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 31 January 2019

# in

# Oak Room
# Oakwood House
# Oakwood Park
# Maidstone
# ME16 8AE

Kent Community Health
NHS Foundation Trust

**Meeting of the Kent Community Health NHS Foundation Trust Board to be held at 10am on Thursday 31 January 2019 in the Oak Room, Oakwood House, Oakwood Park, Maidstone ME16 8AE**

**This meeting will be held in Public**

## AGENDA

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| **1.** | **STANDARD ITEMS** | | |
| 1.1 | Introduction by Chair | Trust Chair | |
| 1.2 | To receive any Apologies for Absence | Trust Chair | |
| 1.3 | To receive any Declarations of Interest | Trust Chair | |
| 1.4 | To agree the Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 29 November 2018 | Trust Chair | |
| 1.5 | To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 29 November 2018 | Trust Chair | |
| 1.6 | To receive the Trust Chair's Report | Trust Chair | Verbal |
| 1.7 | To receive the Chief Executive's Report<br>• Care Quality Commission | Chief Executive | |
| **2.** | **BOARD ASSURANCE/APPROVAL** | | |
| 2.1 | To receive the Patient Story | Chief Nurse (Interim) | |
| 2.2 | To receive the Board Assurance Framework | Corporate Services Director | |

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| | **Board Committee Reports** | |
| 2.3 | To receive the Quality Committee Chair's Assurance Report | Chair of Quality Committee |
| 2.4 | To receive the Strategic Workforce Committee Chair's Assurance Report | Chair of Strategic Workforce Committee |
| 2.5 | To receive the Audit and Risk Committee Chair's Assurance Report | Chair of Audit and Risk Committee |
| 2.6 | To receive the Charitable Funds Committee Chair's Assurance Report | Deputy Chair of Charitable Funds Committee |
| 2.7 | To receive the Integrated Performance Report | |
| | • Assurance on Strategic Goals | Director of Finance |
| | • Quality | Chief Nurse (Interim) |
| | • Workforce | Director of Workforce, Organisational Development and Communications |
| | • Finance | Director of Finance |
| | • Operational | Chief Operating Officer/ Deputy Chief Executive |
| 2.8 | To receive the Trust Preparedness for Brexit Report | Corporate Services Director |
| 2.9 | To receive the Winter Pressures Update Report | Chief Operating Officer/Deputy Chief Executive |
| **3.** | **STRATEGY AND PLANNING** | |
| 3.1 | To receive the NHS Long Term Plan and Impact for Kent Community Health NHS Foundation Trust Report | Director of Strategy |
| **4.** | **REPORTS TO THE BOARD** | |
| 4.1 | To receive the Learning From Deaths Report | Medical Director |

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| 4.2 | To receive the Freedom To Speak Up Report | Corporate Services Director |
| 4.3 | To receive the Community Hospitals Safer Staffing Review | Chief Nurse (Interim) |
| 4.4 | To receive the Minutes of the Charitable Funds Committee meeting of 25 July 2018 | Deputy Chair of Charitable Funds Committee |

## 5. ANY OTHER BUSINESS

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

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

## 7. DATE AND VENUE OF NEXT MEETING

**Thursday 28 March 2019**
**Rooms 6 and 7, Kent Community Health NHS Foundation Trust Offices, Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford, Kent TN25 4AZ**

Kent Community Health
NHS Foundation Trust

**Unconfirmed Minutes**
**of the Kent Community Health NHS Foundation Trust Board meeting**
**held at 10am on Thursday 29 November 2018**
**in Rooms 6 and 7, Kent Community Health NHS Foundation Trust Offices, Trinity House, 110 – 120 Upper Pemberton, Eureka Park, Kennington, Ashford, Kent TN25 4AZ**

**Meeting held in Public**

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| **Present:** | John Goulston, Trust Chair (Chair)<br>Pippa Barber, Non-Executive Director<br>Paul Bentley, Chief Executive<br>Peter Conway, Non-Executive Director<br>Martin Cook, Non-Executive Director Designate<br>Professor Francis Drobniewski, Non-Executive Director Designate<br>Richard Field, Non-Executive Director<br>Gordon Flack, Director of Finance<br>Steve Howe, Non-Executive Director<br>Louise Norris, Director of Workforce, Organisational Development and Communications<br>Dr Sarah Phillips, Medical Director<br>Dr Mercia Spare, Interim Chief Nurse<br>Bridget Skelton, Non-Executive Director<br>Gerard Sammon, Director of Strategy<br>Lesley Strong, Deputy Chief Executive/Chief Operating Officer<br>Jen Tippin, Non-Executive Director<br>Nigel Turner, Non-Executive Director |
| **In Attendance:** | Gina Baines, Committee Secretary (minute-taker)<br>Natalie Davies, Corporate Services Director |

**29/11/1** **Introduction by Chair**

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

Mr Goulston 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.

**29/11/2** **Apologies for Absence**

There were no apologies

The meeting was quorate.

**29/11/3** **Declarations of Interest**

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

**29/11/4** **Minutes of the Meeting of 27 September 2018**

The Board **AGREED** the minutes.

**29/11/5** **Matters Arising from the Meeting of 27 September 2018**

The actions were confirmed and closed.

The Board **RECEIVED** the Matters Arising.

**29/11/6** **Chair's Report**

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

Mr Goulston had met with various stakeholders since becoming Trust Chair on 1 November 2018. These included the members of the Board, the Council of Governors, the chairs of the other NHS providers in Kent and also Glenn Douglas the Chief Executive of the Kent and Medway Sustainability and Transformation Partnership (STP) and Accountable Officer for the Kent and Medway CCGs. Mr Goulston had also visited Birmingham Community Healthcare NHS Foundation Trust as part of his induction to see how the Board and Council of Governors in a similar organisation worked.

Mr Goulston and Mr Bentley had attended an NHS Provider community services network meeting where support had been expressed for further investment in the frailty pathway within community services. It had been agreed that NHS Providers would take this forward. The concept of moving from age-related to risk-based services for older people had also been discussed.

Mr Goulston was undertaking a number of visits to services within the Trust. He had visited Sevenoaks Hospital the previous week. The following day he would be visiting the One You Shop in Ashford. Earlier in the month, he had visited the Medway Campus of Canterbury Christ Church University where he had been shown the healthcare campus simulation suite by Dr Susan Plummer, Campus Director and Appointed Governor (Universities) of the Trust's Council of Governors.

Mr Goulston had also participated in a meeting with the Chair of NHS Improvement (NHSI). He had been one of eight chairs of community trusts to attend the session which had been organised by NHS Providers. There had been a good discussion where a range of ideas had been well received.

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

**29/11/7** **Chief Executive's Report**

Mr Bentley presented the report to the Board.

Mr Bentley added that a number of Listening Events had taken place in east Kent over the last few weeks regarding the reconfiguration options for urgent care services in the area. The report on the events was yet to be received. Members of the Board had been present at the majority of the meetings.

Kent and Medway Medical School had made the required, formal submission to the General Medical Council. The Trust wished to play a central role in the school in the future and the new Dean had indicated that he supported this.

With regards to the Trust's Staff Flu Vaccination Campaign, Prof Drobniewski underlined the importance of maximising the vaccination programme to protect patients, their families and staff. Mr Bentley confirmed that there was a comprehensive vaccination programme in place internally which was easily accessible to staff. In response to a question from Mr Field regarding whether the initiative to partner with UNICEF had been effective in increasing the take-up of the vaccination to date, Ms Strong indicated that it had been.

In response to a question from Ms Barber regarding how the Trust might identify and measure the impact of the Time to Change initiative, Mr Bentley suggested metrics relating to the level of staff absence, productivity and how staff saw the organisation would be relevant. It was agreed that the Strategic Workforce Committee would receive this assurance on behalf of the Board.
**Action** – Ms Norris

Ms Skelton added that the Time to Change initiative had been discussed at the Strategic Workforce Committee the previous day. It too had considered the identification and measurement of the impact of the initiative. It had also considered what else the Trust might do to address mental health issues such as reducing stress and increasing how staff felt valued. It had been agreed that this was a critical initiative. Ms Norris indicated that the Time to Change champions would be involved in identifying how their contribution was measured and the Strategic Workforce Committee would receive further updates.

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

**29/11/08** **Patient Story**

Dr Spare presented the video to the Board in relation to an error which had occurred in the Home Enteral Nutrition (HEN) Service.

Dr Spare confirmed that the Trust and HEN Service had worked collaboratively with the patient's mother at every stage of the investigation and that the findings had been shared across the wider HEN network. There was a desire to reduce the number of non-value adding handoffs to improve safety and this would be addressed through the Trust's Quality Improvement (QI) programme.

In response to a question from Mr Conway as to why the Trust was involved in the pathway, Dr Spare explained that this had been a commissioning decision. In response to his comment regarding whether better use could be made of technology to reduce the chance of error in the future, it was agreed that this and the commissioning decision would be investigated further. Dr Phillips added that issues with the manufacturer's website had been identified in the investigation and these had been fed back to the manufacturer.
**Action** – Dr Spare

In response to Mr Conway's suggestion that staff should be encouraged and supported to challenge established routines, Dr Phillips commented that the QI programme would address this. It would provide an opportunity for a fresh approach towards learning from mistakes; allowing for a greater focus on human factors as well as exploring new ways of supporting the relevant staff during a Serious Incident (SI) investigation.

In response to a question from Ms Tippin regarding whether the incident should have been classified earlier as an SI, Dr Phillips explained that the incident had initially been identified as a potential SI when the complaint was raised by the mother. All potential SIs were reviewed by the Trust and it was at that time that it was classified as a Serious Incident because of the potential national significance of the incident. Mr Howe added that he had participated in the conference call where the incident had been reviewed following its investigation. He confirmed that there had been a similar discussion to that of the Board on the call.

Mr Sammon reflected that the video highlighted the importance of having patient groups involved in service redesign.

The Board **RECEIVED** the Patient Story.

**29/11/9** **Quality Committee Chair's Assurance Report**

Mr Howe presented the report to the Board for assurance.

Ms Barber added that she had visited Canterbury Long Term Services earlier in the month. She had met with the clinical leads and other members of staff in the team and seen how they managed their staffing issues. She could confirm that the escalation process was in place. Staff had also spoken to her about their QI projects. These were seeking to reduce the number of incidents that occurred and complaints received by the service.

Ms Barber also highlighted that the Quality Committee had received the six-monthly review of the Trust's Quality Goals for 2018/19 at its meeting earlier in the month. The Trust was on target for all, bar two which related to staff turnover and care plans. The Strategic Workforce Committee was monitoring turnover and the Quality Committee would continue to scrutinise care plans.

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

**29/11/10** **Strategic Workforce Committee Chair's Assurance Report**

Ms Skelton presented the report to the Board for assurance.

The Strategic Workforce Committee had met the previous day.

There had been a wide ranging discussion which included seeking assurance on the Staff Flu Vaccination Programme, the impact of the Time to Change initiative, the use of statistical process control methodology in workforce performance reporting, progress on the Nursing Academy, the devolved authority framework, the introduction of the Advanced Clinical Practitioner (ACP) role, scrutiny of the Integrated Performance Report Operational Report, the work by the Human Resources Team to align workforce initiatives with strategy and workforce priorities, reducing duplication, embedding safe staffing across all services and talent management.

In response to a question from Mr Cook regarding what the Trust was doing to improve retention and reduce sickness absence, Ms Skelton reported that there were distinct issues in different parts of the organisation. The data that had been gathered from the Big Listen exercise earlier in the year had provided valuable pointers about what the Trust could do to reduce stress and turnover and improve retention. It had also provided good data regarding how people felt valued which had impacted positively on sickness rates. The Committee had agreed to focus on hotspots and learn from good practice rather than address generalities.

In response to a question from Ms Tippin regarding whether the Trust would be implementing the guidelines on workforce engagement which have been published by the Financial Reporting Council (FRC) recently, Ms Norris explained that the NHS was committed to implementing best practice. Ms Skelton suggested that a gap analysis of the published guidelines would be helpful.
**Action** – Ms Norris

In response to a question from Ms Tippin regarding whether the Trust would be reporting its performance on Black and Asian Minority and Ethnic (BAME) pay as well as gender pay, Ms Norris indicated that the Trust's Equality and Diversity Group would welcome the opportunity to carry out this further work on pay.
**Action** – Ms Norris

In response to a question from Mr Bentley as to whether BAME staff were more likely to be disciplined than white members of staff in the Trust, Ms Norris confirmed that the Trust's analysis of data from the last two years indicated that this was not the case. With regards to the Dental Service, the recent addition of the London teams had prompted a change in the ethnicity mix of the service. The report that had been received by the Strategic Workforce Committee indicated that there had been no change in the application of the Disciplinary Policy amongst BAME staff in that service.

Mr Goulston provided an update on his action to review the role of the non-executive director in the Kent and Medway STP that had been proposed in the Committee Chair's report in relation to the Well-Led Review. He confirmed that the STP was forming a governance group. Four equivalent non-executive directors from the local authority, the clinical commissioning groups (CCGs), an acute provider and a non-acute provider would be members of the group. With regards to membership by the non-acute provider, it had been agreed that Mr Andrew Ling, Chairman of Kent and Medway NHS and Social Care Partnership Trust (KMPT) would attend for half the year followed by Mr Goulston for the second half of the year.

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

**29/11/11** **Audit and Risk Committee Chair's Assurance Report**

Mr Conway presented the report to the Board for assurance.

It was confirmed that the November meeting of the Audit and Risk Committee (ARC) had been postponed until mid-December.

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

**29/11/12** **Integrated Performance Report**

Mr Flack presented the report to the Board for assurance.

The report would continue to evolve over the coming months as it reflected a move away from a RAG rating of performance to a greater use of statistical process control techniques. This change would provide greater assurance and clarity to the Board around the data presented. Representatives from NHSI had attended the Management Committee meeting earlier that week and presented an informative session on reporting and interpreting performance data to support this change of approach. A number of non-executive directors had attended the session which had been welcomed.

Quality Committee

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

Dr Spare confirmed that with regards to staffing levels at the community hospitals in Deal, Tonbridge and Edenbridge she was confident that the right measures were in place to maintain them. She would work closely with Ms Strong to ensure that they were achieved.

In response to a question from Mr Field regarding the current status of West View Integrated Care Centre, Ms Strong confirmed that this unit, registered with Kent County Council, (KCC) had been inspected by the Care Quality Commission (CQC) who had produced a report with recommendations for KCC. The delineation of health beds and social care beds had required further clarity and this had now been addressed. Discussions were continuing with the relevant CCG regarding contractual arrangements relating to beds and this was expected to be resolved in the next few weeks. Ms Strong confirmed that the Trust had informed the CCG that it would cease the provision of these beds in March 2019 unless a satisfactory resolution was reached.

In response to a question from Mr Goulston regarding whether the downward trend in the response rates for patient experience in the minor injuries units and community hospitals was significant, and if so what actions were in place, Mr Flack confirmed that this had been reviewed. While both patient satisfaction and waiting times still benchmarked very favourably, the pressure in the system, and Accident and Emergencies particularly had correlated with a slight increase in waiting times. Mr Goulston suggested that a narrative which explained how the Trust was addressing this would be helpful. It was agreed that this would be addressed.
**Action** - Mr Flack

Workforce Report

Ms Norris presented the report to the Board for assurance.

The report had been scrutinised by the Strategic Workforce Committee the previous day.

Ms Norris identified an error in the report with regards to the level of mandatory training compliance in Month Seven. This should read 85% and not 75%. This would be amended and republished.
**Action** – Ms Norris

Mr Cook stated that as the Trust pushed on with its changing approach to mental health support, a spike in sickness absence rates might be seen as staff became more open about this illness.

In response to a question from Mr Cook regarding how the Trust was addressing the range of sickness absence reasons beyond the top five identified in the report, Ms Norris confirmed that deep dives were carried out locally covering all reasons for absence. The Strategic Workforce Committee would be carrying out its own deep dive at its meeting in January 2019 where it would address the various sickness absence themes

and scrutinise how the Trust was addressing them.

Finance Report

Mr Flack presented the report to the Board for assurance.

The Finance, Business and Investment (FBI) Committee had received the report the previous day.

It had been assured that the Cost Improvement Programme (CIP) scheme deficits were on track to deliver by the end of the financial year.

Operational Report

Ms Strong presented the report to the Board for assurance.

With regards to the Health Visiting Six to Eight Week Checks Key Performance Indicator (KPI), the Quality Committee had received assurance that work was underway to improve performance and meet the target. With regards to Referral To Treatment (RTT) waiting times across all services, there would be a deep dive at the Quality Committee in January 2019 to understand what was happening within those services and the potential risk to patients. The Board would receive assurance through the Quality Committee Chairs Assurance report at its January 2019 Board meeting.

In response to a question from Ms Barber as to why no further investment had been forthcoming from the CCGs to support the Trust's management of the Orthopaedic Services waiting lists in east Kent, Ms Strong indicated that the CCGs were financially. The Trust continued to review its approach to ensure every possible improvement could be made.

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

**29/11/13** **Winter Plan**

Ms Strong presented the report to the Board for approval.

The Strategic Workforce Committee had reviewed the workforce elements of the winter plan at its meeting the previous day.

In response to a question from Ms Skelton regarding how the Trust's community hospitals would respond to the issues that were highlighted in the daily conference calls that took place at the peak of winter activity, Ms Strong indicated that decisions would centre on the rapid transfer of patients and these would be addressed by the acute hospitals. Mr Sammon highlighted the use of the Single Health Resilience Early Warning Database (SHREWD) tool in providing up-to-date information to support the decision making by the Trust and its partners.

In response to a question from Mr Cook regarding the contribution that volunteers would make during winter, Ms Strong explained that their contribution was recognised as part of the whole system plan. The Red Cross contributed to supporting patient discharge and would be present at A&E departments within the acute hospitals in east Kent.

In response to a comment from Mr Turner regarding the recruitment and retention of staff in the relevant services to provide the capacity that was needed during the winter pressures, Ms Strong confirmed that in east Kent operations, a resourcing team was in place to focus on the recruitment process and provide an administrative lead. This was proving to have some success.

In response to a question from Prof Drobniewski regarding how quickly the Trust could set up an additional ward in order to increase capacity, Ms Strong explained that in the previous year an escalation ward had been opened at Sheppey Community Hospital. This had taken two weeks to put in place. The main challenge had been staffing, but lessons had been learnt in preparation for the forthcoming winter.

In response to a question from Mr Conway regarding what additional resource had been provided to Kent Social Services, Ms Strong confirmed that it had received additional government money. It would publish its winter plan following approval by the KCC Cabinet in December 2018.

It was agreed that a progress report would be presented to the Board at its meeting in January 2019.
**Action** – Ms Strong

The Board **APPROVED** the Winter Plan.

**29/11/14** **Standing Financial Instructions**

Mr Flack presented the report to the Board for approval.

In response to a question from Mr Goulston regarding whether a non-executive director had been nominated to oversee the NHS security management service, it was confirmed that this appointment was still outstanding. The non-executive directors were asked to discuss this further outside of that day's meeting and suggest a nomination to Mr Goulston and Mr Flack.
**Action** – Non-executive directors

The Board **APPROVED** the Standing Financial Instructions.

**29/11/15** **Board Membership and Non-Executive Director Responsibilities Report**

Mr Goulston presented the report to the Board for approval.

It was agreed that the Council of Governors would receive the report for noting when it met in February 2019.
**Action** – Ms Davies

The Board **APPROVED** the Board Membership and Non-Executive Director Responsibilities Report.

**29/11/16** **Seasonal Infection Prevention and Control Report**

Dr Spare presented the report to the Board for assurance.

The Quality Committee had received and scrutinised the report earlier that month.

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

**29/11/17** **Learning From Deaths Report**

Dr Phillips presented the report to the Board for assurance.

In response to questions from Ms Skelton regarding how the Trust implemented lessons learnt, how it could satisfy itself that the lessons had been implemented, and how the results were fed back to staff, Dr Phillips confirmed that the membership of the investigation team rotated and monthly Matrons meetings were used to disseminate learning. Where the same issues were repeatedly disseminated, these would be investigated further via an audit.

Ms Barber confirmed that she was the Non-Executive Director Trust Lead for Mortality and Learning from Deaths. She had observed an investigation meeting and highlighted that the addition of a pharmacist as a member of the meeting was helpful. She had observed the discussions and the learning that had been identified and indicated that it was a constructive process. She would be attending a further investigation meeting in January 2019 and would be focusing on the process in relation to patients with learning disabilities.

In response to a question from Dr Spare regarding the work that was being carried out by the Kent and Medway Learning Disabilities Mortality Review (LeDeR) Strategy Group, Dr Phillips confirmed that its work would be monitored by herself. She was liaising with KCC's Director of Public Health who was involved. The Trust was supportive of the group's aims and objectives. As it was an NHS England (NHSE) commissioned service, the Trust would continue to escalate issues it identified which were not being addressed.

In response to a question from Ms Tippin regarding identifying the top three learning outcomes which the Board could monitor going forward, it was agreed that this would be included in the next report that the Board received.
**Action** – Dr Phillips

In response to a question from Ms Strong regarding investigating children's deaths across both KCC and the Trust, Dr Phillips confirmed that the Trust's Head of Safeguarding, Ms Julie Beavers was a member of the Trust's Mortality Surveillance Group and provided a link between the two organisations. Mr Howe added that both the Trust's End of Life Steering Group and Mortality Surveillance Group had an overlap of membership.

The Board **RECEIVED** the Learning From Deaths Report.

**29/11/18** **Patient Experience and Complaints Report**

Dr Spare presented the report to the Board for assurance.

The Quality Committee had received and scrutinised the report earlier that month.

Ms Tippin commented that staff should be proud of the results that were contained within the report. In response to her question as to how this data was used internally, Mr Bentley confirmed that it was fed back regularly to staff at the Trust's Senior Leaders Conference and Team Leaders Conference that took place during the year. In addition, he and the other executive directors also highlighted the positive feedback that was received when they visited services. He was pleased that performance remained consistent even at times of pressure within services. It underlined that the Trust was serving its community well.

In response to questions from Mr Cook as to whether it was good to encourage people to complete the survey, and why in the summer months other trusts had an upward trend in the number of survey responses compared to the Trust, it was agreed that this would be investigated.
**Action** – Dr Spare

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

**29/11/19** **Freedom To Speak Up (FTSU) Report**

Ms Davies presented the report to the Board for assurance.

The Audit and Risk Committee reviewed the process and controls in place to manage concerns reported by staff and the Strategic Workforce Committee would review the cultural recommendations from the November 2018 report by the National Guardian's Office that had reviewed the handling of speaking up cases at Nottinghamshire Healthcare NHS Foundation Trust.

In response to a comment from Mr Field that greater diversity was needed amongst the Trust's FTSU ambassadors, it was agreed that this would be addressed with the support of its diversity networks.
**Action** – Ms Davies

Ms Tippin confirmed that she was the Non-Executive Director with responsibility for Freedom To Speak Up.

In response to a question from Ms Tippin as to who carried out the investigation of individual concerns, Ms Davies confirmed that this was carried out by an independent manager. The ambassador's role was to support the member of staff who had raised the concern.

In response to a question from Ms Tippin as to how the Trust protected the anonymity of the staff member who had raised the concern, Mr Conway reported that the ARC had reviewed this. It was confirmed that the report that was presented to the ARC would be shared with Ms Tippin.

In response to a question from Mr Flack regarding the support that was provided to the FTSU ambassadors, Ms Davies confirmed that there was a support network but that this could be improved. It was agreed that this would be addressed.
**Action** – Ms Davies

It was confirmed that the Board would receive a report twice a year.

It was agreed that the report on Nottinghamshire Healthcare NHS Foundation Trust would be circulated to the Board.
**Action** – Ms Davies

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

**29/11/20** **Any Other Business**

There was no further business to discuss.

Mr Bentley extended his thanks on behalf of the Board to Mr Field for his contribution as Interim Chair.

**29/11/21** **Questions from members of the public relating to the agenda**

In response to a question from Mr John Fletcher, Public Governor Ashford regarding whether there was one body in Kent that had oversight of the continuing problems faced by the county's GPs, clinical commissioning groups, and the acute trusts, Mr Goulston suggested that this was the responsibility of the Kent and Medway STP. Mr Bentley added that he was optimistic that health service commissioning in Kent and Medway would improve. He supported the STP's ambitions to improve stroke outcomes for patients. He also added that he welcomed the work being done to support GPs across Kent and Medway coming together to work in a more effective way.

The meeting closed at 12.45pm.

**29/11/22** **Date and Venue of the Next Meeting**

Thursday 31 January 2019, The Oak Room, Oakwood House, Oakwood Park, Maidstone ME16 8AE

Kent Community Health
NHS Foundation Trust

**MATTERS ARISING FROM BOARD MEETING OF 29 NOVEMBER 2018 (PART ONE)**

| Agenda number | Agenda Item | Action agreed last meeting | By Whom | Current Status/Update |
|---|---|---|---|---|
| 29/11/7 | Chief Executive's Report | For the Strategic Workforce Committee to receive assurance on behalf of the Board regarding the identification and measurement of the impact of the Time To Change programme. | Ms Norris | This item will be added to the Strategic Workforce Committee forward plan. Proposed closure. |
| 29/11/8 | Patient Story | To investigate further the better of use of technology in the Home Enteral Nutrition (HEN) Service to reduce the chance of error as well as the commissioning decision relating to the patient pathway. | Dr Spare | An investigation is underway and further information is awaited. |
| 29/11/10 | Strategic Workforce Committee Chair's Assurance Report | To undertake a gap analysis of the guidelines on workforce engagement published by the Financial Reporting Council (FRC). | Ms Norris | This item will be added to the Strategic Workforce Committee forward plan. Proposed closure. |

| Agenda number | Agenda Item | Action agreed last meeting | By Whom | Current Status/Update |
|---|---|---|---|---|
| 29/11/10 | Strategic Workforce Committee Chair's Assurance Report | To liaise with the Trust's Equality and Diversity Group on the Trust's performance on Black and Asian Minority and Ethnic (BAME) pay. | Ms Norris | The BAME group has been invited to consider this area of work. Proposed closure. |
| 29/11/12 | Integrated Performance Report (IPR) | To include a narrative in future IPRs on how the Trust was addressing any downward trends in the response rates for patient experience or upward trends in waiting times. | Mr Flack | This has been incorporated into the new IPR design to highlight statistically significant variation. Proposed closure. |
| 29/11/12 | Integrated Performance Report (IPR) | To amend the Workforce Report to correct the error relating to the level of mandatory training compliance in Month Seven. | Ms Norris | Action completed. Proposed closure. |
| 29/11/13 | Winter Plan | To present a progress report to the Board at its meeting in January 2019. | Ms Strong | Agenda item. Proposed closure. |
| 29/11/14 | Standing Financial Instructions | To suggest a nomination for a non-executive director to oversee the Trust's NHS security management service to Mr Goulston and Mr Flack. | Non-Executive Directors | Mr Bentley has confirmed that this matter will be discussed at the Chair – Non Executive Director Meeting taking place on 31 January 2019. |
| 29/11/15 | Board Membership and Non-Executive Director Responsibilities Report | For the Council of Governors to receive the report for noting at its next meeting. | Ms Davies | This matter been included on the agenda of the February 2019 Council of Governors meeting. Proposed closure. |

| Agenda number | Agenda Item | Action agreed last meeting | By Whom | Current Status/Update |
|---|---|---|---|---|
| 29/11/17 | Learning From Deaths Report | To include the top three learning outcomes in the next report to the Board. | Dr Phillips | This will be included in the report that the Board receives at its January 2019 meeting and future reports. Proposed closure. |
| 29/11/18 | Patient Experience and Complaints Report | To investigate why in the summer months other trusts had an upward trend in the number of survey responses completed compared to KCHFT. | Dr Spare | This is under continuous review with the current organisations the Trust benchmarks against. |
| 29/11/19 | Freedom To Speak Up (FTSU) Report | To address the need for greater diversity amongst the Trust's FTSU ambassadors through its diversity networks. | Ms Davies | This has been discussed with the Guardian and will be actioned. Proposed closure. |
| 29/11/19 | Freedom To Speak Up (FTSU) Report | To address the improvement of the support network provision for the FTSU ambassadors. | Ms Davies | This has been discussed with the Guardian and will be actioned. Support for the Guardian is also being developed. Proposed closure. |
| 29/11/19 | Freedom To Speak Up (FTSU) Report | To circulate the Nottinghamshire Healthcare NHS Foundation Trust report to the Board. | Ms Davies | Action complete. Proposed closure. |

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| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 1.7 |
| **Agenda Item Title:** | Chief Executive's Report |
| **Presenting Officer:** | Paul Bentley, Chief Executive |

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| **Action - this paper is for:** | Decision | ☐ | Information | ☒ | Assurance | ☐ |

| **Report Summary** |
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| 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?** |
| Not applicable. |

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

# CHIEF EXECUTIVE'S REPORT
## January 2019

As previously I wanted to highlight to the Board the following significant developments since my last formal report during the Board meeting in November 2018, my regular practice is to categorise the report into patients, our staff teams and partnerships. Since we last met as a board there have been a number of national developments, some local developments and the expected and planned for increase in demand on services generated by winter.

