Kent Community Health
NHS Foundation Trust

Agenda and Papers

for the

Formal meeting of the

Kent Community Health NHS Foundation Trust Board

In Public

to be held at 10am on

Thursday 27 September 2018

in

The Motivation Room
The Village Hotel
Castle View
Forstal Road
Sandling
Maidstone
ME14 3AQ

Kent Community Health
NHS Foundation Trust

Meeting of the Kent Community Health NHS Foundation Trust Board to be held at 10am on Thursday 27 September 2018 in the Motivation Room, The Village Hotel, Castle View, Forstal Road, Sandling, Maidstone ME14 3AQ

This meeting will be held in Public

AGENDA

1.	**STANDARD ITEMS**		
1.1	Introduction by Interim Chair	Interim Chair	
1.2	To receive any Apologies for Absence	Interim Chair	
1.3	To receive any Declarations of Interest	Interim Chair	
1.4	To agree the Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 26 July 2018	Interim Chair	
1.5	To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 26 July 2018	Interim Chair	
1.6	To receive the Interim Chair's Report	Interim Chair	Verbal
1.7	To receive the Chief Executive's Report	Chief Executive	
2.	**BOARD ASSURANCE/APPROVAL**		
2.1	To receive the Patient Story – East Kent Community Hospitals Quality Improvement Presentation	Chief Nurse	
2.2	To receive the Quality Committee Chair's Assurance Report	Chair of Quality Committee	

Kent Community Health NHS Foundation Trust

2.3	To receive the Strategic Workforce Committee Chair's Assurance Report	Chair of Strategic Workforce Committee
2.4	To receive the Charitable Funds Committee Chair's Assurance Report	Chair of Charitable Funds Committee
2.5	To receive the Integrated Performance Report	Director of Finance Chief Operating Officer/ Deputy Chief Executive

3. REPORTS TO THE BOARD

3.1	To receive the approved Minutes of the Charitable Funds Committee meeting of 27 April 2018	Chair of the Charitable Funds Committee
3.2	To receive the Quarterly Patient Experience and Complaints Report	Chief Nurse
3.3	To receive the Equality and Diversity Annual Report	Director of Workforce, Organisational Development and Communications
3.4	To receive the Emergency Preparedness, Resilience and Response Annual Assurance Report	Corporate Services Director

4. ANY OTHER BUSINESS

	To consider any other items of business previously notified to the Interim Chair	Interim Chair

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

6. DATE AND VENUE OF NEXT MEETING

Thursday 29 November 2018
Rooms 6 and 7, Kent Community Health NHS Foundation Trust Offices, Trinity House, 110 - 120 Upper Pemberton, Eureka Business Park, Kennington, Ashford Kent TN25 4AZ

Kent Community Health NHS Foundation Trust

Unconfirmed Minutes
of the Kent Community Health NHS Foundation Trust Board
held at 10am on Thursday 26 July 2018
in Rooms 6 and 7, Kent Community Health NHS Foundation Trust Offices, Trinity House, 110 – 120 Upper Pemberton, Eureka Business Park, Ashford, Kent TN25 4AZ

Meeting held in Public

Present:	Richard Field, Interim Chair Pippa Barber, Non-Executive Director Paul Bentley, Chief Executive Ali Carruth, Chief Nurse Steve Howe, Non-Executive Director Gill Jacobs, Deputy Director of Finance 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
In Attendance:	Gina Baines, Committee Secretary (minute-taker) Natalie Davies, Corporate Services Director

26/07/1 **Introduction by Interim Chair**

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

Mr Field 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.

26/07/2 **Apologies for Absence**

Apologies were received from Peter Conway, Non-Executive Director; Gordon Flack, Director of Finance and Jen Tippin, Non-Executive Director.

The meeting was quorate.

26/07/3 **Declarations of Interest**

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

26/07/4 **Minutes of the Meeting of 24 May 2018**

The Board **AGREED** the minutes.

26/07/5 **Matters Arising from the Meeting of 24 May 2018**

The Board **RECEIVED** the Matters Arising.

26/07/6 **Interim Chair's Report**

Mr Field presented the verbal report to the Board for information.

Sir Michael Fallon, the local MP for Sevenoaks had undertaken a visit to the Sevenoaks Community Hospital with Mr Field. They had been joined by Mr John Harris, Public Governor for Sevenoaks. Ms Rachel Renshaw, Operations Manager provided an update on the unit and highlighted the recent investment in the car parking facilities. Sir Michael Fallon had praised the staff for the service that they provided their local community. The Board thanked the team for arranging a successful event.

The annual Staff Awards had taken place on 22 June 2018. Mr Field had attended and he congratulated the Communications Team on organising a successful event which had been thoroughly enjoyed by all those who had attended.

Mr Bentley and Mr Field had attended the service to celebrate the 70th anniversary of the NHS at Westminster Abbey at the beginning of July. The two staff awards winners, Ms Jo Sherrington, Commercial Manager and Ms Aileen Whatley, Sexual Health Outreach Nurse had accompanied them.

The Board **RECEIVED** the Interim Chair's Report.

26/07/7 **Chief Executive's Report**

Mr Bentley presented the report to the Board for assurance.

In response to a question from Mr Field regarding the timescale for the Edenbridge combined hospital and GP surgery project, Ms Davies confirmed that the bid for national funding had been submitted. A proposal would come to the Board for approval in September 2018 regarding the next stage of the project including the application for planning permission. It was expected that work would commence on the construction of the new building next year.

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

26/07/08 **Patient Story**

Ms Carruth presented the video to the Board for assurance.

In response to a question from Mr Field regarding the lessons that had been learnt from the complaint, Ms Carruth confirmed that the way in which the Trust carried out its investigations had changed. With regards to Duty of Candour, this meant including families in the process and ensuring that they were at the centre of everything the Trust did. The new process was still embedding and was being supported by extensive training for staff. The complaint had also highlighted that, for the patient and their family and carers, health and social care had not been joined up. The Trust would be introducing the Buurtzorg model into its community nursing service and it was anticipated that this would address this issue.

In response to a further question from Mr Field regarding the immediate changes that the complaint had brought about, Ms Carruth confirmed that there was better co-ordination. Ms Strong added that with the introduction of the local care model and with the support of the multi-disciplinary teams, staff were coming together more often. However, some geographical areas were more challenged than others.

Ms Barber confirmed that the Quality and Strategic Workforce Committees were tracking the various actions that the Trust was taking to improve the management of caseloads. She welcomed the change in emphasis in the investigation process.

Mr Howe confirmed that the Quality Committee recognised the changes that were taking place in the way that the Trust carried out its investigations into Serious Incidents. It supported this new approach that was being introduced by Ms Carruth.

In response to a question from Ms Skelton regarding whether Ms Caroline Wait was aware that the Board would be discussing her complaint, Ms Carruth confirmed that she was. Ms Wait was also aware, and fully supported, the use of the video as part of the training that was being delivered to staff. It was agreed to write to Ms Caroline Wait to thank her for sharing her story with the Board and to explain what changes had been made to address the issues she had highlighted.
Action – Ms Carruth

The Board **RECEIVED** the Patient Story.

26/07/9 **Quality Committee Chair's Assurance Report**

Mr Howe presented the report to the Board for assurance.

The Committee had met in May, June and July 2018 and had scrutinised a number of reports that the Board would be receiving at that day's meeting. The Committee recommended them to the Board.

Ms Carruth confirmed that the escalation process with regards to staffing pressures in the community was in draft form with the relevant services for comment. Once this process had been completed, it would be presented to the Quality Committee. In the meantime, she would continue to monitor the situation.

In response to a question from Mr Field regarding the Health Visiting Service, Ms Strong confirmed that changes were on the way. It was an improving picture but there was still a significant amount of work to be undertaken.

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

26/07/10 **Strategic Workforce Committee Chair's Assurance Report**

Ms Skelton presented the report to the Board for assurance.

The Committee had met the previous day. A range of items had been discussed including the Workforce Report, the People Strategy, the Staff Survey, compliance with General Data Protection Regulation, the Big Listen, retention and recruitment, the introduction of Meridian working practices, and the launch of the new Nursing Academy. The Committee had also been briefed on the recent decision by the Trust to sign up to a new mental health initiative 'Time To Change'. This would help the Trust to address mental health issues in its workforce and to develop strategies for preventing mental illness and build resilience in the workforce. The Committee both supported and encouraged the initiative.

In response to a question from Mr Bentley regarding whether there would be a change to the recruitment metrics in the performance report, Ms Skelton did not anticipate that there would be at this stage.

In response to a question from Mr Field regarding how the Trust was supporting staff as the various changes were introduced, Ms Norris commented that the various initiatives were the different components of one major change programme. Workforce was one of the Trust's four strategic priorities. Managers knew that if a solution to the workforce challenges was found, it would improve the working environment for all staff. Ms Strong added that there were huge demands on managers. They would be playing an important role in implementing the change programme and she suggested that the Trust's senior managers would need to focus on supporting them to become more resilient. There were a number of ways this could be done which would be introduced as quickly as possible. Ms Skelton highlighted the role that the Board would play in 'role modelling' the changes arising from the programme and in the way the Board communicated its appreciation of the staff. In addition, she suggested that where there was evidence of good practice, this should be recognised and mirrored in those areas where practice could be improved.

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

26/07/11 **Charitable Funds Committee Chair's Assurance Report**

Ms Skelton presented the verbal report to the Board for assurance.

The Committee had met the previous day. There had been four main outcomes from the discussions. A new marketing plan with associated objectives had been agreed. It had been recognised that the Trust's members were a valuable resource to help publicise the charity and this would be developed further. A financial review of Quarter One had been presented including an update on the planned work for Heron Ward at Queen Victoria Memorial Hospital, Herne Bay. Phase Two of the project, which would enhance the patient experience, would be carried out in 2019 and would be funded from a legacy that had been received by the charity. It had been suggested that the charity needed a stronger presence in the digital arena and it was agreed that the Communications Team would take this suggestion forward.

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

26/07/12 **Integrated Performance Report**

Ms Strong presented the report to the Board for assurance.

Quality Report

Ms Carruth and Dr Phillips presented the report to the Board for assurance.

Mr Field congratulated the staff in consistently obtaining a high number of survey returns each month. The Trust benchmarked well against other trusts. It was agreed that it would be helpful to include Norfolk Community Health and Care NHS Trust, who had achieved an Outstanding Care Quality Commission rating, in the comparison table for the NHS Friends and Family Test scores.
Action – Ms Carruth

Workforce Report

Ms Norris presented the report to the Board for assurance.

Finance Report

Ms Jacobs presented the report to the Board for assurance.

In response to a question from Mr Field regarding whether the planned capital projects would be completed within the current financial year, Ms Jacobs confirmed that the Finance Team was working closely with the relevant teams and monitoring progress closely. There had been some slippage but she was confident that the projects would be completed within the timescale.

Operational Report

Ms Strong presented the report to the Board for assurance.

In response to a question from Mr Field regarding the underperformance with health checks and in the Stop Smoking Service, Ms Strong confirmed that the issues did not relate to the recording of data, but around delays in sending out invitations to patients coming for health checks. These delays had been caused by the introduction of a new IT system in conjunction with Kent County Council. Teams were working closely with the IT provider to address the issues and she was confident that they would be resolved very shortly.

In response to a question from Ms Barber regarding the timescale for introducing the new triage arrangements into the MIUs to ensure that the four hour waiting time target was not breached, it was agreed that this would be confirmed.
Action – Ms Strong

In response to a question from Mr Howe regarding whether the Length of Stay Key Performance Indicator should be changed to reflect the increasing acuity of patients, Dr Phillips indicated that there was variation across the community hospitals. The new Quality Improvement programme would be addressing this point. In the meantime, the community geriatricians had had a positive impact on length of stay in the community hospitals where they operated.

Mr Bentley commented that the data highlighted that there had been a significant increase in patients admitted into the community hospitals with a substantial number of patients being seen in the MIUs. This acknowledged the Trust's role in absorbing some of the pressures on acute services and also highlighted that the Trust was over-performing against the levels that had been agreed with its commissioners.

In response to a comment from Mr Field regarding the Outcomes graph in the report, it was agreed to review whether more precise information could be provided to demonstrate the benefits of the services.
Action – Ms Strong

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

26/07/13 **Six Monthly Community Hospitals Safer Staffing Review**

Ms Carruth presented the report to the Board for approval.

In response to a question from Ms Barber regarding the supernumerary allocation at Goldsmid Ward, Tonbridge Cottage Hospital of 0.6 whole time equivalent (WTE) compared to 1 WTE in other community hospital wards, it was agreed that this would be investigated.
Action – Ms Carruth

In response to a further question from Ms Barber regarding whether the number of admissions into the wards during the assessment period was taken into account, Ms Carruth confirmed that it was not but it was agreed that this would be reviewed and included in the report going forward.
Action – Ms Carruth

In response to a question from Mr Field regarding whether any changes to the supernumery allocation on the Goldsmid Ward would have an effect on the recommendations of the current Safer Staffing Review, Ms Carruth indicated that as the allocation had only been introduced in the last two months, it would be too early to draw any conclusions. She suggested that it was reviewed in six to nine months' time and an update presented to the Quality Committee.

The Board **APPROVED** the Six Monthly Community Hospitals Safer Staffing Review.

26/07/14 **Quarterly Infection Prevention and Control Report**

Ms Carruth presented the report to the Board for assurance.

The Quality Committee had scrutinised the report at its July 2018 meeting and recommended it to the Board.

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

26/07/15 **Annual Infection Control (DIPC) Report**

Ms Carruth presented the report to the Board for assurance.

The Quality Committee had scrutinised the report at its July 2018 meeting and recommended it to the Board.

The Board **RECEIVED** the Annual Infection Control (DIPC) Report.

26/07/16 **Quarterly Mortality and Learning from Deaths Report**

Dr Phillips presented the report to the Board for assurance

The Quality Committee had scrutinised the report at its July 2018 meeting and recommended it to the Board.

Ms Barber, the Lead Non-Executive Director for Learning From Deaths confirmed that she had attended a meeting of the Mortality Surveillance Group in Quarter One and had observed that it was working well. It was her intention to attend again in Quarter Two to observe the new way in which the mortality review process was being undertaken.

The Board **RECEIVED** the Quarterly Mortality and Learning from Deaths Report.

26/07/17 **Annual Safeguarding Report including Safeguarding Declaration**

Ms Carruth presented the report to the Board for assurance.

The Quality Committee had scrutinised the report at its June 2018 meeting and recommended it to the Board.

The Board **RECEIVED** the Annual Safeguarding Report including Safeguarding Declaration.

26/07/18 **Annual Medicines Optimisation Report**

Dr Phillips presented the report to the Board for assurance.

In response to a question from Richard Field regarding the potential for staff to abuse the process of controlled drug self-auditing, Dr Phillips explained that the Pharmacy Team had oversight of the release of controlled drugs. The team would also review the audits that were undertaken which would enable them to pick up on any concerns.

Ms Skelton commented that there were generic lessons that could be learnt from self-auditing. It was recognised that there were some risk with this approach, but it was for the Trust to put in place mitigation. More positively, if introduced in the right way, self-audit was an example of the potential to empower staff and encouraging change from the bottom upwards.

The Board **RECEIVED** the Annual Medicines Optimisation Report

26/07/19 **Annual Patient Experience and Complaints Report**

Ms Carruth presented the report to the Board for assurance.

The Quality Committee had scrutinised the report at its July 2018 meeting and recommended it to the Board.

The Board **RECEIVED** the Annual Patient Experience and Complaints Report.

26/07/20 **Any Other Business**

There was no further business to discuss.

26/07/21 **Questions from members of the public relating to the agenda**

In response to a question from Mr John Fletcher, Public Governor for Ashford, regarding whether there were any plans being considered for the expansion of the One You shop in Ashford, it was agreed that this would be investigated and a response forwarded to Mr Fletcher.
Action – Ms Strong

Mr John Fletcher also commented on the Patient Story that had been presented. He welcomed the Trust's openness and hoped that the Trust would learn lessons and develop on the areas that had been highlighted.

The meeting closed at 12 noon.

26/07/22 **Date and Venue of the Next Meeting**

Thursday 27 September 2018, Motivation Room, Village Hotel, Castle View, Forstal Road, Sandling, Maidstone ME14 3AQ

Kent Community Health NHS Foundation Trust

MATTERS ARISING FROM BOARD MEETING OF 26 JULY 2018 (PART ONE)

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Patient Story	To write to Caroline Wait to thank her for sharing her story with the Board and to explain what changes had been made to address the issues she had highlighted.	Ms Carruth	Action complete.
Integrated Performance Report – Quality Report	To include Norfolk Community Health and Care NHS Trust in the comparison table for the NHS Friends and Family Test scores.	Ms Carruth	It is being established to see if this is possible, if the Trust is in the benchmarking club.
Integrated Performance Report – Operational Report	To confirm to Ms Barber the timescale for introducing the new triage arrangements in the minor injuries units (MIUs)	Ms Strong	Action complete.
Integrated Performance Report – Operational Report	To review the Outcomes graph (5.3) to provide more precise information to demonstrate the benefits of the services.	Ms Strong	Action complete.
Six Monthly Community Hospitals Safer Staffing Review	To investigate why the supernumerary allocation at Goldsmid Ward, Tonbridge Cottage Hospital was 0.6 whole time equivalent (WTE) and not 1 WTE.	Ms Carruth	The Band 7 at Tonbridge Cottage Hospital is employed at 0.6 WTE, so this makes the post totally supernumery.

Agenda Item	Action agreed last meeting	By Whom	Current Status/Update
Six Monthly Community Hospitals Safer Staffing Review	For future reviews, to take into account the number of admissions during the assessment period.	Ms Carruth	This will be considered in the next six monthly review.
Questions From Members Of The Public Relating To The Agenda	To confirm to John Fletcher, Public Governor Ashford what plans were being considered for the expansion of the One You shop in Ashford.	Ms Strong	Action complete.

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	27 September 2018
Agenda Item:	1.7
Subject:	Chief Executive's Report
Presenting Officer:	Paul Bentley, Chief Executive

Action - this paper is for:	Decision	☐	Assurance	x

Report Summary (including purpose and context)
This report highlights key business and service developments in Kent Community Health NHS Foundation Trust in recent weeks.

Proposals and /or Recommendations
Not applicable.

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No. Not applicable

Paul Bentley, Chief Executive	Tel: 01622 211903
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Kent Community Health
NHS Foundation Trust

CHIEF EXECUTIVE'S REPORT
September 2018

As previously I wanted to highlight to the Board the following significant developments since my last formal report during the Board meeting in July 2018, my regular practice is to categorise the report into patients, our staff teams and partnerships.

Staff

1. KCHFT Nursing Academy

In August, the trust launched the Nursing Academy, with two new nursing programmes. The academy is fully accredited by the Open University and includes a four-year degree programme, where following completion students will be a fully registered degree nurse and a two-year programme, where following completion students will be a fully registered nurse associate. Twenty five nurses and 25 Nurse Associates will be appointed in the first wave and we looking to recruit both internal and external candidates, ready to start in February.

More work was also done with the Transforming Integrated Community Care programme (TICC) with recruitment to posts for the exciting projects, under way in Edenbridge with more recruitment to follow when further pilot sites have been identified.

2. Digital Work

The Trust has progressed its replacement electronic patient record system to the next stage. A draft specification has been produced following clinical workshops, full consultation will take place in September and October. Project staff have been appointed and suitable procurement frameworks identified.

The Trust has signed a contract for replacement of its BT network with a local firm Adept (based in Tunbridge Wells) following a joint Kent and Medway procurement exercise. This will enable the Trust to secure modern network links into the future and upgrade network speeds where necessary. The Trust is also replacing its network switches which will speed up network response times. This work will be complete by the early part of Q1 next financial year.

Other IT projects include working on the Buurtzorg research group in prototyping a system to support clinicians and refining woundmatrix software with the supplier to assist in management of wounds.

The Trust continues to invest in new technology and has issued over 1100 new laptops and PCs this year to date and will have issued 1900 by the end of this financial year.

3. Quality Improvement

Since the last update to the Board, 6 Quality Service Improvement Group (QSIG) members have undertaken a 5 day training programme with QSIR to become qualified 'practitioners'. The same 6 members took and passed a formal assessment of knowledge to allow them to enter the QSIR Faculty course. They are preparing for the QSIR College accreditation teaching assessment at the beginning of October – this will enable the Trust to deliver the QSIR Practitioner & QI Fundamental training in-house and includes a commitment to deliver a minimum of 3 cohorts by November 2019. A further 2 members will take the College on-line assessment in January 2019 with a view to being accredited in April 2019.

The Trust has made significant investment in the Quality Improvement (QI) roll out, a 5 day QSIR Practitioner training place will come with a commitment from individuals and their service managers to undertake 1 QI project and support a further 2 QI projects as a coach within the first year after training completion. Leadership development for QI is planned at multiple levels including a Board session delivered by NHSI in October 2018; with a focus on the staff conferences in October & November and Management Committee in September.

The QI webpage is under construction there will be a sub-area on the public-facing website, also accessible through flo and will include access to Life QI the KCHFT project repository. Life QI has 35 active projects and over 100 verified users. Heads of Quality & the Service Improvement team have been supporting a small number of QI projects before the official launch in order to test the system and also build momentum, 8 of the active projects are linked to the 'We Care' visits to services. Project 'registration' will be through portal on the QI webpage – submissions will be reviewed to determine level of QI Advisor/Coach support and ensure no duplication with and links into existing projects.

The branding and emblem for the QI programme has been agreed following focused consultation with staff:

A campaign will be launched in late September asking our workforce to identify aspects of their work which could be changed in order to release more time to get

involved in QI and create improvements that positively impact on patient care and experience as well as helping to boost staff 'Joy At Work'.

The KCHFT management committee members will become QI sponsors with a remit including unblocking any issues preventing realisation of the project outcomes.

Partnerships

1. Domiciliary Care

Kent County Council are tendering a care and support in the home service which aims to provide more integrated and equitable care to the residents of Kent. This opportunity aligns with our mission to empower adults to live well and our goals to deliver high-quality care at home and integrate services, and is being considered on this basis.

2. CQC New Inspection Regime

As part of the CQC new inspection regime, the CQC undertake a series of engagement events over the year. This commenced earlier in year with focus groups with Registered Nurses in East Kent. There are further focus groups planned for East and West Kent in early September, including RNs, HCA's, AHPs and Admin staff. The CQC will also be continuing to attend service visits every quarter. Since December 2017 they have visited CYP, LD and Health Improvement teams. In October they will visit Sexual Health services, in January 2019 will visit SES and in April 2019 HV and School Nursing. In addition to this, the CQC will be attending our Board meeting in November 2018. The Chief Nurse also meets with the CQC on a regular basis.

Patients

1. Winter Planning

Winter preparations have started, the 2018/19 KCHFT winter plan will focus on four key priorities and will see the introduction of a number of new initiatives to support patients and staff through the winter period.

Our four Key priorities are – Staff wellbeing, recruitment, improving system flow through and ensuring lessons are learnt from last year.

To support the delivery of services throughout winter we will see even greater partnership working with our health and social care partners through whole system steering groups and joint testing of plans, which are all now well under way and will continue until March 2019.

As part of KCHFTs winter plan we aim to ensure integration and consistency of delivery across all services. We fully expect this year to be a challenging as the previous winter and therefore have pulled together a winter steering group to support the implementation of our initiatives aimed at reducing system wide pressures and improving staff health and wellbeing.

