583		
CURRENT ASSETS:					
NHS & Non NHS - Invoiced Debtors (net of bad debt provision)	13,715	12,489	13,099		
NHS Accrued Debtors	2,026	3,175	3,899		<u>NHS Accrued Debtors</u>
Other debtors	2,604	3,176	3,552		The in-month increase is in the main due to a reduction in provisions relating to CCG income.
Total Debtors	18,345	18,840	20,550		
Cash at bank in GBS accounts	2,118	19,520	20,372		
Other cash at bank and in hand	49	100	46		
Deposit with the National Loan Fund (Liquid Investment)	17,000	0	0		
Total Cash and Cash Equivalents	19,166	19,620	20,418		
TOTAL CURRENT ASSETS	37,511	38,460	40,967		
CREDITORS:					
NHS & Non NHS - Invoiced Creditors falling due within 1 year	-5,322	-1,439	-2,621		
NHS - accrued creditors falling due within 1 year	-3,234	-3,098	-2,662		
Non NHS - accrued creditors falling due within 1 year	-8,283	-11,205	-11,608		
Other creditors	-6,993	-6,314	-6,497		
Total amounts falling due within one year	-23,832	-22,057	-23,389		
NET CURRENT ASSETS	13,679	16,403	17,579		
TOTAL ASSETS LESS CURRENT LIABILITIES	30,702	32,866	32,162		
Total amounts falling due after more than one year	0	0	0		
PROVISION FOR LIABILITIES AND CHARGES	-3,584	-3,473	-2,410		<u>Provisions</u>
TOTAL ASSETS EMPLOYED	27,118	29,393	29,752		The in-month decrease represents the reversing of unused and the utilisation of previously held provisions for redundancy following updates received.
FINANCED BY TAXPAYERS EQUITY:					
Public dividend capital	-2,612	-2,612	-2,612		
Income and expenditure reserve	-23,740	-26,015	-26,374		
Revaluation Reserve	-766	-766	-766		
TOTAL TAXPAYERS EQUITY	- 27,118	- 29,393	- 29,752		

Table 4.1: Statement of Financial Position, December 2017

	Total Assets	Total Liabilities	Assets/ Liabilities
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
Nov-17	54,923	25,530	2.15
Dec-17	55,551	25,799	2.15

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 and reflects a £813k underspend in terms of the year to date plan. The year to date underspend is primarily due to the delayed commencement of projects across the programme. As at M9 the full year forecast has been retained at £4.2m and currently includes a £250k contingency to cover potential new schemes and Estates schemes that are at tender stage and where the actual costs could exceed the pre-tender estimated cost.

Capital Projects	M9 Actual YTD £000's	M9 Plan YTD £000's	M9 Variance to plan	Full Yr Forecast	Full Yr Plan £000's	Full Yr Variance	Variance Analysis Commentary
Estates Developments	952	1,066	114	1,115	1,326	211	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	273	440	167	597	698	101	Actual expenditure YTD primarily relates to the Hawkhurst Flooring Project. The FOT includes works relating to LED Lighting upgrades and Fire compliance.
IT Rolling Replacement & Upgrades	602	952	350	1,767	1,663	-104	Actual expenditure YTD relates to Licensing Upgrade requirements, Hardware refresh and Switches. The FOT includes additional investment in IT Hardware and Switches to replace outdated equipment.
Dental SBU	3	192	189	200	242	42	Actual expenditure YTD in the main relates to the purchase of a mobile unit from Barts Health. The FOT includes the purchase of Dental X-ray equipment to be received in February and conversion works at Barkentine Dental Surgery expected to be completed by the end of March.
Other Minor Schemes	82	75	-7	250	250	0	Actual expenditure YTD relates to an upgrade of the Trust's Qlikview reporting capabilities and costs relating to the new integrated Health Improvement System. The FOT includes further set-up costs for the Health Improvement System, the system implementation costs for the new Learning and Development system and an amount for potential further investment in medical equipment.
Contingency	0	0	0	250	-	-250	Contingency retained to cover potential new schemes and those schemes at tender stage where actual costs could exceed pre-tender estimates.
Total	1,912	2,725	813	4,179	4,179	-	

Table 5.1: Capital Expenditure December 2017

Gordon Flack
Director of Finance
16 January 2018

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	25 January 2018
Agenda Item:	2.8
Subject:	Workforce Report
Presenting Officer:	Louise Norris, Director of Workforce, Organisational Development and Communications

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary (including purpose and context):
This report provides the Board with an update on the current workforce position as at December 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 December.

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

Relative Legislation and Source Documents:
None.

Has an Equality Analysis been completed?
No. An EIA is not required for a report of this nature as the detail is monitored by the Workforce Committee.

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


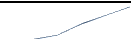



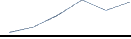

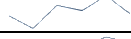

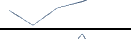







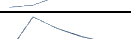
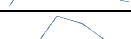

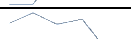








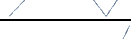
WORKFORCE UPDATE REPORT

1. Report Summary

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

2. Overview

- 2.1 An overview of the current position is provided in the table below with further exception detail included in the report. The table shows the direction of travel based on a comparison against the previous reported 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. Agency data was reported excluding contingency but now includes contingency.

Month	Dec-17			
Direction (Better/Worse)	Metric	Target	Current Position	6mth Trendline (Jul to Dec 2017)
	Turnover (12 mths to reporting month)	10.50%	17.56%	
	Absence (2017/18 cumulative)	3.90%	4.40%	
	Vacancies	5.00%	8.80%	
	Fill Rate Overall	No target set (rated on 75%)	85.02%	
	Fill Rate Bank (as % of those filled)	No target set (rated on 30%)	69.66%	
	Agency spend as a proportion of the trajectory (reporting month, with contingency)	< 100%	44.36%	
	Agency shifts - Framework agency used - compliant with price cap	100%	89.37%	
	Average Recruitment Time in Weeks (reporting month)	< 7 Weeks	8.64	
	Statutory and Mandatory Training (adjusted % for 2 yr Prevent/WRAP target)	85%	98.8%	
N/A	Number of suspended staff	No target set	2	
	Appraisals	85%	96.7%	
N/A	Trust Headcount (as at end of reporting month)	No target set	4,737	
	Number of Starters (reporting month)	No target set	17	
	Number of Leavers (reporting month)	No target set	75	
	% of leavers who are unplanned leavers (reporting month)	No target set	84.00%	
	% of leavers who are planned leavers (reporting month)	No target set	16.00%	

3. Performance Commentary

Turnover

- 3.1 Turnover is rated red this month. The turnover rate for the 12 months to December 2017 is 17.56%, which is an increase from October's 16.36% and above the target of 10.50%. This turnover data excludes TUPE transfers. This is a 1.20 point rise since October. There were 54 leavers in October, increasing to 75 leavers in December.
- 3.2 The increase in turnover will in part be related to a change in the recording of leavers to ensure that those leaving a substantive post with the Trust but retaining a Bank post are classed as leavers.
- 3.3 Fig. 1 shows that the trend line for turnover is currently showing an upward trend in performance.