## Staff

### 1. Service Visits

I was fortunate to speak at a celebration of our Wound Centre in Herne Bay, attended by a wide range of patients, carers, team members and others associated with the Centre, the Chief Nurse and I also visited Heron Ward in Herne Bay, both were uplifting and a strong testament to the compassion and skill of our teams in both settings.

In mid-January I spent some time with our health-visiting team based in Gravesend, which was another uplifting visit as I was able to see the enthusiasm and professionalism with which the team undertake their often challenging roles.

### 2. Care Quality Commission

On 2 January 2019 on behalf of the Trust I received the formal notification that our regulators the CQC will undertake a well-led inspection of the Trust within a maximum of six months from the date of the letter, this inspection process will include an inspection of a least one of our seven core services. As part of this process the Trust submitted its completed Provider Information Request on 22January 2019, incorporating the Trust self-assessment ratings and well-led submission which the Board scrutinised in January 2019. The information about the forthcoming inspection has been widely communicated throughout the Trust.

### 3. Launch of NHS 10 Year Plan

In January the NHS long term plan was launched, a full paper exploring the plan is included later in the agenda, but the publication of the plan is significant for both the NHS and the Trust. The direction of the NHS is consistent with that identified in the Five Year Forward View published in 2014, and presents opportunities for the people we serve to receive better care closer to home. It also crystallises the role of the Kent and Medway STP which is important to note for the Board, and again is explored in the full report.

## Partnerships

### 1. New Contracting Round

Contract discussions have started in all systems and all are taking place collaboratively. Local care investments are jointly agreed as the top priority for the Trust. Consistent with the national timetable draft Trust plans will be submitted on 12th February, with the full plan in early April 2019. The Trust is expected to make a surplus of £2.2m (1%) underpinned by breakeven plus £2.2m of Provider Sustainability Funds from NHSI.

### 2. New Planning Guidance

The planning guidance for the NHS was published in two parts, one in late December and the second part in January, the guidance is significant as it establishes a new financial architecture to return the NHS provider sector to financial balance, with changes included but not limited to Payment by results tariff, market forces factor, the use of financial control totals and payments made to the Trust under Commissioning for Quality and Innovation national goals.

These are significant changes which have been explored in the sub-committee of the Board but are worthy of Board attention.

### 3. Procurement and Commercial Standards Accreditation

The Trust has been formally awarded Level 1 Procurement & Commercial Standards accreditation the first community or mental health trust to achieve this in any of the southern regions.

## Patients

### 1. Hospital at Home

We launched Hospital@home in December 2018, the scheme is designed to reduce the demand on the acute hospital sector and we developed out approach with the support of and in conjunction with acute trust colleagues. Early

indicators are that in the first six weeks since it launched, we have saved around 150 bed days and helped more than 30 patients.

The service attracted some positive media coverage, which the board can view using the link:

https://www.itv.com/news/meridian/2019-01-17/medical-care-and-support-for-patients-at-home/

## 2. Winter Planning

Nationally the NHS, although seeing an increase in demand in December and early January, is managing more effectively than last year.

The role of KCHFT services is to maintain patient flow throughout the system and facilitate discharges and prevent hospital admissions. Our staff have been working hard to maintain capacity in the services with the emphasis on reducing the number of patients experiencing delays to discharge. The new schemes agreed in both East and West Kent are beginning to have an impact on the system and these are set out in more detail in the winter update report later in the agenda.

There is an expectation with colder weather forecast that the demand on services will increase towards the end of the month and the services are to creating additional capacity.

## 3. Planning for exiting the European Union

Since the last time we met as a Board the Trust and the Kent and Medway STP has spent time contingency planning in the event of leaving the European Union without a transitional agreement in place. Whilst planning is taking place nationwide the particular geographical issues presented by delivering services in Kent are being addressed Kent and Medway wide with the STP co-ordinating a system view and the Trust undertaking Trust wide planning. A separate briefing is included in the Board agenda.

I would like to take the opportunity to thank all team members for their hard work since the last time we met as a board at this very busy and demanding time of year.

**Paul Bentley**
**Chief Executive**
**January 2019**

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| | |
|---|---|
| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 2.2 |
| **Agenda Item Title:** | Board Assurance Framework |
| **Presenting Officer:** | Natalie Davies, Corporate Services Director |

| **Action - this paper is for:** | Decision | ☐ | Information | ☐ | Assurance | ☒ |
|---|---|---|---|---|---|---|

**Report Summary**

The function of the Board Assurance Framework (BAF) is to inform and elicit discussion about the significant risks which threaten the achievement of the Trust's strategic objectives.

To provide assurance that these risks are being effectively managed, the BAF details the controls in place to mitigate each risk, any gap in control, assurance of the controls' effectiveness, the actions planned and being executed together with the date by when the actions are due to be completed.

The full BAF as at 23 January 2019 is shown in Appendix 1.

**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 decisions required.


| | |
|---|---|
| Barry Norton, Head of Risk Management | Tel: 01233667744 |
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Kent Community Health
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# BOARD ASSURANCE FRAMEWORK

## 1. Introduction

1.1 The Board Assurance Framework (BAF) is comprised of strategic risks identified against the strategic goals defined within the Integrated Business Plan (IBP) in addition to risks identified against the achievement of business and operational objectives with a high gross (inherent) risk rating.

1.2 The BAF is therefore comprised of high risks. Refer to section 7 below for a definition of high risk.

1.3 Risks may be identified by Services or Directorates and escalated upwards to the Executive Team, or may be identified at the Board or any of its sub Committees.

1.4 The Executive Team review newly identified high risks to ensure that those with significant potential to impact on the achievement of strategic goals are recorded on the BAF and reported to the Board. This allows the Board to monitor mitigating actions. As actions are implemented, controls improve and this can enable the exposure to risk to reduce.

1.5 The full BAF as at 23 January 2019 is shown in Appendix 1. This version was presented at any other meetings or committees.

## 2. Amendments to the BAF

2.1 Since the BAF was last seen by the Board the document has undergone a subtle refresh. All risks are now categorised in line with the Trust's goals: 'Prevent ill health', 'Deliver high-quality care at home and in the community', 'Integrate services' and 'Develop sustainable services'. The following headings 'Assurances' and 'Gaps in control and assurance' have been amended to 'Positive Assurances' and 'Gaps in control or Negative Assurance' respectively.

## 3. New risks

3.1 Since the BAF was last presented to the Board there have been three new risks added.

3.2 BAF ID101 ‘Develop Sustainable Services (Strategic Objective Enablers)’ Uncertainty around Brexit may affect our ability to deliver core objectives.

3.3 BAF ID102 ‘Deliver High Quality Care at Home and in the Community’ Inability to recruit and retain staff appropriately could have a detrimental impact on maintaining quality of care and morale.

3.4 BAF ID103 ‘Integrate Services’ Changes in the system architecture may provide uncertainty in the future delivery of integrated services

## 4. Risks that have been closed since the last report

4.1 BAF ID37 ‘Ensuring that patients and clinicians have access to high quality specialist community services’ Patient care may suffer if we are unable to recruit and retain a quality workforce with the right clinical leadership. This risk has been superseded by risk BAFID102 which was introduced to the BAF in January 2019.

4.2 BAF ID73 ‘Dedicating time, resources, expertise and leadership to fully implement the 'Home First' service model across Kent’ That the organisation may not be able to adapt and implement the change and transformation of service due to poor morale and the changes needed in the organisational culture. This risk has also been superseded by risk BAFID102.

## 5. Risks that have been de-escalated since the last report

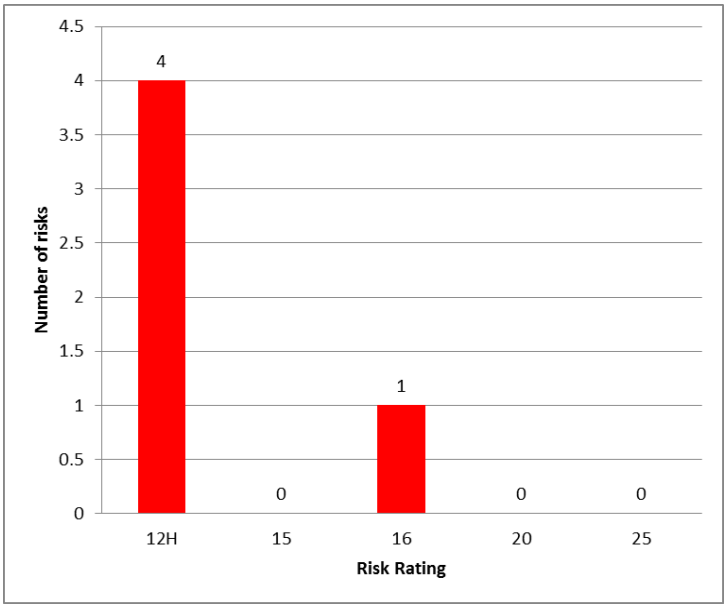
5.1 BAF ID98 ‘Strategic Objective Enablers’ Deteriorating financial position in Kent and Medway, particularly in east Kent jeopardises the stability of the system to maintain commitment to local care and/or places additional pressures on the Trust as seen as organisation with financial flexibility as over delivered financial surplus.

## 6. Risks previously de-escalated to Directorate risk registers that have closed

6.1 There are no risks that have been de-escalated to Directorate risk registers that have now closed.

6.2 The total number of risks documented on the BAF is five. Figure 1 (below) provides a visual representation of the organisational risk profile based on the current risk rating within section 1 of the BAF.

6.3 Figure 1: Organisational High Risk Profile




## 7. High risk definition

7.1 A high risk is defined as any risk with an overall risk rating of 15 or above, as well as those risks rated as 12 with a consequence score of 4. The risk matrix below provides a visual representation of this.

7.2 Figure 2: Trust risk matrix

| | | ← *Consequence / Severity* → | | | | |
|---|---|---|---|---|---|---|
| | | Insignificant | Minor | Moderate | Major | Catastrophic |
| ↓Likelihood ↓ | | **1** | **2** | **3** | **4** | **5** |
| Rare | 1 | 1 | 2 | 3 | 4 | 5 |
| Unlikely | 2 | 2 | 4 | 6 | 8 | 10 |
| Possible | 3 | 3 | 6 | 9 | 12 | 15 |
| Likely | 4 | 4 | 8 | 12 | 16 | 20 |
| Almost Certain | 5 | 5 | 10 | 15 | 20 | 25 |

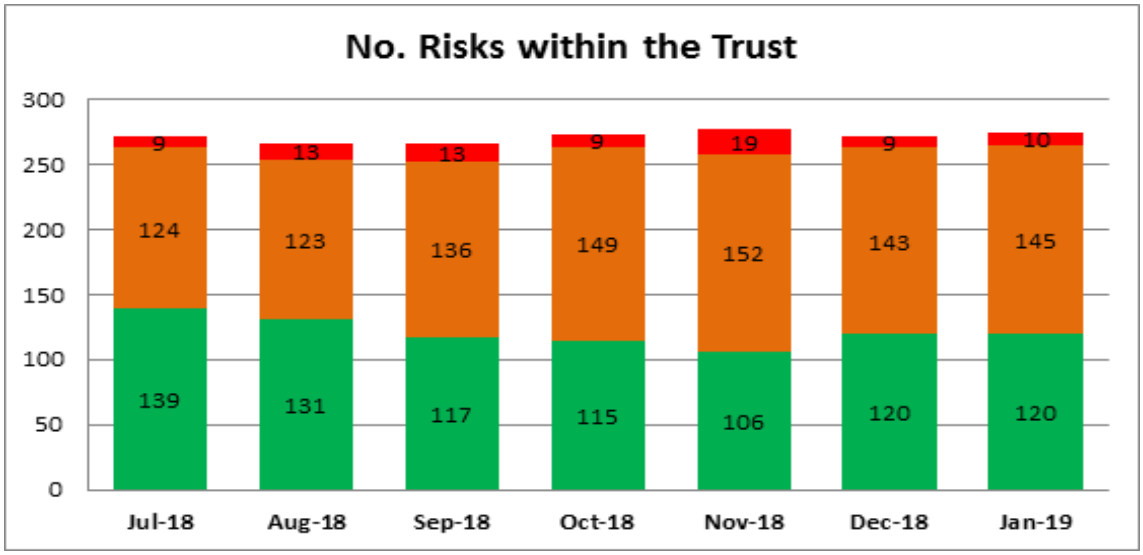
The scores obtained from the risk matrix are assigned grades as follows:

| | |
|---|---|
| 1 – 6 | Low risk |
| 8 – 12 | Medium Risk |
| 12 – 25 | High Risk |

## 8. Risk Overview

8.1 The total number of open risks within the Trust stands at 275 this is comprised of 120 low risks, 145 medium risks and 10 high risks. Figure 3 (below) provides a visual representation. Low risks are initially reviewed by Heads of Service with further reviews by the responsible officer at least bi monthly. Medium risks would initially be reviewed by Heads of Service and then onward to the Community Service Director/Assistant Director for approval, these would normally be reviewed on a monthly basis. All risks are extracted by the Risk Team on a weekly basis and the officer responsible for those risks that have passed their review date or target completion date are contacted by the team to prompt a review.

8.2 Figure 3: Organisational Risk Overview.




## 9. Recommendation

9.1 The Board is asked to consider the Board Assurance Framework in Appendix 1 and determine whether sufficient mitigating actions are in place to address these.

**Barry Norton**
**Head of Risk**
**23 January 2019**

Updated 23 January 2019

# Appendix 1
## Board Assurance Framework Section 1
Risks with a high net risk rating which have not been tolerated.

Kent Community Health NHS Foundation Trust

**Definitions:**
Initial Rating = The risk rating at the time of identification

Current Rating = Risk remaining with current controls in place. This is reviewed monthly and should decrease as actions take effect.

Target Date = Month end by which all actions should be completed

**Action status key:**

| | |
|---|---|
| Actions completed | G |
| On track but not yet delivered | A |
| Original target date is unachievable | R |

| ID | Opened | Board Level Risk Owner | Risk Description (Simple Explanation of the Risk) | Initial rating C | Initial rating L | Initial rating Rating | Controls Description | Positive Assurances | Gaps in control or Negative Assurance | Current rating C | Current rating L | Current rating Rating | Planned Actions and Milestones | | | | Action owner | Confidence Assessment | Target Date (end) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Integrate Services** | | | | | | | | | | | | | | | | | | | |
| 99 | Jan 2019 | Gordon Flack | Implementing a clinical system including double running with the existing system and at the same time as the Kent Care Record is being implemented may negatively impact on production of timely information. | 4 | 3 | 12H | Governance structure & project plan in place<br>Engagement with the project team delivering the Kent Care Record<br>Project Leadership team job descriptions<br>Phase implementation plan and resourcing appropriately<br>Communication plans developed with stakeholders inc. commissioners. | Regular Board reports linked to other projects<br>Project Group report to Exec Team and Board | Timescales to implement new system<br>Comprehensive programme plan for replacement system to be developed in response to emerging timescales | 4 | 3 | 12H | **Individual Actions** | **Owner** | **Target Completion** (end) | **Status** | Gordon Flack | Medium | **Nov 2019** |
| | | | | | | | | | | | | | Programme Manager being appointed to CIS change project | Gordon Flack | Sep 2018 | G | | | |
| | | | | | | | | | | | | | Set up governance structure | Gordon Flack | Nov 2018 | G | | | |
| | | | | | | | | | | | | | Structured programme of clinical engagement included in the programme. | Sarah Phillips | Nov 2019 | G | | | |
| | | | | | | | | | | | | | Definition of programme structure and programme team | Gordon Flack | Sep 2018 | G | | | |
| | | | | | | | | | | | | | Project leadership appointed. | Gordon Flack | Dec 2018 | G | | | |
| 103 | Jan 2019 | Gordon Flack | Changes in the system architecture may provide uncertainty in the future delivery of integrated services | 4 | 3 | 12H | Sustainability and Transformation Plan (STP) Programme Board TORs and membership<br>TORs for: Local Care Boards; Frailty Group; Chief Executives Forum<br>STP Governance Structures<br>Director of Strategy job description<br>West Kent Improvement Board terms of reference<br>East Kent Transformation Board terms of reference<br>NHS I/E system meeting terms of reference | Local Care Investment received for both east and west Kent - Hospital at Home and Rapid Transfer of Care scheme.<br>Community Care Funding increase in financial settlement<br>Chief Exec report to the board<br>Regular Strategic development update to the board<br>Non executive membership of the STP board. | | 4 | 3 | 12H | **Individual Actions** | **Owner** | **Target Completion** (end) | **Status** | Paul Bentley | High | **Mar 2019** |
| | | | | | | | | | | | | | Local Care Group implementation | Paul Bentley | Jul 2018 | G | | | |
| | | | | | | | | | | | | | KCHFT involvement in CCG workforce group | Louise Norris | | G | | | |
| | | | | | | | | | | | | | Review mitigation plans | Gordon Flack | Oct 2018 | G | | | |
| | | | | | | | | | | | | | Recovery plan for east Kent | Gordon Flack | Oct 2018 | G | | | |
| | | | | | | | | | | | | | Proactively seek opportunities to stabilise the system and support investment in local care | Gordon Flack | Mar 2019 | G | | | |
| | | | | | | | | | | | | | Hospital at Home launch | Gordon Flack | Nov 2018 | G | | | |
| **Prevent Illness** | | | | | | | | | | | | | | | | | | | |
| 100 | Nov 2018 | Lesley Strong | Risk that the organisation's services may suffer significant challenges as result of the impact of winter pressures. | 4 | 4 | 16 | Emergency Planning exercises<br>Flu vaccination Programme<br>An established National Emergency Pressures Panel has been established to identify levels of system risk and recommend responses<br>Reporting performance for Minor Injury Units<br>Whole system winter plans have been agreed by the Local A&E Delivery Boards. These include escalation plans with key actions to be taken if certain triggers are reached.<br>Extra bed capacity by reducing delayed transfers of care | Emergency Plans successful during testing<br>Staff flu vaccination programme – this is underway for KCHFT staff. Local targets have been set which include maximum of 14 patients at any one time in KCHFT community hospitals<br>Winter Pressure Plans. Actions have been identified in order to reduce the gap in controls relating to this risk. | | 4 | 3 | 12H | **Individual Actions** | **Owner** | **Target Completion** (end) | **Status** | Lesley Strong | Medium | **April 2019** |
| | | | | | | | | | | | | | Monitor Winter Pressure Plans through Governance structures - KPI's for East & West Kent have been agreed | Lesley Strong | Mar 2019 | A | | | |
| | | | | | | | | | | | | | Flu Vaccination Programme Delivery | Mercia Spare | Feb 2019 | A | | | |
| | | | | | | | | | | | | | Oversee the newly implemented 'Rapid Transfer service in the East in addition to the creation of local care schemes. | Lesley Strong | Mar 2019 | A | | | |
| | | | | | | | | | | | | | Oversee the newly implemented Hospital at Home' scheme in the West ' in addition to the creation of local care schemes. | Lesley Strong | Mar 2019 | A | | | |
| **Develop Sustainable Services (Strategic Objective Enablers)** | | | | | | | | | | | | | | | | | | | |
| 101 | Dec 2018 | Natalie Davies | Uncertainty around Brexit may affect our ability to deliver core objectives | 4 | 3 | 12H | Local Health Resilience Partnership (LHRP) terms of reference<br>Executive lead appointed<br>Head of Resilience JD<br>Action plan developed<br>Brexit risk register established | Regular discussion and review at Exec/Management Committee and Board.<br>NHS England (NHS E) reporting requirements met.<br>LHRP meetings attendance.<br>Further develop plan in response to new information.<br>Monthly Trust Brexit meetings held.<br><br>Working in collaboration with Clinical Commissioning Groups (CCGs) | | 4 | 3 | 12H | **Individual Actions** | **Owner** | **Target Completion** (end) | **Status** | Natalie Davies | Medium | **February 2019** |
| | | | | | | | | | | | | | Coordination with the STP ongoing | Paul Bentley | Feb 2019 | A | | | |
| | | | | | | | | | | | | | Staff training on strategy and command groups which will be completed by the end of February | Natalie Davies | Feb 2019 | A | | | |
| | | | | | | | | | | | | | Internal Brexit workshop and table top exercise to be held | Natalie Davies | Dec 2018 | G | | | |
| | | | | | | | | | | | | | Fortnightly reviews - to keep plans under review | Natalie Davies | Feb 2019 | G | | | |

| ID | Opened | Board Level Risk Owner | Risk Description (Simple Explanation of the Risk) | Initial rating C | Initial rating L | Initial rating Rating | Controls Description | Positive Assurances | Gaps in control or Negative Assurance | Current rating C | Current rating L | Current rating Rating | Planned Actions and Milestones | Action owner | Confidence Assessment | Target Date (end) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Deliver High Quality Care at Home and in the Community** | | | | | | | | | | | | | | | | |
| **102** | Jan 2019 | Louise Norris | Inability to recruit and retain staff appropriately could have a detrimental impact on maintaining quality of care and morale | 4 | 3 | 12H | Strategic Workforce Committee ToRs,<br>Service quality visits<br>Director of Workforce JD;<br>Workforce Strategy Agreed<br>Operational workforce reports<br>Complaints system established against agreed policy<br>Friends and Family Test<br>Talent Management Strategy<br>Time to Change Champions system established | Service visit reported to quality committee, Workforce report to board, IPR KPIs reported and reviewed by Board, Safer Staffing reports, workforce plans, Time to hire benchmarks positively, bank fill rates improving, agency usage report.<br>Workforce report to SWC | vacancies 9.69%, turnover 18.14% | 4 | 3 | 12H | | Louise Norris | Medium | **Dec 2020** |

| Individual Actions | Owner | Target Completion (end) | Status |
|---|---|---|---|
| Open Clinical Academy with 50 students | Louise Norris | Feb 2019 | A |
| Scoping extension to clinical academy | Louise Norris | Sep 2019 | A |
| International recruits arrive | Louise Norris | Jun 2019 | A |
| Implement Big Listen action plan | Paul Bentley | Apr 2020 | A |
| Implement QI strategy action plan | Sarah Phillips | Mar 2020 | A |
| Implement well being action plan | Louise Norris | May 2019 | A |
| Implement WRES action plan | Louise Norris | Mar 2019 | A |

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| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 2.3 |
| **Agenda Item Title:** | Quality Committee Chair's Assurance Report |
| **Presenting Officer:** | Steve Howe, Chair of Quality Committee |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Action - this paper is for:** | Decision | ☐ | Information | ☐ | Assurance | ☒ |

| **Report Summary** |
|---|
| The paper summarises the Quality Committee meetings held on 22 January 2019. |

| **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 (EA) been completed?** |
| No ☒<br>High level position described and no decisions required. The paper will have no impact on people with any of the nine protected characteristics |

| | |
|---|---|
| Steve Howe, Non-Executive Director | Tel: 01622 211906 |
| | Email: |

Kent Community Health
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# QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT JANUARY 2019

This report covers the Quality Committee meeting held on 22 January 2019

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| Assurance reports were received from:<br>Patient Safety and Clinical Risk Group;<br>Patient Experience Group;<br>Clinical Effectiveness Group. | **Quality Metrics**: It was noted that there was a reduction in the number of shifts across the Trust where only one Registered Nurse (RN) was on duty – 93 in December from 103 in November. Edenbridge Community Hospital is the outlier with 31 shifts in December, but this has been mitigated with a Health Care Assistant (HCA) shift fill rate of between 123.4% on days and 104% on nights.<br><br>The Committee was pleased to note there were no avoidable category three or four pressure ulcers in the Trust's care during the months of November and December 2018.<br>There was a slight rise in the number of avoidable falls (two in November and four in December) but avoidable medications incidents continue to fall with 18 avoidable incidents recorded in December.<br>The Trust remains on trajectory for achieving a 10% | The Committee discussed the triangulation of all the available quality metrics for Edenbridge Community Hospital which were in normal bounds, but would remain a focus for the group. |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| | reduction of avoidable harms at the end of this financial year.<br><br>**Patient Experience Combined Satisfaction Score**: In Quarter 3, 15,662 surveys were completed with a satisfaction score of 97%. The Friends and Family Test (FFT) score at 96.5% was slightly lower than the previous quarter's result of 97.4%.<br>Complaints remain at a historical low, when compared to the last three years' data, with 51 complaints logged in Quarter Three.<br><br>It was noted that a great deal of work has been undertaken on NICE assurance. From 630 policy guidance classified as 'not assessed' in May 2018, there were only 12 NICE guidance policies requiring assurance in December 2018. | |
| Medical Devices | The Board will recall that the Audit and Risk Committee requested that the Quality Committee review the assurance of effectiveness of EME maintenance of medical devices. On examination a high number of medical devices were shown as 'out of date' through issues with the database (I-Leader). A temporary administrator was recruited to oversee the action plan and | It is requested that this report is forwarded to the Audit and Risk Committee as evidencing Significant Assurance in this area. |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| | assist in cleansing the data held. The Committee was pleased to receive a paper providing significant assurance that actions taken have mitigated the risk and the Trust is meeting internal Key Performance Indicators (KPI) and is expected to meet a stretch target of 98% compliance by March 2019. | |
| Learning from Deaths | The Committee received the Learning from Deaths Report produced in accordance with national guidance. The report identifies areas of good practice identified from the reviews, and themes for learning where improvements can be made. Although the Trust is only required to review inpatient deaths in community hospitals, a process has begun for sampling one or two deaths per month in the community. | |
| Quality Impact Assessment Process | The Trust conducted a gap analysis following the report into the failings within Liverpool Community NHS Trust and the Kirkup 2019 Report. It was recognised that while there was a robust independent review by non-executive directors (NEDs) of the Quality Impact Assessment (QIA) process, the wider impact of cost improvement programme (CIPs) there were two areas for improvement: | |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| | Governance arrangements for QIA's for programmes and projects not considered a CIP.<br>Further development of the NED deep dive process.<br>The Committee was briefed on the findings of the NED deep dive into the Speech and Language Therapy (SALT) Service CIP QIA for financial year 2018/19 that was conducted in December 2018. | |
| Referral to Treatment Performance Deep Dive | The Chief Operating Officer had previously identified a concern that the Trust was missing its 18-week Referral to Treatment target in a number of consultant-led areas and the Committee was briefed by service leads on the background and proposed mitigations to the issue. Data reveals that there was a decline in both complete and incomplete pathways since February/March 2018 and the chronic pain and orthopaedic services were of particular concern with a significant number (313 for October) waiting longer than 18 weeks. Through mitigation action this number was reduced to 182 in November, with particular improvement noted in the Chronic Pain Service which is now on target. All referrals are triaged by a senior clinician and patients are advised to contact the service or their GP should their condition deteriorate. | While it is noted that there is an improving statistical picture, the Committee has requested regular assurance updates. |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| Health Visiting Service | The Board will recall the Committee, alerted by the Chief Operating Officer, held concerns over the workforce metrics and morale of the Health Visiting Service; although quality metrics at that time were giving no cause for concern. Following an initial deep dive, the Committee requested a six-month report on turnaround. Vacancies in Month Nine were 13.06%, but there had been a development of a Band 5 role and 17 RNs were now in place. Most noticeable was a reduction in stress related absence from 4% in July to 1.5% in November. Internal staff survey results show an improvement in all key areas, helped by a combination of strong leadership and practical measures such as the move from tablets to laptops. | The Committee has requested a further update in four months. |
| Ratification of Policy | The Committee ratified the policy for Clinical Record Keeping (QC043). | |

**SC Howe CBE**
**Chair of Quality Committee**
**23 January 2019**

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|---|---|
| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 2.4 |
| **Agenda Item Title:** | Strategic Workforce Committee Chair's Assurance Report |
| **Presenting Officer:** | Bridget Skelton, Chair of Strategic Workforce Committee |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Action - this paper is for:** | Decision | ☐ | Information | ☐ | Assurance | ☒ |

| **Report Summary** |
|---|
| The paper summarises the Strategic Workforce Committee meeting held on 28 November 2018. A verbal update on the meeting held on 30 January 2019 will also be provided. |

| **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 ☒<br>High level position described and no decisions required. The paper will have no impact on people with any of the nine protected characteristics |

| | |
|---|---|
| Bridget Skelton, Non-Executive Director | Tel: 01622 211906 |
| | Email: |

Kent Community Health
NHS Foundation Trust

# STRATEGIC WORKFORCE COMMITTEE (SWC) CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on Wednesday 28 November 2018.