Paul Bentley
Chief Executive
September 2018

NHS
Kent Community Health
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Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	27 September 2018
Agenda Item:	2.1
Subject:	Patient Story – East Kent Community Hospitals Quality Improvement Presentation
Presenting Officer:	Ali Carruth, Chief Nurse

Action - this paper is for:	Decision	☐	Information	**x**

Report Summary (including purpose and context):

- Rapid Improvement work began on the 11 June 2018 following the We Care Visits to the inpatient wards at Faversham and Herne Bay Hospitals. Both wards were found to have areas requiring improvement. The ward Matrons were committed and enthusiastic about addressing the issues that had been identified. They were keen to work together and proactively engaged with the full support of the management.

- The senior manager had completed an NHS Improvement programme and it was proposed to the ward Matrons that the two sites would begin a 30/60/90 improvement cycle. This meant 3-4 new actions were agreed every 30 days, and were worked through in a similar way to PDSA cycles.

- It was felt important that the Matrons were supported to take a helicopter view and to facilitate this, an external and experienced Matron undertook a period of observation of the activity on the wards, and this was shared directly with the Matron.

- The other two wards in east Kent were keen to join the quality improvement work and have engaged positively in this.

- The Board will receive more detail of the improvement work from the Chief Nurse and will watch a video filmed on Heron Ward, Queen Victoria Memorial Hospital. Alison Read, the ward Matron will talk about the impact these changes have had on the ward, and on the quality of care for patients.

- The wards have now established a *You said we did* approach for staff and have displayed information to promote changes to the ward team.

- The next stage of this work is to focus on the vision for the wards, and this includes work on team culture.

Proposals and /or Recommendations:

The Committee is asked to note the report.

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

Ali Carruth, Chief Nurse	Tel: 01622 211923
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Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	27 September 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	☐	Assurance	x

Report Summary (including purpose and context):
The paper summarises the Quality Committee meeting held on 18 September 2018. There was no meeting in August 2018.

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:

Kent Community Health
NHS Foundation Trust

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee meeting held on 18 September 2018.

item	Key points Level of Assurance	Remarks / Challenges	Next Steps
Standing Agenda Items	The committee received reports from: Patient Safety and Clinical Risk Group Patient Experience Group Clinical Effectiveness Group	The Board will wish to note: Workforce manning issues and shift fill rates at community hospitals remain an area of moderate concern. However, the quality metrics show there were no unavoidable category 3, 4 pressure ulcers in August and of the 49 falls reported across KCHFT none of these were found to be avoidable. The position to date is much improved upon this time last year.	The committee will continue to focus on the impact of under manning and team workload and its relationship to quality and safety.
Board Assurance Reports	Quarterly Patient Experience Report	The Trust's overall patient experience score for Q1, based upon 17,335 completed surveys was 96.8%. While this included	The Board is invited to note that KCHFT continues to receive a high number of survey returns in comparison with other community providers and this is coupled

item	Key points Level of Assurance	Remarks / Challenges	Next Steps
		an increase in returns from minor injuries units (MIUs) (1194) the score remains in line with Q4 results from the last reporting period. Family and Friends Test returns demonstrate an extremely positive score of 97.21% and remains constant with past results. The rate of complaints per 100,000 contacts is currently less than 10 showing a reduction on Q1 last year. One complaint regarding podiatric surgery has been referred to the Ombudsman in Q1.	with a high satisfaction rate. The Quarterly Patient Experience Report is commended to the Board.
Policies Ratified	Just in Case Policy (West Kent) Medicines Policy (MM008) Clinical Policy for Lymphoedema Service	Policy for the provision of a 'Just in Case' box in the patient's home /care home as part of anticipatory care. A revision of the transcribing policy	

item	Key points Level of Assurance	Remarks / Challenges	Next Steps
Quality Improvement (QI)	It was reported that the Trust is about to commence the first phase of Quality Improvement (QI) following a period of scoping and planning.		The Quality Strategy Implementation Group has responsibility for the implementation of the QI programme. They will meet and report monthly with oversight from the Clinical Effectiveness Group (CEG), who in turn will report to the Quality Committee.
Legal Report	A quarterly report from the Legal Team has been reinstated. This is welcomed as it helps to provide assurance that lessons and trends that impact on patient safety and care from both the legal and quality area are identified and acted upon in a coherent manner.		
Medical Devices	The Audit and Risk Committee requested that the Quality Committee maintain oversight of improvements required in the recording and maintenance of medical devices.	The action plan is being monitored. Satisfactory progress is being maintained with iLeader recording 87% of devices held on the system being shown as in-date. No high-risk items are shown as out of date and the remainder of devices to be reviewed are in the low risk category.	There is an associated risk with EME procurement and the Finance, Business and Investment (FBI) Committee is invited to give a view on progress in this area.

item	Key points Level of Assurance	Remarks / Challenges	Next Steps
Assurance Visits/Deep Dives • **Health Visiting**	Since highlighting concerns about manning and morale within the Health Visiting Service at the July 2018 Board meeting, Ms Pippa Barber has made a visit to a Health Visiting team.	Findings were much as had been briefed by the Head of Service to the Quality Committee in July 2018 and progress was being made in all areas identified. Verbal update of findings will be made to the Board.	The Quality Committee will continue to monitor progress and commission deep dives if appropriate.
• **Podiatry**	Following recent concerns about an increase in complaints, raised by the Patient Experience Group (PEG), a Non-Executive Director Led visit to the Podiatry Service will be conducted on 21 September 2018.		
• **Ashford and Canterbury Long Term Services**	The Board has been concerned with the clinical staffing levels in the Ashford and Canterbury teams over the past 12 months. The committee requested a deep dive/update from the Strategic Delivery Manager, Ms Ruth Moemken.	Progress in recruiting, the use of Meridian to balance workload and team redesign has been made in both localities and it is hopeful that the trajectory of improvement will continue in coming months, but the current WTE vacancy level remains a concern. The focus on quality endures and safe patient management is a priority. It is pleasing to note that level of avoidable incidents has reduced in recent months, after a spike in Q3/4.	Effort will be put into retention and support of newly recruited staff. Lessons identified and subsequent actions will be reviewed by the committee. The policy for the Trust's escalation and response where there are manning pressures, incorporating lessons learned, is currently being reviewed at executive level and is expected to be ratified at the next meeting of the committee.

SC Howe CBE
Chair, Quality Committee
19 September 2018

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	27 September 2018
Agenda Item:	2.3
Subject:	Strategic Workforce Committee Chair's Assurance Report
Presenting Officer:	Bridget Skelton, Non-Executive Director

Action - this paper is for:	Decision	☐	Assurance	x

Report Summary (including purpose and context)
The paper summarises the Strategic Workforce Committee meeting held on 25 July 2018.

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

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

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

Kent Community Health NHS Foundation Trust

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report describes the business conducted at the Strategic Workforce Committee on 25 July 2018 setting out the Non-Executive Director challenges made and the assurances received, residual concerns and/or gaps in assurance, with work outstanding

Area	Assurance and Key points to note	Further actions and follow up
Workforce Report	New trust targets have been agreed for turnover 16.47%, vacancy 9.66% and stress and anxiety 1.15%, but work still remains to translate into local targets. Turnover has gradually increased over the last 12 months but there has been a small reduction in June. From next month the Clinical and Service Directors will conduct exit interviews.	
People Action Strategy Action Plan	Assurance that progress was being made on action plan.	Themes and consolidation of actions for managers to be looked at.
Staff Survey	Action sets to be introduced to further support engagement work.	Challenge to how we are measuring impact versus activity.

Area	Assurance and Key points to note	Further actions and follow up
GDPR Update	Capsticks have worked with Human Resources to identify outstanding issues, and assess levels of compliance and examine controls in place.	The Trust has partial compliance as personal files are still without compliant controls. Further work is required to give committee assurance with regard to compliance gaps and action plans in particular actions around personal files are required. Summary schedule of compliance requested by the next Strategic Workforce Committee (themes, controls, gaps, actions to mitigate gaps). The Committee to consider deep dives and/or third line assurance to test the controls.
Retention Update	The Big Listen exercise produced rich data to support the need for a cultural change programme. This is a significant heart and mind piece of work, to develop behaviour that looks at how as well as what. Staff want to feel more valued and managers need help to develop greater positive leadership. The NHS Improvement (NHSI) driver diagram is part of the delivery of this; further local initiatives through enhanced team briefing and engaging communications.	Make The Big Listen cultural change programme central to everything that the Trust does from the Board down, through all committees, team meetings and individual discussions as well as email and formal communications. The Committee requested assurance at each meeting on the progress that has been made on The Big Listen / Retention Driver in the last quarter in terms of outcome not activity.

Area	Assurance and Key points to note	Further actions and follow up
Update report on Winter Pressures Incentive Scheme for Bank Staff	Evidence that more bank shifts were taken up with the incentive programme, although greater requests for supply were also made.	An incentive programme will be repeated again this year but work on programme of recruitment to the Bank to start earlier.
Mental Health	The Trust has signed up to the Time to Change initiative to have local champions supporting mental health issues in the work place.	Question how we can do more work on prevention and build people's resilience.
Recruitment Review	The review highlighted issues to improve the process in timescale and quality.	The seven week target is being closely monitored and Human Resources' and managers' responsibilities being more closely managed. Further development on shortening the process being looked at by the team.
Meridian Productivity update	East and West Long Term Staff implemented. Short term have begun implementation. Clinical based activity using adapted model being introduced and children being piloted	Excellent examples of change and new behaviours that need celebrating and learnings taken from.
Clinical Academy	Presented a practical action plan to go live in February 2019.	A revised Business Plan is being submitted to the Board for approval.

Area	Assurance and Key points to note	Further actions and follow up
Any Other Business	Rather than always look at topics or processes across the Trust such as retention or recruitment, it was suggested to have some information 'heat maps' highlighting excellent and poor practice.	Information required to have assurance that areas are being targeted for greater support with specific issues, and that best practice or good practice is being shared.
Committee Effectiveness	Early days and still working on format/content of papers to facilitate the right balance of oversight, assurance and management. [Content needs to more analysis of outcomes and less lists of actions]	Effectiveness review to be carried out in Spring 2019. Rolling forward plan to be developed differentiating between regular items, strategic risks, one offs and deep dive

Bridget Skelton
Chair, Strategic Workforce Committee
25 July 2018

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	27 September 2018
Agenda Item:	2.4
Subject:	Charitable Funds Committee Chair's Assurance Report
Presenting Officer:	Jen Tippin, Chair of the Charitable Funds Committee

Action - this paper is for:	Decision	☐	Assurance	X

Report Summary (including purpose and context):
The paper summarises the Charitable Funds Committee meeting held on 25 July 2018.

Proposals and /or Recommendations:
The Board is asked to receive the Charitable Funds 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.

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

Kent Community Health NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report describes the business conducted at the Charitable Funds Committee on 25 July setting out the Non-Executive Director challenges made and the assurances received, residual concerns and/or gaps in assurance, with work outstanding.

Agenda Item	Key points Level of assurance	Challenges	Next Steps to address residual issues, gaps in controls or assurance - work outstanding – who is accountable and when the work will be completed
1.	Report received from Finance on the current balance of restricted and unrestricted funds to the end of June 2018	The committee challenged the level of outstanding spend in the restricted funds	The Fund managers for the Queen Victoria Memorial Hospital and Bow Road will be requested to present at the Charitable Funds Committee in November to outline their plans in detail
2.	Report received from the marketing team on the marketing plan for 2018/19	The committee reviewed the marketing plan and discussed the objectives of the plan and key measures of success	The marketing plan results will be reviewed at each committee going forward

Items for the Board to specifically note:	None
Recommendations for the Board:	None
Policies Ratified	None

Name of chair: Jen Tippin
Chair, Charitable Funds Committee

Date: 27/07/2018

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	27 September 2018
Agenda Item:	2.5
Subject:	Integrated Performance Report (Part 2)
Presenting Officer:	Gordon Flack, Director of Finance

Action - this paper is for:	Decision	☐	Assurance	X

Report Summary (including purpose and context)

The Integrated Performance Report has been revised for the 2018/19 financial year, taking on board learning from East London NHS Foundation Trust (ELFT) in the way that the report is presented. The use of run charts has been presented and agreed through the Executive Team, as well as further integration of Quality, Workforce, Finance and Operational Performance reports. It should be noted that the full Finance, Workforce and Quality reports will still be presented at their respective committees. The report has been produced in collaboration with the Executive Team and their support teams.

This report contains the following sections:

- Corporate Scorecard and Summary
- Quality Report
- Workforce Report
- Finance Report
- Operational Report

Historic data has been provided to show trends, however, the availability of trend data varies between indicators as can be seen from the charts presented. The charts are designed to show a rolling view of performance for each indicator, but as stated this does depend on data availability. Upper and Lower control limits are used to indicate a shift in performance over a sustained period and to highlight where performance deviates from these expected ranges.

Proposals and /or Recommendations

The Board is asked to note this report.

Relevant Legislation and Source Documents

Has an Equality Analysis (EA) been completed?

No. High level position described and no decision required.

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

Kent Community Health
NHS Foundation Trust

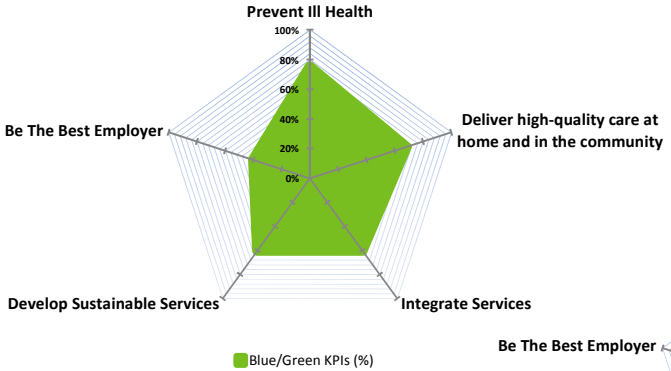
Integrated Performance Report 2018/19

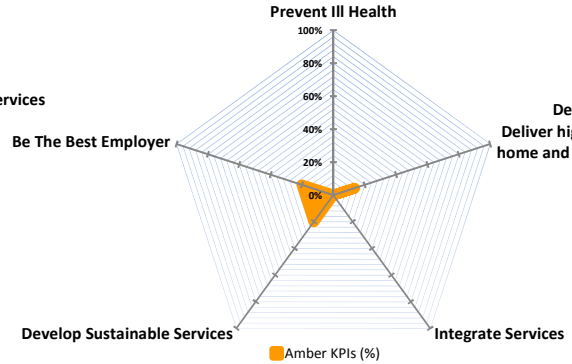
September 2018 report

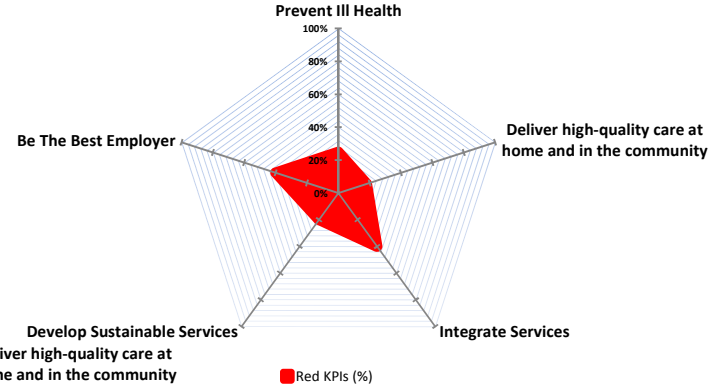
Part One

we care

1.0 Assurance on Strategic Goals







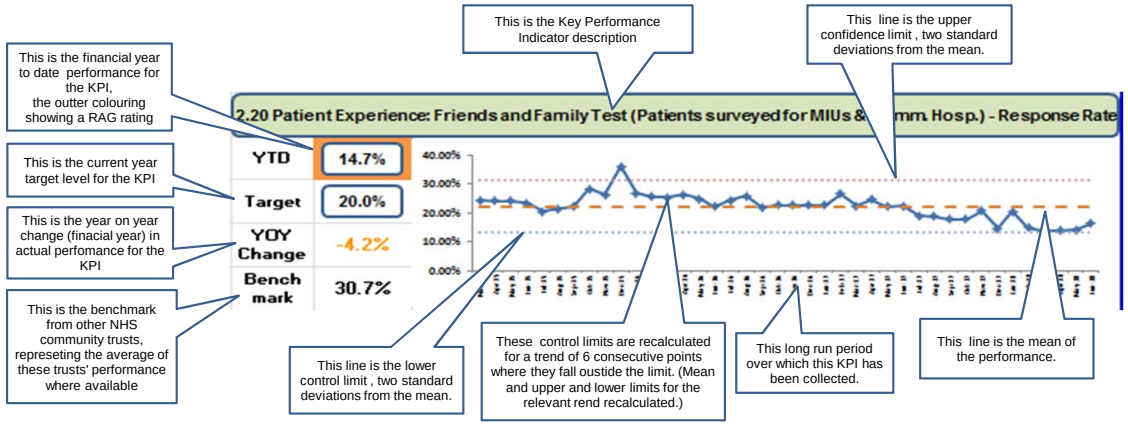
Prevention of Ill Health is the best performing strategic goal with 75% of KPIs performing at either blue (achieving aspiration) or green (achieving target).

40% (2 of 5) of the "Prevent Ill Health" indicators are red currently. However, it should be noted both of these are new indictors and are currently being reviewed

Overall, of the 45 indicators, 64.4% are blue/green, 11.1% are amber and 24.4% are red.

Of the red indicators, 5 are improving, two are static and 4 have worsened since last month's report.

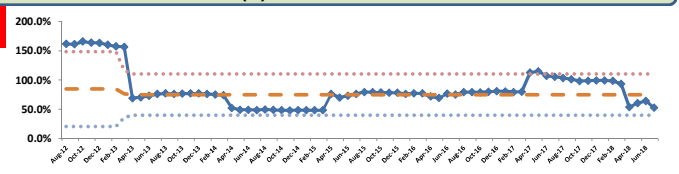
Run Charts explained



1. Prevent Ill Health

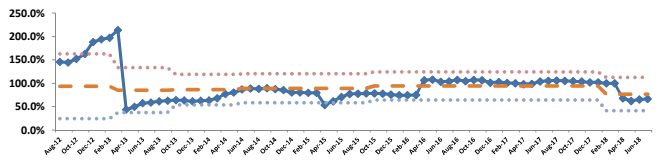
KPI 1.1 Prevention: Stop Smoking - Nos. of 4 week Quitters (Kentwide): YTD performance against trajectory (%)

YTD	52.9%
Target	100.0%
YOY Change	-40.9%
Bench mark	N/A



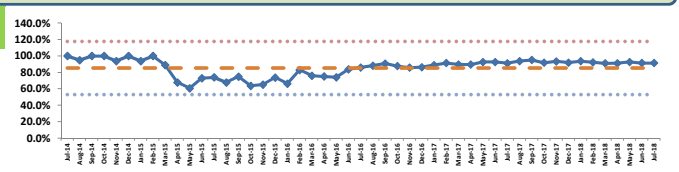
KPI 1.2 Prevention: Health Checks Carried Out (Kentwide): YTD performance against trajectory (%)

YTD	66.6%
Target	100.0%
YOY Change	-33.6%
Bench mark	N/A



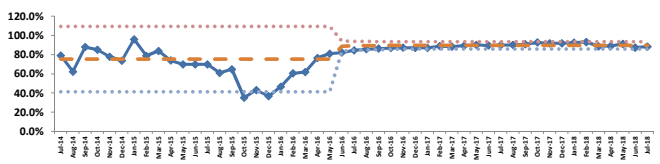
KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days

YTD	91.8%
Target	90.0%
YOY Change	-0.7%
Bench mark	N/A



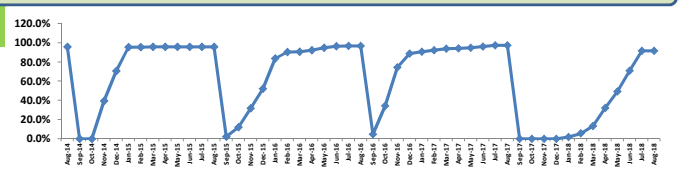
KPI 1.4 Health Visiting - 6-8 week assessment undertaken by 8 weeks

YTD	89.1%
Target	85.0%
YOY Change	-1.9%
Bench mark	N/A



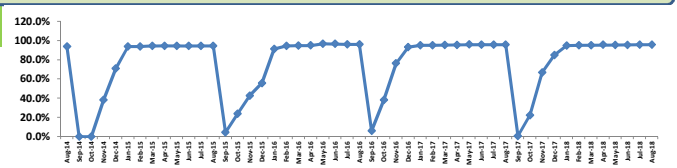
KPI 1.5 School Health - Reception Children Screened for Height and Weight

YTD	91.7%
Target	90.0%
YOY Change	78.5%
Bench mark	N/A



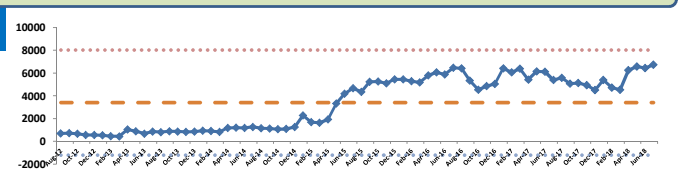
KPI 1.6 School Health - Year 6 Children Screened for Height and Weight

YTD	95.6%
Target	90.0%
YOY Change	0.4%
Bench mark	N/A



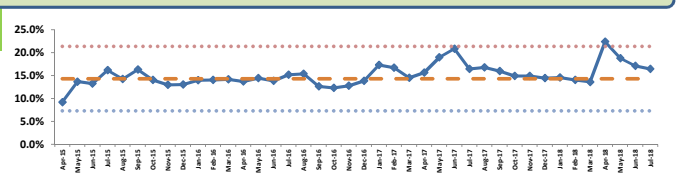
KPI 1.7 LTC/ICT - Admissions Avoidance (using agreed criteria)

YTD	26059
Target	5255
YOY Change	N/A
Bench mark	N/A



KPI 1.8 Percentage of LTC/ICT patients that had at least one visit which Avoided a Hospital Admission

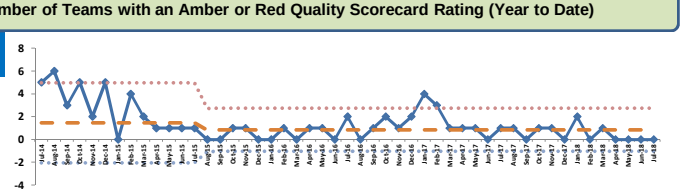
YTD	18.7%
Target	15.0%
YOY Change	2.7%
Bench mark	N/A



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

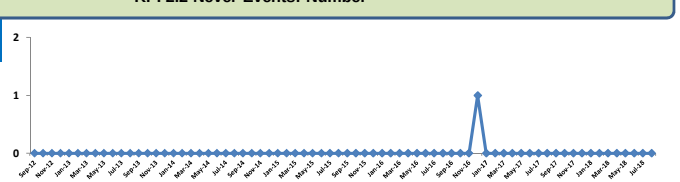
KPI 2.1 Number of Teams with an Amber or Red Quality Scorecard Rating (Year to Date)

YTD	0
Target	12
YOY Change	-9
Bench mark	N/A



KPI 2.2 Never Events: Number

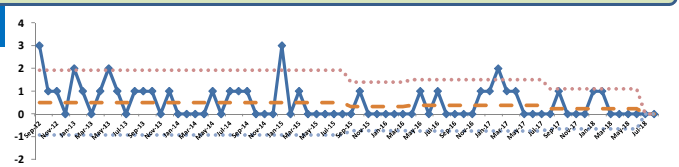
YTD	0
Target	0
YOY Change	0
Bench mark	N/A



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

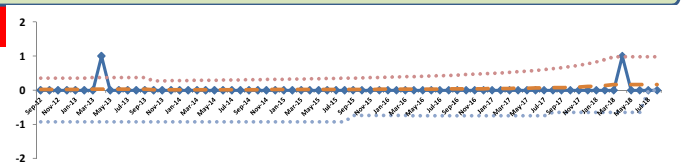
KPI 2.3 Infection Control: C.Diff (Target <6 cases in year) (Target YTD)

YTD	0
Target	0
YOY Change	-4
Bench mark	N/A



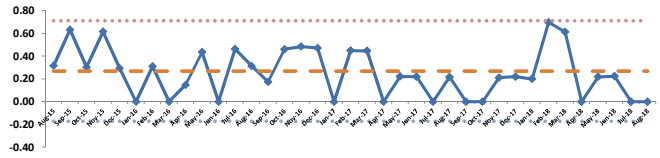
KPI 2.4 Infection Control: MRSA cases where KCHFT provided care (Target 0 cases)

YTD	1
Target	0
YOY Change	1
Bench mark	N/A



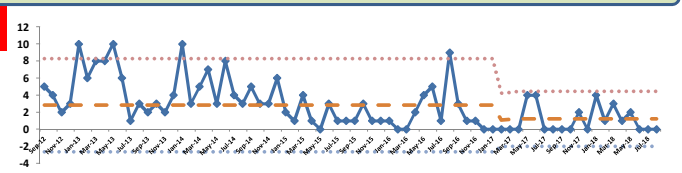
2.5 Inpatient Falls (Moderate and Severe Harm) per 1000 Occupied Bed Days

YTD	0.09
Target	0.19
YOY Change	-0.13
Bench mark	N/A



2.6 Avoidable Pressure Ulcers - Grade 3 & 4 (Target YTD)

YTD	3
Target	2
YOY Change	-15
Bench mark	N/A

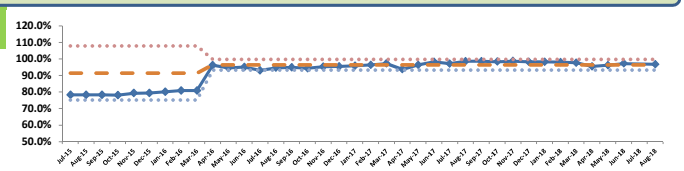


2.7 End of Life Care: Percentage of End of Life patient with an updated Personalised Care Plan (PCP)

YTD	30.1%
Target	95.0%
YOY Change	N/A
Bench mark	83.2%

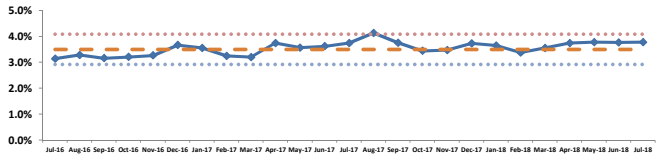
2.8 Contractual Activity: YTD as % of YTD Target

YTD	97.9%
Target	100.0%
YOY Change	0.3%
Bench mark	N/A



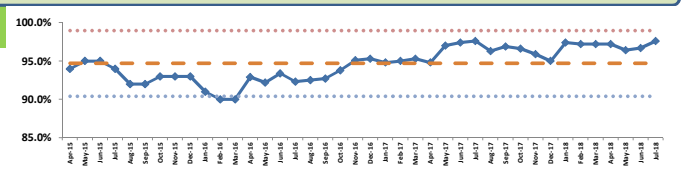
2.9 Trustwide Did Not Attend Rate: DNAs as a % of total activity.