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

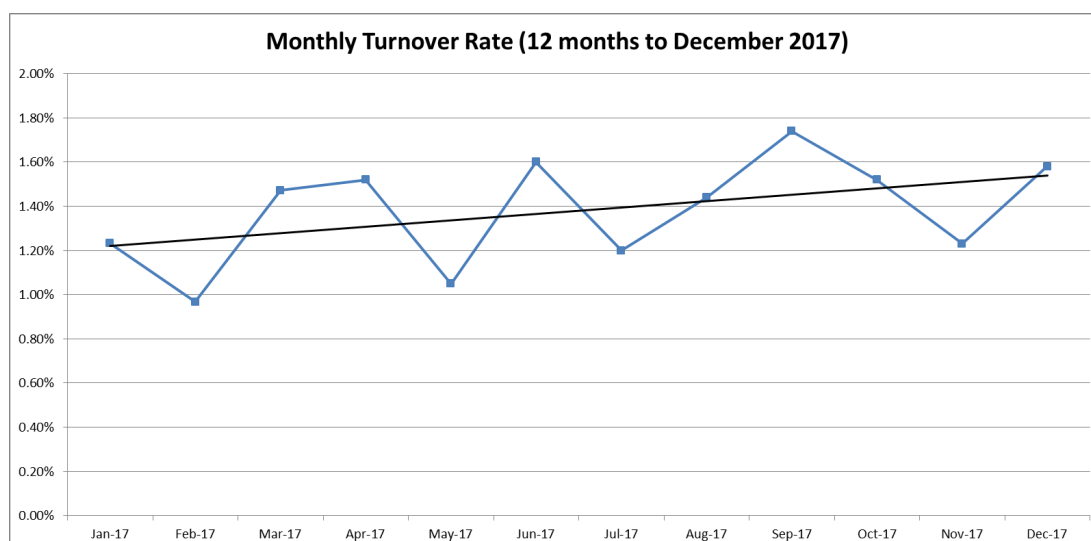


Fig. 2: Turnover by service

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
IT	14.80%	12.12%	7.89%	8.60%	8.55%	10.05%	11.52%	13.00%	14.48%	15.19%	15.90%	18.88%
Nursing and Quality	4.37%	2.93%	2.94%	7.37%	7.41%	10.45%	15.04%	18.23%	21.54%	21.85%	23.56%	27.02%
Medical Director	9.85%	9.58%	7.45%	10.94%	12.54%	12.35%	13.93%	17.19%	17.05%	17.07%	17.09%	18.70%
HR, OD and Communications	16.11%	16.03%	14.36%	16.68%	15.20%	14.54%	14.68%	15.66%	16.59%	14.19%	15.07%	16.01%
Finance	18.18%	17.05%	15.93%	13.82%	12.72%	10.57%	8.44%	5.25%	4.20%	3.18%	4.21%	6.33%
Corporate Services	19.82%	17.45%	17.33%	17.11%	19.01%	20.87%	20.51%	20.17%	19.64%	25.08%	24.57%	24.11%
Estates	16.45%	18.74%	17.84%	18.71%	18.41%	20.31%	19.73%	18.46%	18.25%	18.95%	19.04%	18.12%
Children's Specialist Services	14.87%	15.60%	16.67%	16.56%	17.85%	17.77%	16.12%	15.29%	15.33%	17.28%	16.33%	15.85%
Dental	10.73%	12.01%	11.93%	14.29%	13.43%	15.99%	20.46%	21.55%	22.57%	24.41%	26.45%	29.04%
East Kent	12.43%	13.14%	13.56%	14.00%	14.46%	15.64%	15.63%	16.01%	16.20%	16.72%	16.94%	17.81%
Health Improvement Teams	16.34%	16.40%	19.61%	21.30%	21.41%	19.95%	20.94%	21.14%	23.05%	25.74%	27.93%	27.61%
Learning Disabilities	12.59%	11.87%	7.43%	8.92%	9.67%	9.65%	9.67%	9.69%	10.50%	12.07%	12.38%	13.15%
Operations Management	11.16%	11.11%	5.56%	5.45%	5.33%	5.22%	5.11%	5.02%	4.94%	4.86%	4.80%	4.69%
Public Health	16.96%	16.54%	17.02%	17.01%	16.62%	16.82%	16.81%	17.16%	18.03%	17.44%	18.47%	18.47%
Specialist and Elective Services	15.35%	14.52%	14.34%	14.49%	14.10%	13.97%	13.36%	13.25%	13.78%	14.39%	15.35%	16.18%
West Kent	14.21%	13.12%	12.51%	11.89%	11.93%	11.64%	11.86%	11.75%	11.73%	12.04%	12.89%	13.92%
KCHFT	14.62%	14.37%	14.74%	14.93%	15.29%	15.38%	15.29%	15.58%	16.36%	16.36%	16.95%	17.56%
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%

- 3.4 Fig. 2 above shows the turnover levels for the months to December 2017. Services with the highest turnover levels for the 12 months to December are shown in the chart below, with Dental the highest at 29.04%. Operations Management has the lowest turnover rate at 4.69%.

	%
Dental	29.04
Health Improvement Teams	27.61
Nursing and Quality	27.02
Corporate Services	24.11
IT	18.18

- 3.5 Some services may have high turnover rates this is affected by the impact of small numbers of leavers in small teams.
- 3.7 Figure 3 below shows leaving reasons for those employees departing in the past 12 months to December 2017, with work life balance, retirement age and promotions being the top three reasons which is consistent with the last report..

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



- 3.7 As reported previously, 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.

- All services have local plans to address their areas with the highest turnover.

Sickness Absence

- 3.6 Sickness absence is rated red for December 2017. Cumulative sickness absence for 2017/18 is 4.40% to date which is above the target of 3.90% (and up from 4.23% in October). Sickness absence performance for December 2017 alone was 4.70% (up from 4.27% for October 2017). The sickness rate for December 2016 (which has now dropped out of the rolling 12 months) was one of the highest month's sickness rates (at 4.80%) and accounts for the fact the year rate has fallen whilst the month rate has increased. With known outbreaks of Norovirus and flu in the community it is anticipated that sickness rates for January will increase.
- 3.7 Fig 4 below shows the absence rate for each individual month during the past 12 months.