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| Workforce Report | Received report with an update on the current workforce position as at October 2018, detailing a variety of metrics including absence, turnover, agency usage, vacancies and training compliance.<br>Assurance was given on providing maximum opportunity for staff to have flu jabs to ensure the Trust minimised sickness through the winter period.<br>The second wave of Time to Change Champions were about to be trained. Impact measurement queried - just one of several indicators to evidence a target reduction in stress levels.<br>Data to capture accuracy of appraisal completions hindered by complex user experience. Supplier of system to be contacted to make it more user-friendly. | Benchmark data to be collected on stress levels to make comparisons on Trust variance.<br><br>Statistical Process Control methodology to be adopted to ensure representation of data. |
| Nursing Academy | Report heard about the progress with setting up the KCHFT Nursing Academy (The introduction of nurse apprentices and associate nurse apprentices as part of | |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| | the Trust's recruitment and retention strategy).<br>Further recruitment has had to take place to fill places. Now filled all nurse posts, two down on associates. Bases have been found and placements mapped out. Some funding has been secured from Health Education England. Full implementation programme with associated risk register underpins this initiative. | |
| Devolving Authority Framework | A piece of work designed to engage and empower people at the front line.<br>Devolved framework crosses over with the existing Trust's values and behaviours; needs to be aligned or integrated together.<br>Work in progress as to what is devolved in both finance and HR. It now needs to fully include operations and learn from Transferring Integrated Care in the Community (TICC). | Paper to the January 2019 SWC setting out what is to be devolved and how the implementation of this new way of working will be achieved. |
| People Strategy Action Plan | Update on the progress of the 2018/19 implementation plan to support the People Strategy. This has mostly been completed. | The plan for 2019/20 to come to the SWC in March 2019. |
| Advanced Clinical Practitioners (ACP) Report | Assurance was provided on the successful introduction of the ACP role, supervised by consultant geriatricians, Frailty GPs and Lead ACP. Robust structures are in place and an appraisal process.<br>Discussed potential expansion of the ACP role, | The case for a further cohort to be tested in on-going discussion with strategic planning models. Conclusions to be part of a strategic workforce planning paper coming back to the SWF in March 2019. |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| | recognising the success of the programme but cautious about capacity, retention and fit with wider strategic workforce planning. | |
| Operational Workforce Report | Assurance was provided that operationally the Trust understood where the challenging workforce hotspots were and actions were in place to address them. | |
| Recruitment Update | Received a paper setting out the challenges faced in recruitment and the actions being taken to remedy them. Over the summer the team was working at half capacity with both vacancies and sickness, working against an increasing volume of vacancies. The team is now at full capacity with training and retention activities to ensure quality and consistency of service. Issues with Occupational Health are being addressed by close performance management, as well as an alternative provider being sought. Management meetings are being attended to ensure individual issues are understood and addressed. | |
| NHS Employees Policy Update | The update on the NHS Employers Policy Board assures that the Trust is sighted on national priorities and issues. | |
| Aligning Initiatives | Trust-wide workforce initiatives have been set out against the People Strategy and local initiatives identified against workforce priorities. Further work is required on measurement and whether initiatives are long term or | |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| | quick wins and short term. The value of having an overview is to be explored to reduce duplication, ensure lessons are learnt and capacity is targeted on the most impactful pieces of work. | |
| Developing Workforce Safeguards | NHS Improvement (NHSI) has issued guidance to trusts on embedding safe staffing governance on all services, using evidence, professional judgement and outcomes. An assessment of the nursing establishment and skill mix must be reported twice a year and a statement made to NHSI to confirm the Trust's staffing governance processes are safe and sustainable once a year. | A gap analysis to determine what further work is required to ensure compliance is underway and will come to the SWC in March 2019. |
| Talent Management | Assurance was provided that the Trust is being proactive to develop and retain its talent pool, with further lessons learnt for the 2019 talent management round, to ensure the information collected is objective and consistent. | |

**Bridget Skelton**
**Chair, Strategic Workforce Committee**
**Wednesday 28 November 2018**

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|---|---|
| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 2.5 |
| **Agenda Item Title:** | Audit and Risk Committee Chair's Assurance Report |
| **Presenting Officer:** | Peter Conway, Chair of Audit and Risk Committee |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Action - this paper is for:** | Decision | ☐ | Information | ☐ | Assurance | ☒ |

| **Report Summary** |
|---|
| The paper summarises the Audit and Risk Committee meeting held on 12 December 2018. |

| **Proposals and /or Recommendations** |
|---|
| The Board is asked to receive the Audit and Risk Committee Chair's Assurance Report. |

| **Relevant Legislation and Source Documents** |
|---|
| |
| **Has an Equality Analysis (EA) been completed?** |
| No ☒<br>High level position described and no decisions required. The paper will have no impact on people with any of the nine protected characteristics |

| | |
|---|---|
| Peter Conway, Non-Executive Director | Tel: 01622 211906 |
| | Email: |

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# AUDIT AND RISK COMMITTEE (ARAC) CHAIR'S ASSURANCE REPORT

This report is founded on the Audit and Risk Committee meeting held on Wednesday 12 December 2018.

| Area | Assurance | Issues and/or Next Steps |
|---|---|---|
| Risk Management | Risk management and reporting continues to be effective although ARAC recommends that the Executive Management undertakes a refresh of the Board Assurance Framework (BAF). | The Executive to refresh the BAF, paying particular attention to:<br>-defining the risk more precisely<br>-creating a better link between gaps in control and actions<br>-individual actions being relevant, timely and including outcomes<br>-risk appetite and confidence<br>-residual risk ratings based on evidence. |
| Internal Audit and Counter Fraud | Positive assurance on performance monitoring, action plan progress and the implementation of prior recommendations. | The Strategic Workforce Committee (SWC) to consider and gain assurance on:<br>-controls on overtime<br>-people risks post the BAF refresh<br>-messaging to EU nationals<br>-issues arising from the new payroll arrangements. |
| Clinical Audit | Paper received and accepted. | Future reporting to be revised to remove duplication with Board/Quality Committee and more closely aligned with ARAC's Terms of Reference (by February 2019). |
| Legal Services | Negligence claims, coroner activity, Health & Safety and other legal activity are all being well managed. | (1) Future Legal Services reporting to ARAC to be refined to avoid duplication with the Quality Committee (QC) scrutinised activity and ARAC's Terms of |

| Area | Assurance | Issues and/or Next Steps |
|---|---|---|
| | | Reference (by February 2019).<br>(2) The SWC to consider consultant work plans, supervision and appraisals (if not already covered by the Medical Director's reports to the ARAC)<br>(3) The QC to gain assurance on clinical record keeping<br>(4) Mr Flack, Director of Finance to ensure MoJ estates risk (£320,000) addressed by year end<br>(5) Ms Davies, Corporate Services Director to report back on compliance with subject access requests time limits. |
| Risks in Partnership Working | Outline paper on Kent and Medway (K&M) Care Record received. | The ARAC is supportive of objectives and the proposed risk mitigations. The business case is to be submitted to the Board. Areas to consider – skin in the game for acutes and primary care plus involvement of KCC. |
| Estates | Positive assurance. | The relationship with NHS Property Services (NHSPS) remains challenging. No immediate need for escalation to CEO level discussions. Depending on progress in the next year, consideration to be given to approaching NHSE with other community trusts suggesting alternative operating models. |
| Data Integrity | Positive assurance received across the range of data and information systems from this annual Data Integrity Review. | Electronic records and completeness of data loading to receive focus under future Clinical Audit activity. |
| Brexit | Limited assurance as the probability and severity of risks remain fluid with substantial dependencies on third parties such as DoH (drugs), KCC (staff mobility, particularly M20 corridor) and STP (building on existing resilience arrangements, planning scenarios, etc). | Brexit to be under monthly reporting to the Board until the outcome is clearer and risks quantified and mitigated. The ARAC recommended the appointment of a Board Level SRO for Brexit. |
| Single Tender Waivers, Losses and Special Payments | Processes being well managed and positive assurance received. | The trend line of Dentistry patient write-offs to be reviewed. |

| Area | Assurance | Issues and/or Next Steps |
|---|---|---|
| ARAC Effectiveness and Evaluation of the Meeting | Proposals for de-duplication (with Board and other committees) plus tighter focus on ARAC's Terms of Reference accepted. | |

**Peter Conway**
**Chair, Audit and Risk Committee**
**17 December 2018**

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| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 2.6 |
| **Agenda Item Title:** | Charitable Funds Committee Chair's Assurance Report |
| **Presenting Officer:** | Richard Field, Deputy Chair of Charitable Funds Committee |

| **Action - this paper is for:** | Decision | ☐ | Information | ☐ | Assurance | ☒ |
|---|---|---|---|---|---|---|

| **Report Summary** |
|---|
| The paper summarises the Charitable Funds Committee meeting held on 29 November 2018. A verbal report will be given of the meeting held on 30 January 2019. |

| **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 (EA) been completed?** |
| No ☒<br>High level position described and no decisions required. The paper will have no impact on people with any of the nine protected characteristics |

| | |
|---|---|
| Jen Tippin, Non-Executive Director | Tel: 01622 211906 |
| | Email: |

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# CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Charitable Funds Committee meeting held on Thursday 29 November 2018.

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| Draft 2017/8 Accounts | The draft accounts for 2017/18 were reviewed and will be presented for final approval in January 2019. The accounts had also been independently reviewed by the Trust's auditors, Grant Thornton. | The accounts will be presented for final approval at the January 2019 meeting of the Charitable Funds Committee ahead of the deadline for the Charities Commission. |
| Marketing the Charitable Funds | A report was received from the Marketing Team on progress. A question was raised on how comfortable the Trust was on continuing to use the brand 'i-care', given the similarity in name to other organisations and the intention to promote the charity on social media. | The Executive Team was asked to re-consider the use of the name 'i-care' ahead of the next Charitable Funds Committee in January 2019. |
| Reserves Policy | Following its annual review, the Reserves Policy was presented for approval. No changes were proposed. | None required. |
| Fund Manager Presentation | A presentation was received for assurance on the plans for Heron Ward, Queen Victoria Memorial Hospital, Herne Bay which will benefit from the use of the Mermikides Restricted Fund. | The Committee will receive an assurance report from the Bow Road Fund Manager in January 2019. |

**Jen Tippin, Chair of the Charitable Funds Committee, 10 December 2018**

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|---|---|
| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 2.7 |
| **Agenda Item Title:** | Integrated Performance Report |
| **Presenting Officer:** | Gordon Flack, Director of Finance |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Action - this paper is for:** | Decision | ☐ | Information | ☐ | Assurance | ☒ |

**Report Summary**

The Integrated Performance Report has been revised for this month, taking on board recommendations from NHS improvement in the way that the report is presented with the use of Statistical Process Control (SPC) chart. The use of these charts has been presented and agreed through the Executive Team, as well as the revised summary scorecard. 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, with the SPC charts being used to show a rolling 25 month view of performance for each indicator. 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.

<u>Key Highlights from report</u>

**Quality**

- One new grade 2 pressure ulcers categorised this month (twelve for the year and on target to meet annual target)
- Grade 3/4 pressure ulcers (5) well below target for the year to date. None for November and December.
- Community Hospital fill rates positive at 95% (day) and 95% (night)
- Reducing overall trend for medication incidents, however increased low harm incidents.

**Workforce**

- Turnover remains above the 16.47% target and although

reducing is still unlikely to meet target with process change.

- Sickness absence remains above the Trust target at 4.55% for the month and consistently above the mean.
- Vacancy rates remain consistently high at 9.7%, with a high level or recruitment activity ongoing.
- An increase in temporary staff shift requests, although fill rates are showing normal variation.

**Finance**

- CIP savings currently 9.6% behind target, although forecast year end position is for full achievement
- Capital Expenditure year to date is £2,062k, representing 67% of the YTD plan
- YTD surplus ahead of plan (2.2%)

**Operations**

- NHS Health Checks (76.4%) and Stop smoking Quits (55.9%) remain behind plan but are improving through a period of normal variation.
- Health Visiting mandatory check performance against the New Birth and 6-8 week visit are both on target and showing normal variation.
- Referral to treatment incomplete wait times for consultant-led services has improved above the 92% target, following a period of adverse variation. No patients are now waiting above 52 weeks.
- Some waiting times for other AHP services on an non consultant-led pathway are high, with particular reference to MSK Physio in west Kent (Block)
- Audiology 6 week diagnostics are marginally below the 99% target, although showing normal variation
- The newly introduced End of Life indicator, measuring the level of electronic care planning for End of Life patients continues to fall below the 60% target.
- Delayed Transfers of Care (DTOCs) consistent and below target year to date, although showing a slight increasing trend on the last 2 months.
- For Specialist and Children's service, reported outcomes are being either partially or fully achieved in 90% of cases.
- Late requests from KCC are impacting the performance against the Looked After Children 28 day initial assessment national target, although still being achieved most months. Internal timescales are meeting the standard but are reliant on receiving the requests within 5 working days

| |
|---|
| • Activity for Intermediate Care services in east Kent, as well as some Specialist and Elective Services (in particular Podiatry, Epilepsy, Diabetes and Continence) continue to fall significantly below the annual plan. |

| **Proposals and /or Recommendations** |
|---|
| The Board is asked to note this report. |

| **Relevant Legislation and Source Documents** |
|---|
| Not Applicable |
| **Has an Equality Analysis (EA) been completed?** |
| No ☒<br>High level position described and no decisions required. |

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

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# Integrated Performance Report 2018/19

## January 2019 report

## Part One

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## Contents



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# Glossary of Terms

**SPC** – Statistical Process Control

**LTC** – Long Term Conditions Nursing Service

**ICT** – Intermediate Care Service

**Quality Scorecard** – Weighted monthly risk rated quality scorecards

**C.Diff** – Clostridium Difficile

**MRSA** – Methicillin Resistant Staphylococcus Aureus

**MIU** – Minor Injury Unit

**RTT** – Referral to Treatment

**GUM** – Genitourinary Medicine

**CQUIN** – Commissioning for Quality and Innovation

**MTW** – Maidstone and Tonbridge Wells NHS Trust

**WTE** – Whole Time Equivalent

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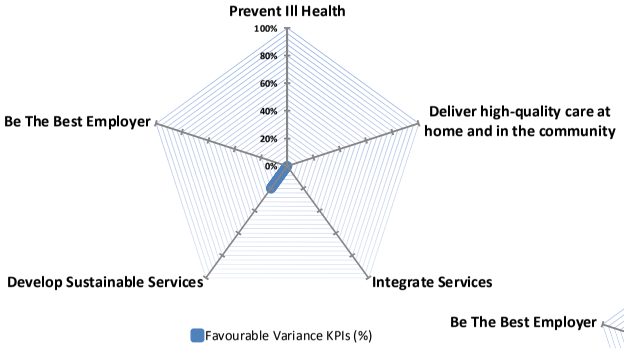
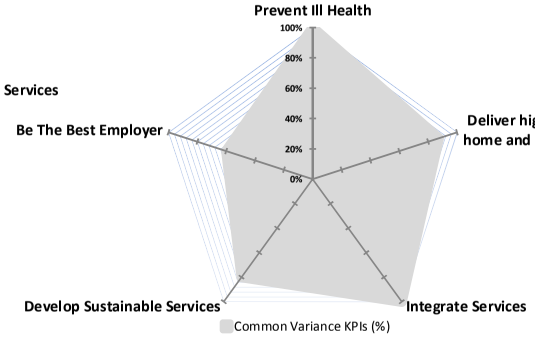
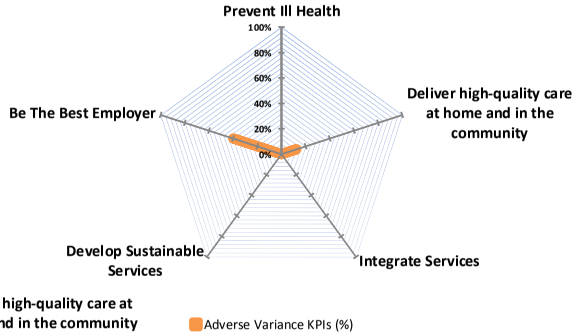
## 1.0 Assurance on Strategic Goals



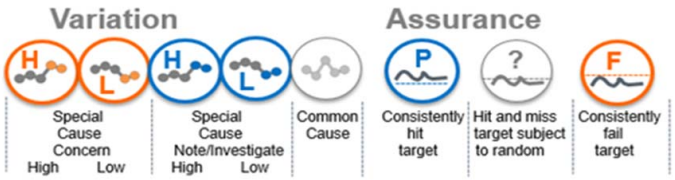



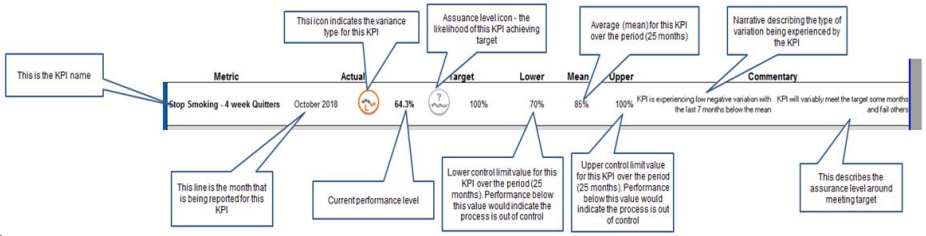




Overall, of the 36 indicators that we are able to plot on a statistical process control (SPC) chart, **2.8% are experiencing favourable in-month variation (1, KPI 4.3), 11.1% are showing in- month adverse variance (4, KPIs 2.14, 2.20, 5.3 and 5.5 )** and the remaining **86.1% (30) are showing normal variation.**

**25%** of the KPIs are consistently achieving target **(KPIs 1.4, 2.12, 2.13, 2.18, 2.19, 4.3, 4.5 and 5.4),**
**16.7% (KPIs 1.1, 1.2, 2.8, 3.5, 4.1 and 5.3)** are consistently **failing,**
with the remaining **58.3% variably achieving target** with no trend of consistent achievement/failure.

Of the 9 indicators where an SPC chart is not appropriate, **77.8% (7) have achieved the in-month target,** with **11.1% (1, KPI 3.3) rated as amber** and **11.1% (1, KPI 2.7) failing the target.**




**Special Cause Concern** - this indicates that special cause variation is occurring in a KPI, with the variation being in an adverse direction Low (L) special cause concern indicates that variation is downwards in a KPI where performance is ideally above a target line e.g. New Birth Visits. High special cause concern (H) is where the variance is upwards for a below target line KPI e.g. DNA Rate

**Special Cause Note** - this indicates that special cause variation is occurring in a KPI, with the variation being in a favourable direction. High (H)special cause note indicates that variation is upwards in a KPI where performance is ideally above a target line e.g. New Birth Visits. Low (L) special cause concern is where the variance is downwards for a below target KPI e.g. DNA Rate

Non-SPC KPI on target

Non-SPC KPI performance under review

Non-SPC KPI off target

## 1. Prevent Ill Health

| Metric | Actual | | Target | Lower | Mean | Upper | Commentary | |
|---|---|---|---|---|---|---|---|---|
| **KPI 1.1 Stop Smoking - 4 week Quitters** | November 2018 | **62.9%** | 100% | 35% | 60% | 85% | KPI is experiencing natural variation, following a recalculation of the control limits from April 2018. | KPI is currently unlikely to meet target without a process change with the upper control limit at then target level |
| **KPI 1.2 Health Checks Carried Out** | November 2018 | **76.4%** | 100% | 52% | 69% | 86% | KPI is experiencing natural variation, following a recalculation of the control limits from April 2018. | KPI is currently unlikely to meet target without a process change with the upper control limit at then target level |
| **KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days** | November 2018 | **91.3%** | 90% | 88% | 92% | 95% | | KPI will mostly achieve target but the control limits indicate that failing the target is a possibilty within the current process |
| **KPI 1.4 Health Visiting - 6-8 week check undertaken by 8 weeks** | November 2018 | **87.6%** | 80% | 86% | 89% | 93% | | KPI is consistently achieving the target with the lower limit above the target. This suggests failing to meet the target is unlikely to occur. |
| **KPI 1.5 School Health - Reception Children Screened for Height and Weight** | December 2018 | **80.1%** | 90% (year end) | | | | KPI is cumulative through the school year | KPI is on trajectory to achieve target by the end of the 18/19 school year |
| **KPI 1.6 School Health - Year 6 Children Screened for Height and Weight** | December 2018 | **78.2%** | 90% (year end) | | | | KPI is cumulative through the school year | KPI is on trajectory to achieve target by the end of the 18/19 school year |
| **KPI 1.7 LTC/ICT - Admissions Avoidance (using agreed criteria)** | November 2018 | **6423** | 5257 | 4280 | 5676 | 7073 | | KPI will variably meet the target some months and fail others |
| **KPI 1.8 % LTC/ICT patients that had at least one visit which Avoided a Hospital Admission** | November 2018 | **16.4%** | 15.0% | 11.9% | 16.2% | 20.5% | | KPI will variably meet the target some months and fail others |

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

| Metric | Actual | | Target | 18/19 YTD Actual | 18/19 YTD Target | Commentary |
|---|---|---|---|---|---|---|
| **KPI 2.1 Number of Teams with an Amber or Red Quality Scorecard Rating** | November 2018 | **0** | 1 | 5 | 8 | There have been 5 Amber/Red ratings for the financial year to date with April (2) being the highest month |
| **KPI 2.2 Never Events** | December 2018 | **0** | 0 | 0 | 0 | No never events experienced this year. Last event in December 2016 |
| **KPI 2.3 Infection Control: C.Diff** | December 2018 | **0** | 0 | 0 | 0 | No C-Diff cases this year. Last case was in February 2018 |
| **KPI 2.4 Infection Control: MRSA cases where KCHFT provided care** | December 2018 | **0** | 0 | 4 | 0 | 4 cases this year (One in each of April, August, September and October) |

| Metric | Actual | | Target | Lower | Mean | Upper | Commentary |
|---|---|---|---|---|---|---|---|
| **KPI 2.5 Inpatient Falls (Moderate and Severe Harm) per 1000 Occupied Bed Days** | December 2018 | **0.00** | 0.19 | -0.28 | 0.18 | 0.63 | KPI will variably meet the target some months and fail others |

| | Metric | Actual | | | Target | | Lower | Mean | Upper | | Commentary |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2. Deliver high-quality care at home and in the community | **KPI 2.6 Avoidable Pressure Ulcers - Grade 3 & 4** | December 2018 | | **0** | | 1 | -2.4 | 0.9 | 4.2 | | KPI will variably meet the target some months and fail others. There have been 5 incidents this year compared to 10 by the same stage of 2017/18 |
| | **KPI 2.7 Percentage of End of Life patients with an updated Personalised Care Plan (PCP)** | November 2018 | | **18.9%** | | 60.0% | | | | Currently too few data points to plot an SPC chart | KPI is consistently failing the target, although is a new target and data collection. See Operational Report for more detail |
| | **KPI 2.8 Contractual Activity: YTD as % of YTD Target** | November 2018 | | **98.2%** | F | 100.0% | 95.0% | 97.3% | 99.5% | | KPI will consistently fail the target, with the upper limit below the target. This suggests achievement is likely to be down to chance without a process or target change |
| | **KPI 2.9 Trustwide Did Not Attend Rate: DNAs as a % of total activity** | November 2018 | | **3.3%** | | 4.0% | 3.1% | 3.6% | 4.2% | | KPI will variably meet the target some months and fail others.However, the target is near the upper limit suggesting failure to meet target is unlikely. |
| | **KPI 2.10 LTC/ICT Response Times Met (%) (required time varies by patient)** | November 2018 | | **97.5%** | | 95.0% | 94.8% | 96.5% | 98.2% | | KPI will variably meet the target some months and fail others, although failure is unlikely with the target marginally above the lower limit |
| | **KPI 2.11 Percentage of Rapid Response Consultations started within 2hrs of referral acceptance** | November 2018 | | **95.5%** | | 95.0% | 88.0% | 94.3% | 100.7% | | KPI will variably meet the target some months and fail others |
| | **KPI 2.12 Total Time in MIUs: Less than 4 hours** | November 2018 | | **99.8%** | P | 95.0% | 99.5% | 99.8% | 100.1% | | KPI is consistently achieving the target with the target significantly below the lower limit |
| | **KPI 2.13 Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways** | November 2018 | | **96.4%** | P | 92.0% | 92.9% | 95.6% | 98.2% | KPI is now showing common cause variation following a period of negative varioation eblow the mean | KPI is consistently achieving the target with the lower limit above the target, suggesting failure to meet target is an unlikely event. |
| | **KPI 2.14 AHP (Non-Consultant Led) Referral to Treatment Times (RTT)** | November 2018 | L | **89.9%** | | 92.0% | 91.1% | 94.1% | 97.0% | KPI is experiencing low adverse variation with the last three months below the lower control limit | KPI will variably meet the target some months and fail others |
| | **KPI 2.15 Access to GUM: within 48 hours** | November 2018 | | **100.0%** | | 100.0% | 100.0% | 100.0% | 100.0% | | Consistently meeting target. Failure to meet target would be considered a chance event without a process change. Has met target for the last 5 years |
| | **KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)** | November 2018 | | **20.1** | | 21.0 | 14.8 | 20.2 | 25.6 | | KPI will variably meet the target some months and fail others |
| | **KPI 2.17 Research: Participants recruited to national portfolio studies (Year to Date)** | December 2018 | | **252** | | 160 | | | | KPI is cumulative | KPI is consistently achieving the target of 60 per quarter |
| | **KPI 2.18 Percentage of patient goals achieved upon discharge for planned and therapy services** | November 2018 | | **90.8%** | P | 80.0% | 84.5% | 89.6% | 94.6% | | KPI is consistently achieving the target as the lower limit is signifcantly above the target. This would mean failure to meet target would likely be due to chance |
| | **KPI 2.19 Friends and Family - Percentage of Patients who would Recommend KCHFT** | December 2018 | | **96.3%** | P | 95.0% | 95.9% | 97.2% | 98.5% | | KPI is consistently achieving the target as the lower limit is above the target. This suggests failing to meet target is an unlikely event. |
| | **KPI 2.20 Friends and Family Test (Patients surveyed for MIUs & Comm. Hosp) - Response Rate** | December 2018 | L | **12.7%** | | 20.0% | 12.9% | 18.2% | 23.5% | KPI is experiencing low adverse variation with the last 11 months below the mean | KPI will variably meet the target some months and fail others |
| | **KPI 2.21 Clinical Audit: % of audit recommendations implemented by deadline** | December 2018 | | **86.0%** | | 85.0% | 45.8% | 75.9% | 105.9% | | KPI will variably meet the target some months and fail others |
| | **KPI 2.22 NICE Technical Appraisals reviewed by required time scales following review** | December 2018 | | **100.0%** | | 100.0% | 100.0% | 100.0% | 100.0% | | Consistently meeting target. Failure to meet target would be considered a chance event without a process change. Has met target for the last 5 years |