YTD	3.8%
Target	4.0%
YOY Change	0.1%
Bench mark	4.0%



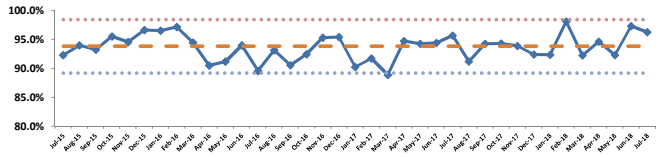
2.10 LTC/ICT Response Times Met (%)

YTD	97.0%
Target	95.0%
YOY Change	0.4%
Bench mark	N/A



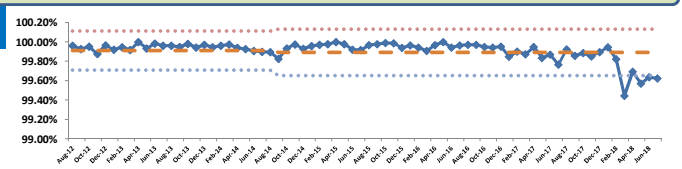
2.11 Rapid Response - Percentage of Consultations started within 2hrs of referral acceptance (Trustwide)

YTD	95.1%
Target	95.0%
YOY Change	1.1%
Bench mark	93.7%



2.12 Total Time in MIUs: Less than 4 hours

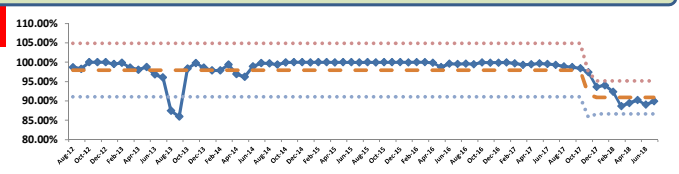
YTD	99.63%
Target	95.0%
YOY Change	-0.2%
Bench mark	99.4%



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

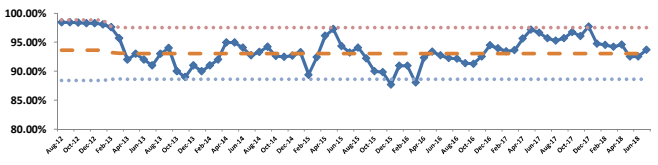
2.13 Consultant Led 18 Week RTT (Monthly Target 95%) - Incomplete Pathways

YTD	89.7%
Target	95.0%
YOY Change	-7.0%
Bench mark	98.0%



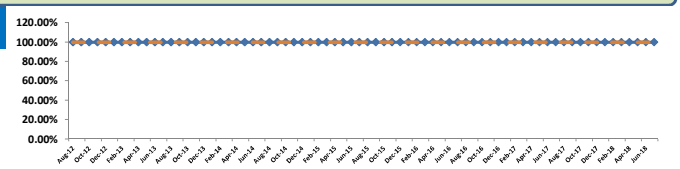
2.14 Allied Health Professionals Referral to Treatment Times (RTT)

YTD	93.3%
Target	95.0%
YOY Change	-2.5%
Bench mark	97.6%



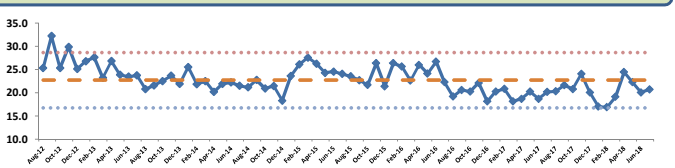
2.15 Access to GUM: within 48 hours (Monthly Target 100%)

YTD	100.0%
Target	100.0%
YOY Change	0.0%
Bench mark	N/A



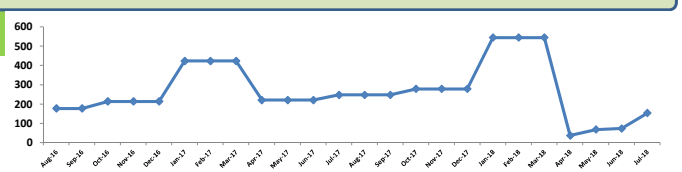
2.16 Length of Stay (Median Average)

YTD	21.9
Target	21.0
YOY Change	2.1
Bench mark	25.6



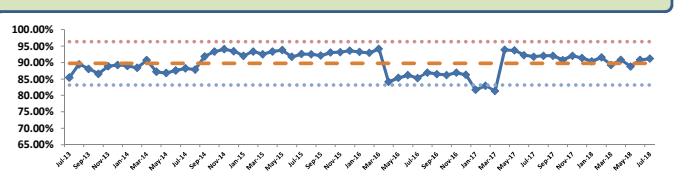
2.17 Research: Participants recruited to national portfolio studies (Year to Date)

YTD	154
Target	240
YOY Change	N/A
Bench mark	N/A



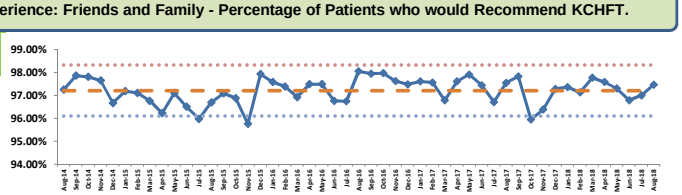
2.18 Outcomes: Percentage of outcomes achieved upon discharge for planned care and therapy services.

YTD	90.4%
Target	80.0%
YOY Change	-1.4%
Bench mark	N/A



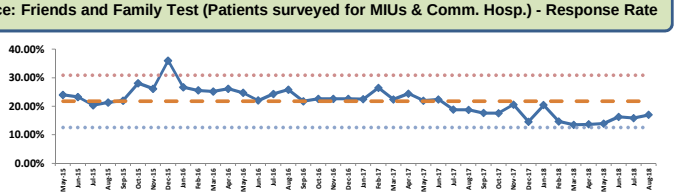
2.19 Patient Experience: Friends and Family - Percentage of Patients who would Recommend KCHFT.

YTD	97.2%
Target	95.0%
YOY Change	0.0%
Bench mark	95.8%



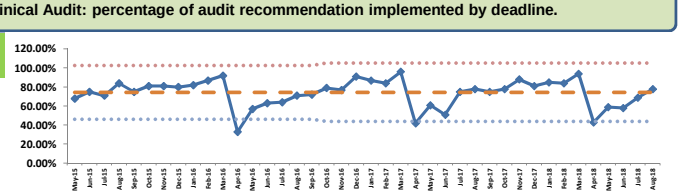
2.20 Patient Experience: Friends and Family Test (Patients surveyed for MIUs & Comm. Hosp.) - Response Rate

YTD	15.4%
Target	20.0%
YOY Change	-3.4%
Bench mark	30.7%



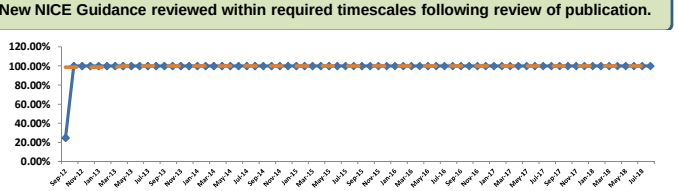
2.21 Clinical Audit: percentage of audit recommendation implemented by deadline.

YTD	78.0%
Target	95.0%
YOY Change	-16.0%
Bench mark	N/A



2.22 NICE guidance: New NICE Guidance reviewed within required timescales following review of publication.

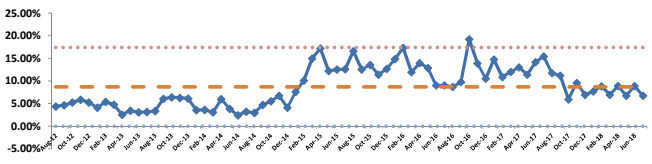
YTD	100.0%
Target	100.0%
YOY Change	0.0%
Bench mark	N/A



3. Integrate Services

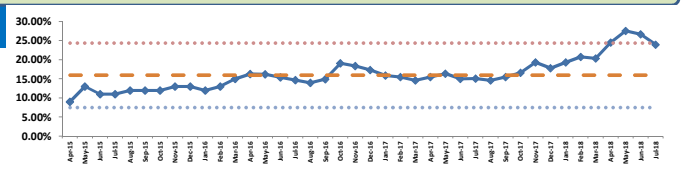
3.1 Delayed Transfers of Care as a % of Occupied Bed Days

YTD	7.8%
Target	9.5%
YOY Change	-2.4%
Bench mark	12.5%



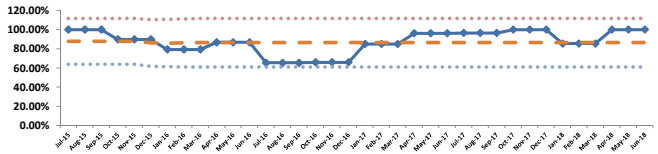
3.2 Percentage of LTC/ICT Referrals coming from within KCHFT

YTD	25.7%
Target	10.0%
YOY Change	8.5%
Bench mark	N/A



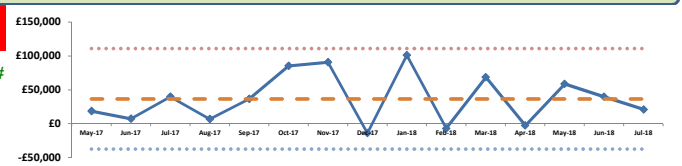
3.3 CQUINs: combined measure of CQUIN performance (% of CQUIN money achieved to 17/18 Q4)

YTD	100.0%
Target	85.0%
YOY Change	N/A
Bench mark	N/A



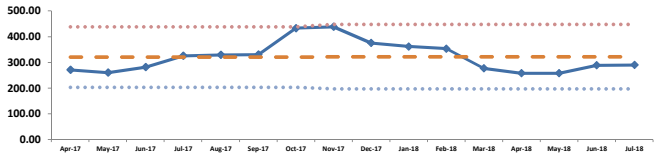
3.4 Home First cost saving associated with reduction of excess bed days - Monthly Average £s (West Kent)

YTD Average	£29,315
Target	£40,000
YOY Change	-£10,281
Bench mark	N/A



3.5 Average wait time (mnutes) for Accident and Emergency Services (West Kent)

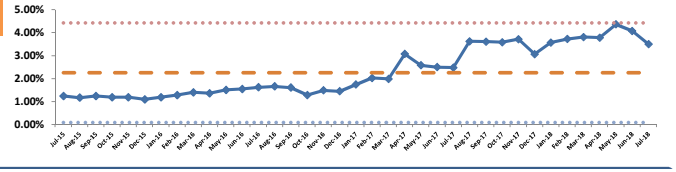
YTD Average	275
Target	240
YOY Change	-61
Bench mark	N/A



4. Develop sustainable services

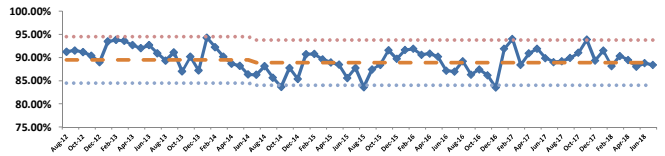
4.1 Percentage of LTC/ICT Face to Face Contacts that were carried out in a clinic

YTD	3.9%
Target	5.0%
YOY Change	0.7%
Bench mark	N/A



4.2 Bed Occupancy: OBDs as a % of available bed days

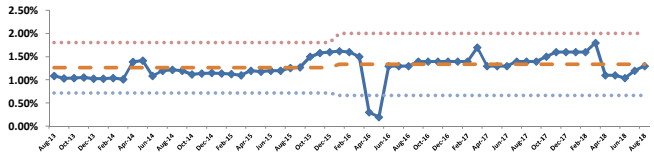
YTD	88.7%
Target	87.0%
YOY Change	-1.7%
Bench mark	90%



4. Develop sustainable services

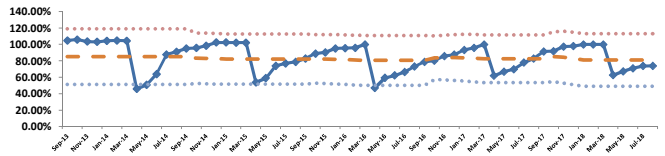
4.3 Income & Expenditure - Surplus (%)

YTD	1.3%
Target	1.0%
YOY Change	-0.5%
Bench mark	1%



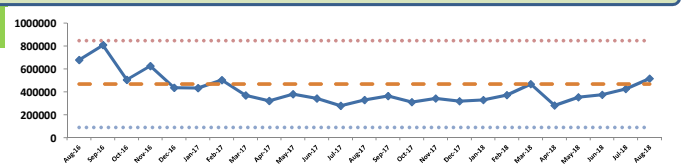
4.4 CIP Achieved against Plan (%)

YTD	74.0%
Target	100.0%
YOY Change	-26.0%
Bench mark	75%



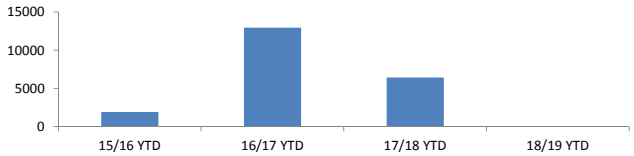
4.5 External Agency spend against Trajectory (£000s)

YTD	1956
Target	3140
YOY Change	N/A
Bench mark	N/A



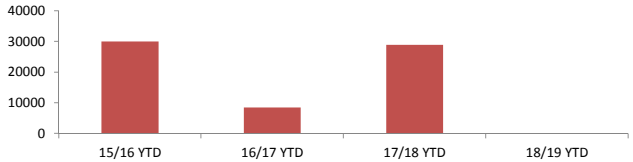
4.6 Annual Value of Tenders Won (of those that reach award stage - £000s)

YTD	0
Target	N/A
YOY Change	-6
Bench mark	N/A



4.7 Annual Value of Tenders Lost (of those that reach award stage - £000s)

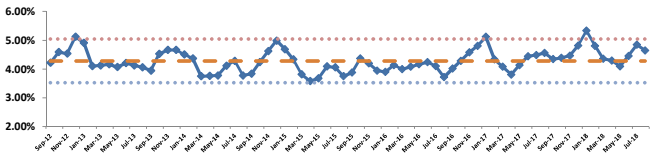
YTD	0
Target	N/A
YOY Change	-29
Bench mark	N/A



Be The Best Employer

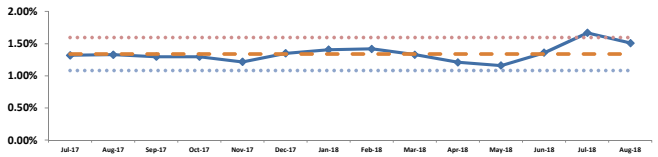
5.1 Sickness Rate

YTD	4.47%
Target	3.90%
YOY Change	0.02%
Bench mark	4.40%



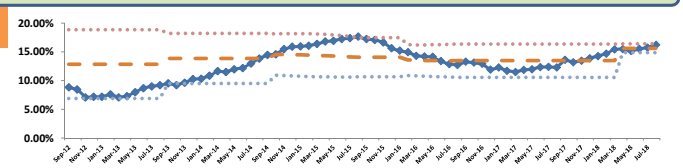
5.2 Sickness Rate (Stress and Anxiety)

YTD	1.38%
Target	1.15%
YOY Change	0.10%
Bench mark	N/A



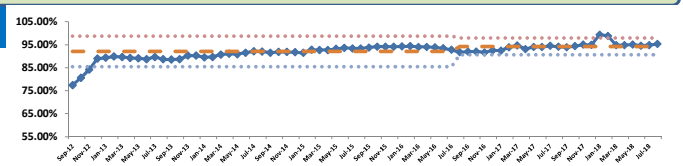
5.3 Unplanned Turnover Rate

YTD	16.23%
Target	14.13%
YOY Change	0.76%
Stretch Target	12.13%



5.4 Mandatory Training: Combined Compliance Rate

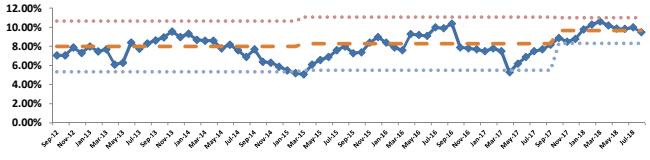
YTD	95.4%
Target	85.0%
YOY Change	0.57%
Bench mark	86.80%



Be The Best Employer

5.5 Gross Vacancy Factor (percentage of the budgeted WTE unfilled by permanent workforce)

YTD	9.50%
Target	9.66%
YOY Change	-1.10%
Stretch Target	7.66%



2.0 Quality Report

2.1 Assurance on Safer Staffing

The shift fill rates for community hospital wards are set out below. The day fill rate for registered nurses (RN) in August was 94%; this is similar to the rate in July. The night shift fill rate for RN's was 92%, a decrease from 98% last month. The Chief Nurse will provide commentary on areas less than 95%.

Five hospitals had *day* shifts with an RN fill rate of below 95%, Edenbridge Hospital (84.7%), Deal (91.9%), QVMH (93.5%), Sevenoaks (93.5%), and Tonbridge Goldsmid (94.4%).

Six wards had had a *night* fill rate of below 95%; these were Deal (88.7%), Edenbridge (87.5%), Hawkhurst (90.3%), Whit & Tank (91.9%), Sevenoaks (91.9%) and Tonbridge Goldsmid (91.9%).

The unusually low fill rates were due to difficulties in recruiting temporary staff during the summer holiday period. The lowest fill rates were at Deal and Edenbridge:

- The Matron at Deal has reported that there were problems finding temporary staff to cover the 4 staff members who took sick leave during August.

- The Matron at Edenbridge reported that this was due to not being able to fill shifts caused by staff vacancies, however additionally it was reported that the ward had a 2 week period when 6-7 beds were empty. Referrals from the acute hospital/community services were reduced during this time, and therefore for this period additional staff were not sought.

Where RN shifts were unable to be filled by bank or agency the wards increased the use of HCA staff to expand general capacity which has resulted in an overfill rate for HCAs. HCAs have also provided additional capacity as required to manage fluctuations in dependency.

	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	97.6%	143.5%	96.8%	127.4%	930	907.5	1395	2002.5	682	660	682	869
Deal	91.9%	134.4%	88.7%	114.5%	930	855	1395	1875	682	605	682	781
QVMH	93.5%	114.0%	93.5%	108.1%	930	870	1395	1590	682	638	682	737
Whit &Tank	102.4%	147.1%	91.9%	104.8%	930	952.5	1162.5	1710	682	627	682	715
Sevenoaks	93.5%	115.6%	91.9%	102.2%	930	870	1395	1612.5	682	627	1023	1045
Tonbridge - Goldsmid	94.4%	112.9%	91.9%	129.0%	930	877.5	1162.5	1312.5	682	627	341	440
Tonbridge - Primrose (HCA% includes some RN activity)	N/A	114.0%	N/A	112.9%	0	0	1395	1590	0	0	1023	1155
Hawkhurst	96.0%	121.0%	90.3%	108.1%	930	892.5	1395	1687.5	682	616	682	737
Edenbridge	84.7%	123.4%	88.7%	101.6%	930	787.5	930	1147.5	682	605	682	693
Total	**94%**	**125%**	**92%**	**111%**	**7440**	**7013**	**11625**	**14528**	**5456**	**5005**	**6479**	**7172**
	Over 90% Fill Rate			65% to 90% Fill rate				Less than 65%			Over 110%	

The fill rate at the Westview integrated unit is set out below. Currently Westview has 15 health beds open, and on average 13 are filled. Staffing is reviewed daily and shortages are subject to the same escalation processes as other KCHFT wards. The data below will not include staff that are booked through the KCC agency system as this is not collected on a KCHFT system.

	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
West View	83.1%	61.3%	80.6%	71.0%	930	772.5	1860	1140	682	550	1023	726

2.2 Assurance on Pressure Ulcers

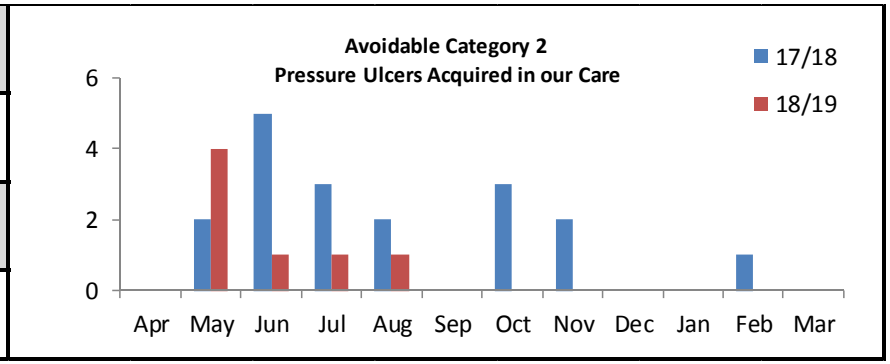
The following tables compare our current position for avoidable pressure ulcers acquired within our care, with incidents in 2017/18. Figures may change following completion of investigations.