Fig.4: Sickness Absence Rate for the 12 months to December 2017

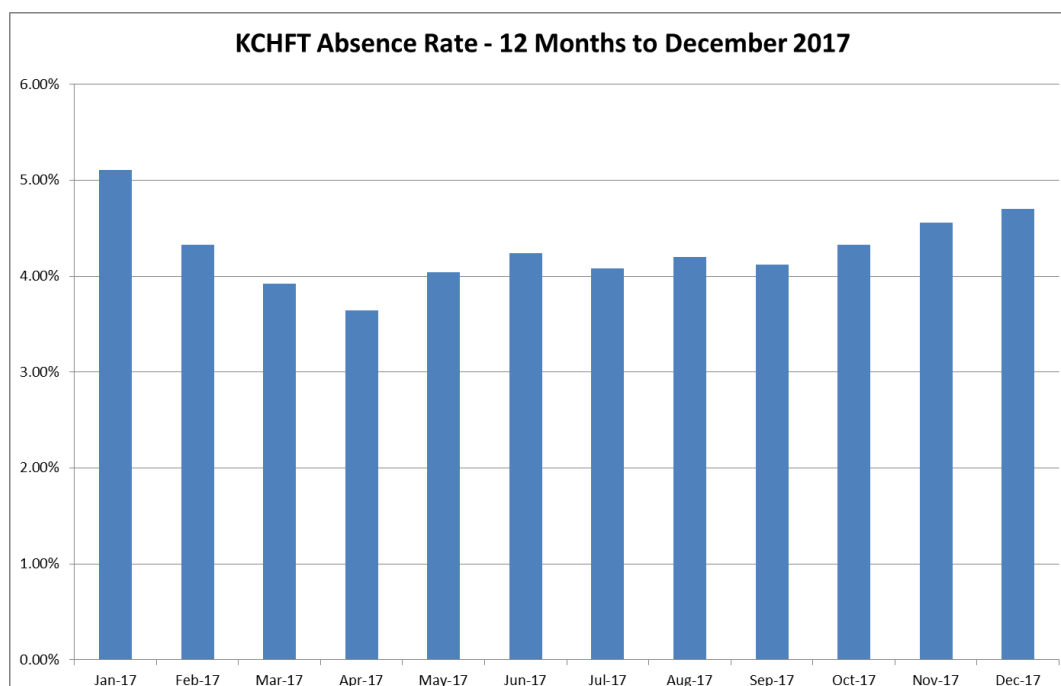


Fig 5. Service sickness rates.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD to Dec-17
IT	2.67%	1.66%	2.19%	2.93%	3.93%	2.92%	1.93%	3.45%	4.48%	3.78%	3.47%	5.04%	3.58%
Nursing and Quality	0.95%	0.86%	0.52%	1.32%	3.88%	7.27%	6.93%	5.71%	4.73%	7.67%	6.70%	7.29%	6.81%
Medical Director	6.48%	5.69%	5.95%	6.32%	4.76%	4.83%	2.74%	3.98%	4.22%	3.50%	1.66%	2.34%	3.80%
HR, OD and Communications	2.34%	1.08%	1.23%	3.09%	2.69%	3.51%	4.78%	6.16%	2.99%	3.47%	2.99%	2.17%	3.64%
Finance	3.80%	2.90%	3.89%	2.39%	1.45%	1.94%	1.05%	1.65%	1.76%	1.64%	2.54%	0.93%	2.00%
Corporate Services	3.13%	6.89%	7.22%	5.19%	7.30%	5.22%	4.83%	2.79%	0.68%	0.42%	0.27%	0.90%	2.93%
Estates	7.08%	4.47%	3.80%	3.79%	4.15%	3.99%	3.82%	4.17%	4.13%	4.51%	5.14%	4.36%	4.31%
Children's Specialist Services	3.45%	3.60%	3.00%	2.67%	1.84%	2.05%	2.90%	3.24%	3.20%	4.36%	3.19%	3.67%	3.12%
Dental	8.88%	6.47%	4.86%	2.67%	3.51%	5.43%	6.91%	6.77%	5.44%	4.76%	5.82%	5.30%	5.43%
East Kent	7.42%	5.97%	4.91%	5.13%	5.79%	5.39%	5.40%	5.25%	5.83%	5.37%	5.64%	5.76%	5.68%
Health Improvement Teams	2.82%	2.94%	3.23%	3.23%	5.23%	6.04%	5.71%	4.81%	2.44%	2.77%	2.95%	1.52%	4.10%
Learning Disabilities	5.00%	4.16%	3.35%	3.59%	3.35%	3.04%	2.77%	2.43%	2.38%	3.31%	6.46%	6.65%	8.37%
Operations Management	1.36%	4.20%	2.60%	2.11%	1.87%	0.32%	1.54%	1.45%	1.50%	0.00%	2.45%	0.14%	1.65%
Public Health	5.37%	5.27%	4.56%	3.90%	4.53%	4.57%	4.51%	3.50%	4.15%	4.48%	4.56%	4.97%	4.50%
Specialist and Elective Services	3.15%	3.15%	3.20%	2.08%	2.43%	2.87%	2.69%	2.79%	3.15%	3.59%	3.26%	3.52%	3.02%
West Kent	5.26%	3.53%	4.10%	4.14%	4.71%	5.27%	5.42%	5.81%	4.16%	3.98%	5.87%	6.50%	5.22%
KCHFT	5.10%	4.33%	3.92%	3.65%	4.04%	4.24%	4.08%	4.20%	4.12%	4.27%	4.56%	4.70%	4.40%
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%

- 3.8 Fig 5 above shows the three teams with the highest sickness rates are Nursing and Quality (down from 7.29% to 6.81%), Learning Disabilities (up from 6.65% to 8.37%) and East Kent (up from 5.76% to 5.68%).

Training Compliance

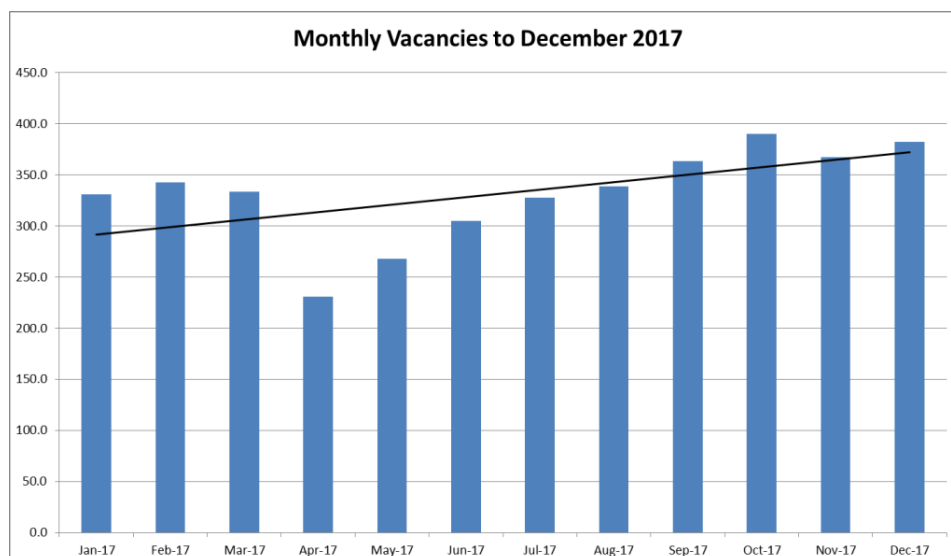
- 3.13 Training compliance is at 98.8% this month and is therefore rated green. This is a fall from 100% in October.
- 3.14 Mandatory training compliance has dropped by 1.2 percentage points on the aggregated figure. There have been small drops across a number of topics which need further investigation.
- 3.15 There is only 1 mandatory topic that is not green. This is Adult Safeguarding Level 1. This topic is available on Induction as well as being refreshable by e-Learning or knowledge assessment so it is unclear what the barriers to compliance are.
- 3.16 Compared to the mandatory training position last month there have been drops in 10 mandatory subjects, adults safeguarding level 1 as mentioned above, local induction, infection control level 2, hand hygiene level 2, children's safeguarding level 3 and MCA level 1 have all had minor drops between 0.1 and 0.6%. The following have more substantial drops:
- Information governance has dropped by 1.2%. This can be updated by a short online test.
 - Fire Safety for Community Hospital staff has dropped by 1.6%. 15 seats were empty in December and no courses were cancelled. 1.6% of the target audience equates to 5 additional people completing the course.
 - Hand Hygiene Level 2 has dropped by 2.6%. This is updated locally by infection control link workers. Another 83 people needed to have undertaken an assessment in order to maintain compliance.
- 3.17 Two new mandatory training topics, Prevent and WRAP, had until 31st December 2017 to reach their targeted compliance of 85%. Both met and exceeded the target compliance.