## 3. Integrate Services

| Metric | Actual | | Target | | Lower | Mean | Upper | Commentary | |
|---|---|---|---|---|---|---|---|---|---|
| **KPI 3.1 Delayed Transfers of Care from a Community Hospital bed as a % of Occupied Bed Days** | November 2018 | **13.2%** | ? | 9.5% | 4.3% | 10.3% | 16.3% | | KPI will variably meet the target some months and fail others |
| **KPI 3.2 Percentage of LTC/ICT Referrals coming from within KCHFT** | November 2018 | **18.6%** | P | 10.0% | 14.9% | 18.8% | 22.7% | | KPI is consistently achieving the target with the target considerably below the lower limit |
| **KPI 3.3 CQUINs (% of CQUIN money achieved to 18/19 Q2)** | September 2018 | **94.5%** | | 100% | | | | SPC not appropriate for this metric | KPI will variably meet the target some months and fail others, with 2 of the last 8 quarters achieving 100% |
| **KPI 3.4 Home First cost saving - reduction of excess bed days - Monthly Average £s (West Kent)** | November 2018 | **£18,112** | ? | £40,000 | -£69,610 | £23,855 | £117,319 | | KPI will variably meet the target some months and fail others |
| **KPI 3.5 Average wait time (minutes) for MTW Accident and Emergency Services** | December 2018 | **297** | F | 240 | 247 | 313 | 380 | | KPI is consistently failing the target as the lower limit is above the target. This suggests performance is unlikely to decrease to meet target without a process change |

## 4. Develop sustainable services

| Metric | Actual | | Target | | Lower | Mean | Upper | Commentary | |
|---|---|---|---|---|---|---|---|---|---|
| **KPI 4.1 Percentage of LTC/ICT Face to Face Contacts carried out in a clinic (target to increase)** | November 2018 | **3.4%** | F | 5.0% | 2.9% | 3.8% | 4.6% | | KPI is consistently failing the target with the target above the upper limit. This suggest achieving target without a process change will be down to chance and needs review |
| **KPI 4.2 Bed Occupancy: Occupied Bed Days as a % of available bed days** | November 2018 | **90.2%** | ? | 87.0% | 83.2% | 89.2% | 95.3% | Trend has improved follwing 6 months of adverse performance below the mean | KPI will variably meet the target some months and fail others |
| **KPI 4.3 Income & Expenditure - Surplus (%)** | December 2018 | **2.2%** | P | 1.0% | 1.1% | 1.4% | 1.8% | KPI is experiencing high favourable variation with the this month's surplus performing above the upper control limit | KPI is consistently achieving the target as the lower limit is above the target. This suggests performance is unlikely to decrease to below target |
| **KPI 4.4 Cost Improvement Plans (CIP) Achieved against Plan (%)** | December 2018 | **90.4%** | ? | 100.0% | 67.5% | 84.5% | 101.5% | | KPI will variably meet the target some months and fail others, expecially early in each financial year |
| **KPI 4.5 External Agency spend against Trajectory (£000s)** | December 2018 | **£465,626** | P | £628,000 | £203,993 | £384,336 | £564,679 | | KPI is consistently achieving the target as the upper limit is below the target. This suggests performance is unlikely to increase to above target |

| Metric | Actual | | Target | 18/19 YTD Actual | 18/19 YTD Target | Commentary |
|---|---|---|---|---|---|---|
| **KPI 4.6 Annual Value of Tenders Won by KCHFT (of those that reach award stage - £000s)** | December 2018 | **£0** | No Target | £0 | No Target | No tenders that have been submitted by KCHFT have been awarded this year |
| **KPI 4.7 Annual Value of Tenders Lost by KCHFT (of those that reach award stage - £000s)** | December 2018 | **£0** | No Target | £0 | No Target | No tenders that have been submitted by KCHFT have been awarded this year |

| | Metric | Actual | | | Target | | Lower | Mean | Upper | Commentary | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5. Be The Best Employer | **KPI 5.1 Sickness Rate** | December 2018 | | **4.55%** | | 3.90% | 3.83% | 4.50% | 5.17% | | KPI will sometimes achieve the target, although will fail more often due to the lower limit being marginally below the target |
| | **KPI 5.2 Sickness Rate (Stress and Anxiety)** | December 2018 | | **1.13%** | | 1.15% | 1.04% | 1.24% | 1.43% | | KPI will variably meet the target some months and fail others |
| | **KPI 5.3 Unplanned Turnover** | December 2018 | H | **15.9%** | F | 14.1% | 14.5% | 15.5% | 16.5% | KPI is experiencing high adverse variation with the last 12 months performing above the mean | KPI is consistently failing the target with the target below the lower limit. This suggest achieving target without a process change will be down to chance and needs review |
| | **KPI 5.4 Mandatory Training: Combined Compliance Rate** | December 2018 | | **95.9%** | P | 85.0% | 88.1% | 95.7% | 103.4% | | KPI is consistently achieving the target as the lower limit is above the target |
| | **KPI 5.5 Gross Vacancy Factor (% of the budgeted WTE unfilled by permanent workforce)** | December 2018 | H | **9.7%** | | 9.7% | 6.7% | 8.8% | 10.9% | KPI is experiencing high adverse variation with the last 12 months performing above the mean | KPI will variably meet the target some months and fail others |

# 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 December was 95%, increasing 1% from November. The night shift fill rate for RN's was 95%, dropping from 99% in November.

Only Edenbridge Hospital had a day fill rate below 95%, increasing by 0.7% from the previous month to 81.5% in December.

Three hospitals had a night fill rate under 95%. Edenbridge had dropped to 87.1%, while Deal and QVMH both dropped to 91.9%. 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. There have been additional HCAs on a number of shifts in most hospitals, the majority of these have been to cover when the RN shifts could not be filled, and additionally Whitstable and Tankerton, QVMH and Faversham required additional staff to provide safe care for patients with cognitive impairment.

While Primrose ward has no planned RN shifts because it is a therapy ward, they employed temporary staffing to provide nursing cover and so had 43 RN day shifts and 30 RN night shifts on e-roster.
Westview which currently has only one unit of 15 beds and the registered nurse fill rate is amber at 90% for days and green at 91.7% for night shifts.

Staffing is reviewed daily and shortages are subject to the same escalation processes as other KCHFT wards. All wards are currently undertaking the audit for the 6 monthly safer staffing reviews.

| | 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 | 95.2% | 157.0% | 96.8% | 150.0% | 930 | 885 | 1395 | 2190 | 682 | 660 | 682 | 1023 |
| Deal | 95.2% | 129.0% | 91.9% | 109.7% | 930 | 885 | 1395 | 1800 | 682 | 627 | 682 | 748 |
| QVMH | 102.4% | 108.5% | 91.9% | 114.5% | 930 | 952.5 | 1395 | 1485 | 682 | 627 | 682 | 781 |
| Whit &Tank | 97.6% | 149.7% | 98.4% | 130.6% | 930 | 907.5 | 1162.5 | 1740 | 682 | 671 | 682 | 891 |
| Sevenoaks | 95.2% | 114.0% | 96.8% | 101.1% | 930 | 885 | 1395 | 1590 | 682 | 660 | 1023 | 1034 |
| Tonbridge - Goldsmid | 96.0% | 96.8% | 96.8% | 90.3% | 930 | 892.5 | 1162.5 | 1125 | 682 | 660 | 341 | 308 |
| Tonbridge - Primrose (HCA% includes some RN activity) | N/A | 122.0% | N/A | 115.1% | 0 | 0 | 1395 | 1702.5 | 0 | 0 | 1023 | 1177 |
| Hawkhurst | 96.8% | 122.6% | 96.8% | 98.4% | 930 | 900 | 1395 | 1710 | 682 | 660 | 682 | 671 |
| Edenbridge | 81.5% | 123.4% | 87.1% | 104.8% | 930 | 757.5 | 930 | 1147.5 | 682 | 594 | 682 | 715 |
| **Total** | **95%** | **125%** | **95%** | **113%** | **7440** | **7065** | **11625** | **14490** | **5456** | **5159** | **6479** | **7348** |
| | Over 90% Fill Rate | | | 65% to 90% Fill rate | | | | Less than 65% | | | Over 110% | |

| | 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 | 90.0% | 83.3% | 91.7% | 74.4% | 900 | 810 | 1800 | 1140 | 660 | 605 | 990 | 737 |

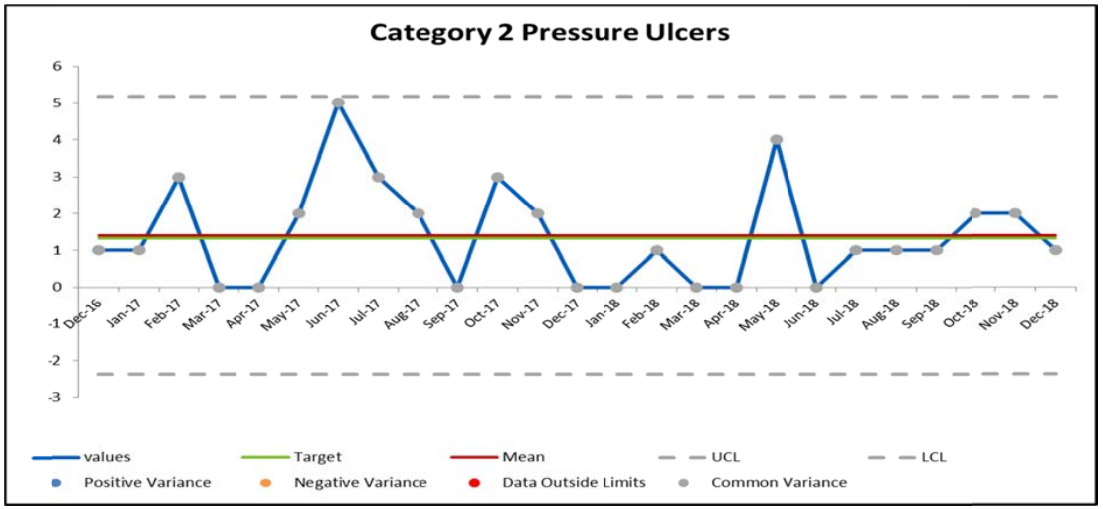
## 2.2 Assurance on Pressure Ulcers

### 2.2.1 Category 2 Pressure Ulcers

The number of avoidable category 2 harms acquired in our care to the end of December is 12. The trust is on target of achieving the agreed trajectory of a 10% reduction in avoidable harms on the previous year of 18, reaching a 33% reduction in avoidable harm for the financial year to date.

There has been 1 category 2 pressure ulcer acquired in our care during December that, following investigation, has now been categorised as avoidable. This occurred in Long Term Services, Thanet.

The below chart shows that the level of category 2 pressure ulcers is acquired within our care is not of concern.

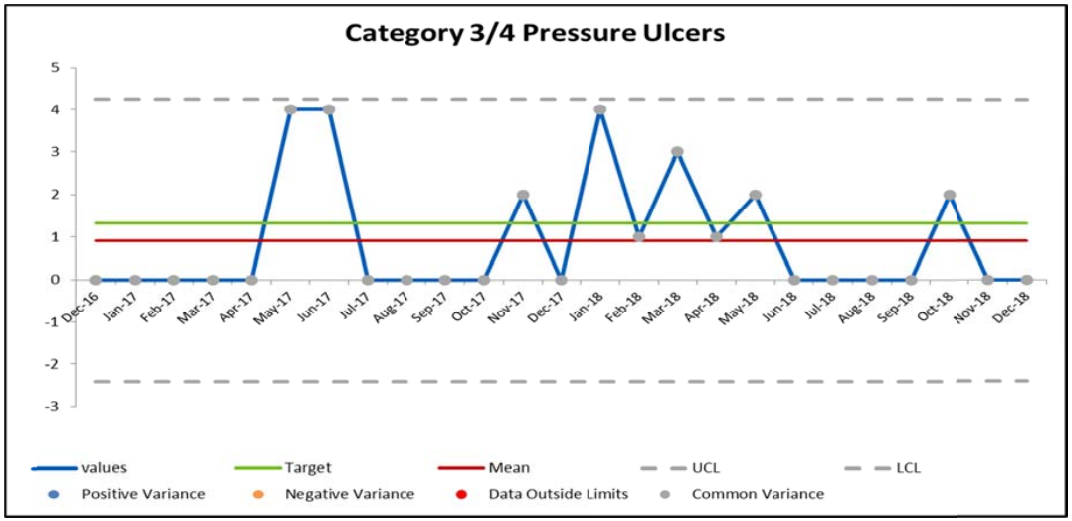



### 2.2.2 Category 3, 4 or Ungradable Pressure Ulcers

The number of avoidable serious harms acquired in our care to the end of November is 5. The trust is on target to achieve the agreed trajectory of 10% reduction in avoidable harms, reaching a 72% reduction for the financial year to date.

There were no avoidable category 3 or above pressure ulcers acquired in our care during November or December that were identified as serious incidents.

The chart below shows that category 3 or above pressure ulcers are also experiencing common cause variation and will achieve target some months and fail others.

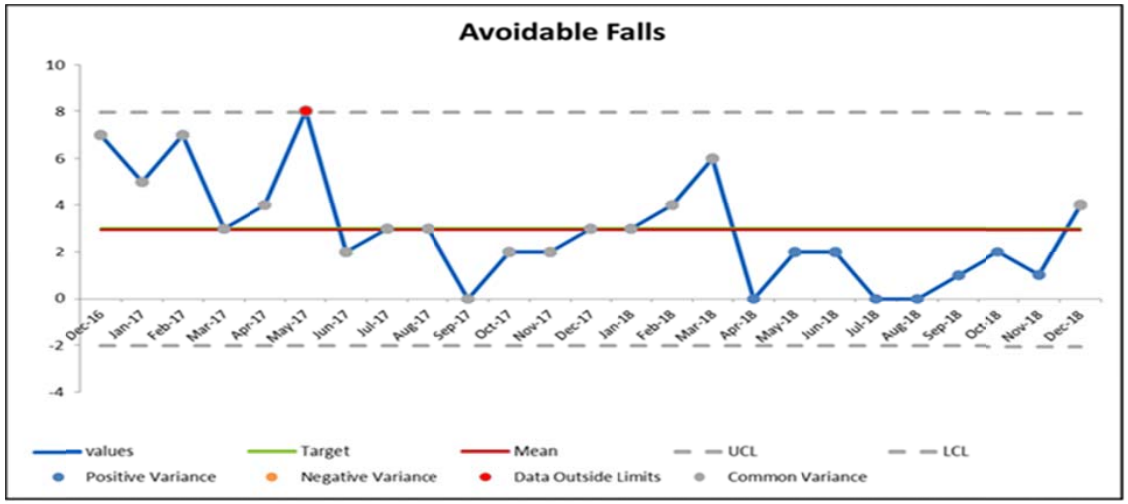



The Tissue Viability Team leads a pressure harm reduction group, and the team are working closely with teams where pressure harms occur to identify key themes lessons to allow learning to be shared.

**2.3 Assurance on Falls**

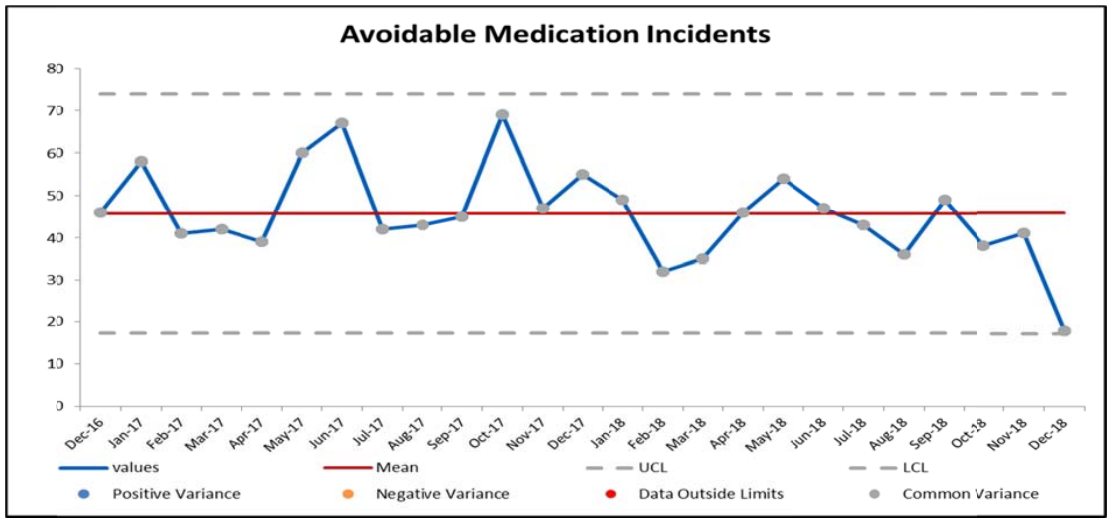
There were 56 falls reported across KCHFT in December 2018, 4 of these were found to be avoidable. Two of these were in a community hospital and one in a clinic area which resulted in no harm to the patient.

The fourth fall occurred in the Community under the care of the Integrated Care Team, Tonbridge. The patient fell in the main entrance of supported living accommodation and sustained a fractured neck of femur whilst attempting to help the Physiotherapist gain access to the property. The number of avoidable falls has reduced since Q1 May 2017 and remain consistently low with a slight rise in December.




## 2.4 Assurance on Medication incidents

A total of 18 avoidable medication incidents, acquired in our care, have been reported and investigated to date during December 2018. Avoidable medication incidents continue to reduce.



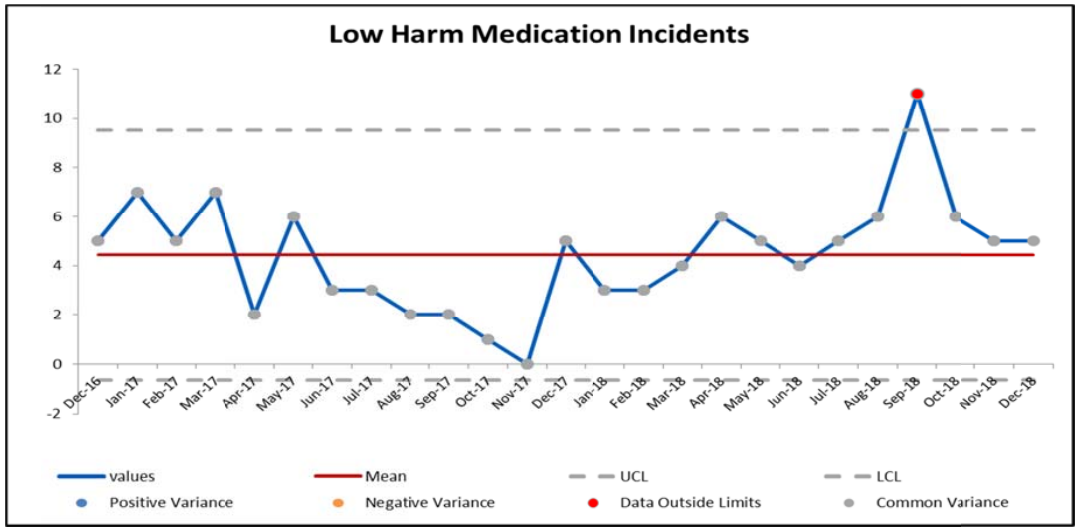
The highest reported category of avoidable incidents were omitted medication and wrong quantity making up 22% each of the total number during December 2018. The second highest reported category of avoidable incidents is wrong frequency, and wrong method of preparation/supply incidents making up 17% each of the total number during October 2018.

Of the 18 avoidable incidents that occurred during December 2018:

- 15 (83%) resulted in no harm to the patient with the majority of these being omitted medication.
- 3 (17%) resulted in low harm to the patient with these incidents being wrong frequency, wrong quantity and wrong drug / medicine.

These related to a contraception injection being administered after one week instead of two weeks, the administration of a wrong drug and a double dose of a drug being administered. The patients were monitored in all cases.
All incidents were investigated and the lessons learnt have been shared.

There were no incidents that resulted in severe harm or death of a patient.




There were a large number of low harm incidents in September, above the upper control limit, indicating which were as a result of the failure in CIS to download patients' visits to tablets. This underlying issue has now been resolved.

## 2.5 Assurance on Patient Experience

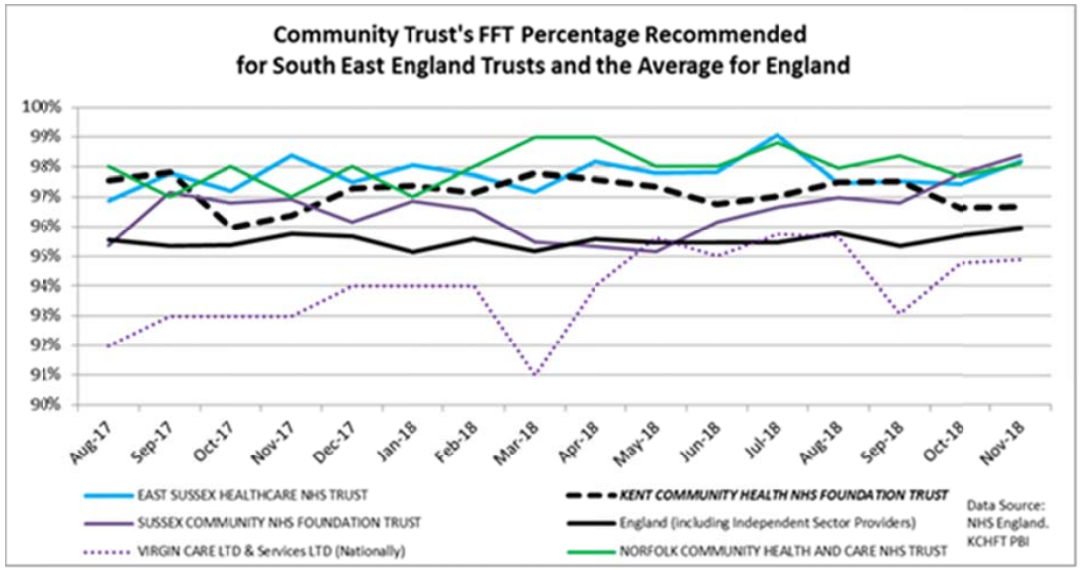
### 2.5.1 Meridian Patient Experience survey results

4,329 surveys were completed by KCHFT patients, relatives and carers with a strong combined satisfaction score of 96.99% in December. Survey volumes have decreased in December compared with November. This is in line with the general trend seen over recent years due to the Christmas period and is not related to any specific services. Survey volumes are anticipated to follow the usual trend and increase in January 2019.

### 2.5.2 The NHS Friends and Family Test (FFT)

The NHS Friends and Family Test score for December of 96.3% recommend is consistent with November's score (96.6%). In December 2018, 0.7% of our patients chose not to recommend the service they received, a repetition of the 0.7% in November. 38 people chose the 'don't know' response in December compared to 37 in November. 30 of the 'don't know' responses were children and there were 3 for the dental service, 2 for MSK physiotherapy, 1 for pulmonary rehab, 1 for intermediate care and 1 for health walks.

To assist with benchmarking, Norfolk Community Health and Care NHS Trust, who have been given a CQC rating of outstanding, are 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.



## 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. Target for December has been achieved.

| KPI Actions Target % | April >35% | May >35% | June >55% | July >55% | Aug >75% | Sept >80% | Oct >80% | Nov >85% | Dec >85% |
|---|---|---|---|---|---|---|---|---|---|
| Due audit recommendations implemented - KPI 4.6 Target April >35% | 43% | 59% | 58% | 69% | 78% | 78% | 86% | 90% | 86% |
| Actions overdue by more than 3 months - KPI 36 Target <=10% | 0% | 1% | 6% | 5% | 10% | 11% | 5% | 4% | 1% |
| Actions overdue by more than 6 months - KPI 37 Target <=5% | 2% | 4% | 2% | 2% | 0% | 0% | 0% | 0% | 0% |

### 2.6.2 Clinical Audit Reporting

This relates to receiving the full report within a specified timeframe after receipt of dashboard reporting. Stepped target introduced for reporting and target for end of year increased from 50% to 80% following ongoing improvement in performance. Target for December not achieved with 9 reports overdue. Reports overdue for Adults, Adults SES, Children's Specialist, Public Health and Dental.

| KPI Target 80% | April 50% | May 50% | June 60% | July 60% | Aug. 70% | Sept. 70% | Oct. 80% | Nov. 80% | Dec. 80% |
|---|---|---|---|---|---|---|---|---|---|
| Receipt of full report within specified timeframe | 55% | 62% | 67% | 68% | 74% | 79% | 82% | 87% | 77% |

### 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 | Quarter 3 | Achieved |
|---|---|---|---|---|
| Recruitment to portfolio studies | 74 | 155 | 252 | Yes |

### 2.6.4 National Institute for Clinical Excellence (NICE)

The number of NICE guidance/ standards that were issued in December 2018 was seventeen.