2.2.1 Category 2 Pressure Ulcers

There was one avoidable category 2 pressure ulcer that occurred in August, this was in the Adults Short Term Service – Canterbury.

One additional category 2 pressure ulcer has now been confirmed as avoidable from July, this was in Long Term Services – Thanet, Community Nursing.

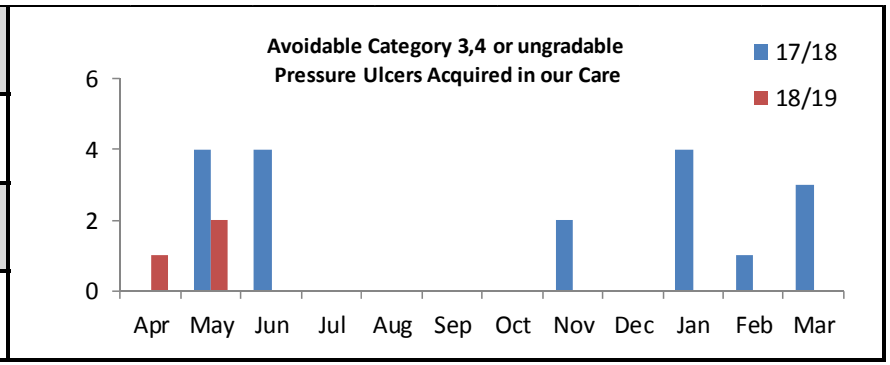
Current Month	**1**
18/19 YTD	**7**
17/18	**18**
Annual Target	**17**



2.2.2 Category 3, 4 or Ungradable Pressure Ulcers

There were no avoidable category 3, 4 or ungradable pressure ulcers in August.

Current Month	**0**
18/19 YTD	**3**
17/18	**18**
Annual Target	**17**



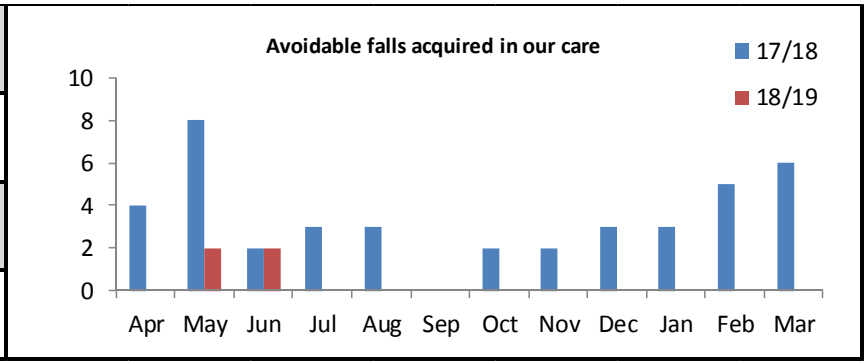
The Serious Incident (SI) team review all incidents with a level of harm recorded as moderate or above. However, to minimise delays in reporting pressure ulcers, every pressure ulcer incident is now reviewed regardless of level of harm to ensure that the correct level has been selected. If the level of harm is changed to moderate or above an email is sent to the investigator and the incident is recorded on the potential SI database until the investigation has been completed and SI status is determined.

2.3 Assurance on Falls

There were 49 falls reported across KCHFT in August. Of these none were found to be avoidable.

The position year to date is much improved on that at this point last year.

Current Month	**0**
18/19 YTD	**4**
17/18	**41**
Annual Target	**37**



2.4 Assurance on Medication incidents

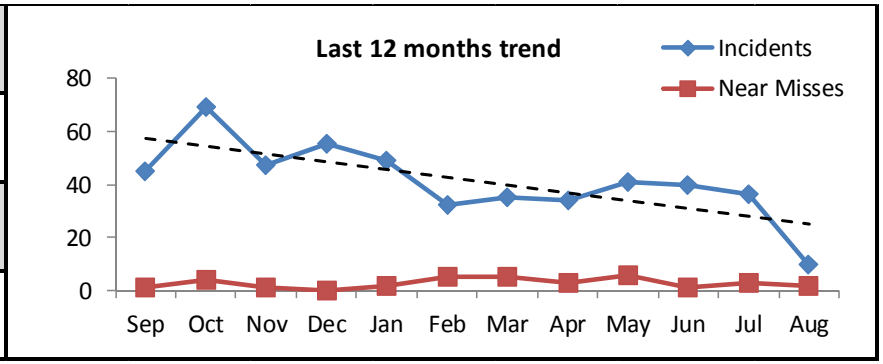
A total of 10 avoidable medication incidents, acquired in our care, occurred during August 2018. All were categorised as causing No Harm to the patient.

The highest reported category of avoidable incidents is omitted medication making up 30% of the total number during August 2018.

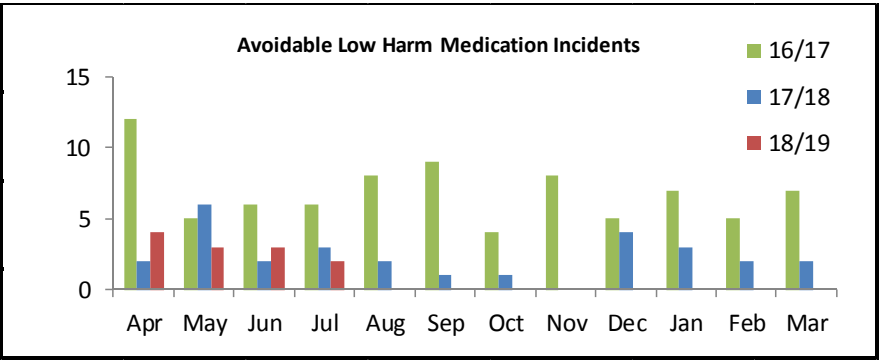
The joint second highest reported category of avoidable incidents is wrong quantity, wrong frequency and wrong method of preparation/supply making up 20% each of the total number during August 2018.

There were no incidents that resulted in 'low harm', 'moderate harm', 'severe harm' or 'death' of a patient.

Current Month	**10**
18/19 YTD	**161**
17/18	**583**
Target	**523**



Current Month	**0**
18/19 YTD	**12**
17/18	**28**
Annual Target	**24**



2.5 Assurance on Patient Experience

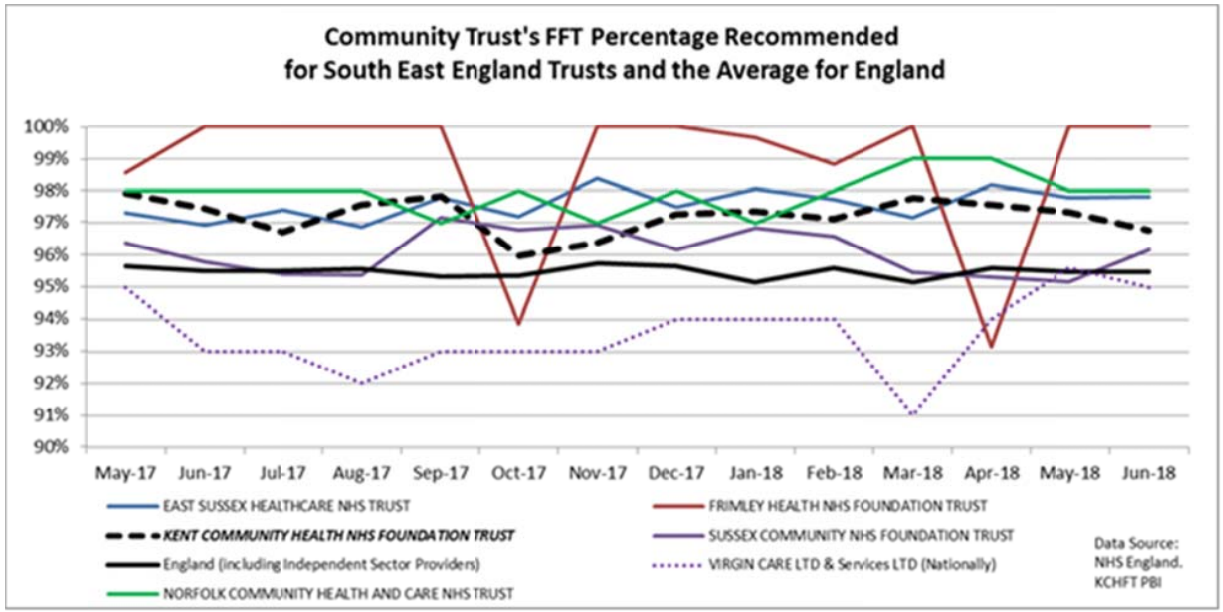
2.5.1 Meridian Patient Experience survey results

5,463 surveys were completed by KCHFT patients, relatives and carers with a strong combined satisfaction score of 97.2% in August. Survey volumes have increased slightly in August compared with July, which is unusual and not in-line with the normal trend seen over recent years at this time. This is due to more survey completions across the trust, rather than any particular service.

2.5.2 The NHS Friends and Family Test (FFT)

The NHS Friends and Family Test score for August is shown below and satisfaction levels have increased (97.48%) when compared with July's score of 97.04%. In July 2018, 0.69% of our patients chose not to recommend the service they received, compared with 0.75% in August.

To assist with benchmarking, Norfolk Community Health and Care NHS Trust, who have been given a CQC rating of outstanding, are now being included in reporting. Norfolk average around 98% for their NHS FFT score, however they collect less than a ¼ of the surveys conducted by KCHFT as a ratio of their service provision.



FFT scores for patients who would recommend services remains high and has increased over the previous three months.

Month	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Aug 2018	97.49%	0.75%	5329	4274	921	60	14	26	34
Jul 2018	97.04%	0.69%	5093	3894	1048	84	15	20	32
Jun 2018	96.81%	0.85%	5555	4297	1081	96	20	27	34

2.6 Assurance on Clinical Audit and Research

2.6.1 Audit

The annual KPI target is for 95% of clinical audit recommendations to be implemented. This is achieved via a stepped target during the year.

KPI Actions Target %	April >35%	May >35%	June >55%	July >55%	Aug >75%
Due audit recommendations implemented - KPI 4.6 Target April >35%	43%	59%	58%	69%	78%
Actions overdue by more than 3 months - KPI 36 Target <=10%	0%	1%	6%	5%	10%
Actions overdue by more than 6 months - KPI 37 Target <=5%	2%	4%	2%	2%	0%

2.6.2 Clinical Audit Reporting

Dashboard and SBAR reporting was recently introduced for clinical audit. This relates to receiving the full report within a specified timeframe after receipt of dashboard reporting. This has been achieved this month.

KPI Target 50%	April	May	June	July	Aug.
Receipt of full report within specified timeframe	55%	62%	67%	68%	74%

2.6.3 Research

KCHFT works to deliver an annual recruitment pledge to the Kent Surrey and Sussex Clinical Research Network to deliver high quality national studies (known as portfolio studies) to local patients. This is a Key Performance Indicator for research.

Key Performance Indicators – Reporting Target 2017/18 = 240	Quarter 1	Quarter 2	Achieved
Recruitment to portfolio studies	74	154	N/A Quarter not complete

2.6.4 National Institute for Clinical Excellence (NICE)

The number of NICE guidance/ standards that were issued in August 2018 was fourteen.

The number of guidance/standards issued in April 2018 that were due for assessment in August 2018 was fifteen. Seven of the guidance/ standards issued were deemed applicable to at least one service throughout the Trust.

3.0 Workforce Report:

3.1 Assurance on Retention

3.1.1 Turnover

August's Turnover rate was 19.48% (922 leavers over 4733 average headcount in the rolling 12 month period September 2017 – August 2018), an increase of 0.43% on July '18 figure of 19.05%. Turnover trend has seen a continued increase over the last 12 months. Trust Headcount has dropped from 4665 to 4595 since July, a reduction of 65. However we anticipate seeing a change in the next report as the inductions in September are showing a significant increase in staff starting.

Fig.1 Turnover Rates by Month

Current Month	**19.48%**
18/19 YTD	**19.48%**
17/18	**18.81%**
Target	**16.47%**

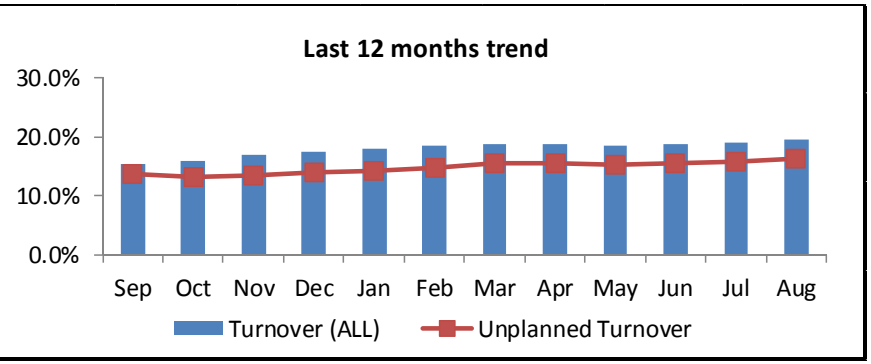


Fig.2 Directorate Turnover and Proportion

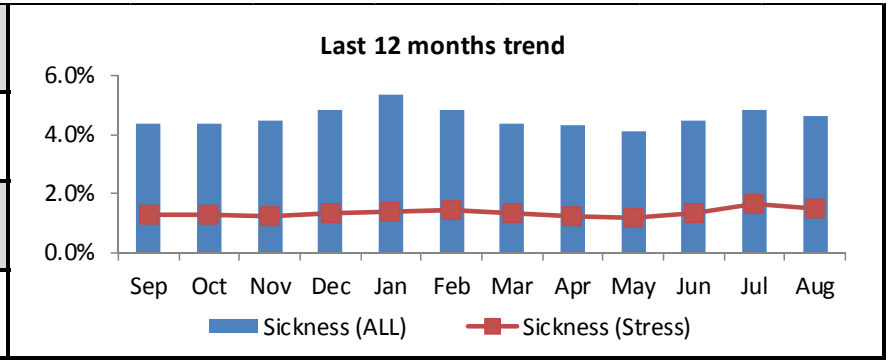
Directorate	Turnover %	Proportion %
Operations Directorate	19.76%	83.24%
IT	15.67%	2.92%
Nursing & Quality Directorate	21.31%	1.33%
Medical Director	13.91%	1.22%
HR, OD & Communications	22.97%	2.09%
Finance Directorate	21.59%	1.74%
Corporate Services Directorate	25.00%	1.15%
Estates	15.44%	6.31%

The table above illustrates turnover by Directorate throughout the Trust over the last 12 months. Although some areas show a high turnover they are proportionally very small parts of the organisation where a small number of changes will have a big impact on the turnover percentage figures detailed.

3.2 Assurance on Sickness

3.2.1 Sickness Absence

Current Month	**4.65%**
18/19 YTD	**4.47%**
17/18	**4.45%**
Annual Target	**3.90%**



Sickness remains above the Trust target at 4.47% financial year to date (target 3.90%). August (4.65%) saw a decrease in the sickness rate from July (4.85%). Nationally Community Service providers average a sickness rate of 4.68%.

Fig.3 Sickness Absence by Directorate (financial year to date)

Directorate	Sickness %
Operations Directorate	4.67%
IT	2.58%
Nursing & Quality Directorate	2.37%
Medical Director	1.29%
HR, OD & Communications	5.58%
Finance Directorate	2.25%

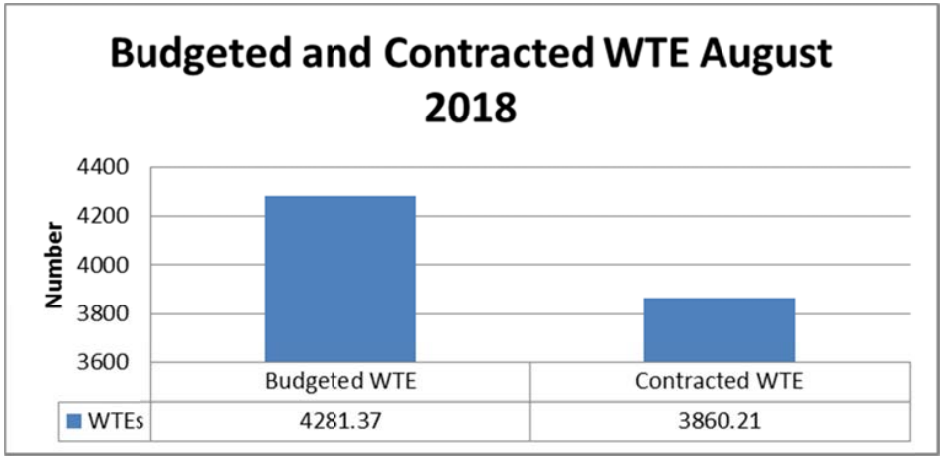
Corporate Services Directorate	0.64%
Estates	4.78%

All Directorates recorded sickness levels below the Trust target, except Operations at 4.67% and HR, OD & Communications at 5.58% and Estates at 4.78%.

3.3 Assurance on Filling Vacancies

3.3.1 Establishment and Vacancies

Fig.5 Budgeted / Contracted FTE

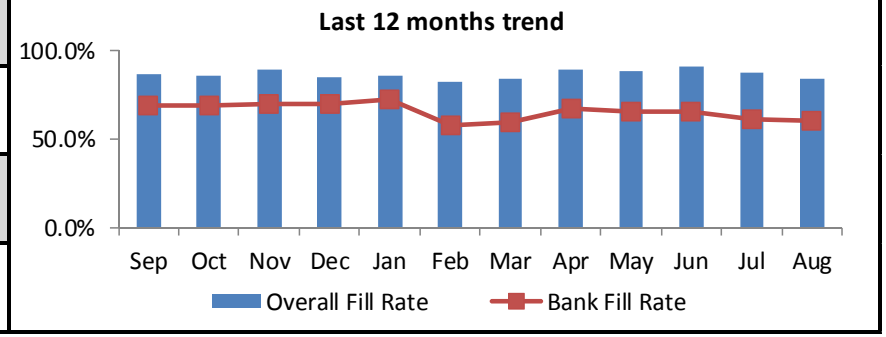


Budgeted FTE has decreased by 26.61 FTE from July 2018 to August 2018, however Contracted FTE has decreased by 2.43FTE in the same period, driving the reduction in overall vacancies at the Trust.

3.3.2 Temporary Staff Usage

Fig.6 Agency/Bank Fill Rate

Current Month	**84.16%**
18/19 YTD	**87.89%**
17/18	**86.52%**
Target	**90.00%**

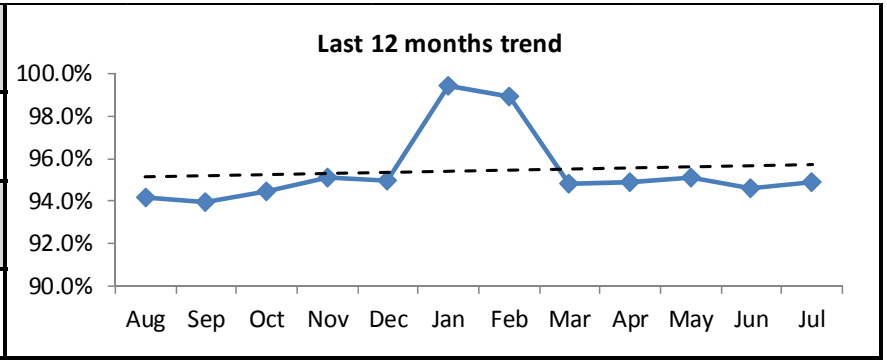


84.2% of shifts were filled in August (926 out of 4919 requests for temporary staff went unfilled). A decrease of 3% between July 2018 and August 2018. Bank fill rate was 60.0% of shifts (3506 shifts) again a decrease on the figures from July 2018 (61.4%).

3.4 Assurance on Training Compliance

Fig. 5 Mandatory Training Compliance

Current Month	**94.9%**
18/19 YTD	**94.9%**
17/18	**94.8%**
Annual Target	**85.0%**



Overall compliance with Mandatory Training topics is increasing and the majority are in the green the exceptions are below.

Mental Capacity Level 3

This is a small target audience and can fluctuate quite drastically with the addition or removal of 1 person being compliant. The drastic drop from 100% to 72.7% is that 1 individual has come out of date and 2 have moved into the target audience. We are going to be working with the safeguarding team to arrange a training session for these 3 staff.

Client moving and handling

This compliance is improving, increasing by 0.9% since last month but remains orange. Contributing services are mostly from East Kent.

4.0 Finance Report:

4.1 Assurance on Financial Sustainability

Surplus — Rag rating: Green

	Actual	Plan	Variance
Year to Date £k	1,195	986	209
Year End Forecast £k	3,128	3,128	0

The Trust achieved a surplus of £1,195k to the end of August.

Pay and depreciation/interest have underspent by £4,320k and £54k respectively and non-pay has overspent by £3,082k.
Income has under-recovered by £1,084k.

The forecast is to deliver a surplus of £3,128k which is in line with the plan for the year.

Use of Resource Rating — Rag rating: Green

	Year to Date Rating	Year End Forecast Rating
Capital Service Capacity	1	1
Liquidity	1	1
I&E margin (%)	1	1
Distance from Financial Plan	1	1
Agency Spend	1	1
Overall Rating	1	1

The Trust has scored the maximum '1' rating against the Use of Resource rating metrics for M5 2018-19.

CIP — Rag rating: Amber

	Actual	Plan	Variance
Year to Date £k	1,292	1,745	-453
Year End Forecast £k	4,080	4,080	0

The Trust achieved CIPs of £1,292k to the end of August against a plan of £1,745k, which is £453k behind target.

73.9% of the total annual CIP target has been removed from budgets at month five.

The Trust is forecasting to achieve the full plan of £4,080k by the end of the year.

Cash and Cash Equivalents — Rag rating: Green

	Actual	Forecast	Variance
Year to Date £k	31,073	28,570	2,503
Year End Forecast £k		26,938	

Cash and Cash Equivalents as at M5 close stands at £31,073k, equivalent to 52 days operating expenditure.

Capital Expenditure — Rag rating: Amber

	Actual/Forecast	Plan	Variance
YTD Expenditure £k	788	1,902	1,114
Year End Forecast £k	3,485	3,485	0

Capital Expenditure year to date is £788k, representing 41% of the YTD plan.
The full year plan is £3.5m and the Trust expects to utilise this in full.

Agency Trajectories — Rag rating: Green

	M5			YTD		
	Actual £	Trajectory £	Variance £	Actual £	Trajectory £	Variance £
External Agency Expenditure (inc. Locums) £k	518	628	110	1,956	3,140	1,184
Locum Expenditure £k	178	106	-72	430	531	101

External Agency Expenditure (Inc. Locums) was £518k against £628k trajectory in August.
(YTD £1,956k against £3,140k trajectory).
Locum Expenditure in August was £178k against £106k trajectory.
(YTD £430k against £531k trajectory).