- 3.18 Due to winter pressure and the need to maintain a safe clinical service all training for adult clinical staff during January has been postponed unless in doing so compliance rates would fall below 85% in any subject. This will impact on the next reported compliance rates.

Vacancies

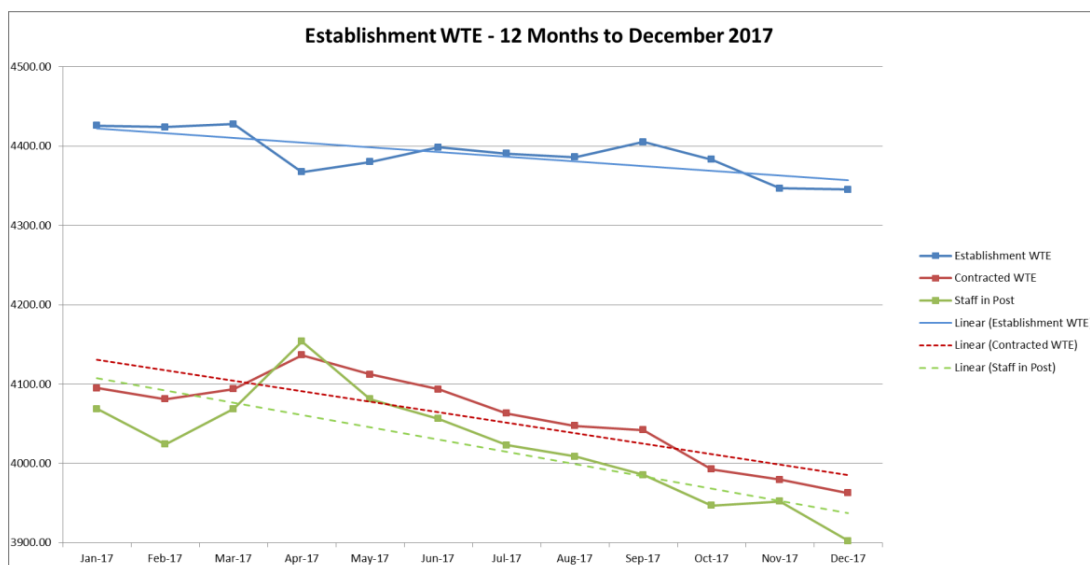
- 3.19 The vacancy rate for December 2017 is 8.80% compared to a target of 5.0%, which means performance has been rated as red this month. This is a decrease from 8.91% in October which is an improvement on the last report. Fig. 6 below shows the number of vacancies has fallen to 382.53 WTE in December 2017 from 390.35 WTE in October 2017.

Fig.6: Vacancy Levels for the 12 months to December 2017



3.20 Fig. 7 shows there was a 37.74 WTE decrease in the establishment from 4,383.13 WTE in October 2017 to 4,345.39 WTE in December 2017. There was a 29.92 WTE reduction in contracted staff from 3,992.78 WTE to 3,962.86 WTE.

Fig. 7: Establishment: January 2017 to December 2017



3.21 A breakdown of the vacancy rate for October is shown in Fig. 8 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 over-establishment or no vacancy are shown as blue.

3.22 As last month, whilst some of the highest percentage vacancy rates include Estates Site Overheads, 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.

3.23 West 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.

Fig 8. Breakdown of vacancy rates

Service	Budgeted WTE	Contracted WTE	Vacancy WTE	Vacancy Rate
Corporate Services	52.55	52.43	-0.1	-0.2%
Corporate Assurance & Legal	5.2	6.2	1.0	19.2%
Corporate Services	35.95	35.45	-0.5	-1.4%
Executive Teams	11.4	10.78	-0.6	-5.4%
Estates	214.82	198	-16.8	-7.8%
Estates Management	28.51	24.77	-3.7	-13.1%
Hotel Services	168.69	158.14	-10.6	-6.3%
Site Overheads	17.62	15.09	-2.5	-14.4%
Finance Directorate	95.66	89.48	-6.2	-6.5%
Finance	70.46	66.56	-3.9	-5.5%
Performance & Business Intelligence	8.6	8.4	-0.2	-2.3%
Finance and IT Management	4	4	0.0	0.0%
Business Development and Service Improvement	12.6	9.85	-2.8	-21.8%
HR, OD & Communications	117.3	109.28	-8.0	-6.8%
Communication & Patient Engagement	14.57	13.5	-1.1	-7.3%
Human Resources	99.73	92.78	-7.0	-7.0%
Management of Human Resources	3	3	0.0	0.0%
IT	132.14	121.54	-10.6	-8.0%
IT	132.14	121.54	-10.6	-8.0%
Medical Director	48.21	48.28	0.1	0.1%
Medical Director	16.92	12.84	-4.1	-24.1%
Medicines Management	31.29	35.44	4.2	13.3%
Nursing & Quality	58	57.49	-0.5	-0.9%
Clinical Governance	10.36	9.91	-0.5	-4.3%
Infection Prevention & Control	3.6	3.51	-0.1	-2.5%
Safeguarding	21.34	21.62	0.3	1.3%
Deputy Chief Nurse	5.92	5	-0.9	-15.5%
Chief Nurse	7.18	7.85	0.7	9.3%
Patient Experience	4	4	0.0	0.0%
Tissue Viability	5.6	5.6	0.0	0.0%
Operations	3680.71	3286.36	-394.4	-10.7%
Childrens Specialist Services	613.73	563.86	-49.9	-8.1%
Dental	219.23	207.21	-12.0	-5.5%
East Kent	903.55	797.22	-106.3	-11.8%
Health Improvement Teams	98.62	88.45	-10.2	-10.3%
North Kent	0	0	0.0	0.0%
Operations Management	13.6	11.6	-2.0	-14.7%
Public Health	720.59	665.91	-54.7	-7.6%
Specialist & Elective Services	540.87	471.43	-69.4	-12.8%
West Kent	570.52	480.68	-89.8	-15.7%