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

# 3.0 Workforce Report:

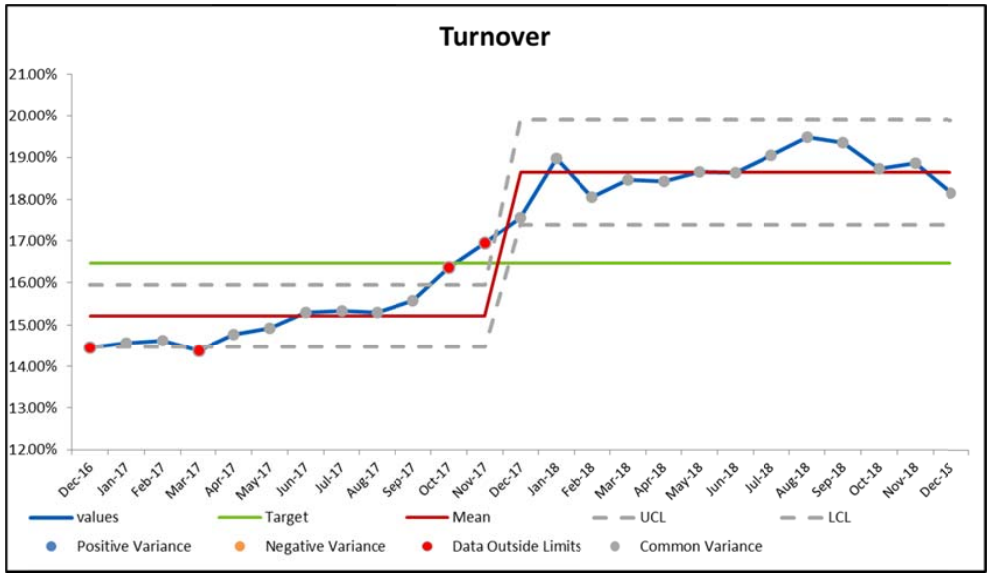
## 3.1 Assurance on Retention

### 3.1.1 Turnover

The control limits were reset in December 2017 to reflect the Board agreement to change the way in which leavers who remained on the Bank were treated. It was anticipated that this change would have a 2% impact on the turnover rate which is reflected in the data.

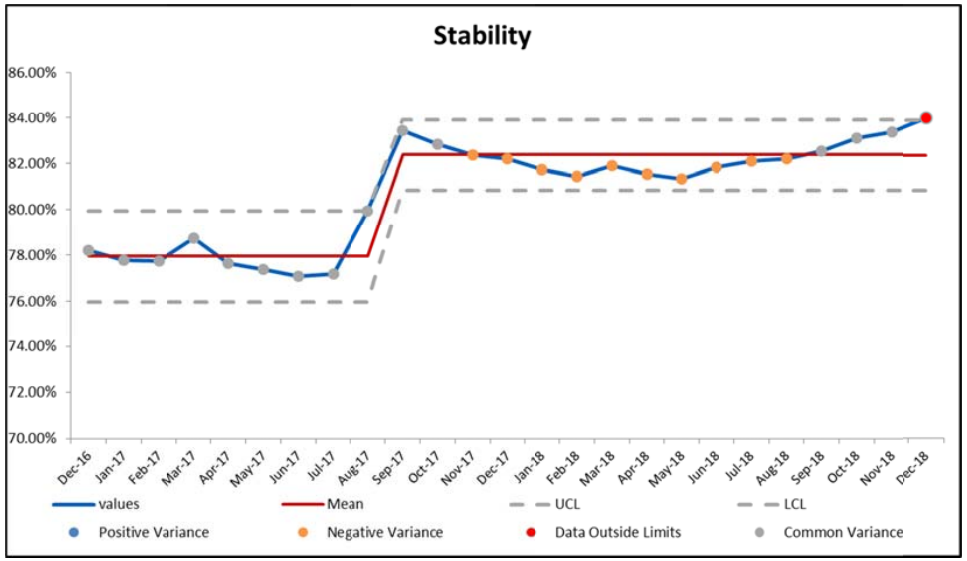
Following this rebasing, turnover is experiencing common cause variation but is failing to meet the target. However we have seen a downward trend in turnover in recent months as the outputs of the BIG Listen are implemented.

At the peak in August 2018 there were significant structural changes in Health Visiting, Children and Specialist and Dental services resulting in staff leaving.




### 3.1.2 Stability

This data has only been considered as part of this report for the last 2 months. When looking at the data in the form of an SPC it can be seen that there was a significant shift change the autumn of 2017 which we believe was a consequence of the loss of the north Kent contract. This was then followed by a run of deteriorating performance which would have warranted investigation at the time. There is now a shift to a positive variation but outside the control limits again. This is being investigated further.

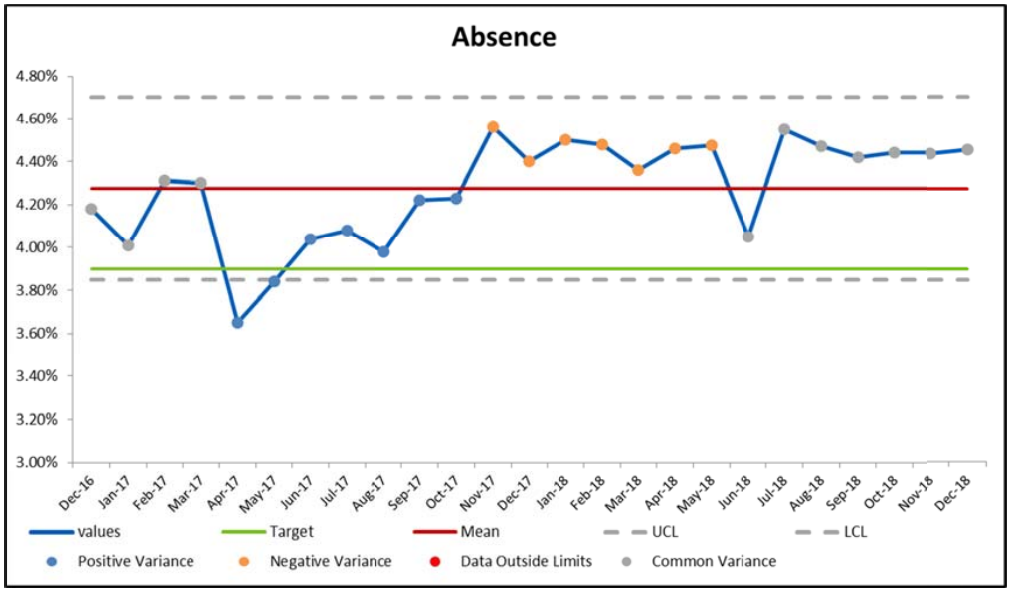



## 3.2 Assurance on Sickness

### 3.2.1 Sickness Absence

The sickness absence performance is currently operating within the control limits but as the Trust target is set near the lower control limit the likelihood of the target being met is subject to random variations. This means that either the target should be reconsidered or the system needs to be redesigned.

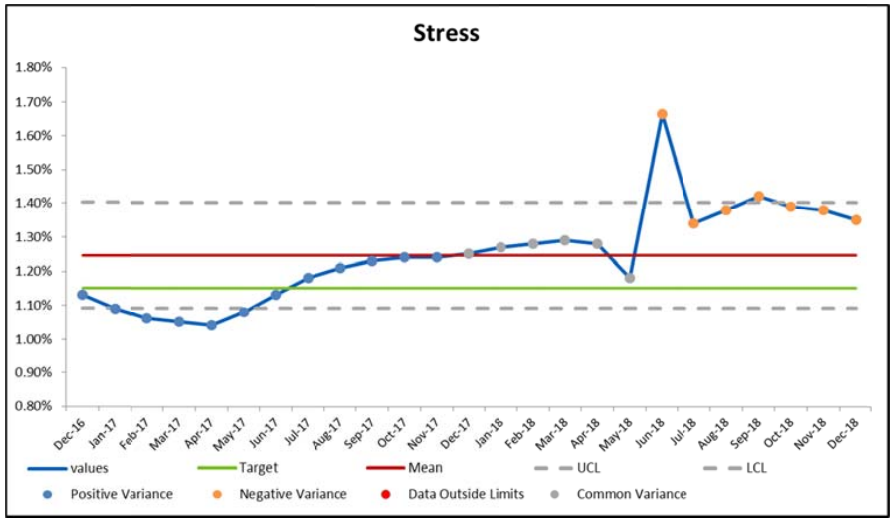
A separate paper has been presented to the Strategic Workforce Committee providing assurance on the controls and actions in place to manage sickness absence. In reaching this decision it may be worth considering that when benchmarked against other community providers the Trust has performed better than other Trusts until the last 2 months of the data set




### 3.2.2 Stress Absence

Stress absence is reporting above the upper control limit and well above targets, following an increase during the summer of 2018. This increase cannot be attributed to any one service but increased across a range. There has however been a slow downward trend across the autumn and winter of 2018 as initiatives aimed at reducing this metric have begun to take effect. This data should be watched closely to determine whether performance will return to within the control limits or whether further redesign needs to take place

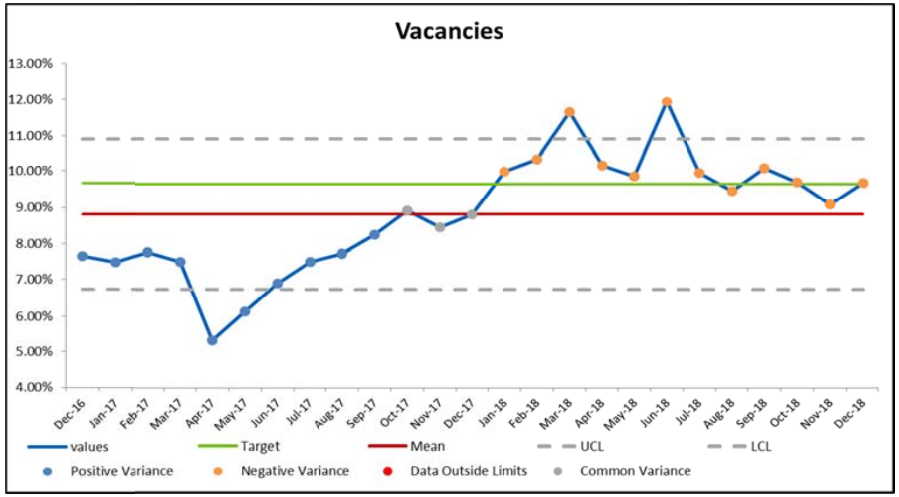
Initiatives in place include the Time to Change project, which continues at pace, with the second induction of Time to Change champions taking place in November and local action plans being developed within services in January. Our anti-bullying campaign has also begun with events happening across the Trust.




## 3.3 Assurance on Filling Vacancies

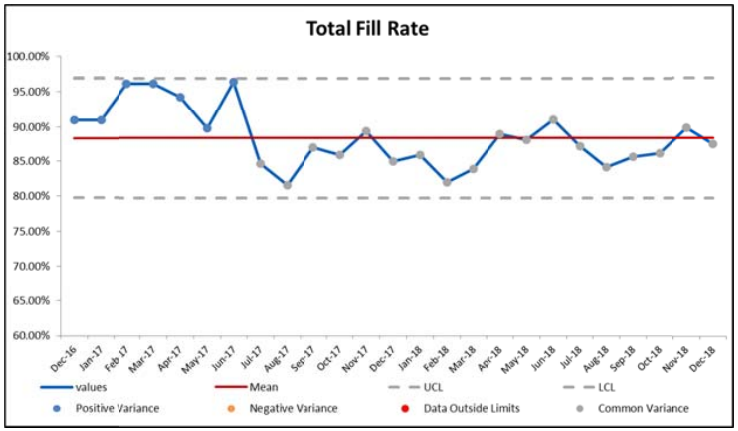
### 3.3.1 Establishment and Vacancies

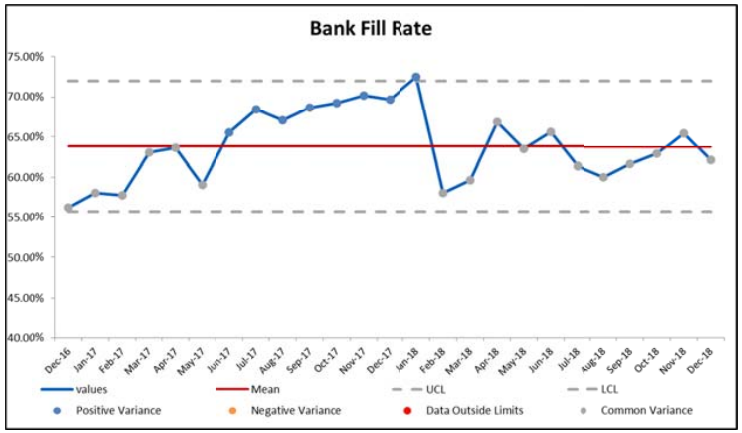
Vacancies are currently reporting above the mean, with achievement of the target being variable dependant on natural variation. Despite the increase in vacancies in December, recent trends have been downwards as continued high levels of recruitment activity has taken effect. January will have very high levels of new starters to counteract the increase in vacancies seen in December.



### 3.3.2 Temporary Staff Usage

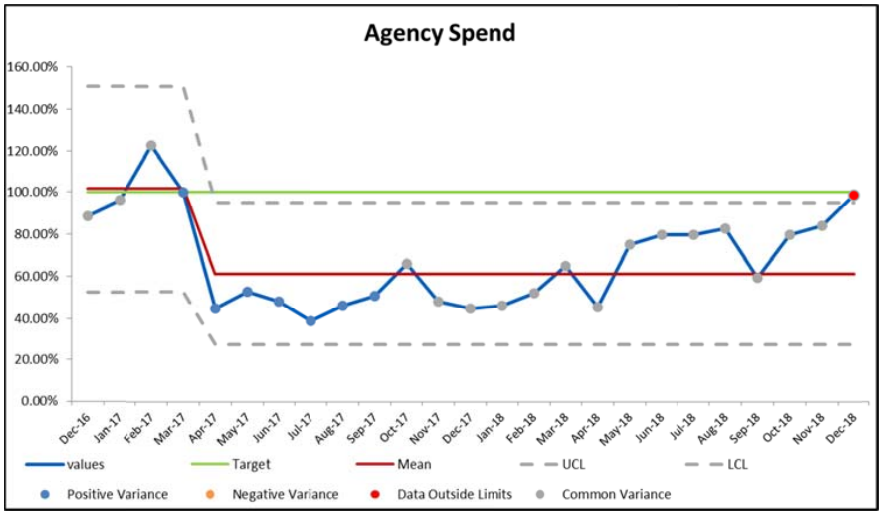
There is no target set for the Bank fill rate although locally the team are set a 70% bank fill rate of the total fill rate. As this rate is at the top of the control limits, the process would need to be redesign to make this change but this is an ideal opportunity to consider this as a quality improvement project and monitor the impact going forward of changes.




### 3.3.3 Agency Spend

The sharp drop in spend in April 2017 is attributable to the introduction of the national caps in agency rates. Agency spend in comparison with budgeted year to date trajectories has just moved outside the upper control limit and is approaching the 100% target. Given the current financial position services have been encouraged to use temporary staff, including agency, to reduce backlogs or to cope with winter pressures and this is the cause of the increase in spend against this target.

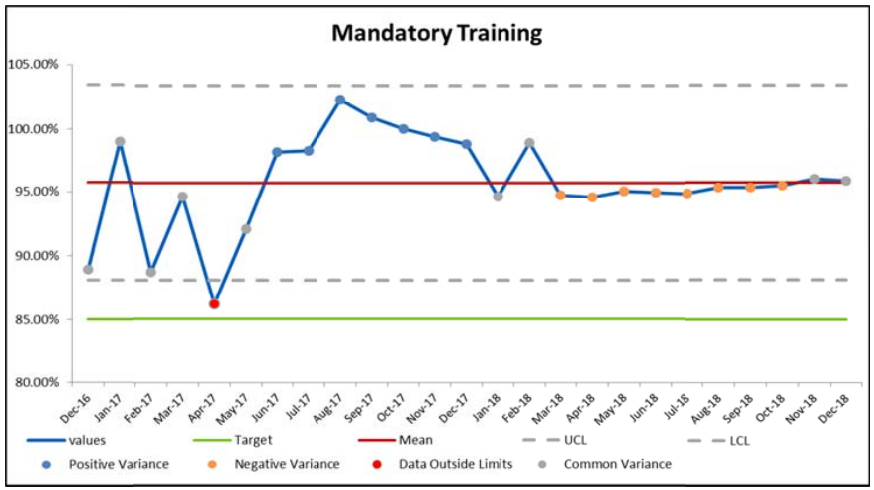



### 3.4 Assurance on Training Compliance

#### 3.4.1 Mandatory Training Compliance

Mandatory Training figures are currently in a state of natural variation around the mean, and are consistently on target.

Appraisal objective setting for the current appraisal year (FY18/19) is currently reporting at 80% complete. Appraisal sign off for 17/18 was 99.3 %



# 4.0 Finance Report:

## 4.1 Assurance on Financial Sustainability

**Surplus** — Rag rating: Green

| | Actual | Plan | Variance |
|---|---|---|---|
| Year to Date £k | 3,721 | 2,117 | 1,604 |
| Year End Forecast £k | 5,000 | 3,128 | 1,872 |

The Trust achieved a surplus of £3,721k to the end of December.

Pay has underspent by £8,337k, and non-pay and depreciation/interest have overspent by £3,471k and £54k respectively.
Income has under-recovered by £3,208k.

The forecast is to deliver a surplus of £5 million which is £1,872kk ahead of 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 M9 2018-19.

**CIP** — Rag rating: Amber

| | Actual | Plan | Variance |
|---|---|---|---|
| Year to Date £k | 2,813 | 3,111 | -298 |
| Year End Forecast £k | 4,080 | 4,080 | 0 |

The Trust achieved CIPs of £2,813k to the end of December against a plan of £3,111k, which is £298k behind target.
90.5% of the total annual CIP target has been removed from budgets at month nine.

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 | 32,531 | 33,358 | -827 |
| Year End Forecast £k | | 29,635 | |

Cash and Cash Equivalents as at M9 close stands at £32,531k, equivalent to 56 days operating expenditure.

**Capital Expenditure** — Rag rating: Amber

| | Actual/Forecast | Plan | Variance |
|---|---|---|---|
| YTD Expenditure £k | 2,062 | 3,068 | 1,006 |
| Year End Forecast £k | 3,749 | 3,485 | -264 |

Capital Expenditure year to date is £2,062k, representing 67% of the YTD plan.
The Trust's forecast capital expenditure for 2018-19 is £3.7m, representing a £264k variance to plan. The forecast overspend of £264k relates to investment in WiFi infrastructure for which additional central funding (PDC) has been agreed.

**Agency Trajectories** — Rag rating: Green

| | M9 | | | YTD | | |
|---|---|---|---|---|---|---|
| | Actual £ | Trajectory £ | Variance £ | Actual £ | Trajectory £ | Variance £ |
| External Agency Expenditure (inc. Locums) £k | 466 | 628 | 162 | 3,686 | 5,652 | 1,966 |
| Locum Expenditure £k | 104 | 106 | 2 | 804 | 956 | 152 |

External Agency Expenditure (Inc. Locums) was £466k against £628k trajectory in December.
(YTD £3,686k against £5,652k trajectory).
Locum Expenditure in November was £104k against £106k trajectory.
(YTD £804k against £956k trajectory).

## 4.2 Key Messages

**Surplus:** The Trust achieved a surplus of £3,721k to the end of December. Pay has underspent by £8,337k, and non-pay and depreciation/interest have overspent by £3,471k and £54k respectively. Income has under-recovered by £3,208k.

**Continuity of Services Risk Rating**: EBITDA Margin achieved is 3.7%. The Trust scored 1 against the Use of Resources Rating, the best possible score.

**CIP**: The Trust achieved CIPs of £2,813k to the end of December against a plan of £3,111k, which is £298k behind target.

**Cash and Cash Equivalents**: The cash and cash equivalents balance was £32,531k, equivalent to 56 days expenditure. The Trust recorded the following YTD public sector payment statistics 99% for volume and 98% for value.

**Capital**: Capital Expenditure year to date is £2,062k, representing 67% of the YTD plan. The Trust's forecast capital expenditure for 2018-19 is £3.7m, representing a £264k variance to plan. The forecast overspend of £262k relates to investment in WiFi infrastructure for which additional central funding (PDC) has been agreed.

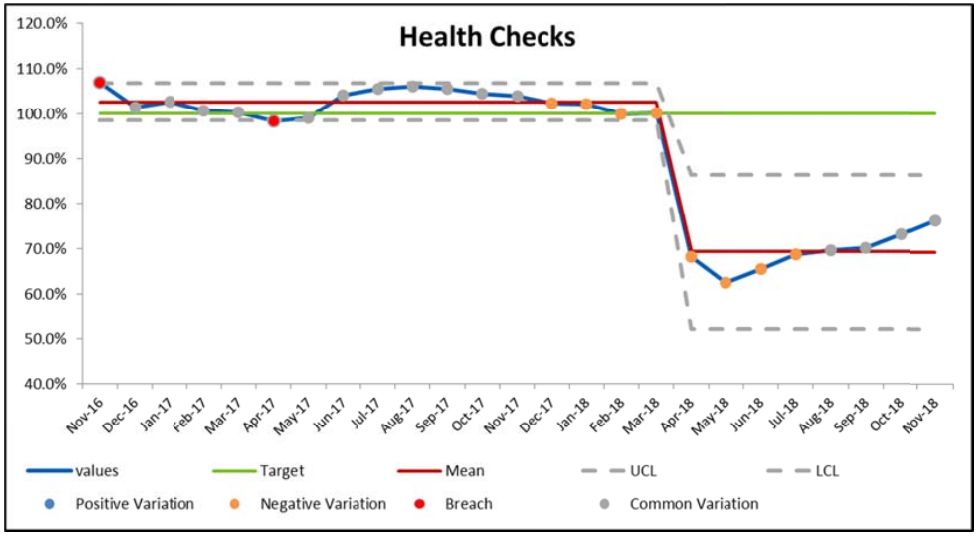
**Agency**: Temporary staff costs for December were £966k, representing 7.6% of the pay bill. Of the temporary staffing usage in December, £361k related to external agency and £104k to locums, 3.7% of the pay bill.

# 5.0 Operational report:

## 5.1 Assurance on National Performance Standards and Contractual Targets

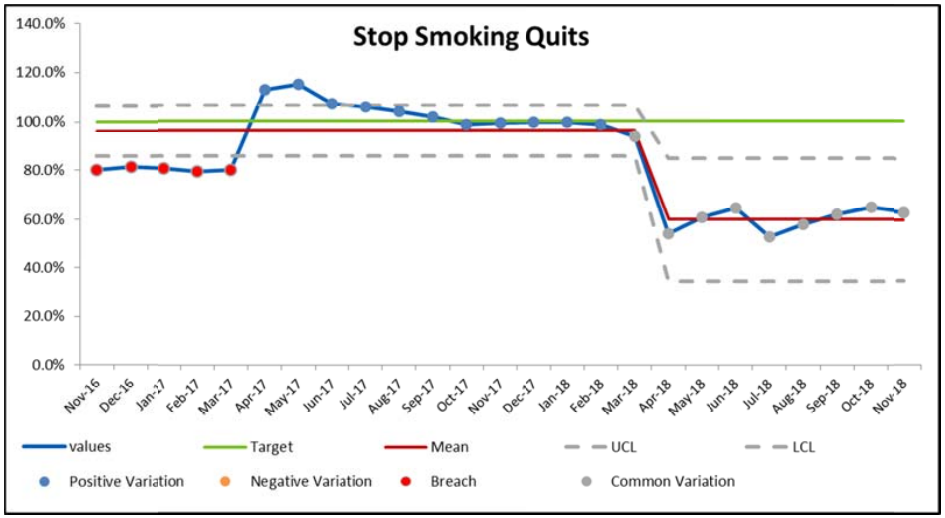
### 5.1.1 Health Checks and SS Quits

**Health Checks**




Health Checks is now experiencing a period of common cause variation for the last 4 months, following a recalculation of the control limits due to the significant change when the NHS Health Checks IT infrastructure changed on the 1st April 2018 which is a new IT system procured by KCC. However, the trend looks to be a positive shift above the mean. 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. 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. Performance continues to be significantly impacted due to the delay in available data for the GP practices and a few are still not being able to import following the Apollo query runs. The change to monthly queries has improved the quality of data imported and resolved most of the invitation errors that were reported. The target trajectory has been amended in line with 'amber' figures, although KCHFT are continuing to explore other opportunities for Health Check delivery in an effort to maintain and improve performance as much as possible.