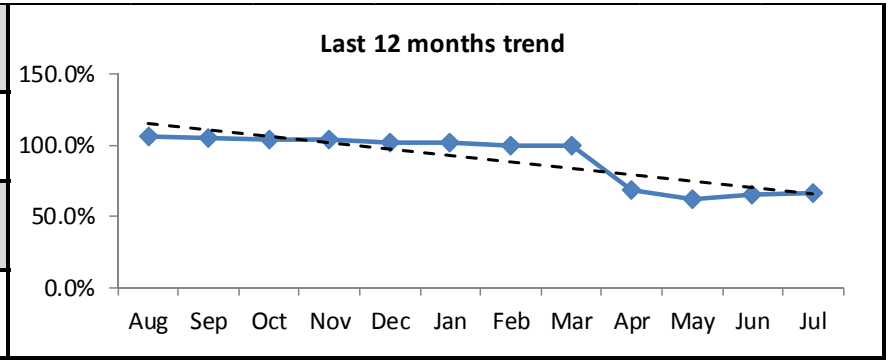
5.0 Operational report:

5.1 Assurance on National Performance Standards and Contractual Targets

5.1.1 Health Checks and SS Quits

Health Checks

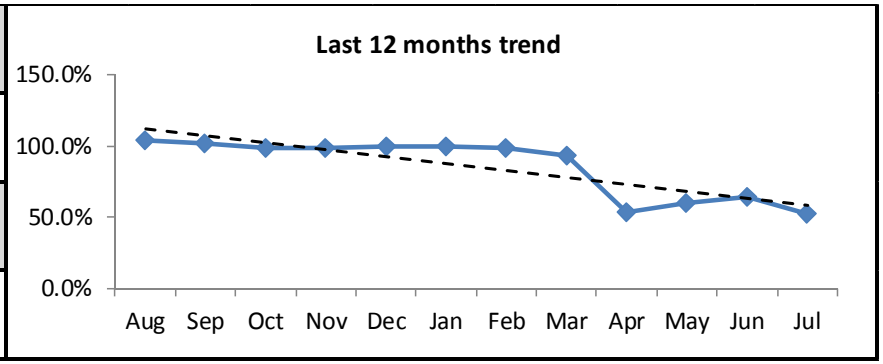
Current Month	**66.6%**
18/19 YTD	**66.6%**
17/18	**100.2%**
Annual Target	**100.0%**



The NHS Health Checks IT infrastructure changed on the 1st April 2018. This is a new IT system procured by KCC. There have been some problems with loading software on the new system and consequently the practices have been unable to invite their population for 18/19. There are still currently some issues with a few practices still having issues with their eligible cohort data. KCC is aware of this issue and is performance managing the contract to try and resolve the issues outlined. In this respect, it has been agreed that the Apollo query runs will be initiated on a monthly basis from October 2018 (this was originally agreed as quarterly), which should help minimise any potential data errors and improve assurance for the GP practices. This on the Health Improvement risk register also. KCHFT trying to negotiate 18/19 target as this is the first year of a five year cohort to see if the target could be spread as this programme is very difficult to catch up once there is a poor start to the year.

Stop Smoking Quits

Current Month	**52.9%**
18/19 YTD	**52.9%**
17/18	**93.8%**
Annual Target	**100.0%**

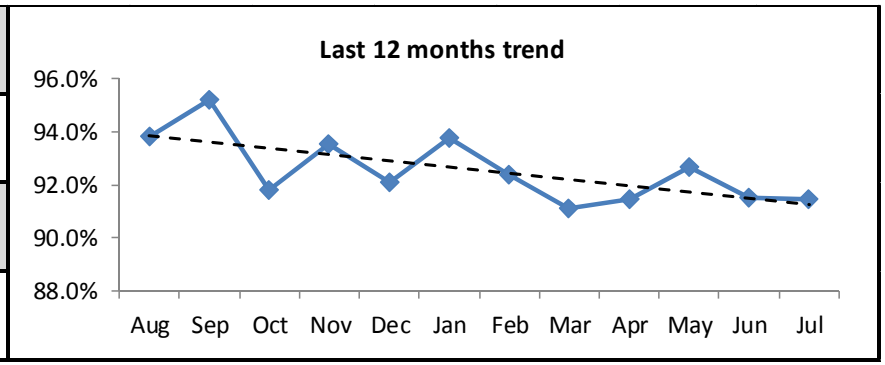


The ONE YOU Services has implemented a new IT system combining three client pathways into one as per the new contractual agreement with KCC. The focus for the ONE YOU Smoke Free service has been to work with the third party providers to update their outcome data for quarter 4 and DOH report was sent on 14th June 2018. There have been some issues with the new IT system and the service now has a focus on supporting the third party providers so that they can update the data management system with new clients entering the service from 1st April 2018. The numbers are lower and the service will work hard to get the IT system up to date. May has seen some recovery improvements following the action plans in place.

5.1.2 Health Visiting

New Birth Visits

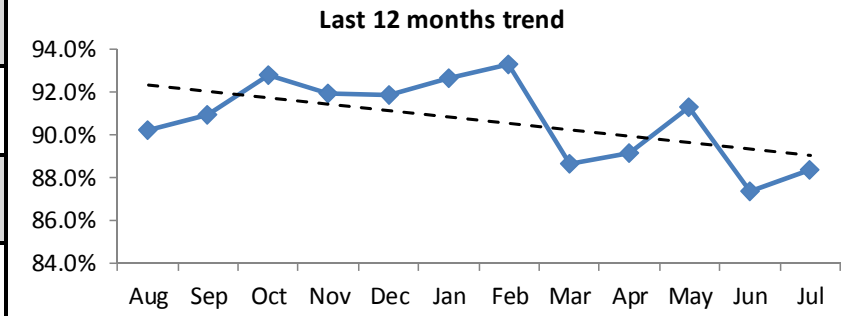
Current Month	**91.5%**
18/19 YTD	**91.8%**
17/18	**92.5%**
Target	**90.0%**



Performance steadily increased during 17/18 with a year-end performance of 92.5%. A slight downward trend is evident, with month 4 performance at 91.5%, although the target of 90% is being consistently achieved.

6-8 Week Checks

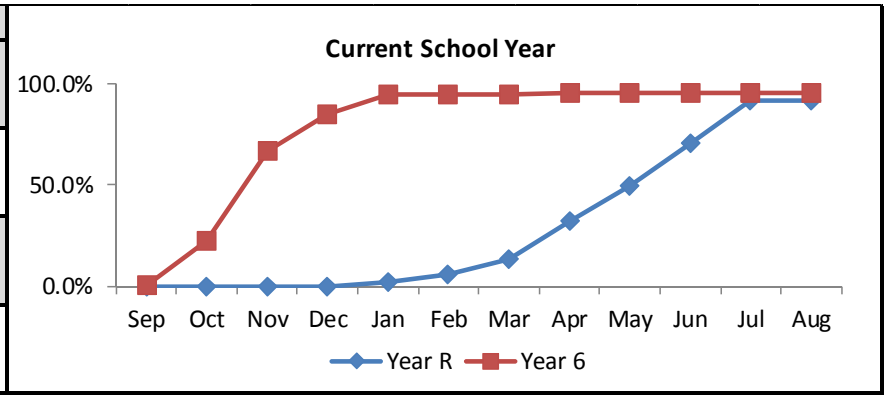
Current Month	**88.4%**
18/19 YTD	**89.1%**
17/18	**91.0%**
Target	**85.0%**



Month 4 performance has improved to 88.4%, having dropped in month 3. There is a very marginal downward trend, although the target of 85% is being consistently achieved. Monthly processes continue to be in place for localities to drill down into any reasons for not meeting the targets and ensure accurate data reporting.

5.1.3 National Child Measurement Programme (NCMP)

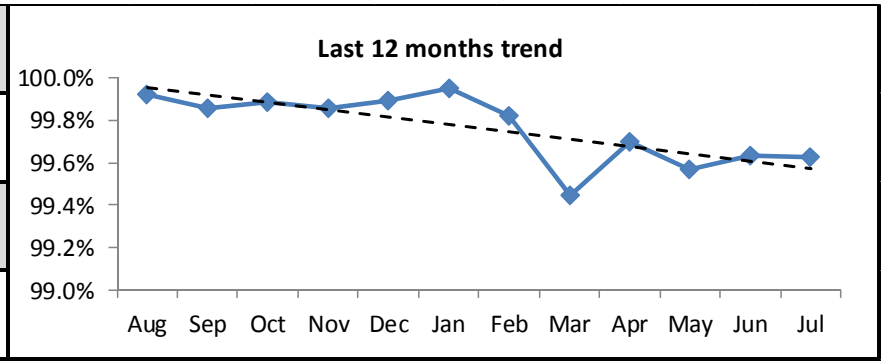
	Year R	Year 6
Current Month	**91.7%**	**95.6%**
17/18 School Year YTD	**91.7%**	**95.6%**
16/17 School Year	**97.3%**	**95.7%**
Annual Target	**90%**	**90%**



The measurement programme for Year 6 pupils has been completed for the 2017/18 school year, with a 95.6% completion rate, slightly down on last year. The reception year measurement programme has now reached 91.7%, achieving the trajectory and meeting the national target

5.1.4 Minor Injury Units (MIU) 4 Hour Wait Target

Current Month	**99.6%**
18/19 YTD	**99.6%**
17/18	**99.8%**
Target	**95.0%**



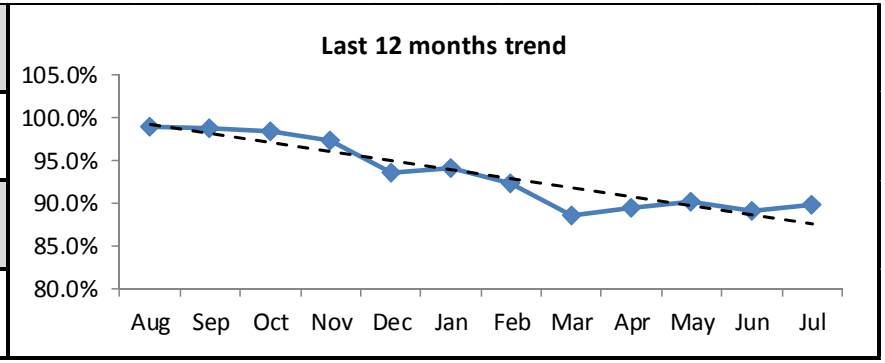
KCHFT's achievement of the 4 hour wait target for Minor Injuries Units has consistently been high, with 99.8% seen within 4 hours in 2017/18. There has been a slight increase in the number of breaches in the last few months, although this has still been a small proportion of attendances, with March performance the lowest at 99.4%.

5.1.5 GUM 48hr

Access to GUM clinics within 48hrs has been consistently 100%, with no reported breaches

5.1.6 Consultant-Led RTT Incomplete Waits Over 18 weeks

Current Month	**89.9%**
18/19 YTD	**89.7%**
17/18	**96.7%**
Target	**92.0%**



The proportion of patients on a consultant-led Referral to Treatment (RTT) pathway at month end who are waiting less than 18 weeks has slowly worsened since August 2017. The vast majority of our incomplete pathways over 18 weeks are within our Adult Chronic Pain and Orthopaedics services in east Kent. There has been increased demand pressure on this service which has caused a growing waiting list and discussions with

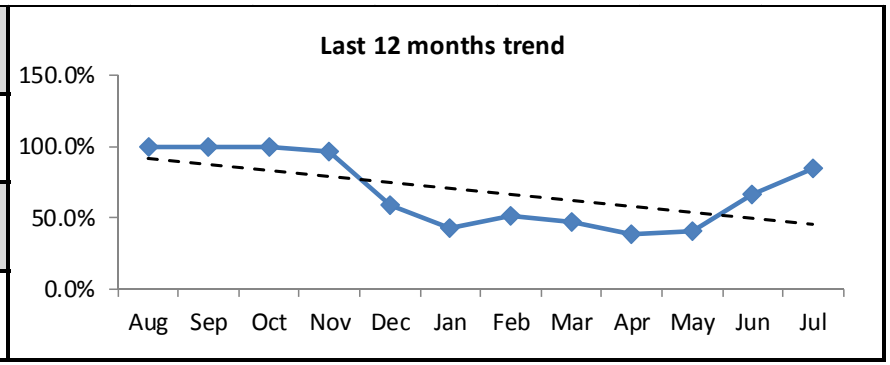
commissioners to assist with the issue have so far proved difficult, with no further investment. KCHFT has been working on remodelling the services to improve the situation, which has yet to see significant improvements. Month 4 performance has improved slightly to 89.9% and it is expected that changes made to the service delivery will improve the position over the coming months.

	0-12 Wks	12-18 Wks	18-36 Wks	36-52 Wks	52+ Wks	< 18 Weeks
Chronic Pain	589	226	351	29	1	68.1%
Orthopaedics	2676	196	155	0	0	94.9%
Children's Audiology	428	0	0	0	0	100.0%
Community Paediatrics	609	91	3	0	0	99.6%
KCHFT Total	4302	513	509	29	1	89.9%

The above table shows the current breakdown of the waiting list for all services on a consultant-led pathway. While only 89.9% are below 18 weeks, the majority are between 18-36 weeks. The average wait for patients waiting over 18 weeks is 24.6 weeks.

5.1.7 6 Week Diagnostics (Audiology)

Current Month	**84.7%**
18/19 YTD	**57.7%**
17/18	**82.6%**
Annual Target	**95.0%**

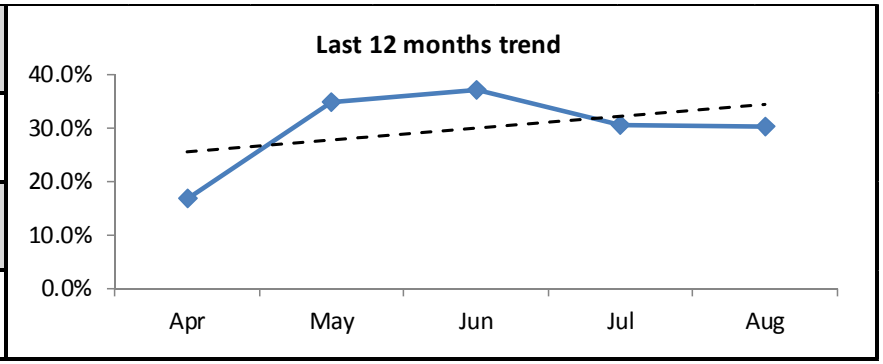


There had been a downward trend since October 2017, prior to this KCHFT were consistently achieving 100%, with very occasional breaches. However, due to a period of reduced capacity (vacancies), a backlog had grown causing a number of breaches. A number of actions and mitigations have reduced the backlog significantly with improvements now being seen.

While the July performance has improved to 84.7%, the number of existing breaches on the caseload had improved further with September performance expected to be on target.

5.1.8 End of Life Care

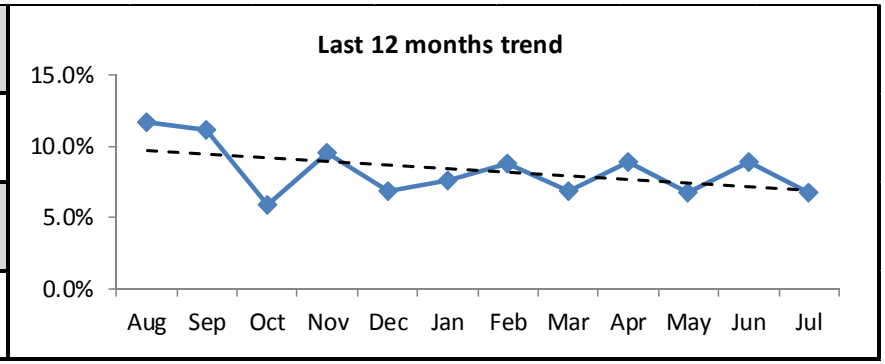
Current Month	**30.4%**
18/19 YTD	**30.1%**
17/18	**N/A**
Annual Target	**95.0%**



The end of life indicator is new for 18/19, from Preferred Place of Death, to the percentage of End of Life patients who had an updated personalised care plan at their time of death; therefore no trend data is available prior to April 2018. While the performance for the year to date equates to only 30.1%, the personalised care planning window on CIS is still being embedded so should continue to improve over the coming months.

5.1.9 Delayed Transfers of Care (DTOCs)

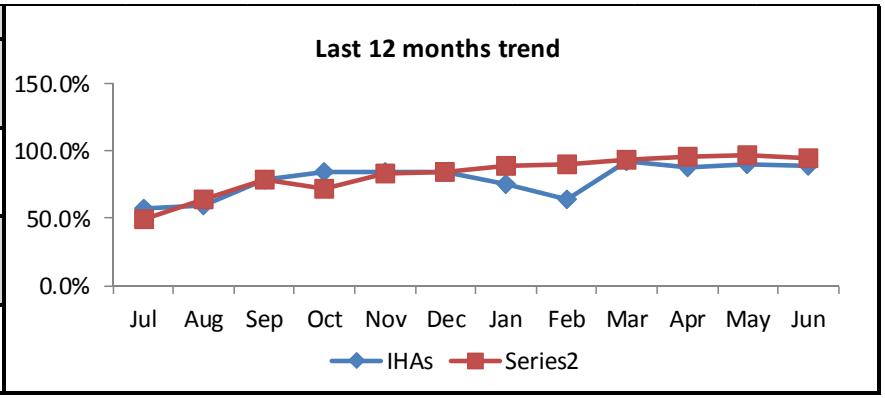
Current Month	**6.7%**
18/19 YTD	**7.8%**
17/18	**10.2%**
Annual Target	**9.5%**



KCHFT's target for delayed transfers is to reduce to an average of 7 per day in both east Kent and west Kent, which equates to around 9.5% as a rate of occupied bed days. While the 17/18 achievement was higher than this at 10.2%, there has been a reducing trend generally, with month 4 reducing to 6.7% (7.8% YTD)

5.1.10 Looked After Children Initial Health Assessments (IHAs) and Review Health Assessments (RHAs)

	IHA	RHA
Current Month	**88.9%**	**94.6%**
18/19 YTD	**89.1%**	**95.9%**
17/18	**68.8%**	**67.7%**
Annual Target	**95%**	**95%**



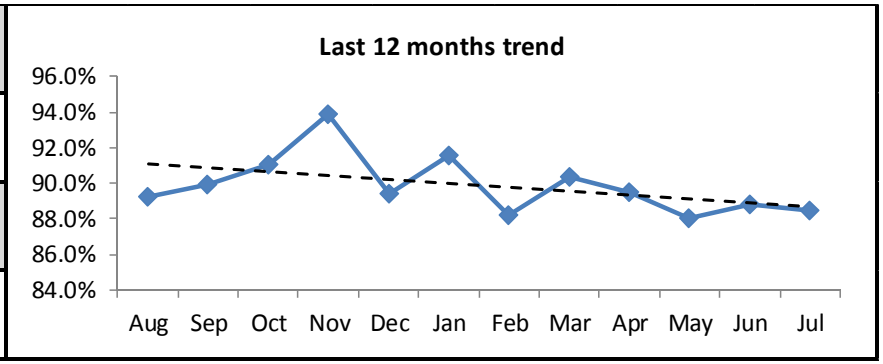
There has been a continually improving performance in both Initial and Review Health Assessments, which has continued into 2018/19 with both indicators around or above 90%.

5.1.11 NHS Number Completeness

NHS Number completeness across KCHFT's main systems are consistently c.100%, with the main exception being new births yet to have a NHS number assigned (Although later updated) and Overseas MIU attendances.

5.1.12 Bed Occupancy

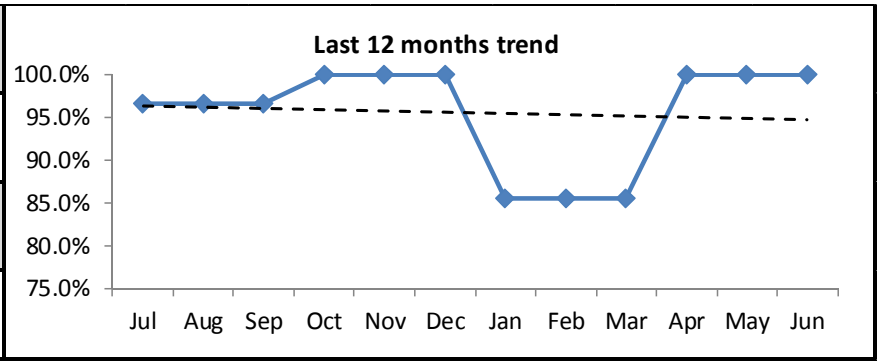
Current Month	**88.5%**
18/19 YTD	**88.7%**
17/18	**90.5%**
Target	**88-92%**



Bed Occupancy has shown a relatively static trend across the last 12 month, although month 4 is slightly below the 17/18 performance at 88.5%. However, this is still within the ideal threshold of 88-92%

5.1.13 CQUIN

Current Quarter	100.0%
18/19 YTD	100.0%
17/18	89.7%
Annual Target	100.0%



Estimated final outturn for CQUIN for 17/18 is placed at 89.7%, with the Q4 achievement estimated to be 85.6%. CQUINs are now in place for 18/19 and the estimated Q1 achievement is at 100%, although the weighting of the CQUINS means that a proportionally higher value is placed on Q4.

5.2 Assurance on activity and productivity

5.2.1 Activity

Service Type	M4 Actual	YTD Actual	YTD Target	YTD Variance	Movement	Internal BRAG	Contract BRG
Long Term Conditions	55,674	213,416	223,105	-4.3%	Positive		
Intermediate Care	19,224	78,838	83,579	-5.7%	Negative		
MIU Attendances	12,550	46,742	37,963	23.1%	Positive		
Community Hospital Admissions	174	740	607	22.0%	Negative		
Community Hospital Occupied Bed Days (WK)	2,195	8,541	8,753	-2.4%	Positive		
Community Hospital Occupied Bed Days (EK)	2,259	9,203			Negative		
Specialist and Elective Services	27,181	110,083	115,197	-4.4%	Negative		
Learning Disabilities - Face to Face	3,758	50,446			Positive		
*Children's Universal Services	35,401	511,679			Negative		
Children's Specialist Services	15,160	62,747	60,895	3.0%	Negative		
Dental Service - All currencies	11,539	36,543	44,760	-18.4%	Positive		
Health Trainers	DCU	DCU	1,004	DCU	Negative		
All Services (contractual)	**143,697**	**558,154**	**575,863**	**-3.1%**	Positive		
All Services (including those without targets)	**185,115**	**714,826**	**N/A**	**N/A**	Positive		

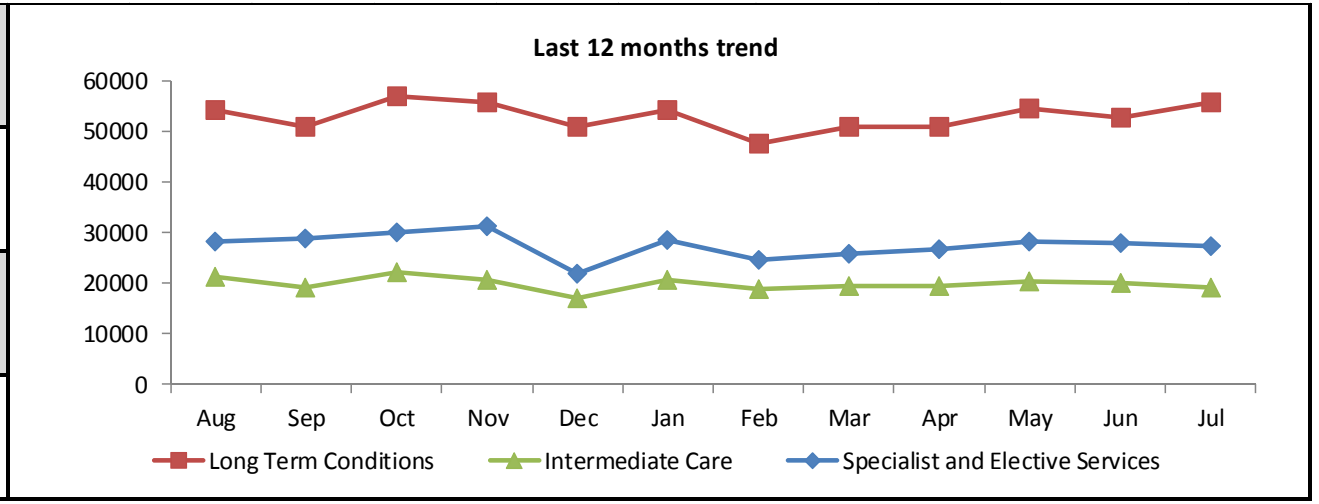
	Internal	Contract
	>+5%	>+10%
	>-5%	>-10%
	+/- 2.5-5%	n/a
	<+/- 2.5%	<+/- 10%
		No Target

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

During July 2018 KCHFT carried out 185,115 clinical contacts, of which 12,550 were MIU attendances. For the year to July 2018 KCHFT are 3.1% below target for services that have contractual activity targets in place, the same as the June position. The largest variances are within Long Term Conditions (-4.3%), Intermediate Care Services (-5.7%), Specialist and Elective Services (-4.4%) and Dental Services (-18.4%).