Temporary Staff Usage

- 3.24 The table below shows shifts for December 2017 filled by agencies. The number of shifts filled with framework agencies compliant with the price cap is 89.37%, up from 89.31% in October 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	63	916	46	0	1025
Percentage	6.15%	89.37%	4.49%	0.00%	100.00%

- 3.25 As well as the 89.37% of shifts compliant with price caps, a further 6.15% of shifts were booked with framework agencies who do not meet the price cap. In December 2017 a total of 95.52% of shifts were therefore filled using framework agencies, a slight increase from 95.37% last month.
- 3.26 The remainder of shifts were filled using non framework agencies which do not (4.49%) adhere to the price cap. This is down from 4.63% last month.
- 3.27 The NHS Improvement Standards state that only framework agencies (who are adhering to the price caps) should be used unless in exceptional circumstances, where patient safety may be at risk.

- 3.28 Agency spend for December 2017 is £320,844. Compared to data available for last year, this is 44.36% of the comparative data target (including the contingency fund) of £723,333. In the last report the figure was reported without the contingency hence the significant difference between the two reported figures.

Average recruitment time

- 3.29 Average recruitment time for December 2017 is 8.64 weeks, up from 7.82 weeks in October 2017 against a target of less than 7 weeks. This indicator has therefore been rated red for December.
- 3.30 The reduction in performance has been due to staffing challenges within the team. However, the team is now fully recruited and consequently we can expect to see an improvement in performance.

4. Conclusions

- 4.1 Turnover continues to increase with the latest rate being the highest rate during the past 12 months; this is partly because leavers who remain on Bank are being recorded in the data to ensure robust data collection, having previously been excluded. The sickness rate has improved this month, which has only previously happened in August during this year. The vacancy rate has increased this month, although it is not as high as October's rate; the increase is because of a decrease in contracted staff. Average recruitment time is outside of the target for the third month in a row following staffing shortages in Resourcing.
- 4.2 There is significant local activity to monitor and address turnover and sickness issues 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 current actions being taken.

Louise Norris

Director of Workforce, Organisational Development and Communications

January 2017

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	25 January 2018
Agenda Item:	2.9
Subject:	Community Hospitals Safer Staffing Review
Presenting Officer:	Ali Strowman, Chief Nurse

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

A review of Safe Staffing has been undertaken with the following findings:

- The acuity of the patients has reduced slightly since the last review.
- A range of support has been put in place to support the ward staff, including the therapeutic workers and new guidance regarding caring for patients with a cognitive impairment.
- Quality and safety metrics remain very positive with an improving picture in reduction of harms for patients and very positive patient experience.
- The Chief Nurse has made recommendations based on the findings.

Proposals and /or Recommendations

- Implement the previously agreed increase in the HCA establishment at Edenbridge and Sevenoaks.
- Ensure continued support from Registered Nurses on a bank basis to the Therapy Ward to provide cover for the more dependant patients who are admitted during winter.
- Undertake a continuous assessment, on a daily basis, of acuity and dependency in the Community Hospitals.

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

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

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

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COMMUNITY HOSPITALS SAFER STAFFING REVIEW

1. Introduction

- 1.1. Patients have the right to be cared for by appropriately qualified and experienced clinical staff. The National Quality Board (2016) expects the Trust to ensure safe, effective, caring, responsive and well-led care on a sustainable basis, and that the Trust will employ the right staff with the right skills in the right place and at the right time and report these safe staffing reviews to a Public Board twice a year. The Board last received the Safer Staffing review in July 2017.
- 1.2. To demonstrate the Trusts commitment to the above requirement, a twice yearly assessment and evaluation is undertaken in all community hospital wards. In addition to this, staffing levels are monitored daily with the option to request additional short term resource should the acuity and dependency of patients on the ward increase. Fill rates are reported to Board monthly.
- 1.3. KCHFT Board is committed to ensuring safe staffing in all services. As the Community Hospitals are essentially nurse led, and are isolated units, the Board has committed to ensuring safety of patients by having no less than 2 Registered Nurses on any given shift. This is monitored and reported to Board monthly by the Chief Nurse.

2. Background

- 2.1. An accurate calculation of staffing levels to provide safe care is a crucial part of the planning of clinical care; however there is an absence of national guidance for undertaking reviews on smaller wards. Therefore the Trust has developed a robust methodology for undertaking the assessment and this reflects the principles of work undertaken nationally related to calculating safer staffing levels (Safer Nursing Care Tool 2013, NICE SG1, July 2014). The principles remain the same in that a set of metrics are mapped and triangulated with professional judgement and quality data to provide a robust method of reviewing the staffing levels.
- 2.2. KCHFT is commissioned to provide rehabilitation inpatient care and the wards predominantly care for older patients. It is well recognised that older patients often have complex care needs and may have significant levels of dependency and wards therefore require a workforce with time to deliver appropriate care in a dignified manner.

2.3. Nationally the landscape is changing, the demands on NHS resources are increasing, there is a national shortage of qualified nurses and finances are challenging. It is imperative at times such as these that we maintain our focus on patient safety. The drive for implementation of new models of care has increased the profile of the Assistant Practitioner role and the development of the Nurse Associate. The Nursing Associate role is part of developing a contemporary workforce and will work under the direction of a fully qualified Registered Nurse (RN). The Nursing Associate is not a RN but will undertake some of the duties that a RN currently undertakes, enabling the RN to spend more time on the assessment and care associated with both complex needs and advances in treatments. The role is designed to enhance the quality of personalised care, strengthening the support available to registered nursing staff and reducing the reliance and dependency on RNs to undertake elements of care that others can be trained to understand and do. The Trust has proactively focused on development of the Assistant Practitioner and the Associate Nurse roles to ensure there are the right numbers of staff, with the right skills to provide the care required of our elderly, and more dependant patient group. There are Assistant Practitioners on each of the community hospital wards, and KCHFT have seven trainee Associate Nurses (AN) who will qualify in January 2019. Health Education England has recently announced they expect another 5000 ANs to start training in 2018.