**Stop Smoking Quits**

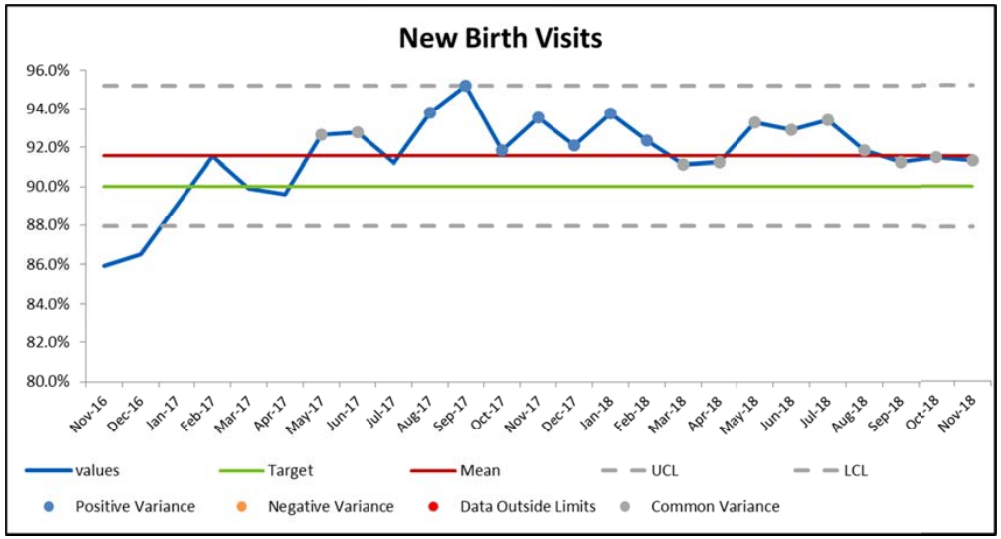



Stop Smoking quits also had a significant event after the ONE YOU Services had implemented a new IT system combining three client pathways into one as per the new contractual agreement with KCC, mainly impacting the ability of our 3rd parties to upload their intervention outcomes onto the new data system. Q3 shows an uplift from Q1 and Q2 as 3rd parties have received focused and sustained support to update outcomes pulling us in line with 2017 performance (Nov 18 - 43.58% of target, Nov 17 - 45.68% of target) which is encouraging. Smoking prevalence continues to move in a downwards trend, and with the successful outcomes of the Home Visits for pregnant mums, KCC and KCHFT will be meeting to discuss new approaches to engaging the county's toughest and hardest to reach smokers

### 5.1.2 Health Visiting

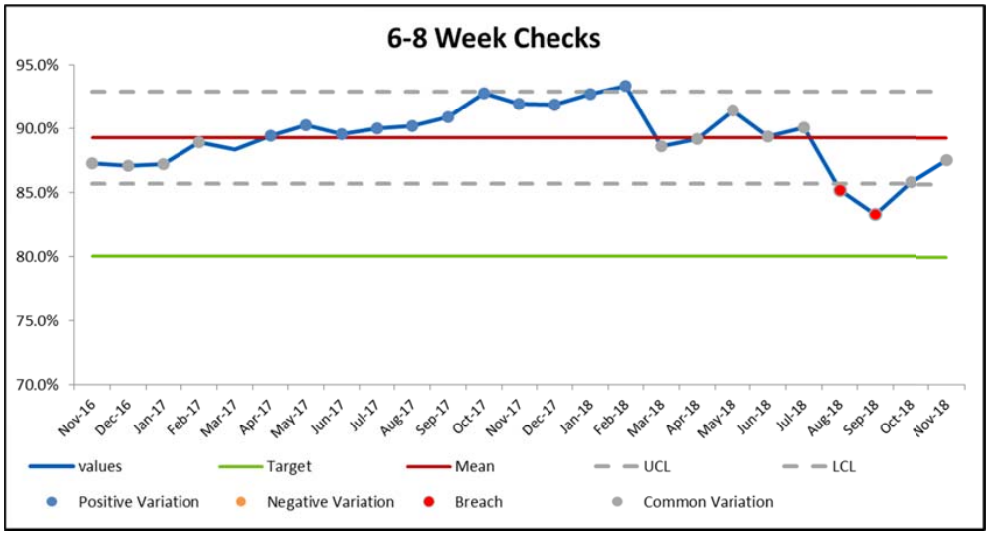
**New Birth Visits**

A slight downward trend was evident for months 5 and 6, although this has stabilised in the last couple of months with performance now around the mean level. The target of 90% has been consistently achieved and will be closely monitored through the monthly district level reports.



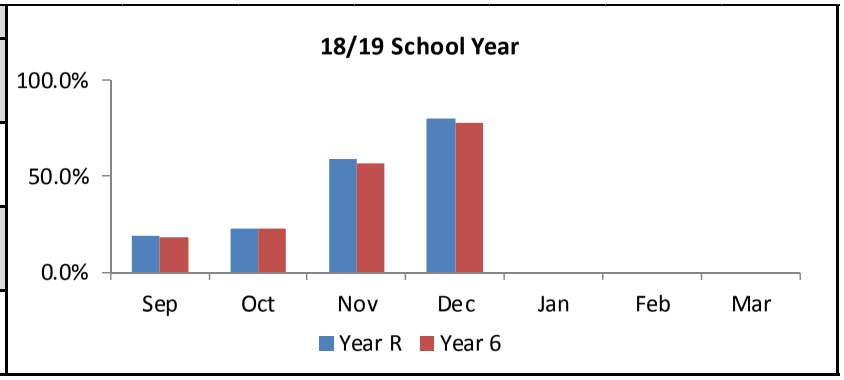

**6-8 Week Checks**

As with new birth visits, there was a dip in months 5 and 6, with both months performing outside of the control limits. However, months 7 and 8 and have improved and hopefully the positive trend will continue. Monthly processes continue to be in place for localities to drill down into any adverse trends.



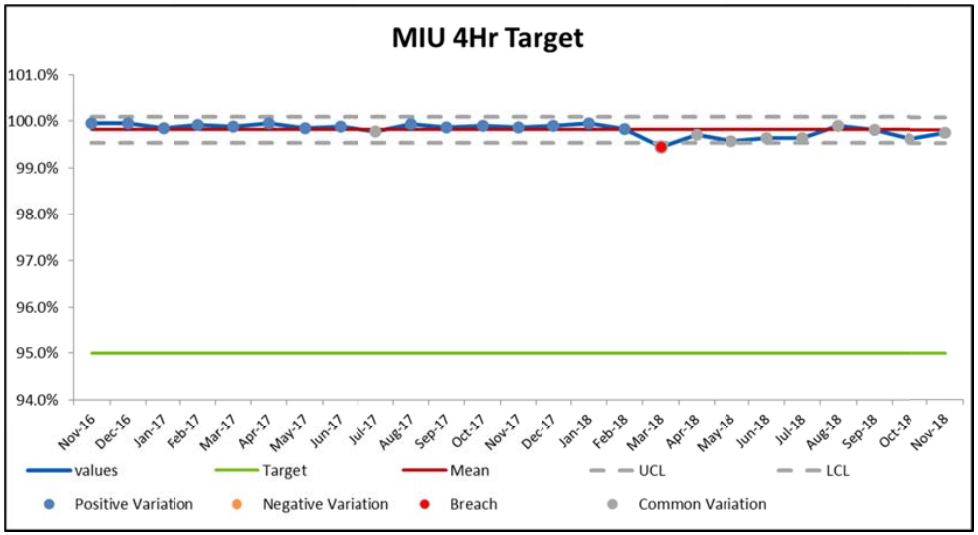
### 5.1.3 National Child Measurement Programme (NCMP)

| | Year R | Year 6 |
|---|---|---|
| **Current Month** | **80.1%** | **78.2%** |
| **18/19 School Year to Nov-18** | **80.1%** | **78.2%** |
| **17/18 School Year** | **97.3%** | **95.7%** |
| **Annual Target** | **90%** | **90%** |




The measurement programme for Year R and 6 pupils is progressing well against trajectory for the 18/19 school year, with both programmes currently above 75% and improved on the same position in the previous school year

### 5.1.4 Minor Injury Units (MIU) 4 Hour Wait Target

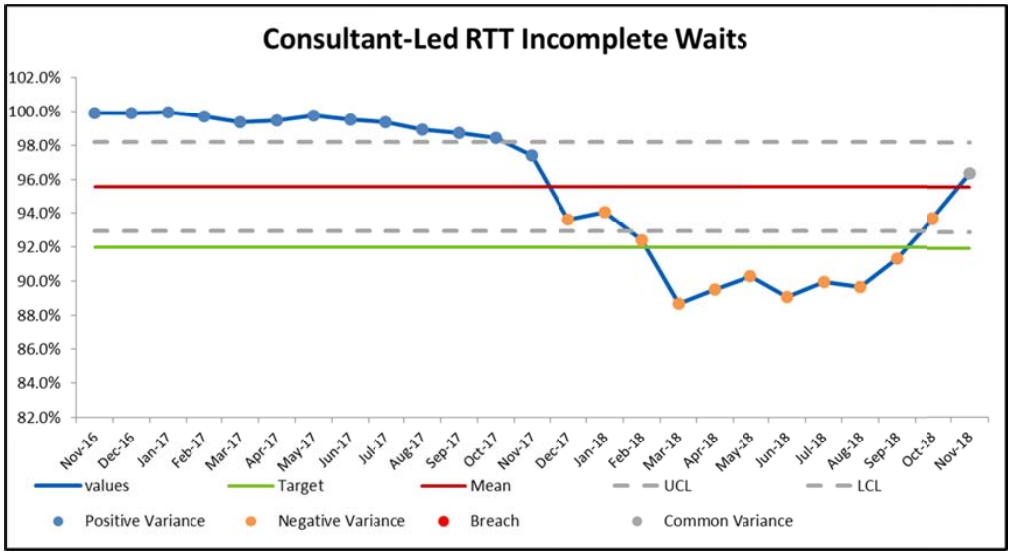



KCHFT's achievement of the 4 hour wait target for Minor Injuries Units has consistently been high, with very little variation from the mean. Although there was a small decrease in March 2018 which resulted in marginally breaching the lower control limit, this was still significantly above target for the month. Indeed, the control range suggests that failing target is highly unlikely to happen.

### 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

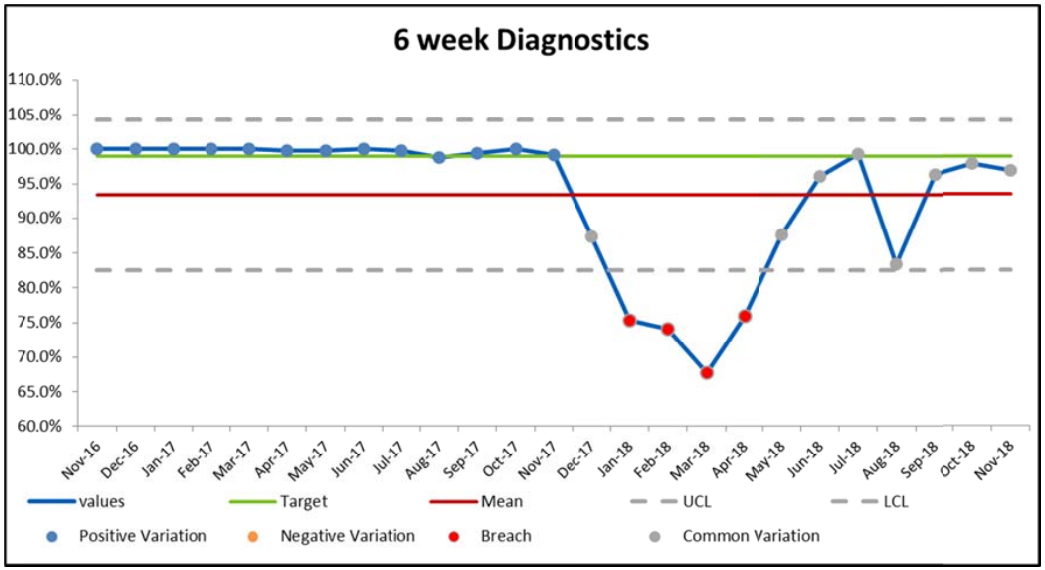



The proportion of patients on a consultant-led Referral to Treatment (RTT) pathway at month end who are waiting less than 18 weeks worsened between August 2017 and March 2018 and then stabilised. The vast majority of our incomplete pathways over 18 weeks have been within our Adult Chronic Pain and Orthopaedics services in east Kent and these have greatly improved in month 8, with the result being that the target has been achieved and performance has improved above the mean.

| | 0-12 Wks | 12-18 Wks | 18-36 Wks | 36-52 Wks | 52+ Wks | < 18 Weeks |
|---|---|---|---|---|---|---|
| Chronic Pain | 809 | 143 | 66 | 0 | 1 | 93.4% |
| Orthopaedics | 2605 | 255 | 106 | 1 | 0 | 96.4% |
| Children's Audiology | 361 | 0 | 0 | 0 | 0 | 100.0% |
| Community Paediatrics | 540 | 127 | 8 | 0 | 0 | 98.8% |
| KCHFT Total | 4315 | 525 | 180 | 1 | 1 | 96.4% |

The above table shows the current breakdown of the waiting list for all services on a consultant-led pathway. 96.4% of waits are now below 18 weeks, with only 2 waits above 36 weeks. The average wait for patients waiting over 18 weeks is 21.4 weeks.

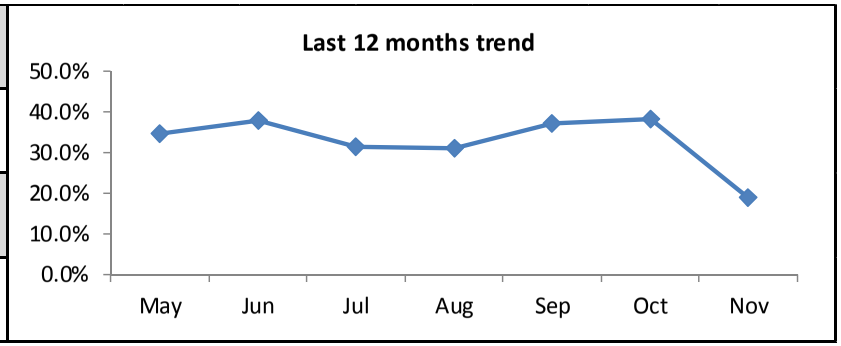
### 5.1.7 6 Week Diagnostics (Audiology)




While 6 week diagnostics waits for paediatric audiology experienced a period of negative variation from January 2018 to April 2018, performance has improved in recent months and is experience common cause variation. However, recent performance is generally below the challenging 99% target

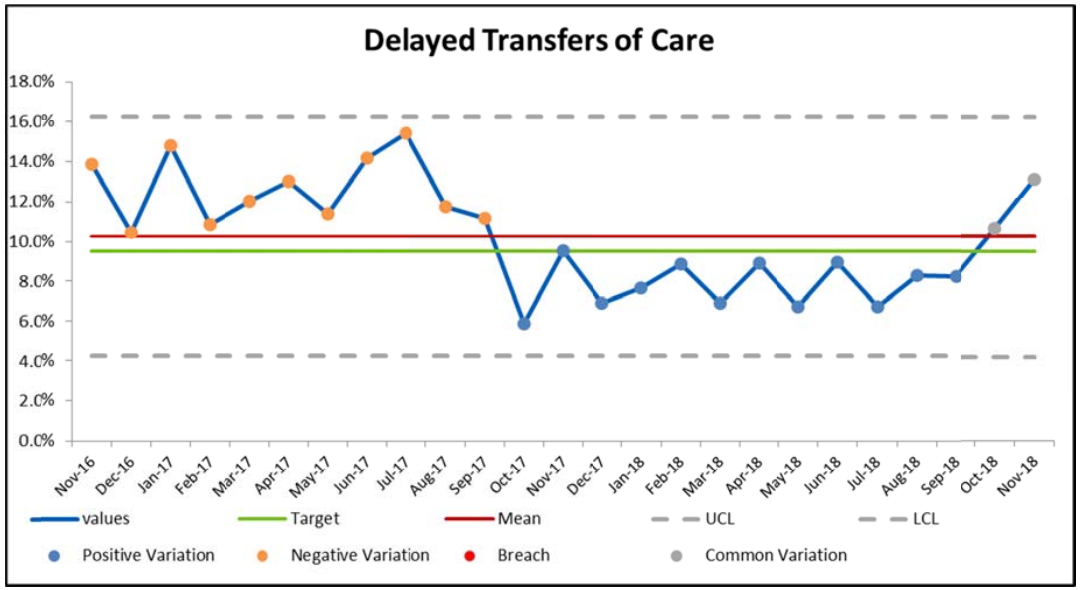
### 5.1.8 End of Life Care

| | |
|---|---|
| **Current Month** | **18.9%** |
| **18/19 YTD** | **30.9%** |
| **17/18** | **N/A** |
| **Annual Target** | **60.0%** |



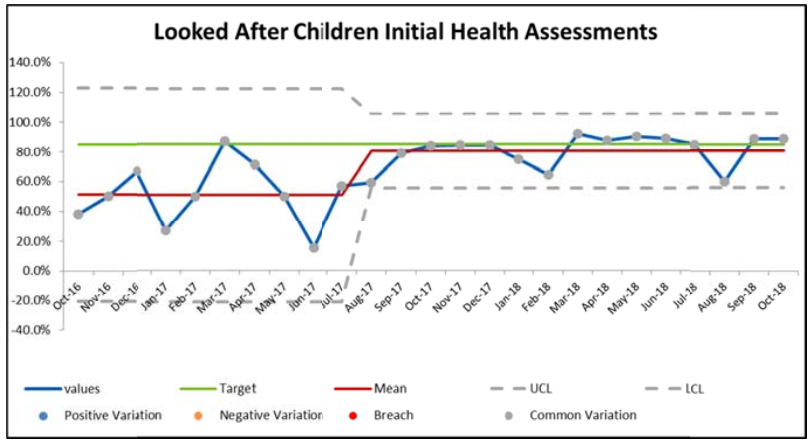
The end of life indicator is new for 18/19, reporting the percentage of End of Life patients who had an updated personalised care plan at their time of death; therefore no trend data is available prior to April 2018. While the performance for the year to date equates to only 31%, the personalised care planning window on CIS is still being embedded and performance should start to improve. The target for this year has been set at 60%

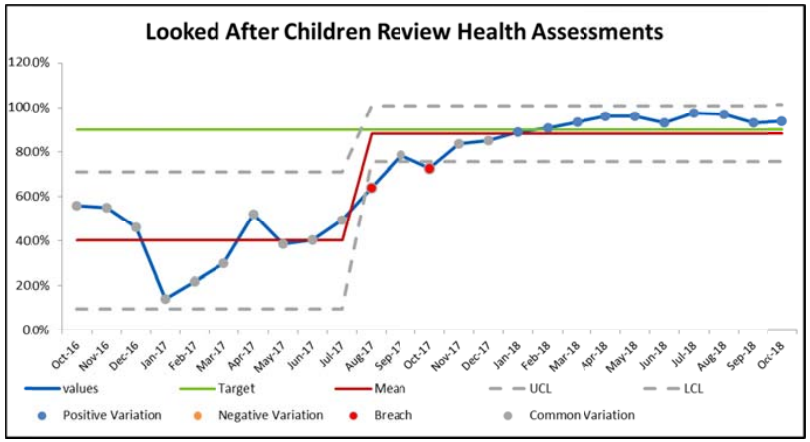
**5.1.9 Delayed Transfers of Care (DTOCs)**




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. There was a sustained period of improved performance from October 2017 to September 2018, although this period has ended with the last 2 months above the mean. This has been caused by an increased level of delayed transfers in East Kent. This level will be monitored to see if the trend continues.

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




Initial Health Assessment (IHA) performance is showing common cause variation and is achieving target most months. However, performance is still variable and liable to failing target some months. This is due to late requests being received from KCC and which KCHFT is struggling to influence. We have an additional KPI to ensure that we complete the IHA within 23 days of receipt of the referral which was 100% for this reporting period.

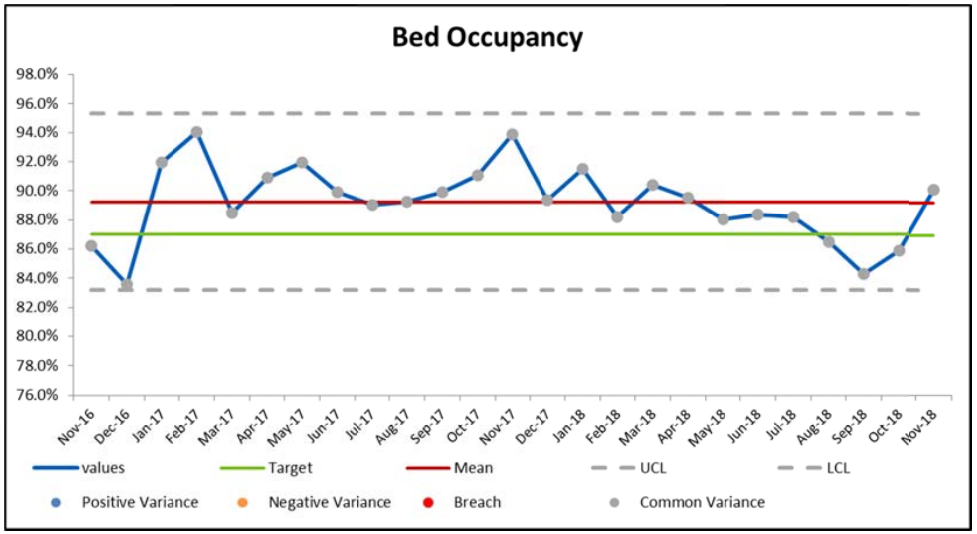
Compliance with the Review Health Assessment target is continuing to experience a period of positive variation above the mean, with month 8 Performance at 93.8%

### 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

Bed Occupancy is showing a varying trend with no periods of special cause variation or changes in performance that would be a particular concern. Although months 5-7 were below target and lower than the mean level of occupancy, this has not continued with month 8 improving. This has highlighted that the dip in performance should not be of concern at this stage.




### 5.1.13 CQUIN

The Q2 CQUIN achievement (% of potential income) is at 94.5% (100% in Q1), 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

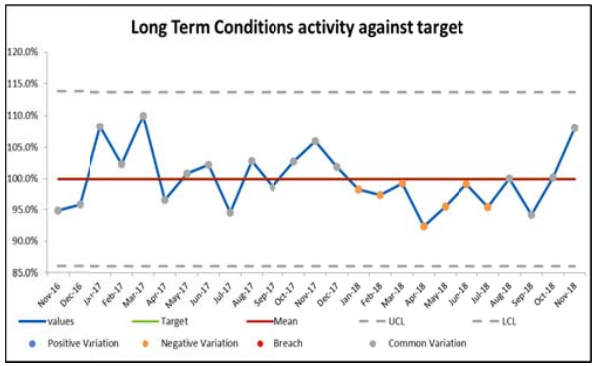
During November 2018 KCHFT carried out 196,077 clinical contacts, of which 10,100 were MIU attendances. For the year to November 2018 KCHFT are 1.8% below target for services that have contractual activity targets in place, a slight improvement on the M7 position. The largest variances are within Long Term Conditions (-1.8%), Intermediate Care Services (-9%), Specialist and Elective Services (-5.5%) and Dental Services (-3.6%).

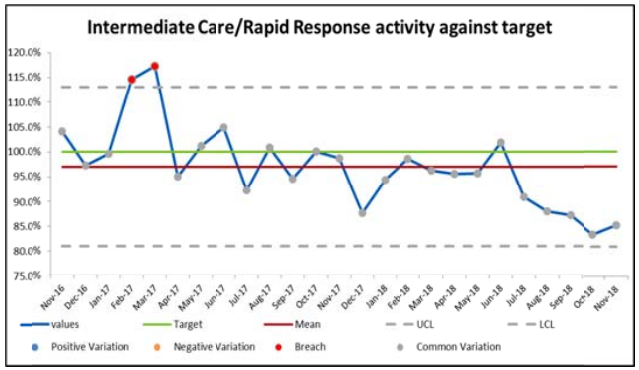
| Service Type | M8 Actual | YTD Actual | YTD Target | YTD Variance | Movement | Internal BRAG | Contract BRG |
|---|---|---|---|---|---|---|---|
| Long Term Conditions | 58,437 | 433,558 | 441,586 | -1.8% | Positive | | |
| Intermediate Care | 18,401 | 158,414 | 174,164 | -9.0% | Negative | | |
| MIU Attendances | 10,100 | 92,009 | 75,139 | 22.5% | Negative | | |
| Community Hospital Admissions | 198 | 1,514 | 1,213 | 24.8% | Negative | | |
| Community Hospital Occupied Bed Days (WK) | 2,210 | 16,913 | 17,346 | -2.5% | Positive | | |
| Community Hospital Occupied Bed Days (EK) | 2,297 | 18,382 | | | Positive | | |
| Specialist and Elective Services | 28,025 | 217,223 | 229,746 | -5.5% | Negative | | |
| Learning Disabilities - Face to Face | 3,835 | 65,546 | | | Negative | | |
| *Children's Universal Services | 41,988 | 650,913 | | | Positive | | |
| Children's Specialist Services | 17,714 | 124,112 | 121,919 | 1.8% | Positive | | |
| Dental Service - All currencies | 12,872 | 79,132 | 82,100 | -3.6% | Negative | | |
| **All Services (contractual)** | **147,957** | **1,122,875** | **1,143,213** | **-1.8%** | Positive | | |
| **All Services (including those without targets)** | **196,077** | **1,443,060** | **N/A** | **N/A** | Positive | | |

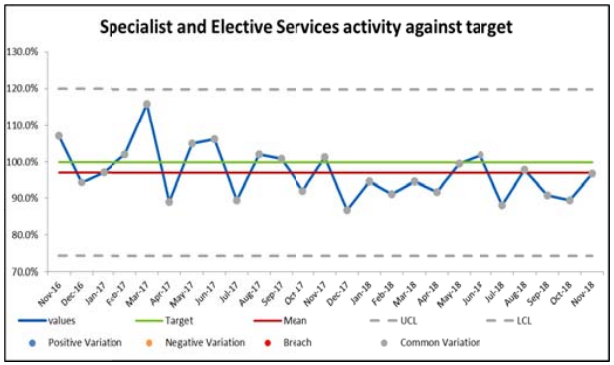
| | Internal | Contract |
|---|---|---|
| | >+5% | >+10% |
| | >-5% | >-10% |
| | +/- 2.5-5% | n/a |
| | <+/- 2.5% | <+/- 10% |
| | | No Target |

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

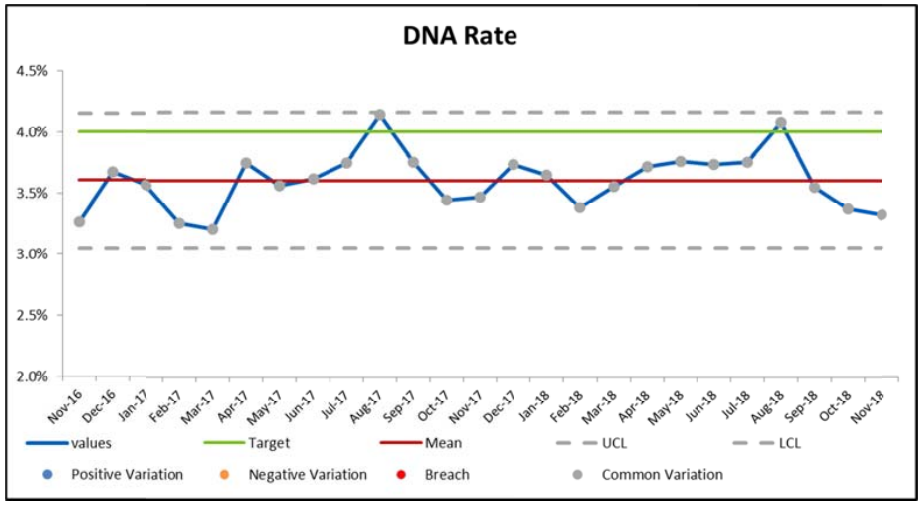
The following charts show the monthly activity against target for Long Term Conditions, Intermediate Care Services and Specialist and Elective Services, which all showed an improvement in month 8, particularly in Long Term Conditions. All three areas are experiencing periods of common cause variation, although the biggest concern is ICT/Rapid Response which has experienced lower than average levels in 8 of the last 9 months.