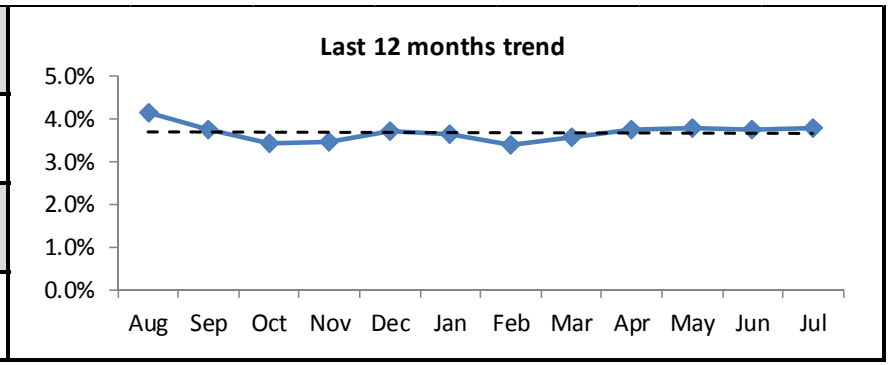
The following graph shows the monthly activity levels for Long Term Conditions, Intermediate Care Services and Specialist and Elective Services, which are currently lower than the first half of 2017, although the Meridian productivity work is hoped to improve activity levels through better efficiency and activity recording.

Current Month	**96.9%**
18/19 YTD	**97.9%**
17/18	**97.6%**
Target	**100.0%**



5.2.2 DNA rates

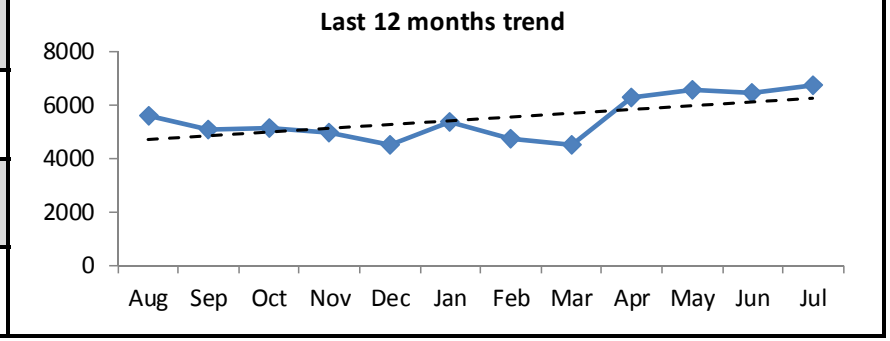
Current Month	**3.8%**
18/19 YTD	**3.8%**
17/18	**3.7%**
Annual Target	**5.0%**



DNA rates continue to fall below the target of 5%, although are significantly higher within some services, particularly children's therapies. The general trend over the last 12 months is static, although the last few months have shown a small increase in DNA rates.

5.2.3 Admissions Avoided

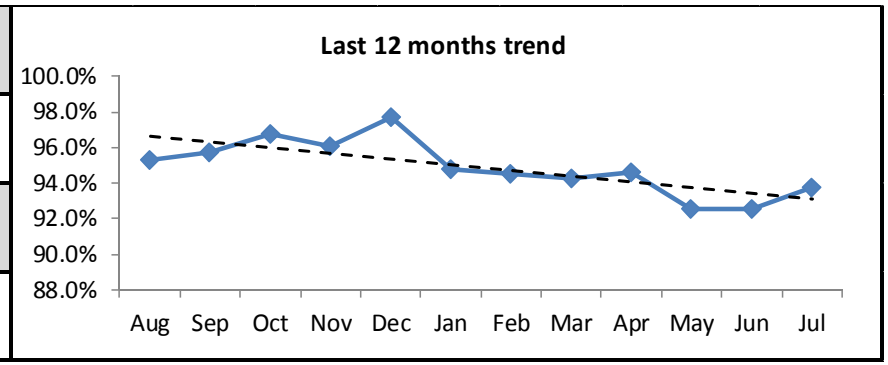
Current Month	**6734**
18/19 YTD	**26059**
17/18	**63078**
Annual Target	**63054**



During June 2018, 6734 admissions were avoided by our Nursing and Intermediate Care services, showing an increase compared to the declining trend during 2017/18. This is also highlighted by the fact that 16.4% of patients accessing those services had an admission avoided during July compared to an average of 15.9% during 2017/18

5.3 Assurance on Local Wait Times

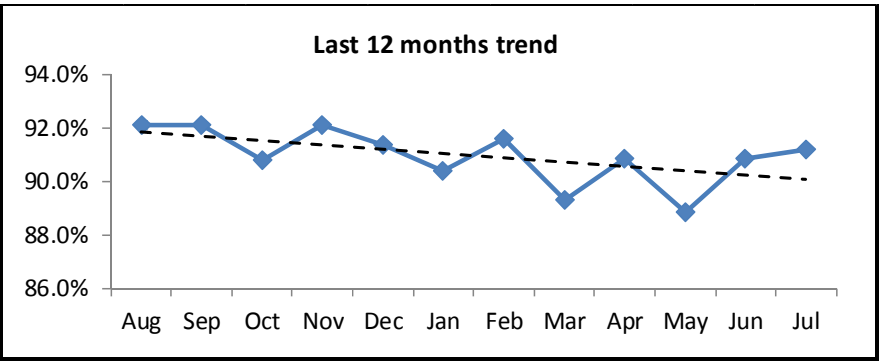
Current Month	**93.7%**
18/19 YTD	**93.3%**
17/18	**95.9%**
Annual Target	**95.0%**



Waiting times for all AHP services continues to decline slightly, although this is impacted by the waits for our Chronic Pain service. However, June waits within 18 weeks improved slightly to 93.7%, compared to a 17/18 aggregate performance of 95.9%, with the lowest performing services being Chronic Pain, Community Paediatrics, West Kent Block AQP Physiotherapy and Podiatric Surgery. The dip in recent months is partly down to the clearing of the backlog in some services, with a view to reduced long waits on the waiting list, particularly within Chronic Pain.

5.4 Outcomes

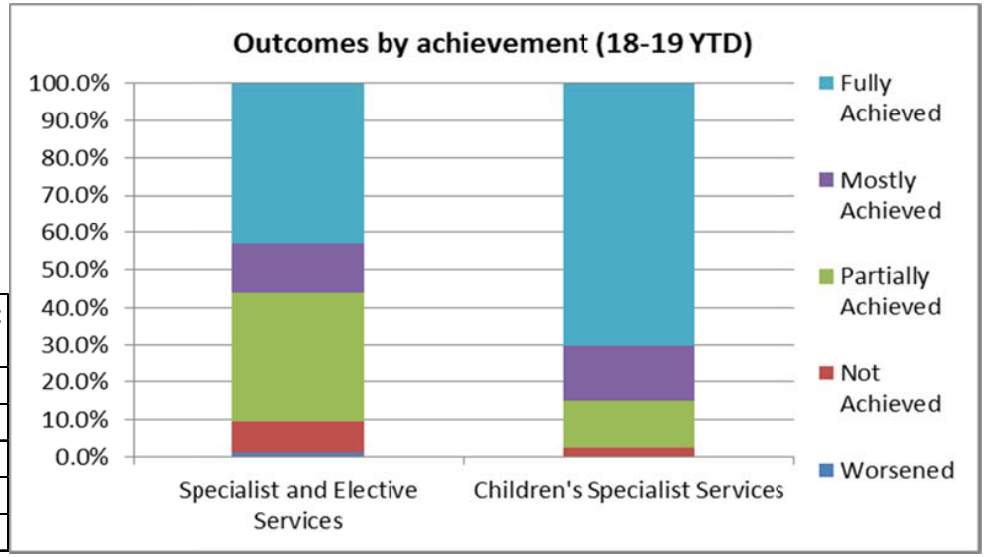
Current Month	**91.2%**
18/19 YTD	**90.4%**
17/18	**91.8%**
Annual Target	**80.0%**



Aggregate outcomes are currently reported for Adult Specialist and Children's Therapy services, with patients receiving a favourable outcome in the vast majority of cases on a consistent basis, and although they have marginally reduced in the last few months, there was an increase in months 3 and 4. It is hoped to start included outcomes for further services throughout 18/19 due to the introduction of Personalised Care Plans (PCPs) and goal achievement on CIS.

The following table and chart shows the proportion of the grading of each outcome for the year to date, split by service type for further detail on outcomes. Each outcome will be specific to the patient and will be personalised, therefore not allowing further detail to be summarised.

	Specialist and Elective Services	Children's Specialist Services
Worsened	1.2%	0.0%
Not Achieved	8.3%	2.5%
Partially Achieved	34.4%	12.8%
Mostly Achieved	13.0%	14.5%
Fully Achieved	43.1%	70.3%



Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	27 September 2018
Agenda Item:	3.1
Subject:	Charitable Funds Committee Minutes
Presenting Officer:	Jen Tippin , Chair of the Charitable Funds Committee

Action - this paper is for:	Decision		Assurance	**x**

Report Summary (including purpose and context):
The paper presents the confirmed Minutes of the Charitable Funds Committee meeting of 27 April 2018

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

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

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

Kent Community Health NHS Foundation Trust

CONFIRMED Minutes of the Charitable Funds Committee held on Friday 27 April 2018 in the First floor meeting room, The Oast, Hermitage Court, Hermitage Lane, Maidstone Kent ME16 9NT

Present:	Jennifer Tippin, Non-Executive Director (Chair – via tele-conference) Jo Bing, Assistant Financial Accountant Carol Coleman, Public Governor, Dover and Deal Victoria Cover, Head of Clinical Services Urgent care and hospitals Dawn Levett, Strategic Delivery Manager Urgent Care Claire Poole, Deputy Chief Operating Officer, CSD Public Health Neil Sherwood, Convenor Staffside Jo Treharne, Head of Marketing Sammy Whitehouse, Business Manager Adult Clinical Services East Kent Carl Williams, Head of Financial Accounting
In Attendance:	Gina Baines, Committee Secretary/Assistant Trust Secretary (note-taker)
Observer:	Amanda Duncan, Executive Support Assistant (shadowing note taker)

008/18 Introduction by Chair

Jennifer Tippin via tele-conference welcomed everyone present to the meeting of the Charitable Funds Committee meeting.

009/18 Apologies for Absence

Apologies were received from Richard Field, Non-Executive Director; Gordon Flack, Director of Finance; Fay Sinclair, Head of Communications and Lesley Strong, Chief Operating Officer/ Deputy Chief Executive.

Claire Poole was representing Lesley Strong. The meeting was quorate.

010/18 Declarations of Interest

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

011/18 Minutes from the Meeting of 25 January 2018 and the Matters Arising from the meetings of 27 October 2017 and 25 January 2018

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

Matters Arising

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

030/17 Annual Marketing Plan – Claire Poole confirmed that moving forward all further dementia related equipment for hospitals would be purchased via the Dementia Steering Group. Action closed.

All other open actions were closed.

The Matters Arising Table was **AGREED.**

012/18 Relevant Feedback from Other Committees

There was no feedback from the other committees.

013/18 Finance Report 2017/18

Jo Bing presented the report to the Committee for assurance.

In response to a question from Jen Tippin regarding how the total balance was split between restricted and unrestricted funds, it was confirmed that £516k had been allocated to the restricted funds and £114k to the unrestricted funds. With regards to how this differed from the previous year's totals, the restricted funds had increased significantly due to receipt of two legacies whilst the spending on the Sensory Room had reduced the balance of the unrestricted funds.

The Committee **NOTED** the Finance Report 2017/18.

014/18 Marketing the Charitable Funds Report

Jo Treharne presented the report to the Committee for assurance.

The Committee agreed with Jen Tippin that the overall picture was positive but questioned the overall effectiveness of the marketing funds in the marketing of the charity. Jo Treharne confirmed that as the majority of the upstream work, such as branding, had already been completed the Marketing Team was no longer cross charging the charity. It was agreed that the Communications Team would support any Charitable Funds work that needed to be done and absorb the costs. It was highlighted that the Communications Team benefited from supporting the charity as it produced positive stories which they could promote. Carl Williams confirmed that one-

off charges would still be accepted when necessary.

In response to a question from Claire Poole as to what the focus would be for the charity in 2018/19. Carl Williams suggested that the focus should be on using the restricted funds and seeking to increase the level of unrestricted funds further.

In response to a question from Carol Coleman regarding purchasing toys for the Children's Therapies Services, Jen Tippin reminded the committee that a formal proposal would need to be submitted for review before any funds would be released. It was agreed that a formal proposal should be submitted to the funds.

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

015/18 Fund Manager Presentation

Sammy Whitehouse presented the report to the Committee for assurance.

A summary of the ongoing work to publicise the funds available to the East Kent Adult teams was given. Five sites had so far received funding and work was ongoing to invite ideas from staff as to how best utilise the remaining money. Further discussions with the community teams in Dover had helped to create a list of items to purchase. Moving forward, there would be regular matrons' meetings to help gain additional ideas of the most appropriate equipment to purchase.

The need for additional clothes donations to help support the PJ Paralysis campaign was ongoing and a reminder had been circulated though Flo Mail.

Funding from a legacy had generated a refurbishment on Heron Ward. This was due to start early July 2018 and would include a touch down station, a new physiotherapy area, a sensory garden, colour coded signage and a gym. Contractors had been invited to submit tenders and work was continuing for further bids and ideas. The Committee was in agreement that these improvements would be extremely positive for both staff and patients.

In response to a question from Claire Poole regarding how many teams would be using the bladder scanners, Sammy Whitehouse confirmed that they were in high demand. Carl Williams suggested that these could be considered for a capital bid.

The Committee **NOTED** the Fund Manager Presentation

016/18 Draft Charitable Funds Committee Chair's Annual Report to the Board

Jen Tippin presented the report to the Committee for approval.

There were no further comments. The report would be received at the

Formal Board in May 2018.

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

017/18 Committee Effectiveness Review

Jen Tippin presented the report to the Committee for approval.

It was agreed that the committee effectiveness form would be circulated to the Committee. All feedback received would then be reviewed at the following meeting.
Action – Gina Baines

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

018/18 Terms of Reference Review

Jen Tippin presented the report to the Committee for approval.

Gina Baines suggested that the reporting arrangements should clarify that the Minutes would be received at the Public Board Part one meeting. It was agreed that the Terms of Reference would be updated to reflect this.
Action – Gina Baines

The Committee **APPROVED** the Terms of Reference Review, subject to the amendment.

019/18 Forward Plan

Jen Tippin presented the report to the Committee for approval.

The Committee **APPROVED** the Forward Plan.

020/18 Any Other Business

Bow Road Property

With regards to the Bow Road property, Jo Bing had sought advice from the Charities Commission on widening the scope of spend of the fund. The Charities Commission, in conjunction with legal advice from the Trust's Legal Team confirmed that the benefit should only support community healthcare in the Wateringbury area as set out in the fund criteria. Victoria Cover confirmed the current balance. The community team was moving back to the Wateringbury area. She would be liaising with Steph Rhodes, Head of Long Term Services in West Kent on how best to spend the remaining money. Claire Poole suggested that as the properties had originally been a children's centre that there was possible scope to use the money to fund children's services in the area including Health Visiting and

School Nursing. This would be investigated.
Action – Victoria Cover

The meeting ended at 10.50am

021/18 Date and time of next meeting

Wednesday 25 July 2018, 12.30pm, Board Room, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	27 September 2018
Agenda Item:	3.2
Subject:	Quarterly Patient Experience and Complaints Report
Presenting Officer:	Ali Carruth, Chief Nurse

Action - this paper is for:	Decision	☐	Assurance	x

Report Summary (including purpose and context):
This report is to provide assurance that the Trust gathered patient feedback, responded to complaints and acted on this feedback to improve services. It contains details of patient and service user feedback for Quarter One 2018.

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

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

Sue Mitchell	Tel 07393 240018
Assistant Director for Patient Safety and Experience	Email: s.mitchell13@nhs.net

Kent Community Health
NHS Foundation Trust

QUARTERLY PATIENT EXPERIENCE REPORT

1. Introduction

1.1 This report provides the Quality Committee with assurance that the Trust is gathering patient feedback, responding to complaints and acting on feedback to improve services.

1.2 Kent Community Health NHS Foundation Trust (KCHFT) is committed to improving patient experience. Our key values are to ensure good care that meets our organisational values: compassion, aspirational, responsive and excellence. This report details patient and service user feedback for Quarter 1, 1 April 2018 to 30 June 2018.

1.3 Data is taken from the Meridian surveys and is reported by team/locality. Complaints are recorded following the Trust's complaints process.

2. Patient Experience

2.1 Meridian data

2.1.1 The Trust's overall patient experience score for quarter 1 is **96.78%** based on **17,335** completed surveys. There was a large increase in survey returns (1,194 for the MIUs and 558 for the Immunisation Service) compared with Q4 of 2017/18 (14,293 surveys) where the satisfaction score was similar at 96.93%.

2.2 Friends & Family Test

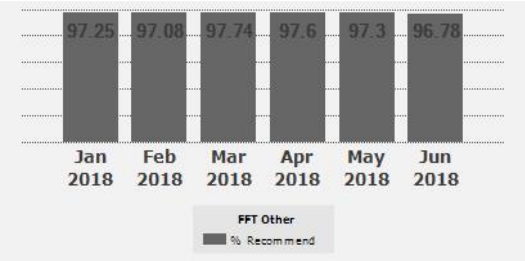
2.2.1 The Trust's NHS Friends and Family Test (FFT) score demonstrates an extremely positive recommend rate of 97.21%.

2.2.3 15,530 people answered the FFT question, with a minority of 0.64% patients being unlikely or extremely unlikely to recommend the service they used. The table below compares Q1 of this financial year with all quarters of 2017/18.

	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Q1 2018/19	**97.21%**	**0.64%**	**15,530**	**12055**	**3042**	**223**	**43**	**56**	**111**
Q4 2017/18	97.39%	0.57%	12,811	10,140	2,336	168	29	44	94
Q3 2017/18	96.46%	0.65%	14,408	11,627	2,271	280	43	51	136
Q2 2017/18	97.36%	0.68%	14,463	11,937	2,144	178	41	57	106
Q1 2017/18	97.66%	0.56%	16,824	13,887	2,544	193	46	49	105

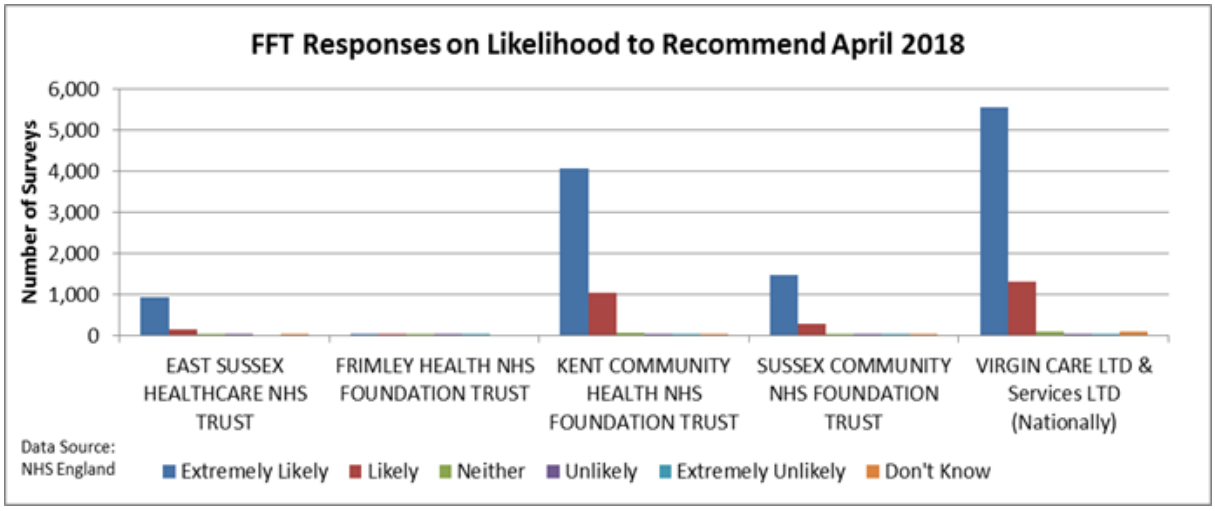
2.3 FFT Recommend Score

2.3.1 The FFT recommend score has decreased slightly over quarter 1, in line with the usual trend seen over past years.



2.3.2 The FFT score findings demonstrate high levels of satisfaction within the services. All surveys which receive an unlikely or extremely unlikely response to the FFT question are included in reporting and teams take action and make improvements in response to negative feedback whenever possible. There were no particular services that had a decline in satisfaction score.

2.3.3 KCHFT measures favourably against other community trusts in the region in terms of survey returns. The following table relates to April 2018 data.



2.4 Examples of improvements made in relation to negative feedback

Service	Comments made by client/patient and action taken by service
Hawkhurst Community Hospital	Feedback received via Inpatient survey regarding disturbance caused by TV noise from single rooms. **Action taken:** • The League of Friends installed headphones for use with televisions in all side rooms • Staff will actively encourage the use of the headphones.
Community Nursing, Canterbury East	Patient feedback regarding no contact made by service after GP referral had been made to undertake a repeat continence assessment, despite repeated requests. **Action taken:** • Service undertook a scoping exercise regarding how continence assessments are managed. The service now holds continence clinics for non-housebound patients to avoid unnecessary delays. Band 4 Associate Practitioners can now complete new assessments. This information has been discussed with teams at locality meetings.