2.4. The last review in May 2017 found that acuity and dependency had increased, compared with the previous six month review period. Additionally ward matrons reported the numbers of patients with cognitive impairment was increasing and for this reason they were requesting more staff through the local escalation system to provide 1-1 support to manage the safe care of these patients. The recommendations following that review were as follows:

- The matrons in east Kent requested funding for a pilot for additional therapeutic workers to provide activities for patients, particularly patients with dementia where there is good evidence that purposeful activity reduces restlessness and distress. Whilst the Board agreed this was appropriate it was agreed this sat outside the Safer Staffing review and was redirected a business case. These posts are currently being recruited to should improve the care offered to all patients but in particular those with cognitive impairment.
- Additional healthcare assistant hours between 10pm and 6am were approved for Edenbridge and Sevenoaks. This has not yet been implemented on a substantive basis.

3. Methodology

3.1. Findings of a 21 day audit undertaken during November 2017. This focused on the acuity/dependency of the patients with an allocation of a Red/Amber/Green rating. This identifies the number of patients with high, medium or low levels of acuity/dependency on each ward. Red classifications are for complex, highly dependent patients who require support to meet almost all of their needs and may be end of life or have significant level of cognitive impairment. Amber

classifications are patients that need a level of substantial support, and Green classifications are patients who are able to self-manage the majority of their care (Appendix 3).

- 3.2. A meeting to triangulate the ward safety profile, this was chaired by the Deputy Chief Nurse and had attendance from an analyst from the performance team, the Head of Patient Safety, the Head of Patient Experience, the Eroster lead, an Operational manager and the ward Matrons.
- 3.3. The review included analysis of six months of quality data for the period of May to November 2017. Data was focused on early warning trigger tools, red flag submissions, patients harms, incidents, serious incidents, patient experience and complaints, requests for additional staff (Appendix 2), effective use of staffing (monitored through eroster) and professional opinion including any relevant information regarding the ward layout.
- 3.4. Additionally KCHFT has an agreed set of rules which have been applied:
- 3.5. Each ward will have a minimum of two RNs despite the minimal number of patients as agreed by KCHFT Board
- 3.6. The Ward Matron is not included in the staffing numbers and is supervisory, allowing time for management and leadership duties to be undertaken as well as support to staff. In recognition that rehabilitation patients require a higher level of the key fundamentals of care it has been considered appropriate to have a higher skill mix of health care assistants to registered nurses than would be the case in an acute ward.

4. Summary of findings

4.1. Acuity/dependency

The data below demonstrates that overall, the acuity and dependency of patients has reduced slightly since the last audit.

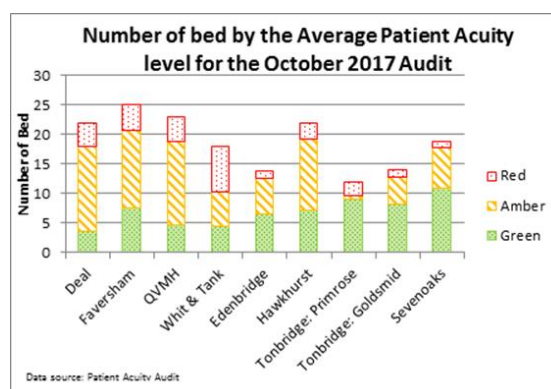
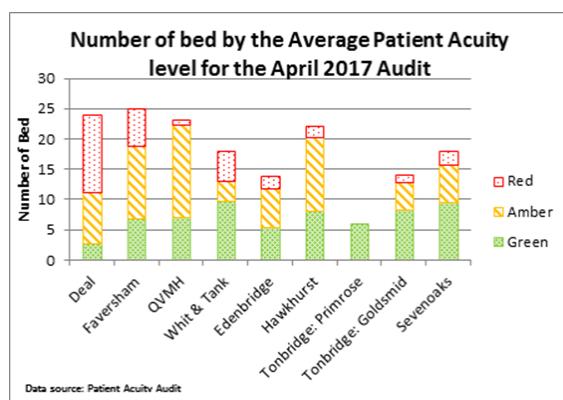
All hospitals	May 17
Green	38%
Amber	42%
Red	20%

All hospitals	Nov 17
Green	38%
Amber	45%
Red	17%

- 4.2. When looked at by hospital in the charts below, acuity and dependency levels have changed marginally, most notably at Deal where there was a decrease in more dependant patients, and Whitstable and Tankerton where there has been a slight increase. When the last audit was undertaken in April 17 the Matron at Deal reported that during the previous audit period the patient cohort was unusually dependant and the current results were more reflective of the ward profile. All matrons felt the current data reflected the patient cohort realistically.

April 2017

November 2017



4.3. Patient safety metrics

Key safety and quality metrics for each hospital have remained stable between May and November 2017 indicating that there have been adequate staff numbers to provide appropriate care for patients. When compared with the previous six months in the chart below, it is evident that in most areas, the quality of care has improved such as the reduction falls. No ward is demonstrating a trend of metrics to cause concern. Importantly, patient experience remains incredibly positive.

Figure 1 Comparison of quality metrics for Nov 16- April 17 and May 17 to November 17

Hospital	Falls with fracture		No of SI pressure ulcers		Patient complaints		FFT scores		Overall satisfaction scores	
	April 17	Nov 17	April 17	Nov 17	April 17	Nov 17	April 17	Nov 17	April 17	Nov 17
Deal	1	0	0	0	0	1	97.53%	100.00%	89.39%	96.31%
Faversham	1	0	0	0	2	2	100.00%	98.55%	96.79%	98.61%
QVMH	0	0	1	0	2	1	92.86%	91.89%	86.41%	84.74%
Whit and Tank	1	0	0	0	2	1	100.00%	100.00%	95.72%	97.74%
Hawkhurst	2	0	0	0	1	0	100.00%	100.00%	89.89%	93.80%
Sevenoaks	0	0	0	0	0	3	96.92%	97.94%	92.27%	91.88%
Edenbridge	0	0	0	1	0	0	91.67%	97.47%	94.62%	93.32%
Tonbridge Goldsmid	1	0	0	0	4	0	96.67%	97.62%	93.81%	95.69%
Tonbridge Primrose and Sommerhill	0	0	0	0	0	0	Not available	98.11%	Not available	89.25%
Total	6	0	1	1	11	8	Av. 96.95%	Av.97.93%	Av.92.36%	Av. 94.01%

4.4. The professional opinion of the Ward Matrons is detailed below with triangulation of evidence :

- Sevenoaks and Edenbridge report that they continue to require additional HCA hours to cover breaks at night to ensure the safe care of patients. This is due to the environment as the wards are separated into two different areas. During a break there is just one staff member with the patients in one area, and staff in the other area cannot hear them if help is required. Other wards do not carry this risk.

See recommendation A.

- Matrons in the east (Deal, Faversham, Herne Bay and Whitstable and Tankerton) stated that they felt the wards have become busier during the day time over the past 6 months because they are striving for an increased turnover of patients. They also felt more patients have a diagnosis of dementia (and any agitation/distress is exacerbated during the day,) and some patients have more complex needs. Matrons have appreciated being able to request additional temporary staff when acuity was higher, or when they had more dependent patients and would like this to be substantive within their agreed establishment (however, this removes flexibility within rosters).