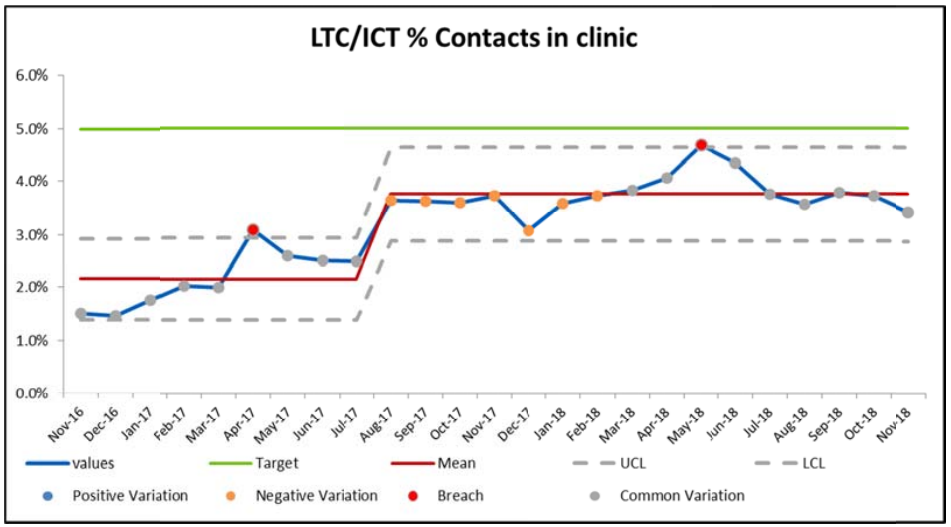



### 5.2.2 DNA rates



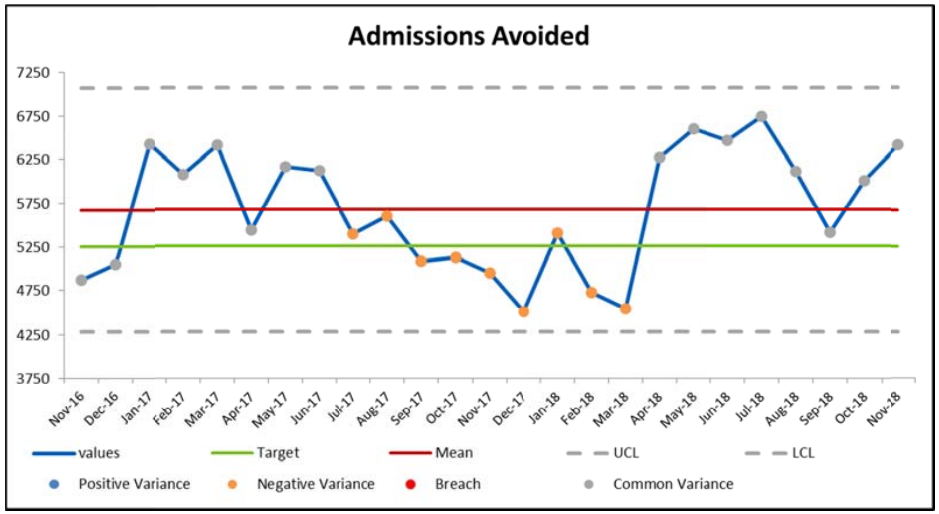

DNA rates continue to fall below the target of 5%, although are significantly higher within some services, particularly children's therapies. The general variation is common cause, variably performing above and below the mean with no discernible pattern. However, with the target close to the upper control limit then this would indicate that it is unlikely that levels would increase above target.

### 5.2.3 Clinic based activity



The target for Long Term and ICT services is to increase clinic based activity to at least 5% of all activity carried out. While this has increased through initiatives such as the wound clinics, with the process limits recalculated form August 2017, we are currently unlikely to achieve this target without some form of process change. The above chart shows that the current upper control limit is around 4.6% which would suggest reaching 5% without some form of change would be unlikely to occur.

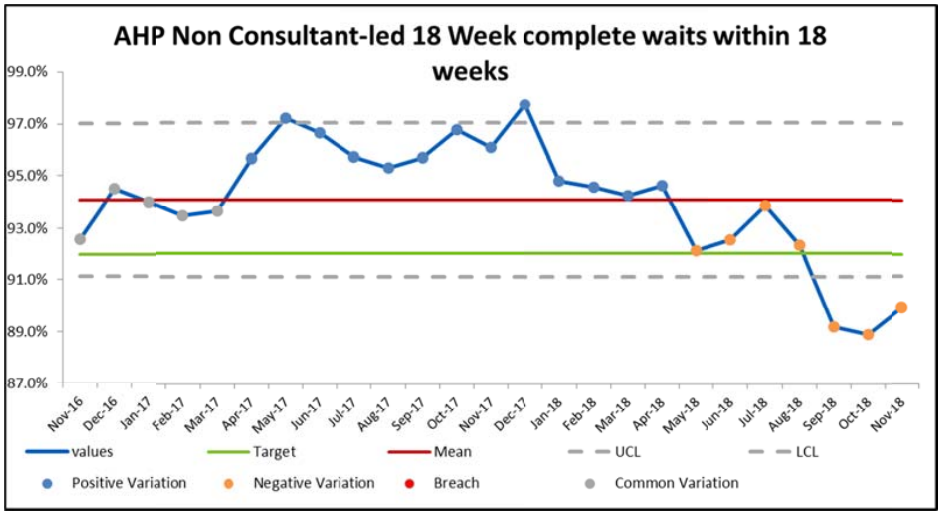
### 5.2.4 Admissions Avoided




While there appears to have been a higher level of admissions avoided in the last 8 months, this had reduced in September to below the mean to indicate that performance is still variable month to month. Year to date performance against target is favourable, although with performance being variable, achieving the target monthly is not always guaranteed.

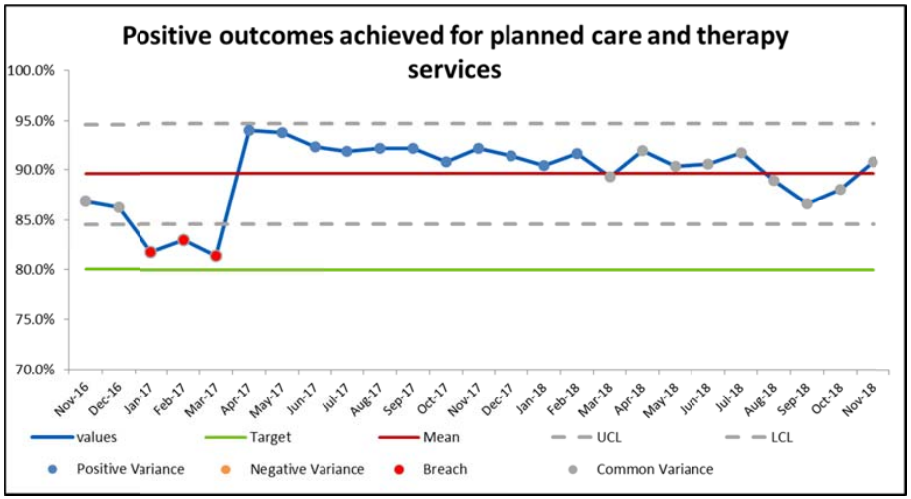
### 5.3 Assurance on Local Wait Times

Waiting times for all non consultant-led AHP services are currently experiencing a period of special cause variation with the last 7 months performance being below the mean, with the last 3 months also falling below the target level of 92%. 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 West Kent Block AQP Physiotherapy. This is likely to continue in the coming months within West Kent Block MSK Physio, which due the size of the service is impacting the overall performance.



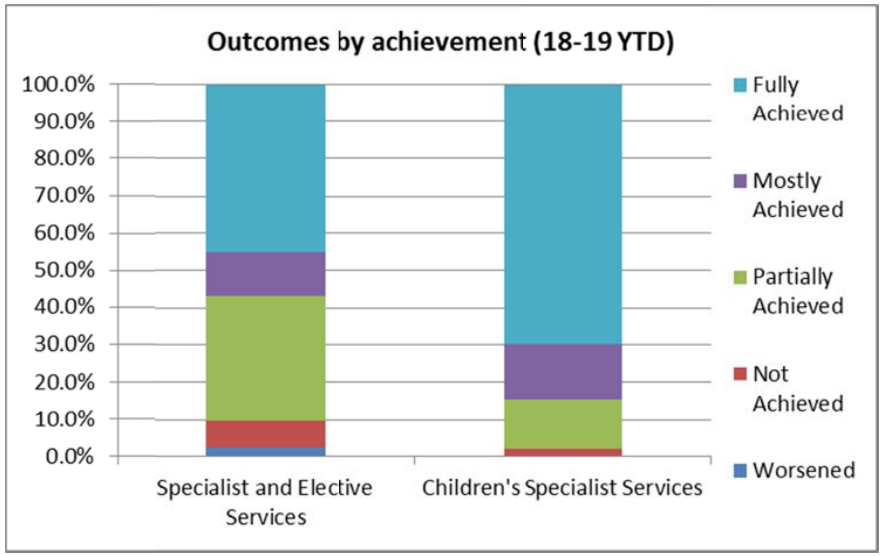

## 5.4 Outcomes

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, with the above showing no special cause variation in recent months. The above chart also shows that achievement of target is always likely to occur unless a process change occurs, as the control limits indicate the range of performance varying month to month should not fall low enough to breach target.



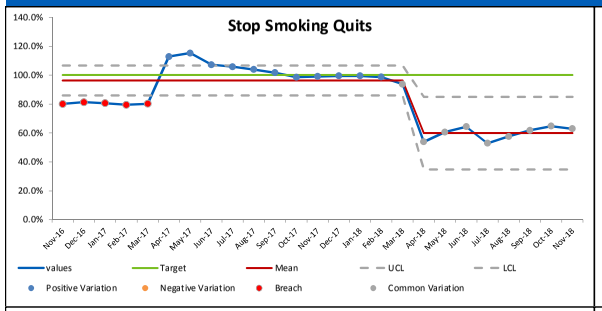
The following table and chart shows the proportion of the grading of each outcome for the year to date, split by service type for further detail on outcomes. Each outcome will be specific to the patient and will be personalised, therefore not allowing further detail to be summarised.

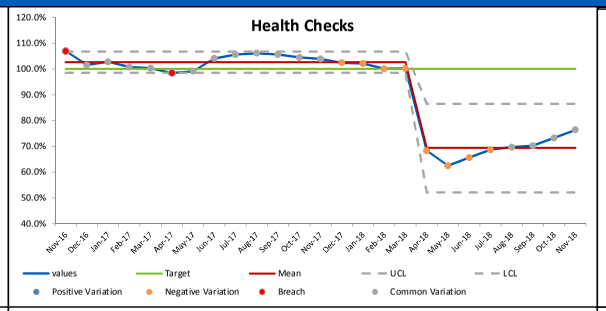
| | Specialist and Elective Services | Children's Specialist Services |
|---|---|---|
| **Worsened** | 2.4% | 0.0% |
| **Not Achieved** | 7.5% | 2.3% |
| **Partially Achieved** | 33.1% | 13.4% |
| **Mostly Achieved** | 11.7% | 14.5% |
| **Fully Achieved** | 45.2% | 69.8% |

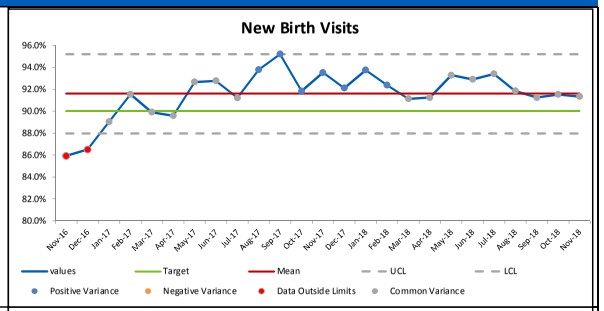


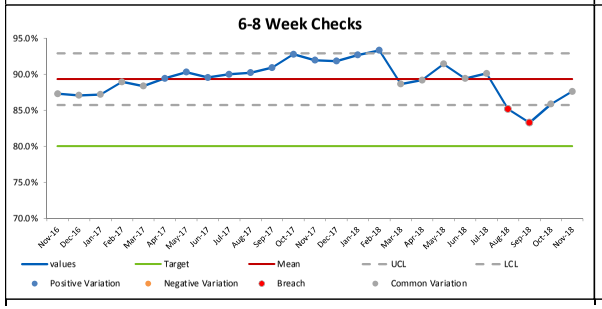
## Appendix - Scorecard SPC Charts

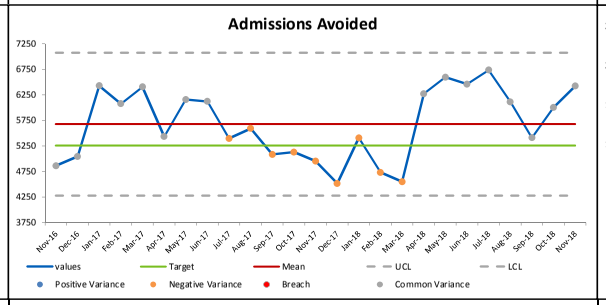
### 1. Prevent Ill Health

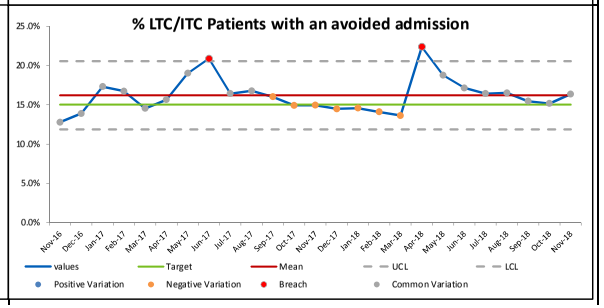


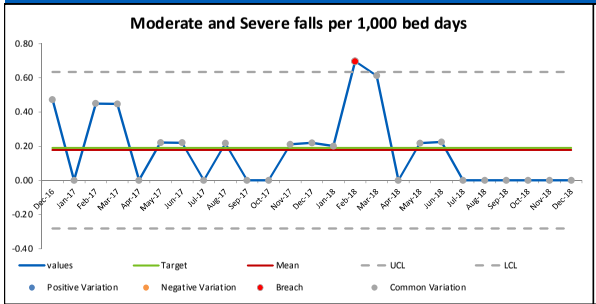



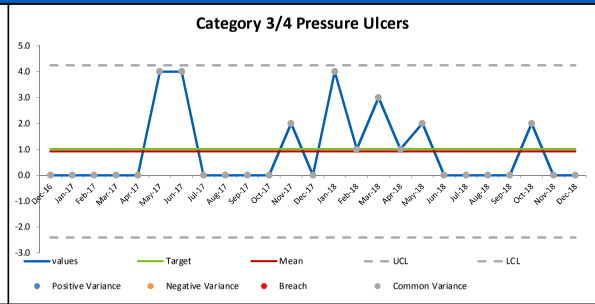



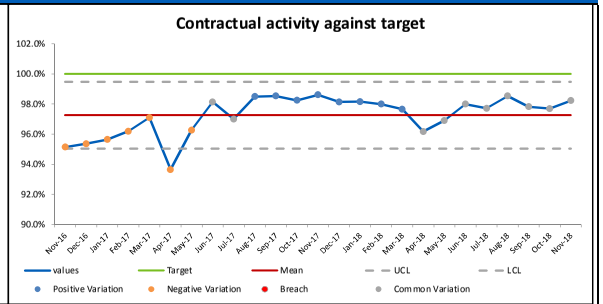



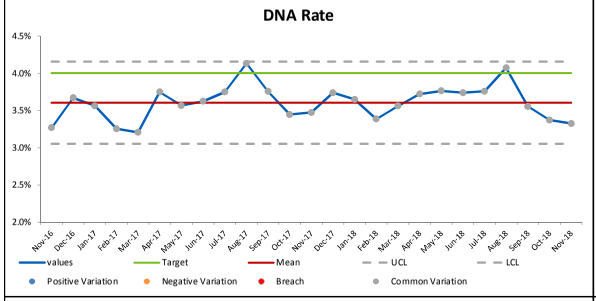



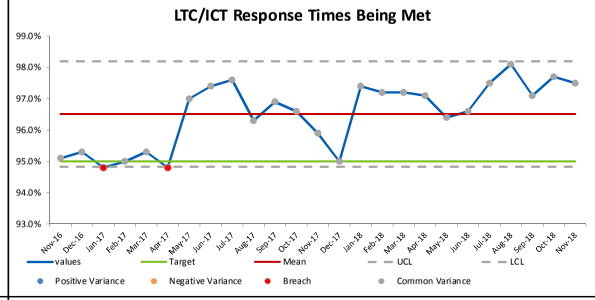
## 2. Deliver high-quality care at home and in the community

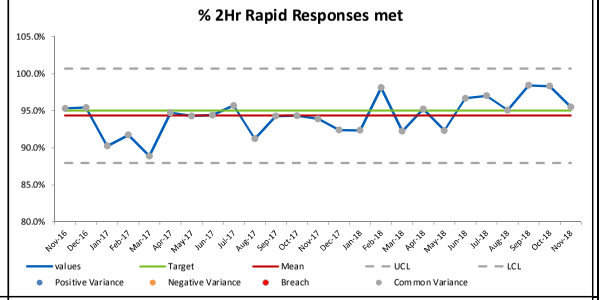


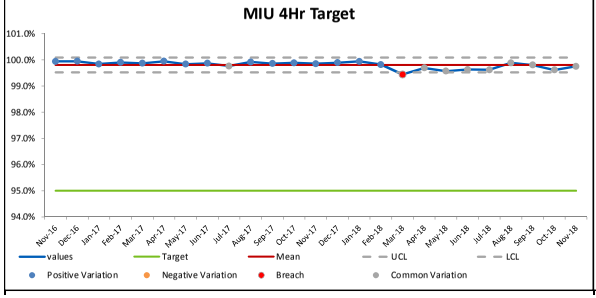



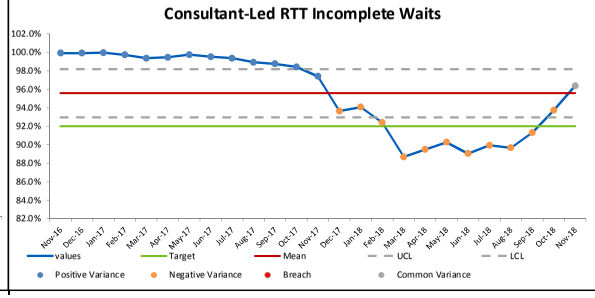



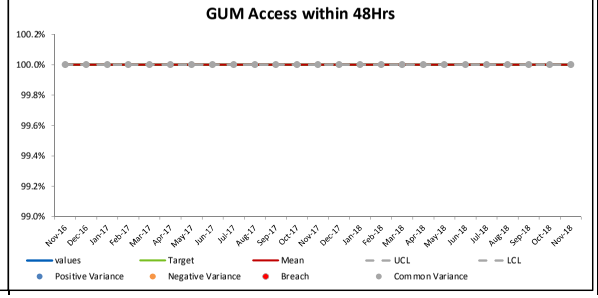



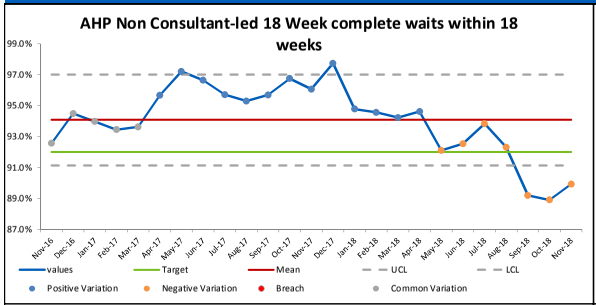



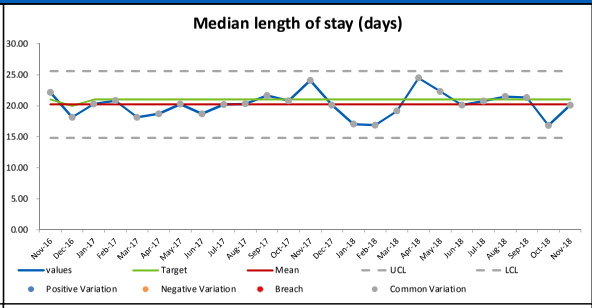



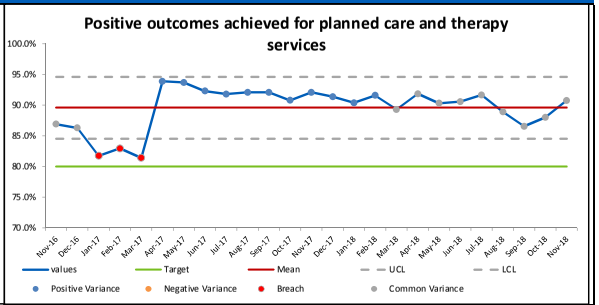



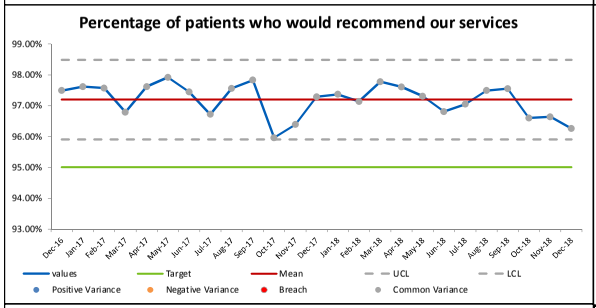



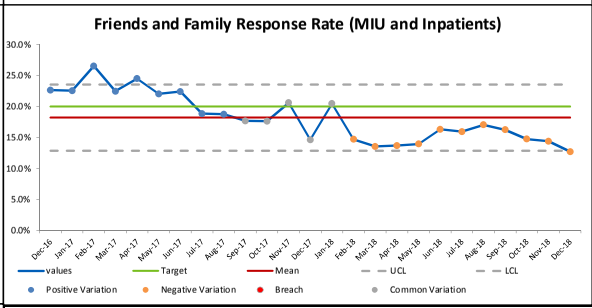
## 2. Deliver high-quality care at home and in the community