Health Checks	Patient was unhappy that despite arriving before Health Check appointment; still waited 20 minutes and had to leave without being seen. Unhappy with initial response from service when raised informally. **Action taken**: • In the event of advisor leaving the clinic rooms, a clear sign is being displayed on the doors with contact information for advisor (mobile number).
Minor Injury Unit, Folkestone	Person unhappy that they were turned away from MIU reception and told to go home and call 111 (person reported information of stroke symptoms). Reception staff would not call an ambulance. It is not known if it was a member of KCHFT reception staff who saw this patient. **Actions taken:** • The Office Manager (OM) undertook observation audits on reception staff communicating with patients. There was no inappropriate advice given to any patients during the audits. There was one occasion when it would have been advisable for reception to call a nurse practitioner to assess a patient; however reception did not turn away any patients that should have been booked in.
Rapid Response	Maidstone & Malling: Family member unhappy that patient couldn't be seen because there were no Rapid Response nurses on duty. **Action taken**: • The service has created a list of nurses willing to cover at short notice • Complaint was discussed in Rapid Response team meeting
Adult Speech and Language Therapy	A patient and her husband found it frustrating that the waiting list letter sent to them indicated the target waiting time for SLT input and also acknowledged that waiting times would be longer due to demand. In reality the waiting time was significantly longer than the target. The patient did not think it was helpful to know the target wait as this would not be met and felt it gave an unrealistic expectation. **Action taken:** • Target waiting times have been removed from all waiting list letters across the service • Waiting list letters confirming acceptance of referral now state that the patient is on the waiting list and will be offered an appointment as soon as possible • Mail merge letters have been changed on CIS accordingly
Hawkhurst Community Hospital (Inpatients)	Patients reported disturbance due to loud noise made by falls' sensor alarms. **Action taken:** • A review was undertaken on the current sensor alarms used on the ward • The service now uses a new pager system when sensor alarms are in use for patients, which means there is no loud noise when the sensor alarm is activated • Training sessions have and will continue to take place until all ward staff are confident with the use of pagers • New supplies of both the sensor chair and bed alarms have been ordered
Minor Injury Unit, Sevenoaks	Patient unhappy that leg fracture was missed at first visit to MIU. When the patient re-attended and the leg fracture was confirmed, no crutches were given. Was also unhappy that referral to virtual fracture clinic (VFC) was not completed in a timely manner and felt that the initial misdiagnosis to the leg caused further stress to the fracture. **Action taken:** • Daily audit of referrals to VFC are now completed to ensure that all email referrals have gone through correctly • This process was discussed at a team meeting

2.5 Competencies

2.5.1 Patient experience is measured across seven key areas. The table below demonstrates overall scores with extremely positive responses.

0 – 75%		75.1 – 89.99%		90 – 100%	

n/a = no question on survey related to competency

Locality	Returns	Communi-cation	Co-ordinated Care	Equality and Diversity	Given necessary info	Involved in decisions about care and treatment	Listened to and worries taken seriously	Staff Attitude
Ashford (Locality)	511	98.37%	90.25%	99.51%	98.83%	98.88%	99.67%	92.75%
Canterbury and Whitstable (Locality)	1693	99.27%	94.43%	99.51%	97.70%	99.14%	99.02%	94.36%
Dartford, Gravesham and Swanley	1291	98.24%	n/a	99.22%	98.60%	98.71%	99.39%	92.53%
Dover, Deal and Shepway	1296	97.87%	91.82%	99.57%	97.35%	99.07%	99.45%	94.29%
East Sussex (Locality)	248	98.33%	100.00%	98.99%	98.01%	96.36%	99.15%	91.87%
Maidstone, Malling, West Kent and Weald	1987	97.15%	94.53%	99.44%	96.78%	98.65%	98.67%	92.71%
Medway (Locality)	518	98.41%	95.00%	99.01%	98.91%	98.62%	99.02%	94.00%
Palliative Care	14	n/a	n/a	n/a	100.00%	100.00%	100.00%	n/a
*Other	836	98.43%	n/a	97.16%	99.51%	97.63%	98.51%	90.88%
Swale (Locality)	627	99.55%	100.00%	99.83%	99.29%	99.74%	99.75%	93.14%
Thanet (Locality)	1231	97.79%	93.95%	99.03%	96.31%	96.32%	99.32%	92.46%
Trust Total	**10252**	**98.19%**	**93.67%**	**99.21%**	**97.74%**	**98.43%**	**99.11%**	**93.08%**

***Includes the Dental Services provided in London, the Chronic Pain clinic at Hillingdon, School Nursing Outreach, the KMCAT service and Sexual Health services delivered in prisons.

2.6 Palliative Care Surveys

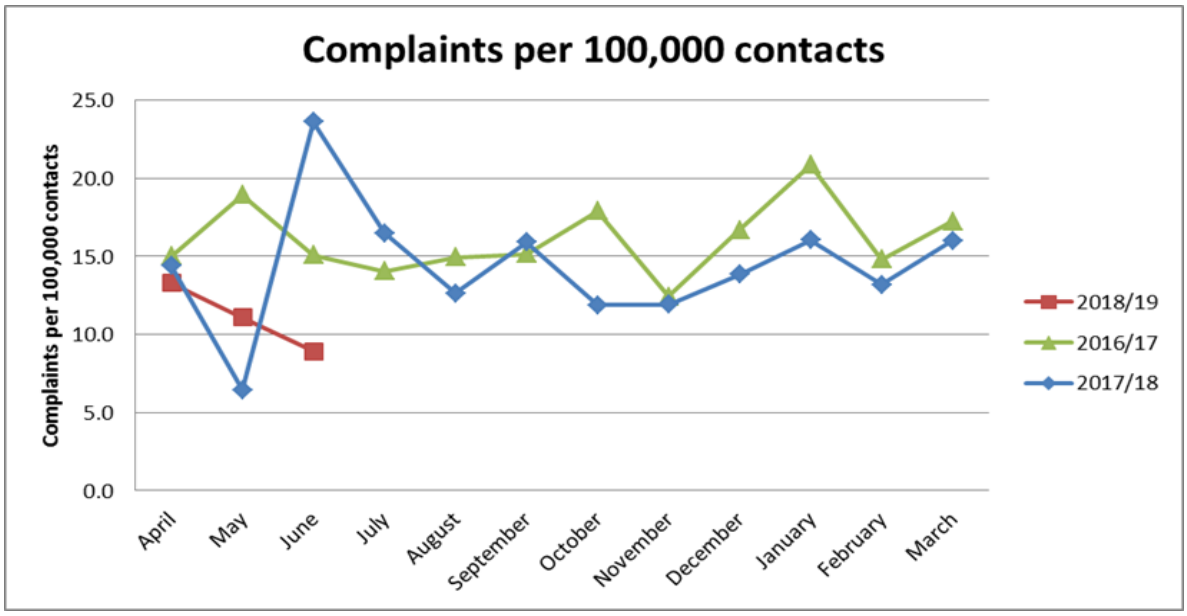
2.6.1 Q1 saw a return of 14 palliative care surveys (13 from West Kent and 1 from South Kent Coast), the same amount as in Q4 of 2017/18. The key themes from the comments made were that staff were caring, easy to talk to, respectful and kept families involved about the care being provided. The results of these surveys are reported to the End of Life Steering Group for discussion and to identify areas for improvement. The Patient Experience Team is actively working with community nurses to help them increase their feedback and recognising the specific challenges for this

particular group of service users. 2 'Listening Events' are planned to take place in July for patients, carers and families currently receiving palliative and end of life care.

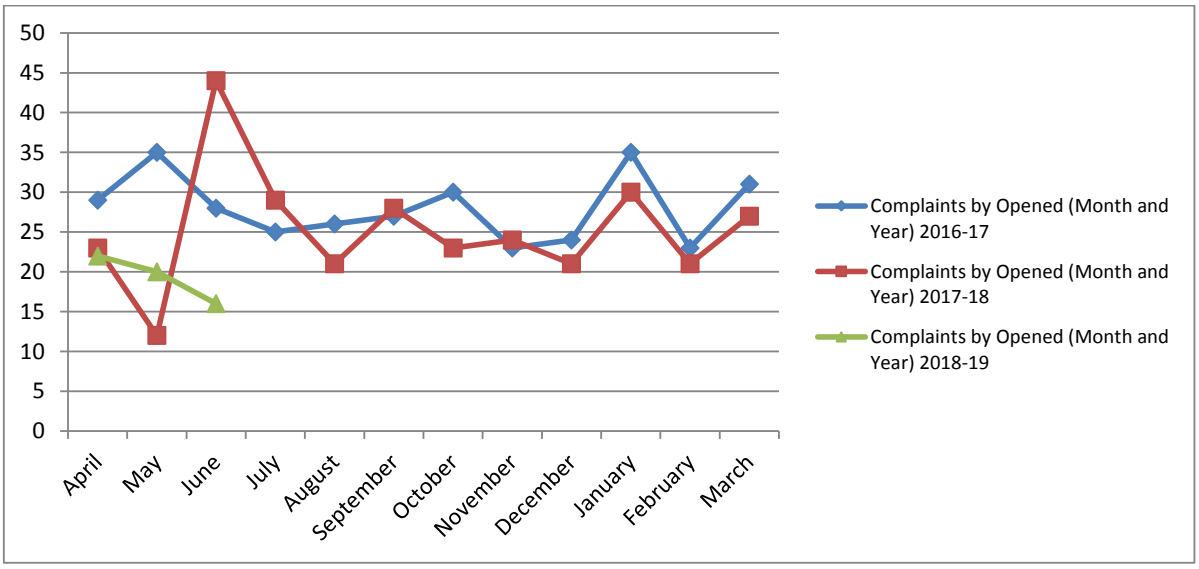
3. Complaints

3.0.1 During Q1, 8,219 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 **92.45%.** There were not any particular themes amongst the comments.

3.0.2 The graph below reflects the number of complaints per 10,000 contacts up to the end of June 2018. There have been 58 complaints in Q1 compared to 78 in Q4 of last year, showing a continuing downward trajectory.



3.0.3 These results demonstrate that numbers of complaints year on year in Q1 have reduced compared to Q1, 2017/18.



3.1 Benchmarking against other providers

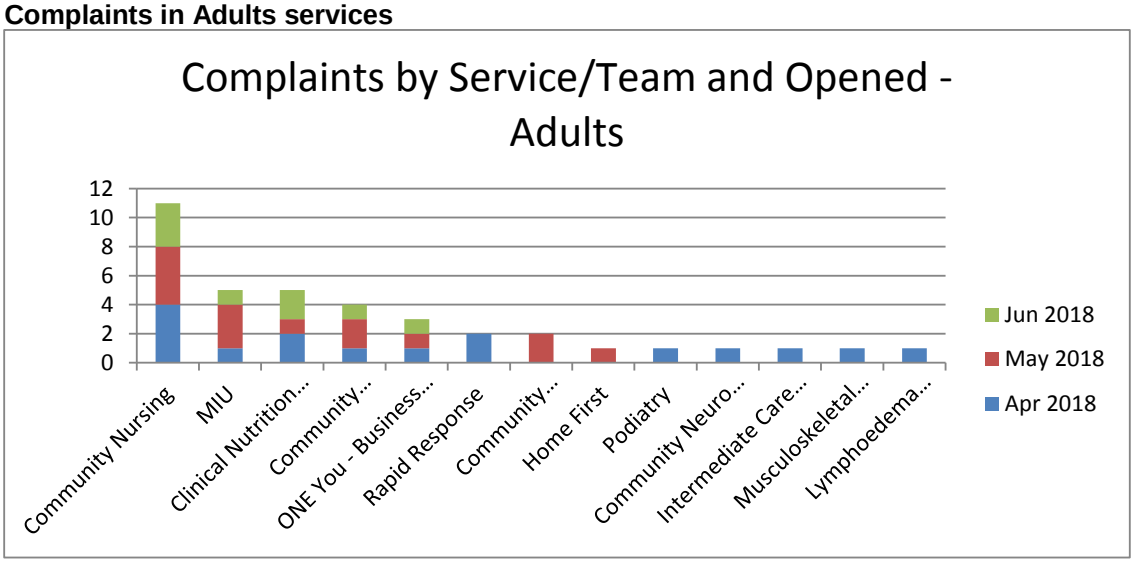
3.1.1 KCHFT benchmarks with other community trusts via the Benchmarking Network and has a favourable number of complaints than others (appendix 1). This data reflects the information shared by Healthwatch who receive very few negative comments about the Trust.

3.2 Complaints across services

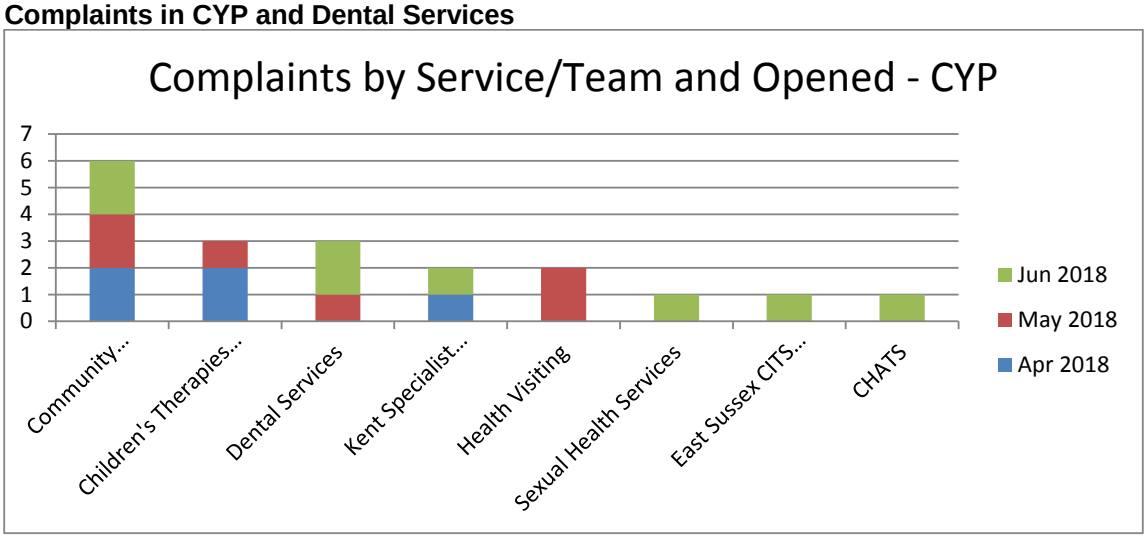
3.2.1 The number of Q1 complaints by service is shown in the chart below. Community Nursing services continue to receive the highest number (11 in quarter 1 – see themes below) as would be expected as they have the highest number of patient contacts (151,118). This is a complaint to contacts' ratio of 0.007%. .

Locality	Subject (KO41(A))
Canterbury	Clinical Treatment / Communications / Patient Care including Nutrition/Hydration / Staff
Dover and Deal	Admissions, discharges and transfers excluding delayed discharge due to absence of care package / Clinical treatment / Communications
Maidstone and Malling	Clinical Treatment x 2
Thanet	Access to treatment or drugs / Clinical Treatment

3.3 Complaints in Adults services



3.4 Complaints in CYP and Dental Services



3.4.1 The Dental Service has seen a large reduction in numbers of complaints received from 8 in Q4 of 2017/18 to 3 in Q1, 2018/19. There has continued to be a consistent number of Community Paediatric complaints from 7 in Q4 to 6 in Q1 of this year. There has also been a significant

decrease in the number of East Sussex CITS complaints from 5 in Q4 to 1 in Q1 of this year. Overall complaints for Dental and CYP this quarter have reduced by 42%, as there were 19 complaints in Q1, compared to 33 in Q4.

3.5 Themes and details

Complaints by Subject and Opened - Levels 1 - 4	Apr 2018	May 2018	Jun 2018	Total
Clinical Treatment	8	6	4	18
Staff	2	3	1	6
Appointments including delays and cancellations	2	1	2	5
Trust Administration	2	1	2	5
Access to treatment or drugs	1	4	0	5
Patient Care including Nutrition/Hydration	1	0	3	4
Admissions, discharges and transfers excluding delayed discharge due to absence of care package	2	0	2	4
Communications	0	3	0	3
Privacy, dignity and wellbeing	0	1	1	2
Waiting Times	1	1	0	2
Commissioning Services	1	0	1	2
Facilities Services	0	1	0	1
End of Life Care	1	0	0	1
Total	**21**	**21**	**16**	**58**

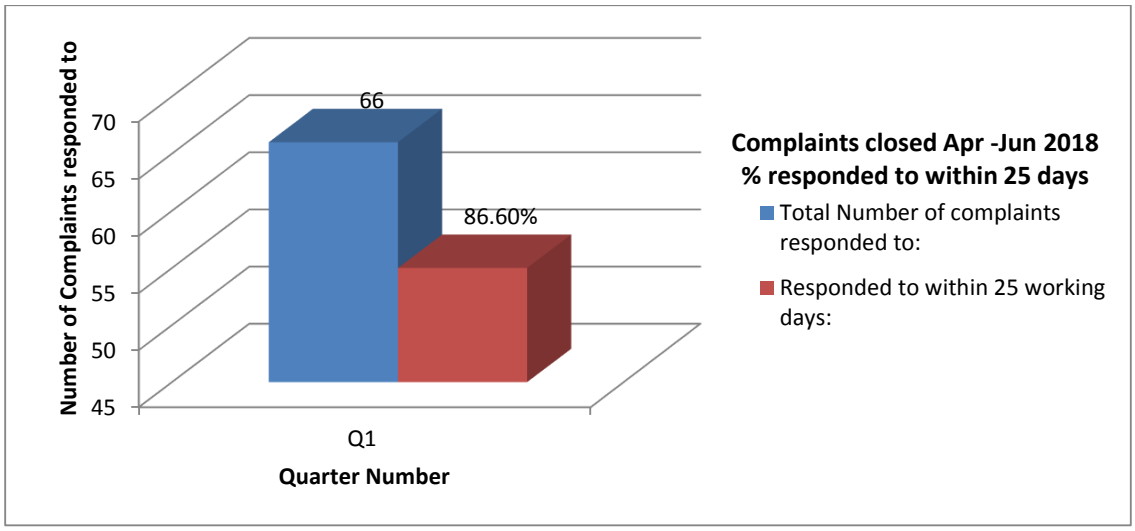
3.6 The most complaints were made regarding clinical treatment. During the quarter there were 18 complaints in this category, a significant decrease from Q4 (27), however similar to Q3 (16). There were 14 for adult services and 4 for dental and children's services. There was one complaint relating to a missed fracture after attendance at Gravesham MIU. This was raised to the Patient Safety team and following completion of the chronology, a conference call was held and it was agreed this would be upgraded to an SI.

3.7 Ombudsman Cases

3.7.1 There has been one complaint case referred to the Ombudsman during Q1. They advised on 21.6.18 that they would be investigating a complaint into podiatric surgery. The complainant is unhappy with a procedure performed in March 2017 and the lack of appropriate remedial treatment/referral. The patient would like a financial remedy and service improvement. The service met with the patient in March 2018 as part of a complaint's investigation and they have nothing further to add to the comprehensive response sent in April 2018.

3.8 Complaints Responses

3.8.1 During Q1 the Trust responded to **86.6%** of all complaints within the timescale initially agreed. **9** complaints did not meet the deadline, 5 were less than 7 days late and 4 were over 20 days late. 7 delays were experienced in receiving the draft/information from the services concerned; there was 1 delay in the approval process and 1 caused by an oversight in the complaints team.



3.8.2 Responses meeting agreed timescales will continue to be monitored. Improvements are being introduced which include a template detailing dates sent to those involved in the investigation, approval process and escalation to line managers when drafts are delayed from the investigating managers. An SOP has been drafted which contains details of approval and escalation processes, which when agreed will be sent to relevant senior staff to assist with their engagement in the process

3.8.3 Complaints are to be acknowledged within 3 workings days. In Q1 100% of complaints met this target. All 58 complaints were acknowledged within the timeframe.

3.9 Complaints Process Feedback

3.9.1 In Q1 there were 8 responses to the Trust's survey sent to complainants, 1 more than received in Q4 of 2017/18. 6 out of 8 complainants felt their complaint had been taken seriously. 5 people felt the response they had received had addressed their points and 2 did not, one did not say. 4 people felt they had received an explanation of how their complaint had been used to improve services and 4 did not. 5 people said they had been treated fairly during the complaint's process and 2 did not, one didn't say. A lot of the negative feedback received remains strongly linked to the fact that the complainant is not happy with the outcome of their complaint and cannot separate this from the way their complaint has been handled.

4. The PALS Team

4.1 The PALS Team received a total of 1,723 enquiries in Q1 with the following key themes:

- Calls from service users who have received appointment letters and believe they are ringing the service to discuss their appointment. This was discussed at the June Patient Experience Group and the letter is to be brought to the July meeting for review.
- Podiatry service users continue to report difficulties in accessing the service by telephone to book appointments and these calls account for a high number of the telephone contacts to PALS. An update on progress to improve the situation is expected at the July Patient Experience Group.

5. Compliments

5.1 Services are now recording their compliments via the Meridian system.

Directorate / service	Type of compliment						Total
	Card	Letter	Email	Verbal - face to face	Verbal - by telephone	Other	
Adults	102	8	17	27	26	7	187
Children & Young People	1	4	26	38	5	22	96
Dental	0	0	0	0	0	0	0
Health Improvements	0	1	0	0	1	0	2
Learning Disability	0	1	2	0	0	0	3
Sexual Health	0	0	1	10	1	9	21
Grand Total	**103**	**14**	**46**	**75**	**33**	**38**	**309**

6. Patient reviews received via other sources

6.1 There were 54 reviews received via NHS Choices and the generic Patient Experience Team email during the quarter. 43 of these were positive and 11 negative.

6.2 Positive

6.2.1 33 of the reviews were for the minor injury units (1 included the x-ray department at Sevenoaks), with Deal and Gravesham receiving the greater number. Care and compassion, good staff attitude and acceptable waiting times were the main themes seen.

4 reviews were received from patients that experienced good care during their stay in the community hospitals at Deal, Faversham and Whitstable & Tankerton. Staff attitude, nutrition, medication and dignity were mentioned amongst care and compassion. The review for Deal came from a relative about the exceptional care provided to her sister at end of life.

Care and compassion was the theme for 3 reviews received for the Integrated Musculoskeletal services, 2 for Rapid Response and community nursing teams and 1 for an unknown service. One review praised staff for the assistance given in maintaining the dignity of the person's mother at end of life.

6.3 Negative

- 4 were regarding a lack of communication from the health visiting service and service provision information on breast feeding. This was linked to plans announced by KCC to cut breastfeeding support services in the county.
- 3 reviews were for Sevenoaks MIU about staff attitude, care and compassion and 1 patient felt they were not listened to.
- Staff attitude was mentioned twice in reviews for the MIUs at Gravesham and Deal.
- The Sexual Health service received a review about incorrect clinic information on a website.
- 1 patient felt that accessing the Phlebotomy service was difficult due to the phone line and appointment availability times.

7. <u>Improvements/Innovations</u>

7.1 Serious Incident Investigation Training

7.1.1 In April 2018 the Patient Experience Manager and the two complaints officers attended the 2 day external Serious Incident Investigation training incorporating Duty of Candour. This training was invaluable and stressed the importance of involving families in investigations at the outset.

7.2 Complaints Process/Handling

7.2.1 The team undertook a self-assessment exercise against the required standards for CQC Regulation 4. They identified gaps in assurance and areas for improvement. The resulting Improvement Plan has the following four objectives:

- There is an active review of complaints and how they are managed and responded to.
- People who use the services are involved in the review.
- It is easy for people to complain or raise a concern and they are treated compassionately when they do so. All staff have the knowledge of how to support people to raise a concern or make a complaint.

7.2.2 This plan contained SMART actions and has been measured and monitored through the monthly Patient Experience Team meetings and reported to the Senior Nursing & Quality Meeting. The majority of actions are now closed.

7.2.3 An audit of complaints process management has been approved and is about to be undertaken by the Patient Experience Team. 10% of all level 1 to 4 closed complaints responded to in 2017/18 are to be audited by peer review.

7.2.4 As previously mentioned, a complaints handling SOP has been drafted which contains details of approval and escalation processes. When finalised, this will be sent to relevant senior staff to assist with their engagement in the process

8. Key Quality Improvements

8.1 The new method of using Meridian for staff to record compliments received from patients/relatives/carers is working well. A wide variety of services have recorded compliments since the system went live in March, with a sharp rise in numbers seen during June. All staff with Meridian Desktop login has access to this data to facilitate reporting at team meetings etc.

8.2 A member of the Patient Experience Team is now attending all local Patient Experience Group meetings held by services, whenever possible, to assist with discussions on patient feedback and quality improvement. This enables information to be escalated to the Trust's main Patient Experience Group, chaired by the Deputy Chief Nurse.