See recommendation C.

- The Matrons felt an additional health care assistant on each ward would be beneficial. However the benefit and impact of the therapeutic workers has not yet been realised. Additionally, there will be benefits from the increased focus on implementing actions to improve dementia care on the wards. The Dementia Steering Group has been reformed and has overseen implementation of a range of measures including new guidance *Enhanced observation of patients in community hospital*, changes have been made to ward environments to decrease the likelihood of distress of patients and wards now have open visiting to allow carers and relatives to be more involved in care. The dementia nurses have supported staff to further develop their knowledge and skills in managing the care of patients who have confused and distressed behaviours.
- In east Kent patient satisfaction has been 93%+ on wards with the exception of Herne Bay at 83%. This ward has had leadership issues which have been regularly reported to the Board. The ward now has a new substantive matron who had made improvements in the culture and the quality of care on the ward, which is evidenced in the improving patient feedback.
- Hawkhurst Matron requested an additional HCA for the busier times which she reported are the early and the night shift and she felt the layout of the ward made staff visibility more difficult. The Matron requested an additional HCA on an early and at night. When benchmarking the staffing levels with other KCHFT wards, the staffing establishment is in keeping with other wards of similar size, and the acuity is also comparable to that of the other wards. The ward layout has not changed since the last review. There have been no complaints, the quality of care is good and the ward has a strong recommend FFT score.

- Other west Kent wards patient experience was high with the exception of Tonbridge Therapy ward (Somerhill and Primrose) at 89%. The therapy ward is now admitting patients with a higher acuity due to system pressures and therefore requires registered nursing support on each shift, early, late and night. This has already been implemented and there is RN cover on the ward whilst acuity has increased over the winter months.

See recommendation B.

Therefore it is not recommended that an increase in staffing is required on any ward at this review and that the wards should continue to request additional temporary staff as required through the established process.

5. Recommendations

5.1. Overall, the acuity of the patients has reduced slightly since the last review. Additionally, a range of support has been put in place to support the ward staff, including the therapeutic workers, new guidance regarding caring for patients with a cognitive impairment. The full impact of this is yet to be realised. Equally, quality and safety metrics remain very positive with an improving picture in reduction of harms for patients and very positive patient experience. The Chief Nurse therefore is not recommending any additional staffing in the community hospitals other than:

- a. The previously agreed increase in the HCA establishment at Edenbridge and Sevenoaks between the hours of 10pm -6am. This is currently filled using additional temporary staff (bank) so in effect, is not an additional cost.

Full year cost £ 105,704

- b. Ensure continued support from Registered Nurses on a bank basis to the Therapy Ward to provide cover for the more dependant patients who are admitted during winter. This is already in place and should continue until the acuity of patients reduces after winter pressures resolve.
- c. Undertake a continuous assessment, on a daily basis, of acuity and dependency in the Community Hospitals, so that at the next establishment review in 6 months' time, any trends or fluctuations in patient dependency will be noted. This should also include data on the number of patients with a cognitive impairment.

6. Conclusion

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

- 6.2. Daily assessment of staffing levels is made in the community hospitals to ensure safety. If acuity and dependency of patients changes significantly there will be a further acuity study undertaken before the required 6 monthly review.
- 6.3. The Board is asked to note the information in the Safer Staffing review, to agree the revised methodology and approve the proposed recommendations.

Ruth Herron
Deputy Chief Nurse
15 January 2018

Staffing Calculations December 2017													
Ward	Beds	Audit results April 17	Audit results Nov 17	Supervisory time B7	Actual staffing	Proposed changes	Band 6 vacancies	Band 5 vacancies	Assistant Practitioner (b4) vacancies	Band 3 vacancies	Band 2 vacancies	WTE Band 2	£ Additional Cost (Mid- Point with enh)
Deal	22 with 4 escalation beds	3	4		2+2+3				3.17		0.83		
		9	14	1	2+1+2								
		12	4		2+0+2								
Faversham	25	7	8		2+2+3								
		12	13	1	2+1+2			1.09	2.17	0.32	3.69		
		6	4		2+0+2								
QVMH	23	7	5		2+1+3								
		15	14	1	2+1+2			3.61	1.45		1.81		
		1	4		2+0+2								
Whit & Tank	18	10	4		2+1+2								
		3	6	1	2+1+2			1.09	0.45	1.0	0.53		
		5	8		2+0+2								
Hawkhurst	22	8	7		2+1+3								
		12	12	1	2+1+2			5.09	2.45		1.23		
		2	3		2+0+2								
Sevenoaks	18	10	11		2+1+3								
		6	7	1	2+0+3	Increase HCA 10pm to 6am	0.2	4.9	1.72	0.8	0.21	1.72	£52,852
		2	1		2+0+2								
Edenbridge	14	5	7		2+1+2								
		6	5	1	2+0+2	Increase HCA 10pm to 6am	0.2	3.87	1.72		0.21	1.72	£52,852
		2	2		2+0+1								
Tonbridge: Goldsmid	14	8	8		2+1+2								
		5	5	0.5	2+0+2			4.09	1.72	1	1.9		
		1	1		2+0+1								
Primrose and Sommerhill	12	8	9		0+1+2				0.23	0.8	4.54		
			1	0.5	0+1+2								
			2		0+0+2								
											3.44	£105,704	

Appendix 3

Green

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

Amber

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

Red

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

References

Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time:
Safe sustainable and productive staffing (July 2016) National Quality Board

Five Year Forward View (2014) NHSE

Health and Social Care Act (2012) UK Parliament

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

NHS Constitution for England (2013) Department of Health

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

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

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

Agenda Item 2.10

The Mortality and Learning from Deaths Report

Verbal report

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	25 January 2018
Agenda Item:	3.1
Subject:	Half Yearly CQUIN Programme 2017/19 Report
Presenting Officer:	Gordon Flack, Director of Finance

Action - this paper is for:	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary (including purpose and context)
Reporting providing update and assurance of progress for current CQUIN programme 2017/19, and fulfilling evidence requirement for CQUIN 1b: Healthy Food for Staff, visitors and patients

Proposals and /or Recommendations
To note report and evidence of improvement for CQUIN 1b.