8.3 PALS – Following the name change from the Customer Care Team to PALS, all the alternative formats of the PALS leaflet are now available on the Trust's website and paper copies of the DL leaflet are available for services in paper format.

9. Summary

- KCHFT continue to receive a high number of survey returns in comparison with other Community providers with a consistent high satisfaction rate.
- The Patient Experience Team continues to work with services to ensure they are able to obtain feedback from their service users.
- Services continue to use patient feedback to improve delivery of care.
- Numbers of complaints continue on a downward trend.
- Quality Improvement work on the way the Trust manages complaints is ongoing.

10. Recommendations

10.1 The Board to note the Report.

Sue Mitchell
Assistant Director Patient Safety and Experience
26 July 2018

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	27 September 2018
Agenda Item:	3.3
Subject:	Equality and Diversity Annual Report 2017/18
Presenting Officer:	Louise Norris, Director of Workforce, Organisational Development and Communications

Action - this paper is for:	Decision		Assurance	**X**

Report Summary (including purpose and context)

The Equality and Diversity Annual Report sets out how the Trust is meeting its public sector duties in relation to the Equality Act 2010, and our specific duties in relation to setting equality objectives and achieving these objectives. The Trust's equality objectives are set in line with the EDS2 Framework which is a mandatory framework for NHS organisations to assess how they are promoting equality through improving patient experience and public engagement, reducing health inequalities, developing a diverse workforce and providing strategic direction to reduce discrimination for both patients, their families and staff.

Proposals and /or Recommendations

To note the report.

Relevant Legislation and Source Documents

Equality Delivery System (EDS) 2
Equality Act 2010
Workforce Race Equality Standard (WRES)
KCHFT Equality and Diversity Statement

Has an Equality Analysis (EA) been completed?

No. This is an annual report on activity and outcomes related to equality and diversity. All actions undertaken and proposed actions are in line with the NHS Equality Delivery System (EDS) 2 and are undertaken in order for the Trust to meet its public sector duties and specific duties under the Equality Act 2010.

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

NHS
Kent Community Health
NHS Foundation Trust

Equality and Diversity Annual Report

2017/18

we care

www.kentcht.nhs.uk

Introduction

At Kent Community Health NHS Foundation Trust (KCHFT), we know enabling equality and celebrating diversity are vital to good quality patient care.

Our patients and workforce deserve to have their unique wishes, views and qualities understood. This is the only way we are really able to provide person-centred care and a workplace where everyone feels able to be themselves.

Work for equality and diversity is going on every day, which is really important to us as a trust. As it isn't possible to talk about everything here, I wanted to give a few examples of what was achieved in 2017/18.

Following a review of how the trust is performing against requirements of the Workforce Race Equality Standard, we identified we needed to do more around recruiting, retaining and supporting black and minority ethnic staff as they are under-represented in management roles. The trust is committed to career progression for everyone, so we talked to our Black, Asian or Minority Ethnic (BAME) staff and identified what they feel would help with this, so we can make it happen.

We want to appreciate and celebrate the diversity of our whole workforce to fulfil our promise of being the best employer. When the Government announced that EU citizens who have lived in the UK for at least five years would be eligible for a new 'settled status' after Brexit, where there is expected to be a charge of £65 per adult, the trust's Board said it would pay for the fee for all our employees who would like to apply during the next 12 months.

We need a committed workforce to be able to deliver the excellent patient care we do.

We also bought two types of medical devices to support patients, parents and carers who are hard of hearing. These devices are called Roger Pen microphones and Sonidos and were provided by Action on Hearing Loss.

These will be used, in some cases, as an alternative to portable hearing loops, during exercise programmes, clinics, meetings, on wards and at events and services which have trialled the equipment and identified a need.

These include the Falls Prevention Service, West Kent Children's Hearing Service and our community hospitals.

The NHS One You shop, in Park Mall shopping centre, opened a free, dedicated breastfeeding room for mums to use in Ashford town centre. Anyone is welcome to drop in – no appointment is necessary and mothers do not have to be accessing any of the services in the One You shop.

The room features a comfortable chair, foot stall, radio and baby changing facilities and the aim is to make people feel welcome. If they want to find out about any other service on offer in the shop, the staff can help.

These examples demonstrate our continuing drive for accessibility for all; something to which we continually aspire.

Our patient satisfaction surveys show that more than 99 per cent of people feel they have been treated fairly by the trust when using our services. That is fantastic and really is credit to our great teams and the incredible work they do every day.

However, we know there is more that can be done. Our trust priorities for 2018/19 focus on our workforce and our IT systems but, as importantly, on delivering the best possible local care while continually improving the quality of what we do. We will build on what is already under way, improving access to healthcare for people and families from the Roma community, for example.

I hope you enjoy reading the annual report.

Best wishes

Paul Bentley
Chief Executive

2.0 KCHFT Equality and Diversity Statement

2.1 Introduction

The trust believes that promoting equality and valuing diversity is essential to achieving its mission of a community that supports each other to live well. We recognise we provide services to an increasingly multi-cultural and diverse community and we are committed to make sure that:

- we fairly treat all individuals
- we treat people dignity and respect
- the healthcare we provide is open to all
- we provide a safe, supportive and welcoming environment for patients, patients' families and staff.

2.2 Our commitment

In particular, we will:

- make sure our services and the information we provide is accessible to disabled people, so they can get the services they need and be involved in decisions
- make sure our services are culturally sensitive and responsive to meet the diverse needs of our patients, families and staff, so they feel welcomed and supported
- assess the needs and impact on lesbian, gay, bisexual and transgender people when producing policies and strategies and developing our health services, so we don't disadvantage people using our services or working for us
- respect and be sensitive to our patients' and families' religious and spiritual beliefs in delivering healthcare, so their spiritual needs are met
- be aware of differing needs of our male and female patients and develop responsive services that appropriately meet those needs
- promote age equality so our policies, practices and attitudes of our staff do not discriminate against patients based on their age
- make sure our staff are aware health inequalities disproportionately affect people living in more deprived communities and other factors, such as poverty, mental health, homelessness and language barriers will affect people's access to services. This will help reduce barriers to people using our services
- challenge discriminatory behaviour towards our patients, their families and our staff.

2.3 Our public sector equality duty

As an NHS trust, we are subject to the general public sector duty set out in the Equality Act 2010 and the specific duties, which became law on the 10 September 2011 in England. In summary, this means when delivering our services we must:

- eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

Advancing equality involves:

- removing or minimising disadvantages experienced by people due to their protected characteristics
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low
- taking steps to take account of disabled people's impairments and access requirements to meet different needs.

Fostering good relations includes:

- tackling prejudice and promoting understanding between people from different groups.

2.4 Protected characteristics

Compliance with our public sector duty may involve treating some people more favourably than others. The duty covers people with the following protected characteristics:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex (gender)
- sexual orientation.

As an NHS employer, we must also have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

2.5 The Equality Delivery System 2 (EDS2) and Equality Analysis (EA)
To help the trust meet its public sector duty, we use the Equality Delivery System 2 and Equality Analysis to make sure equality considerations are reflected in design of policies and delivery of services, and for these issues to be kept under review.

The Board is responsible for agreeing the trust's Equality and Diversity Statement and annual equality objectives. The full version of our Equality and Diversity Statement can be found at www.kentcht.nhs.uk/about-us/equality-diversity/ or on request from the Engagement Team: kchft.equality@nhs.net or 01233 667812.

3.0 Equality Delivery System 2 2017/18 and KCHFT's equality objectives
The trust had four equality objectives in 2017/18 that had been developed by assessing our performance against the Equality Delivery System (EDS) 2 Goals.

- **Goal 1 Better health outcomes:** To work with other NHS organisations, the voluntary sector and local authority to engage with young people and migrant communities to promote health improvement and reduce health inequalities. This includes working with young people who are from black and minority ethnic communities, disabled, LGBTQ and young carers.
- **Goal 2: Improved patient access and experience:** To use co-design principles to work with our patients and their families, our staff, other NHS organisations and the voluntary sector to improve access to services and patient and family experience of health care.
- **Goal 3: A representative and supported workforce:** To recruit and manage a diverse workforce and to create a workplace where our staff feel they are able to be themselves.
- **Goal 4: Leadership:** To make sure equality and diversity is embedded in the business of KCHFT.

We made progress on all these objectives and some examples of this are included in sections 4 and 5 of this report. The objectives related to workforce and leadership are longer term and therefore these will be continued in the coming year.

4.0 Summary of key achievements
This year has been a busy one for the trust in terms of equality and diversity. It simply isn't possible to highlight all of the equality and diversity work the trust has been involved in this year, so we take this opportunity to present some examples.

4.1 Learning disabilities

A project designed to make sure reasonable adjustments are made when a person with learning disabilities needs an appointment at a sexual health clinic was launched.

Apple Tree, the name acts as a trigger. By asking for Apple Tree, the person taking the call in the sexual health central booking office knows immediately the caller needs a double appointment, allowing them extra time.

The person attending the clinic may also need information in easy read format, an early appointment and a follow-up appointment rather than the standard text. They may also need to be referred to the Community Learning Disability Service for extra support.

Apple Tree is available in Dartford, Gravesham, Swanley, Swale, Medway and east Kent.

4.2 Young people

The trust launched www.kentyouthhealth.nhs.uk, specifically for children and young people as part of our School Health Service work, to help improve general health and wellbeing

The content, look and feel of the website was co-produced by young people from a local school and colleagues from the service, with support from Communications Team. The site name was chosen by the young people.

4.3 Migrant communities

We were successful at securing funds from the Ministry of Housing, Communities and Local Government to improve access to healthcare for people and families from the Roma community in Kent.

The two-year project, which began in September 2018, is in two parts.

- Training for health and social care professionals to understand the significant cultural differences and challenges facing people from migrant communities.

- Short-term funding for a small dedicated team of health visitors, school nurses and health improvement specialists to provide care to this hard-to-reach population.

4.4 Carers

The trust was chosen by Kent Carers Matter as a carer friendly place to work, alongside Kent Fire and Rescue Service and Kent Police.

Kent Carers Matter is an umbrella organisation bringing together the five carers' organisations in Kent. It works to raise the profile of carers, increase access to carer services, support health and social care professionals to identify and refer carers and provide opportunities for carers to have their say about local and national issues affecting them.

The trust was selected for recognising there are carers in our workforce and supporting them to manage their caring responsibilities with initiatives, such as the work and wellbeing passport, emergency and carer leave and a flexible working policy

5.0 Workforce Race Equality Standard (WRES)

In addition to our four equality objectives, the trust has reviewed how we are doing against the requirements of the Workforce Race Equality Standard (WRES) and identified a series of actions related to recruitment, retention and support of black and minority ethnic (BME) staff. This action plan was developed with involvement from our BME Staff Network **–** whose members' lived experience and ideas have been invaluable. A copy of the WRES report and action plan is available at: www.kentcht.nhs.uk/about-us/equality-diversity/workforce-equality-monitoring/ or available by contacting the Engagement Team. Please see section 9 of the report for full contact details.

6.0 Staff networks

The trust is proud to support three staff networks. They provide safe spaces for people who share protected characteristics to discuss experiences. They also serve to provide information sharing opportunities and the ability to influence policy and strategy. This makes sure people with protected characteristics are achieving equality and not being disadvantaged in the trust. While the networks exist to support the workforce, they also provide benefits to the trust, as we are able to consult and involve staff and gain insight.

The three staff networks work together to improve the working environment for all staff. In November 2017, they held their second joint event. The theme was 'Seeing the person in the process: Cultivating a diverse workforce'. Fifty colleagues attended from all levels of the organisation and partners heard about the launch of the inspire networks mentoring programme.

6.1 Black and Minority Ethnic (BME) Staff Network

The much respected chair of the BME network, Pramod Selkar, stepped down in 2017 and handed over to Habiba Rawoof. The network continues to work well with the other two staff networks. The first national day for staff networks was celebrated along with the LGBT and disability networks in May, it is proposed to be an annual event. The BME network continues to sit on the trust's Workforce Equality Group. An

outcome from the actions of this group is that there is BME representation on the panel if there is disciplinary action against a BME member of staff. The network continues to support members with their professional development and moves forward the agenda of equality and diversity in the workplace.

Habiba Rawoof (Chair)

6.2 Disability Staff Network

The network is without a chair after the previous chair, Catey Bowels, left the trust. Members of the Engagement Team are temporarily looking after the network mailbox and answering any queries until a new chair is found.

Beverley Bryant, Engagement Manager

6.3 Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Staff Network

The LGBTQ staff network has felt the benefits of collaborating with the other two staff networks, BME and disability, finding common ground and a common voice on issues, such as identifying and addressing unconscious bias.

The network continues to sit on the trust's Workforce Equality Group.

In February 2018, the trust celebrated LGBT History Month with a series of diverse, personal and enlightening blogs enhancing the visibility of the network. It was involved with the re-introduction of a Kent-Wide LGBT network forum, as well as being consulted on pilot training, offering training leadership to members and advising on LGBT related topics across the trust.

The LGBTQ network will continue to work with the trust and members to improve equality and diversity and support staff to be themselves in the workplace, working towards an inclusive and welcoming workplace for all.

Thomas Fentem (Chair)

7.0 Patient Experience

The trust collects patient experience data in real time. In 2017/18, we collected 63,586 surveys with an overall satisfaction score of 96.8per cent. The equality and diversity scores throughout the surveys are among the highest, in what is generally a high-scoring trust for patient satisfaction and experience.

7.1 Overall patient satisfaction

Survey questions and competencies

The software we use enables the trust to track satisfaction scores on questions linked to 'competencies' or indicators and then run reports on these competencies.

The equality and diversity competency is based on the question:

Do you feel that you have been treated fairly when using our services?
Yes / no / prefer not to say
If no, is this because of your: age, sex, disability status, race/ethnicity, religion/belief, sexual orientation (being straight, lesbian, gay or bisexual (in surveys for over 13-year-olds), gender reassignment, other (please state), no, prefer not to say.

Users are asked to tick as many as apply and explain why.

The equality and diversity score was consistently high across all localities. The following table shows overall results for the trust in 2017/18:

Locality	No. of surveys	Equality and diversity score
Ashford	2,217	98.99%
Canterbury and Whitstable	5,296	99.59%
Dartford, Gravesham and Swanley	3,635	99.85%
Dover, Deal and Shepway	4,523	99.45%
East Sussex	1,246	99.49%
Maidstone, Malling, West Kent and Weald	7,098	99.47%
Medway	2,173	98.66%

Locality	No. of surveys	Equality and diversity score
Other	1,667	97.80%
Swale	2,208	99.61%
Thanet	4,112	99.47%
Trust total	34,175	99.39%

Services in locality other above include:

Service	No. of surveys	Equality and diversity score
Community Chronic Pain - Hillingdon	131	99.18%
Dental (Adult and Children) - Five Elms Medical Centre	277	99.24%
Dental (Adult and Children) - Hainault Health Centre	60	100%
Dental (Adult and Children) - Langthorne Health Centre	78	100%
Dental (Adult and Children) - Loxford Polyclinic	18	100%
Dental (Adult and Children) - South Hornchurch Health Centre	110	100%
Dental (Adult and Children) - St Leonards Hospital	145	95.20%
Dental (Adult and Children) - The Barkantine Centre	90	98.82%
Dental (Adult and Children) - Vicarage Fields Health Centre	50	100%
Dental (Adult): Colnbrook Immigration Removal Centre	8	100%
Dental (Adult): Harmondsworth Immigration Removal Centre	18	94.44%
Dental (Adult): HMP Maidstone - Maidstone	8	100%
Dental (Adult): HMP Standford Hill - Swale (Isle of Sheppey)	1	100%
Dental (Adult): HMP Swaleside - Swale (Isle of Sheppey)	7	100%
Dental (Adults and Children) - Appleby Centre	199	94.81%
Dental (Adults and Children) - Shrewsbury Centre	395	94.59%
Frequent Service User Manager	15	100%

Service	No. of surveys	Equality and diversity score
KM CAT Service - Adult Team	16	100%
Pharmacy Technician - Community Nursing	1	100%
School Nursing – Outreach	38	100%
Sexual Health Service: HMP Elmley - Swale	1	100%
Sexual Health Service: HMP Swaleside - Swale	3	100%
Trust total	**1,669**	**97.80%**

The negative results relating to whether people felt they had been treated fairly when using the Trust's services were as follows:

Service	No. of surveys	Equality and diversity	
Community Chronic Pain - Ashford	35	88.57%	Four people ticked no to this question. Three of these people chose the option 'other' as the reason why and added comments: 1. I feel the appointment on 4 September was fictitious so you could cancel my appointment with the psychologist to fit someone else in. 2. I honestly have no idea, maybe I am just one of those unfortunate people who gets forgotten about. Maybe, it is because I look very young so I am not taken seriously. I don't know why this has happened to me, but I really hope it does not happen to anyone else. 3. I feel that there is an operation available to help me with my back pain but and told no. But the pain management book pages 53, 54 and 55 say the opposite. One person chose prefer not to say and did not add a comment.
Health Checks, Deal	1	0%	One person ticked 'no' to this question and chose 'age' and 'sex' for the reasons as to why. No comment was added and the rest of the survey was very positive.
One YOU Weight Loss - Buckland Community	1	0%	One person ticked 'no' to this question and chose 'other' and added a comment: My last appointment at Buckland (11/04/2017)

Service	No. of surveys	Equality and diversity	
Centre			stated that this group would now start at the Leisure Centre, but no-one informed that today was at Buckland. I had to ring the 0300 number to clarify. Also a leisure pass was promised for last week, but I had to ring round to sort it out. It was ready to pick up on 18/04/2017. Therefore, I felt no care to me - I did not exist. Please note I would prefer Buckland Centre as the leisure centre has parking and traffic problems due to building works - Russell Road having to go to the port to turn back on myself, road works and general traffic port delays.
Orthoptic Visual Fields Service - Sevenoaks	22	81.25%	Three people ticked no to this question. No reasons were chosen or comments added. The rest of the surveys were positive and one person added the comment 'I was treated fairly' against another question.
Podiatry Mobile Unit - Tesco, Pembury	2	50%	One person ticked no to this question and chose 'prefer not to say'. However a comment was added 'not treated with dignity or understanding'.
Sexual Health Service - Maidstone	5	80%	One person ticked no to this question and chose age as the reason as the reason why. No comment was added and the rest of the survey was positive.

Please note that any negative comments made in the surveys are flagged to the services concerned in case staff can take action to make an improvement, whenever possible, as a result of patient feedback.

7.2 NHS Friends and Family Test (FFT) information

How likely are you to recommend this service to friends and family if they needed similar care or treatment?

59,116 patient surveys that include the FFT question have been completed from 1.4.17 to 31.3.18 with the following responses to this question.

	Recommend	Not recommend	Total responses	Extremely likely	likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
Trust	**97.19%**	**0.62%**	**59,116**	**48,008**	**9,446**	**844**	**166**	**201**	**451**

The recommend score is consistent when compared with 97.34 per cent in 2016/17 with 66,776 surveys completed.

8.0 Talk to us

If you have any comments or feedback on this report, or would like to get involved by becoming a public member of the trust, please contact KCHFT's Engagement Team using the contact details below:

Membership: kcht.membership@nhs.net

Equality: If you would like this report in large print, audio, Braille or Easy Read: kchft.equality@nhs.net

Engagement Team
Kent Community Health NHS Foundation Trust
Trinity House
110-120 Upper Pemberton
Ashford
Kent TN25 4AZ
Tel: 01233 667812

NHS
Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	27 September 2018
Agenda Item:	3.4
Subject:	Emergency Preparedness, Resilience and Response Annual Assurance Process Report
Presenting Officer:	Natalie Davies, Corporate Services Director

Action - this paper is for:	Decision	☐	Assurance	**x**

Report Summary (including purpose and context)
A set of core standards for Emergency Preparedness, Resilience and Response (EPRR) has been in place since April 2013. All organisations who receive NHS funding are asked to carry out an assessment against the NHS Standards for EPRR. In August 2018 Kent Community Health NHS Foundation Trust (KCHFT) performed a self-assessment.

Proposals and /or Recommendations
For the Board 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.

Natalie Davies, Corporate Services Director	Tel: 01622 211600
	Email: Natalie.davies1@nhs.net

Kent Community Health NHS Foundation Trust

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

ANNUAL ASSURANCE REPORT

Assurance Process

A set of core standards for Emergency Preparedness, Resilience and Response (EPRR) have been in place since April 2013. All organisations who receive NHS funding are asked to carry out a self- assessment against the NHS Standards for EPRR.

In August 2018 Kent Community Health NHS Foundation Trust (KCHFT) performed a self-assessment and achieved a substantial level of compliance against the EPRR Core Standards.

Assurance Process 2018

The NHS North and East London Commissioning Support Unit assessed the evidence provided by the Head of Emergency Preparedness, Resilience and Response in August 2018.
The assurance audit was conducted to demonstrate to the commissioners the preparedness of KCHFT against the NHS England EPRR Core Standards.

The audit provided evidence against each of the core standards identified by NHS England as being required to be in place by a community provider.

The investigated areas were;

- EPRR Core Standards
- Deep Dive – Command and Control Arrangements

Audit Results

Based on the NHS England's levels of assurance the self-assessment demonstrated the Trust meets the requirements for substantial compliance.

Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. This report will be presented to the Board to be agreed and approved.

Jan Allen
Head of Emergency Preparedness, Resilience and Response
14 September 2018

Kent Community Health
NHS Foundation Trust

Meeting of the Kent Community Health NHS Foundation Trust Board to be held at 10am on Thursday 27 September 2018 in the Motivation Room, The Village Hotel, Castle View, Forstal Road, Sandling, Maidstone ME14 3AQ

This meeting will be held in Public

AGENDA

1.	**STANDARD ITEMS**		
1.1	Introduction by Interim Chair	Interim Chair	
1.2	To receive any Apologies for Absence	Interim Chair	
1.3	To receive any Declarations of Interest	Interim Chair	
1.4	To agree the Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 26 July 2018	Interim Chair	
1.5	To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 26 July 2018	Interim Chair	
1.6	To receive the Interim Chair's Report	Interim Chair	Verbal
1.7	To receive the Chief Executive's Report	Chief Executive	
2.	**BOARD ASSURANCE/APPROVAL**		
2.1	To receive the Patient Story – East Kent Community Hospitals Quality Improvement Presentation	Chief Nurse	
2.2	To receive the Quality Committee Chair's Assurance Report	Chair of Quality Committee	

Kent Community Health NHS Foundation Trust

2.3	To receive the Strategic Workforce Committee Chair's Assurance Report	Chair of Strategic Workforce Committee
2.4	To receive the Charitable Funds Committee Chair's Assurance Report	Chair of Charitable Funds Committee
2.5	To receive the Integrated Performance Report	Director of Finance Chief Operating Officer/ Deputy Chief Executive

3. REPORTS TO THE BOARD

3.1	To receive the approved Minutes of the Charitable Funds Committee meeting of 27 April 2018	Chair of the Charitable Funds Committee
3.2	To receive the Quarterly Patient Experience and Complaints Report	Chief Nurse
3.3	To receive the Equality and Diversity Annual Report	Director of Workforce, Organisational Development and Communications
3.4	To receive the Emergency Preparedness, Resilience and Response Annual Assurance Report	Corporate Services Director

4. ANY OTHER BUSINESS

	To consider any other items of business previously notified to the Interim Chair	Interim Chair

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

6. DATE AND VENUE OF NEXT MEETING

Thursday 29 November 2018
Rooms 6 and 7, Kent Community Health NHS Foundation Trust Offices, Trinity House, 110 - 120 Upper Pemberton, Eureka Business Park, Kennington, Ashford Kent TN25 4AZ