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

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Kent Community Health

NHS Foundation Trust

2017/18 CQUIN PROGRAMME HALF-YEAR BOARD UPDATE

1. Situation

1.1. KCHFT is halfway through the 2017/18 CQUIN programme. This paper is to provide an update on the half year position and fulfil a requirement of CQUIN 1b **Healthy food for NHS staff, visitors & patients: "Evidence for improvements provided to a public facing board meeting"**

1.2. Q1 achievement has been **confirmed** for West Kent, Health Visiting & CHIS.

1.3. Q2 achievement has been **confirmed** for West Kent, North Kent, Health Visiting & NHS England.

1.4. We are awaiting confirmed outcomes for Q1 & Q2 from the East Kent CCGs.

2. Background

2.1. The table below shows progress on each CQUIN at month 8:

CQUIN Indicator	Title	Description	Position & Risk Green = Anticipated Achievement Amber = Potential Fail
1a	Improving Staff Health and Well Being	Improvement of 5% required in responses to 2 of 3 specified questions within the national staff survey.	The staff survey is complete. The <i>#yesdefinitely</i> campaign supported localised actions to increase positive recognition of Trust actions to support staff Health & Wellbeing. Results expected February 2018. Reporting end Q4 2017/18 Risk Rating: Amber
1b	Healthy Food for Staff, visitors & patients	Applicable to Community Hospitals: Maintaining the four changes that were required in the 2016/17 CQUIN Secondly, introducing three new changes to food and drink provision	Work ongoing to ensure compliance on all sites by end Q4 including: <ul style="list-style-type: none"> • Introduction of quarterly audits. • The Trust has signed up to the national Sugar Sweetened Beverages Voluntary Sales Reduction Scheme • Creation of Trust recipe book for on-site catering, associated Healthy Option stickers & information posters for Out of Hours staff



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			Reporting end Q4 2017/18 Risk Rating: Green
1c	Improving the uptake of flu vacs for frontline clinical staff	Aim to achieve significant uptake of flu front line clinical staff	Voucher based flu campaign has been underway since early September. Latest ImmForm public health submission (December 2017) was 51.2% for patient facing staff. Reporting end Q4 2017/18 Risk Rating: Amber
8b	Supporting proactive & safe discharge	Support acute hospital Trusts to increase rates of patient discharge to usual place of residence within 7 days	Home First has been relaunched in both East & West Localities. Reporting Q2, Q3 & Q3 2017/18 Risk Rating: Amber
9a-e	Preventing Ill Health by risky behaviours – Alcohol & Tobacco	Screening of patients admitted to community hospitals for alcohol and tobacco consumption with subsequent brief advice and referral to specialist services if appropriate.	Brief Intervention training has been delivered to professionally qualified ward staff by KCHFT Smoking Cessation service. Quarterly audits are taking place and demonstrating improvement in screening rate and recording of advice given. Reporting Q1-4 2017/18 Risk Rating: Amber
10	Improving the assessment of wounds	Increase the number of wounds that fail to heal within 4 weeks that receive a full wound assessment	Baseline audit has taken place and second audit underway. Improvement trajectories are being agreed with each CCG Reporting Q1-4 2017/18 Risk Rating: Amber
11	Personalised care and support planning (PCP)	Aim of embedding personalised care and support planning for people with long-term conditions	New electronic PCP form is being rolled out across the Trust with an associated training programme. Patient cohorts being identified. Reporting Q2-4 2017/18. Risk Rating: Green
Health Visiting	Performance Incentive	Achievement of Key Performance Indicators for mandatory visits.	Q1 & Q2 achieved in full. Q3 & Q4 additional elements based on actions to increase antenatal visits. Closer working with midwifery services to improve information flow. Reporting Q1-4 2017/18 Risk Rating: Amber
CHIS	Contact & Advice for unimmunised	Distribution of letters to parents of unimmunised	Q2 Achieved in full.

	children	pre-school age children in each of the vaccination phases.	Letters being produced according to plan with adjustments from Commissioners who supply content of letter. Reporting Q1-4 2017/18. Risk Rating: Green
School Aged Imms	Ensuring wide spread & good coverage for School Aged Imms	Achievement of targets for school aged immunisations, including seasonal flu and actions to increase uptake for children not in mainstream education.	Action plan submitted in Q1 – approved by commissioners – Achieved in full Reporting – monthly returns including exceptions through Performance Team. Risk Rating: Green
KM CAT	Augmentative and Alternative Communication (AAC)	Actions based on continuation of 2016/17 plan	Q2 achieved in full Full AAC competency framework drafted. New methods for collecting client feedback in development. Reporting Q2-4 2017/18 Risk Rating: Green

Table 1 – 2017/18 Summary of CQUIN progress at month 8

3. Assessment

3.2. **Quarter 3&4:** with reference to Table 1, CQUINs 1a & 1c are forecast with low achievement due to historical challenges in achieving the targets. Other CQUINs are forecast based on commissioner responses to Q1 & Q2 submissions.

3.3. **CQUIN 1b evidence requirements:** The table below shows most recent results for each of the three new CQUIN changes for 2017/18.

70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). This includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml).	On-site vending machines: 04/01/18 Whitstable & Tankerton – 83% QVMH – 86% Deal – 80% Sevenoaks – 71% Faversham – 71% 07/09/17 Tonbridge – 80% All compliant with 70% target.
60% of confectionery and sweets do not exceed 250 kcal.	Sample of high volume confectionary: Mars Bars - 248kcal 4 Bar Kit Kat – 220kcal Maltesers bag – 187kcal Compliance to stated % expected by end of year.
At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available	118 pre-packed items reviewed – 90 items met both kcal & saturated fat requirements = 76%

contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g	Compliant with target.
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Table 2 – CQUIN 1b evidence of improvements at month 8.

4. Recommendation

4.1 To note the CQUIN half year position and accept evidence for CQUIN 1b providing assurance for improvements.

Sarah Donovan
Service Improvement Manager
15 January 2018

Meeting of the Kent Community Health NHS Foundation Trust Board

to be held at 10am on Thursday 25 January 2018

in the Council Chamber, Sevenoaks Town Council Offices, Bradbourne Vale Road, Sevenoaks TN13 3QG

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 30 November 2017	Chairman	
1.5	To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 30 November 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">Sustainability and Transformation Plan (STP) Update	Chief Executive	
1.8	To receive the Chief Operating Officer's Winter Report	Chief Operating Officer/Deputy Chief Executive	

2. BOARD ASSURANCE/APPROVAL			
2.1	To receive the Patient Story	Chief Nurse	
2.2	To receive the Quality Committee Chair's Assurance Report	Chair of Quality Committee	
2.3	To receive the Strategic Workforce Committee Chair's Assurance Report	Non-Executive Director	Verbal
2.4	To receive the Charitable Funds Committee Chair's Assurance Report	Chair of Charitable Funds Committee	Verbal
2.5	To receive the Integrated Performance Report	Director of Finance Chief Operating Officer/ Deputy Chief Executive Chief Nurse	
2.6	To receive the Monthly Quality Report	Chief Nurse	
2.7	To receive the Finance Report – Month Nine	Director of Finance	
2.8	To receive the Workforce Report	Director of Workforce, Organisational Development and Communications	
2.9	To receive the Community Hospitals Safer Staffing Review	Chief Nurse	
2.10	To receive the Mortality and Learning From Deaths Report	Medical Director	
3. REPORTS TO THE BOARD			
3.1	To receive the Half Yearly CQUIN Programme 2017/19 Report	Director of Finance	

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 29 March 2018
The Oak Room, Oakwood House, Maidstone Kent
ME16 8AE