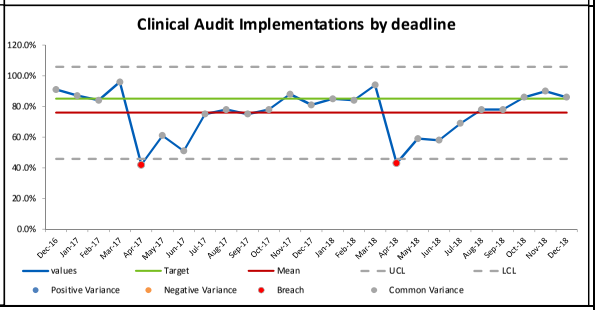


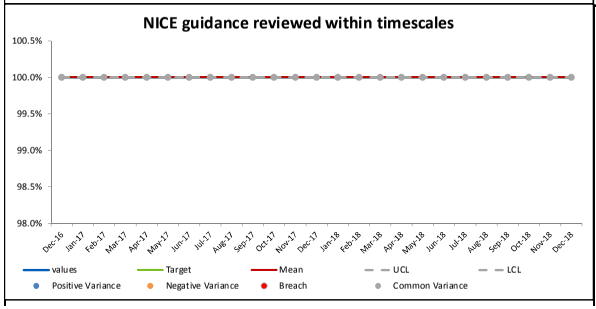



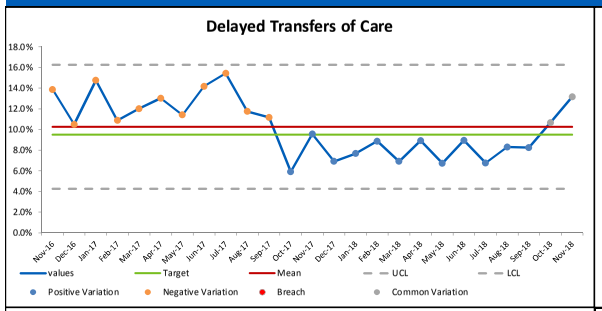



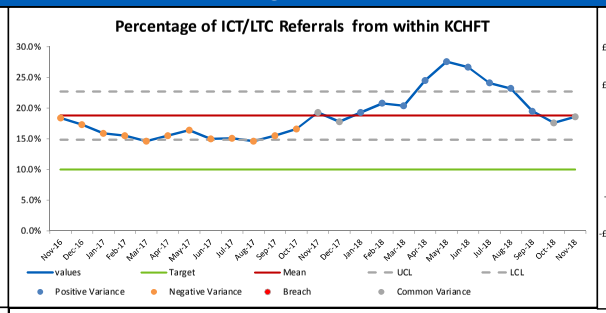



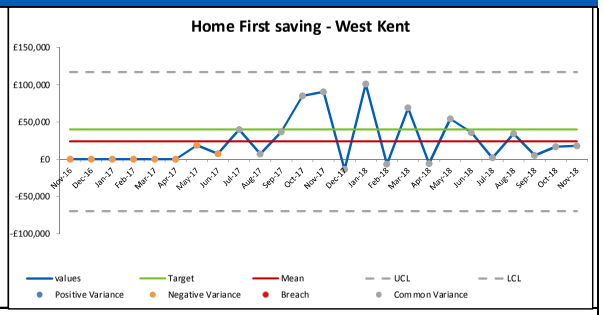



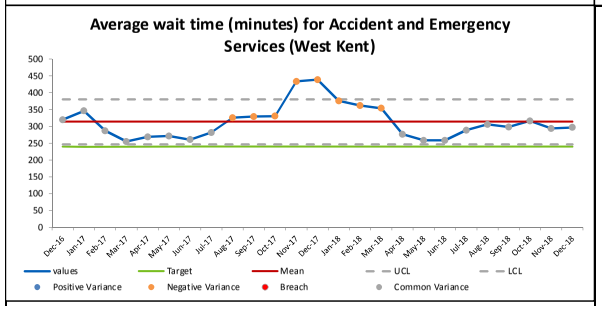



## 3. Integrate Services

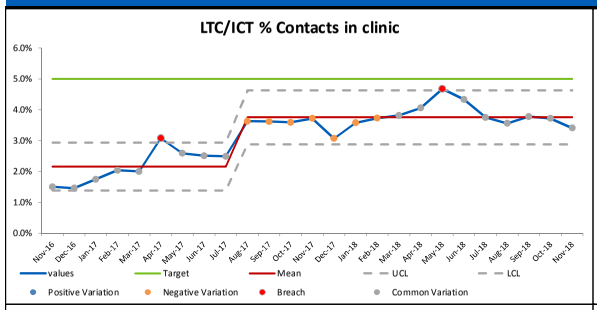


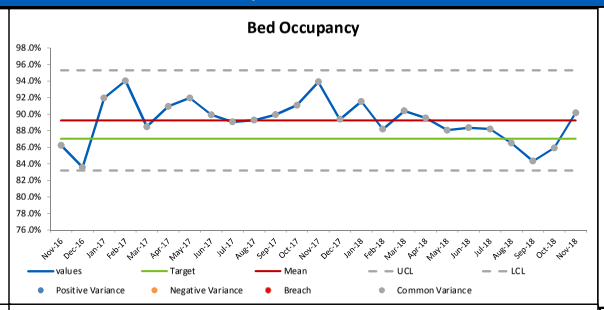



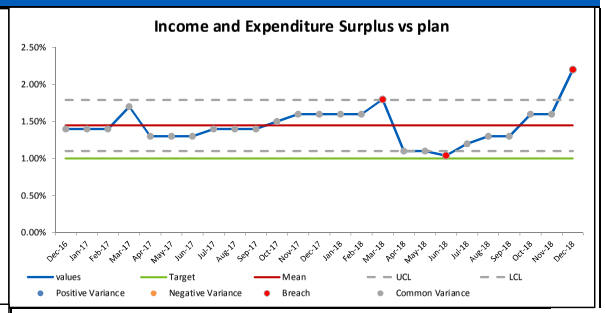



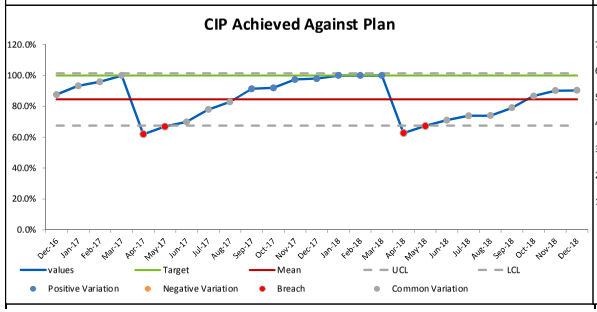



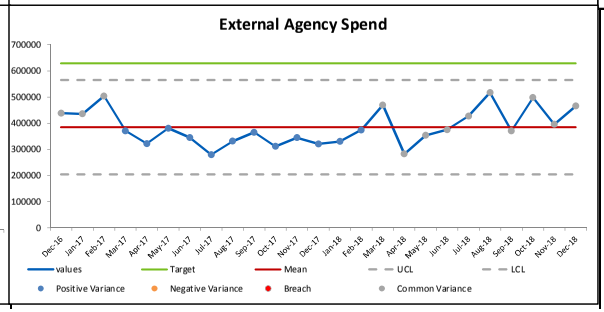
## 4. Develop sustainable services



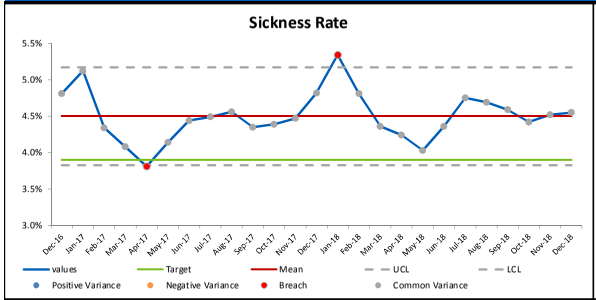



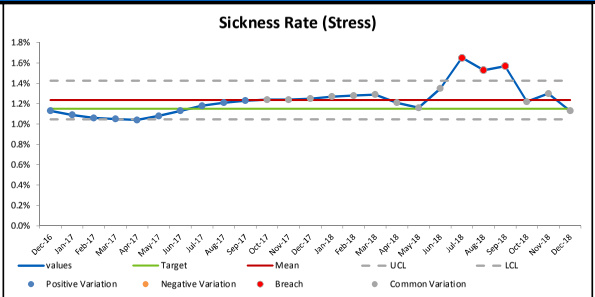



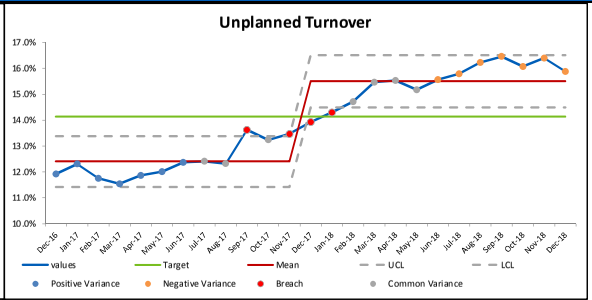



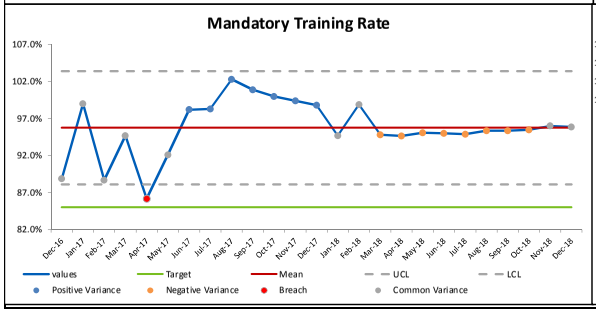



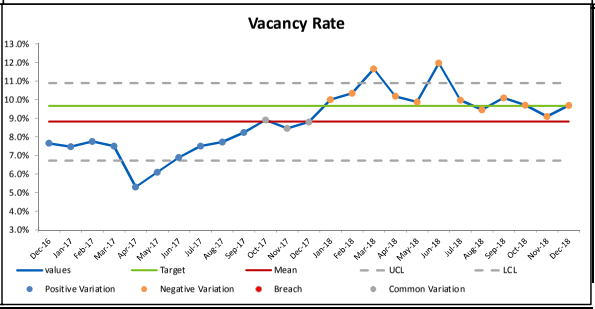
## 5. Be The Best Employer



NHS
Kent Community Health
NHS Foundation Trust

| | |
|---|---|
| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 2.8 |
| **Agenda Item Title:** | Preparedness for Brexit Report |
| **Presenting Officer:** | Natalie Davies, Corporate Services Director |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Action - this paper is for:** | Decision | ☐ | Information | ☐ | Assurance | ☒ |

| **Report Summary** |
|---|
| This report provides information and assurance to the Board of the Trust's position in relation to its preparedness for Brexit. |

| **Proposals and /or Recommendations** |
|---|
| For the Board to note the report. |

| **Relevant Legislation and Source Documents** |
|---|
| |
| **Has an Equality Analysis (EA) been completed?** |
| No ☒<br>High level position described and no decisions required. |

| | |
|---|---|
| Natalie Davies, Corporate Services Director | Tel: 01622 211904 |
| | Email: Natalie.davies1@nhs.net |

# PREPAREDNESS FOR BREXIT

## 1. Introduction

The United Kingdom (UK) is scheduled to exit the European Union (EU) at 2300 (GMT) on 29 March 2019.

The Secretary of State for Health and Social Care has issued a number of letters and information on the Government's revised Border Planning Assumptions to industry and the health and care system.

These letters focus on supply chain implications in the event that the UK leaves the EU without a ratified agreement – a 'no deal' exit.

The potential implications of a 'no deal' exit or indeed one with a deal are difficult to fully quantify but it is our duty to prepare for all scenarios. The impact in Kent could be felt particularly acutely with the entry and exit points to mainland Europe and in response a coordinated plan across the county is required. This preparation is being undertaken in partnership with health, social care, police and other organisations in Kent.

## 2. Background

With the publication of the Department of Health and Social Care's 'EU Exit Operational Readiness Guidance' in December 2018, the Government set out its expectation for all health and care commissioners and providers (including adult social care providers) to undertake local EU Exit readiness planning, local risk assessments and test and plan appropriately for the UK's withdrawal from the EU on the 29 March 2019.

The guidance covered seven key areas of risk:

1. supply of medicines and vaccines,
2. supply of medical devices and clinical consumables,
3. supply of non-clinical consumables, goods and services,
4. workforce,
5. reciprocal healthcare,
6. research and clinical trials,
7. data sharing, processing and access.

In addition, Kent and Medway health and care organisations are part of the Kent Resilience Forum (KRF) multi-agency EU Exit planning.

Owing to its unique geography and large number of UK border ports, (Dover Harbour, Euro Tunnel and Ramsgate Harbour) these plans focus primarily on the potential increased traffic volume caused by border checking delays.

To ensure a consistent and joined up approach to planning and assurance, the Kent and Medway Sustainability and Transformation Partnership (STP) is coordinating the business continuity (BC) review and planning for health and care commissioners and providers.

In November 2018, NHS provider organisations were also directed by NHS Improvement to review their supply chains. The outputs from these reviews were fed into the Governments EU Exit Operational Readiness Guidance.

## 3. Assessment

### 3.1 Governance structure

The Chief Executive has appointed the Corporate Services Director as the lead Director for the EU exit. The Trust has set up a small team lead by the emergency planning function to coordinate the Trust response. A Trust wide committee has been formed reporting to the Executive Team to develop and test the readiness plans.

A number of working groups report to the Committee. These are:

- Adults East including CYP and SES
- Adults West
- Pharmacy
- Contracts, Procurement and Estates
- Service Prioritisation
- IT
- Dental
- Facilities

The issue of transportation and movement across the county is considered by each group and coordinated through the committee.

The Trust work programme echoes the Sustainability and Transformation Partnership in dividing it into three phases:

- Planning phase (Current – March 2019)
    - Identification of impacts
    - Assurance of Business Continuity plan and service plans
    - Coordination of plans with key partners
    - Command and Control structure review

  - Training, testing and exercise
  - Communications

- Response phase (March 2019 - )
  - Operational response active
  - STP Strategic and tactical response teams operational
  - Communications

- Recovery phase
  - Asses and support recovery as required
  - Communications

The STP has appointed a Director with responsibility for EU Exit and is coordinating with the Local Health Resilience Partnership (LHRP) and the other statutory organisations. Monthly meetings of the LHRP are being held at which the Trust is represented.

## 3.2 Committee Sub-Groups

### 3.2.1 Workforce

The impact on the workforce of Britain leaving the EU has been considered. The Trust is aware of 101 members of staff with nationality aligned with the EU. Each of these members of staff has been written to and the Trust has offered to fund their application fee to remain. There will be no change to staff's current rights under EU law until the end of the planned implementation period on 31 December 2020.

### 3.2.2 Medicines

The Chief Pharmacist is part of a communication group with NHS England (NHSE) reviewing the implications of Brexit. This group communicates weekly to assess the on-going implications. At this stage, NHSE advises that no drugs should be stockpiled but to ensure that stores are kept up to date. This is in place.

### 3.2.3 Procurement contract

Procurement has completed a review of all expenditure contracts with suppliers which has been, or is set to be, over £100k. Suppliers have been reviewed for any implications for the supply chain. NHSE has requested a return on this matter in which the trust identified priority areas for review. 17 contracts have been identified under these categories with an assessment and mitigations completed.

Services are in the process of identifying any contract that they hold directly with suppliers or are held through a third party. Clinical commissioning groups

who hold some contracts e.g. the supply of continence products, have been contacted for assurance. This is being coordinated through the STP.

#### 3.2.4 Medical devices

Medical devices have been considered as part of the supply of contracts and suppliers. In addition, assurance has been provided that the list of devices is up to date and maintained appropriately.

## 4. Travel

The STP, on behalf of the Kent and Medway CCGs and providers, has been contributing to the KRF road traffic planning to ensure the health and care needs are recognised in these national plans.

Several tests of the Kent Resilience Forum plan have been held; including the recent lorry test between Manston and Dover, and the learning from these is being collated and will be fed into a series of health specific exercises. The potential impact of Brexit on Kent's roads could be significant. The Police are planning for between three and six months of disruption to Kent roads. This has been the discussion of the Local Health Resilience Partnership over the last few months. However, preparations in the last two months have increased.

A Brexit workshop was held on 22 November 2018 where the plans for Operation Brock including plans for haulage storage at Manston and the potential closure of the M26 will all be reviewed together with corresponding management plans and tactical response. The introduction of Operation Brock and related plans is solely the decision of the Kent Police Service. The decision to implement one of these operations will also trigger command groups to be established to coordinate the implementation and take an over view. The NHS will be required to attend these command groups and NHSE has asked both commissioners and providers to ensure they are ready to attend as needed. In readiness for this, the Police are holding training days for both Strategic and Tactical Command. A multi-agency table top exercise is scheduled for 12 February 2019 at which the Trust will be represented.

In the Trust, services have been looking at the potential impact of Brexit on travel for a number of months. The issue of travel across the county is incorporated in service Business Continuity Plans and these measures are being coordinated across the trust. A specific transport plan, akin to the previous Fuel Strike plan is being refreshed. This will include different levels of response and work is on-going to identify:

- Staff's closest base
- Alternative methods of travel and their feasibility for specific services

- Alternative methods of communication
- Staff accommodation at bases
- Use of the voluntary sector
- Core service response

## 5. Plans

The Trust has a draft operational Brexit plan which will be tested through a number of table top exercises, the STP exercise held on 12 February 2019 and an internal exercise facilitated by the Head of Emergency Preparedness, Resilience and Response on 13 February 2019.

Following this exercise and the identified learning, the plan will be updated and brought for approval to the executive early March 2019.

## 6. Multi Agency Assurance and Risk

An assurance template has been created by the STP and circulated to all commissioners and providers (including general practice) of health and social care. It has been designed to identify assurance gaps and risks as well as prompt organisations to test their contingency plans against the seven key areas of activity and the scenario of major traffic disruption caused by delays at the borders. This will be completed by the Trust by the deadline of the end of January. The STP will then collate responses into an action plan to address any identified gaps. The current Trust risk register is shown at Appendix A and the STP EU Exit Risk Register is shown at Appendix B.

## 7. Conclusion

Planning is well underway for the UK's exit from the European union, however, it is an area of uncertainty and plans must remain flexible to respond.

Kent Community Trust is integrated into the whole system planning and work to coordinate across organisations has stepped up in the last few weeks.

**Natalie Davies**
**Corporate Services Director**
**24 January 2019**

Kent Community Health NHS Foundation Trust

# Appendix A
# KCHFT Risk Register

| Kent Community Health NHS Foundation Trust No Deal Exit from the European Union Risk Assessment | | | | Green = Risk < 5 | Amber = Risk > 10 | | Red = Risk between 10 - 15 | |
|---|---|---|---|---|---|---|---|---|
| Risk no. | Hazard / Threat | Impacts | Risk Type | Likelihood | Impact | Risk Score | Mitigation | Risk Owner |
| Trust | Workforce including reciprocal healthcare | | | | | 0 | | |
| 1 | 101 known staff with EU nationality | If staff are not awarded EU citizenship (2021) the Trust will encounter a staff shortage. | Clinical<br>Reputational<br>Regulatory | 2 | 3 | 6 | Trust has written to all known effected staff and request that they apply for citizenship. The Trust will refund the application fee of £65.Update 10.01.19 Publicity on-going for all staff. **Update: No longer a fee for Citizenship** | Louise Norris – Director of Workforce, Communications and OD |
| Trust | Supply of Medicines and Vaccines | | | | | 0 | | |
| 2 | Predicted to be an impact on imported pharmaceutical products | Patients may not receive appropriate medicines | Clinical<br>Reputational<br>Regulatory | 2 | 3 | 6 | Chief Pharmacist is in communication with NHS E pharmacists and receiving weekly advice from Deputy Chief Pharmacist England. Advised to keep under review at this stage but not to take any further action. **Update: New agreement with Boots for access to 24 hour medicines through Pharmacist on call.** | Sarah Leaver - Trust Chief Pharmacist |
| Trust | Supply of Clinical Consumables (Procurement / contracts)<br>Supply of non clinical goods and services (Facilities/Hotel Services) | | | | | 0 | | |
| 3 | Procurement are completing reviews of all expenditure with suppliers over £100k to determine any risks.<br>Possible delay of NHSPS to repair broken systems and equipment.<br>Concern re: the disposal of clinical waste | The Trust would not be able to access goods and services after a no deal Brexit .<br>A risk / harm to patients<br>An infection risk | Financial<br>Reputational<br>Regulatory | 2 | 3 | 6 | NHS Self assessment methodology completed<br>Estates KCHFT work stream are reviewing these issues<br>Contract is being reviewed | Annabelle Whibley<br>Smith<br>Margaret Lang<br>Rachel GILHOOLY |
| Trust | Supply of Medical Devices | | | | | 0 | | |
| 4 | Availability of medical devices could be impacted by transport concerns. | Patients and staff may not receive the devices required. | Clinical<br>Reputational<br>Regulatory<br>Financial | 1 | 3 | 3 | Assessment of main contracts for medical devices delivery and procurement completed. The Trust to agree and identify a lead for new system and asset management. | Exec Team |
| Trust | Travel | | | | | 0 | | |
| 5 | Transport in the area including motorways, the port and the channel tunnel could be severely compromised with the introduction of extensive border controls | Risk of staff not being able to gain access to work place. If Op Brock is in place the health risk to the public which could impact on the Trust. Delayed deliver of equipment and medicines | Clinical<br>Reputational<br>Financial | 3 | 4 | 12 | Ensure current information is communicated to appropriate staff as it is available. Business Continuity Plans refreshed and updated. Trigger documents currently being written which will form part of the Trust operational plan. Mapping of staff is in progress. NHS E and the KRT are facilitating workshops. | Jan Allen |
| Trust | Performance and Mapping of Services, Mapping of staff | | | | | 0 | | |
| 6 | CQC Requirements<br>KCHFT Requirement | KCHFT may not be fully compliant<br>KCHFT do not have an interactive map of staff locations | Clinical<br>Reputational<br>Regulatory<br>Financial | 2 | 3 | 6 | Consider with the CQC their requirements<br>Review the locations of staff | Nick Plummer<br>Sharon Barker |
| Trust | IT/Telecoms | | | | | 0 | | |
| 7 | IT and telecoms systems may be overwhelmed.<br>Review the following systems;<br>Skype for Business<br>VPN<br>Teleconference<br>Laptop provision | Staff may not be prepared for video conferencing .<br>Teleconference equipment may need replacing .<br>Lack of replacement laptops<br>Impact on the system if there is a increased number of staff working from home | Clinical<br>Reputational<br>Regulatory<br>Financial | 1 | 3 | 3 | Comms/ training to encourage staff to download SKYPE for business<br>Replace telephones in key areas and replace with a robust system<br>Investigate the purchase of laptops<br>Review impact of staff working from home on delivery of care | Mark Ashby |
| Trust | Data sharing and access | | | | | | | |
| 8 | None identified | | | | | | | |
| Trust | Research and Clinical Audit | | | | | | | |
| 9 | For research - threat to recruitment number.<br>For clinical audit - threat to completing local clinical audits and failure to fulfil requirements of national audits which form part of the Quality Accounts. | Research - research delivery staff may not be able fulfil study requirements for time and target in the recruitment of patients to studies and clinical trials. This will mean that we fail to meet research objectives and fail to fulfil our pledged recruitment figures - this has the potential to impact on our funding from KSS Clinical Research Network.<br>Clinical audit - potential impact on our ability to meet the submission requirements of audits on the National Clinical Audit of Patient Outcomes Programme (NCAPOP) which are mandated nationally and form part of the Quality Accounts. | Clinical<br>Reputational<br>Regulatory<br>Financial | 1 | 3 | 3 | Raise issue with Chief Operating Officer at KSS Clinical Research Network. Individual strategies required for each study. Monitor progress against national audits and discuss alternate strategies for submission with audit leads. | Dawn Nortman |

**Appendix B**
**STP Risk Register**

| Area | Concern | Possible mitigation |
|---|---|---|
| Business Continuity (BC) | Existing BC plans have not been tested against EU Exit risk assessment scenarios. | - Kent and Medway NHS organisations involved in the EU Exit planning programme.<br>- CCG table top exercises to be held in February against key risks.<br>- Assurance around provider BC plans and risk assessment being collated and reviewed.<br>- |
| Medication | Management of drug stocks in England is being centrally managed by the DoH and NHSE. This sits outside the control of the STP. | - Ensuring a consistent message goes out to patients and clinicians about not stockpiling medication.<br>- Encouraging 28 day prescribing in the majority of patients to reduce medication 'held' by patients<br>- Encouraging patients to only order what they need.<br>- Working with local community pharmacies and GP practices to manage specific stock issues<br>- |
| Command and Control | The potential longevity and input requirement to Tactical Command Group (TCG) during the response phase presents capacity issues for Category two responders. | - CCGs to review its on-call provision (including equipment and training) and availability for an extended period of time.<br>- Providers to review their incident response provision and availability for an extended period of time.<br>- CCGs consider creating a dedicated resource to respond to the demands of the TCG. |

| Area | Concern | Possible mitigation |
|---|---|---|
| Traffic disruption | Traffic management actions may increase local traffic levels and impact on staff movement and service delivery. Impact for all agencies. | - Assurance around provider BC plans and risk assessment being collated and reviewed.<br>- Input into traffic management plans to ensure mitigations are identified.<br>- Map potential “hot spots” and design specific solutions. |
| Communications | National communications have centred on supply chain maintenance. In addition local plans will address any issue that could impact patients and service delivery, including, traffic disruption. | - Kent and Medway comms plan. |

Kent Community Health NHS Foundation Trust

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|---|---|
| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Item:** | 2.9 |
| **Subject:** | Winter Pressures Update Report |
| **Presenting Officer:** | Lesley Strong, Chief Operating Officer/Deputy Chief Executive |

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

**Report Summary (including purpose and context)**

The Board received a paper at the December 2018 meeting outlining the Trust's plans to manage the additional pressures over winter. This paper is to update the Board on the actions taken by Kent Community Health NHS Foundation Trust (KCHFT) to manage patient care during this time.

Overall, the wider systems have been able to cope with the increase in pressure during December and early January and have remained at OPEL 2 escalation levels. There is an expectation with the forecast of colder weather that these pressures will increase.

The paper sets out the position within KCHFT services and includes the impact of the new schemes.

**Proposals and /or Recommendations**

The Board is asked to note the update.

**Relevant Legislation and Source Documents**

**Has an Equality Analysis (EA) been completed?**

No ☒

High level position described and no decisions required.


| | |
|---|---|
| Lesley Strong, Chief Operating Officer, Deputy Chief Executive | Tel: 01622 211937 |
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Kent Community Health
NHS Foundation Trust

**WINTER PRESSURES UPDATE REPORT**

Updates on actions taken by Kent Community Health NHS Foundation Trust (KCHFT)

## 1. Introduction

The Board received a paper at the December meeting outlining the Trust plans to manage the additional pressures over winter. This paper is to update the Board on the actions taken by KCHFT to manage patient care during this time.

## 2. Background

The winter of 2017/18 presented significant challenges to the health and social care system. At this point last year the level of demand for services was high with severe pressures across the health and social care system. The increased demand was due to sicker and frailer patients with increasing numbers of respiratory conditions, flu and norovirus.

For this reason planning for winter 2018/19 started much earlier both internally and within the local systems. The KCHFT plan was approved by the Board at its meeting in December 2018. The aim of the plan is to ensure that services are in place to face the expected increase in demand and to ensure the continued safe and responsive delivery of high quality of care.

Community services have a key role to play in managing winter pressures particularly in supporting patient flow. The plan focused on the following key areas:

- Supporting system flow through improving patient discharge and preventing admission
- Workforce
- Increasing capacity of existing services
- Escalation plans

## 3. Assessment

3.1 Whole System Performance

National analysis by NHS Providers showed that on the whole trusts have coped better than expected with demand pressures in December. The pressures have increased in the systems in January but to date performance is stable with both East

and West Kent systems mostly staying at escalation level OPEL 2. However the pressure is expected to increase imminently with the forecast of colder weather.

System Performance Indicators taken from NHS Improvement scorecard, 1 week average for w/e 14/1/19

| Indicator | MTW | EKHUFT |
|---|---|---|
| A&E performance | 91.5% | 78.9% |
| Bed occupancy | 94.1% | 90.8% |
| Delayed transfers of care | 4.25% | 6.3% |

- A&E performance has been maintained around normal levels in both acute trusts although this has been under the 95% target for some time
- Bed occupancy within the acute trusts continues to fluctuate.
- Delayed transfers of care in the acute trusts are rising in West Kent and decreasing in East Kent

The whole system escalation status is constantly under review with regular conference calls when the system pressures escalate.

The key role of community services at this time is to ensure good patient flow through our services to support the timely discharge of patients from acute hospitals to community services and community services to other settings. The emphasis is on reducing the number of patients experiencing delays to discharge to improve their care and free up capacity.

**3.2 Key Areas of Focus**

<u>Supporting patients to return home or preventing an admission</u>

Core services have continued to respond to referrals to maintain patient care. The focus since Christmas is on maintaining flow and this means that the community hospitals, rapid response teams, Home Treatment Service and community nursing and therapy teams are working to capacity at this time e.g. rapid response service in West Kent is reporting activity of 48% above target.

There have been a higher number of patients whose transfer has been delayed from community services particularly in East Kent and we are working with other partners to move patients to where they should be cared for.

<u>Supporting patients with rehabilitation needs in Community Hospitals</u>

Currently the hospitals have been able to maintain patient flow through daily board rounds to review patients' needs and agree discharge plans. There have been a higher number of patients whose discharge has been delayed in East Kent since Christmas. There are ongoing discussions with partners to resolve this and KCHFT

is currently working with a company, CHS, to support those patients who are self-funding a placement or package of care.

Last week there was been greater pressure on the beds and higher bed occupancy. Both East and West Kent have access to independent sector spot purchased beds and our teams are working to place patients in the most effective environment to meet their needs.

Up until 20 January there has been no requirement for additional escalation beds but with the expectation of a rise in demand towards the end of the month, 6 escalation beds in East Kent will be opened in the week commencing 21 January.

Infection control outbreaks:

There have been three outbreaks since the beginning of December. Outbreak precautions were agreed with the Infection Control Team and no unit closed to admissions

- Elizabeth Ward Deal Norovirus
- Goldsmid Ward, Tonbridge respiratory outbreak.
- Hawkhurst Hospital, respiratory outbreak

New models of service to support acute trusts to assess and discharge patients

As part of winter planning and the development of local care initiatives, new schemes in both East and West Kent were agreed at the end of last year. This section outlines the impact these schemes are having during a period of increased demand.

*West Kent*

Hospital at Home (Virtual Ward)

The new model of care enables patients to leave the acute hospital as soon as they are clinically stable and complete the remainder of their acute pathway at home remaining under the care of the Consultant.

The new service started in November 2018 with the clinical coordinators working within the acute trust to develop the initial pathway of care for patients with cellulitis. The first patients were accepted on to the service at the end of November.

Performance as of 21 January:

| | |
|---|---|
| Number of patients through the scheme | 38 |
| Bed days saved | 205 |
| Average length of stay of patients on service | 7 days |
| Treatment / Intervention | 67% IV antibiotics |

The service is not yet achieving the target of 30 patients at any one time but is continuing to increase number of referrals

*East Kent*

Rapid transfer service:

There is an ongoing focus on improving discharges from EKUHFT. This service is formed of the following parts:

- Rapid Transfer of Care team based in the acute hospital sites. The teams are now in place to identify complex patients and facilitate their discharge. There is a target of 245 complex discharges per week. Performance is improving as the service becomes more established as follows:

| Week Beginning: | Total |
|---|---|
| 26/11 | 144 (58%) |
| 3/12 | 171 (69%) |
| 10/12 | 136 (55%) |
| 17/12 | 189 (77%) |
| 24/12 | 153 (62%) |
| 31/12 | 170 (69%) |
| 7/1 | 199 (81%) |
| 14/1 | 221 (90%) |

The team are working closely with EKHUFT and KCC staff to increase the number of patients who are supported to leave the acute trust under the following pathways.

- Rapid transfer service home

  The current model is changing at the end of January with the remodelled service to be provided by the rapid response service with additional health care assistants in the teams. There has been a successful recruitment campaign with the new staff coming into post during January. Part of the service will be provided by domiciliary care agencies providing a domiciliary care plus model under contract with KCHFT. This will be in place by the end of the month.

- Rapid transfer of care bed based model

The bed based model within the independent sector has been remodelled to provide a block contract for 40 beds and the ability to spot purchase beds against individual patient needs. The service is for patients with complex needs who need a longer period of assessment outside of the acute trust. Between 18 December 2018 to 18 January 2019, 35 beds have been spot purchased with a further 21 patients currently under assessment.

The rapid transfer service has taken on management of both the contracted beds and the spot purchasing arrangements with the contract moving to KCHFT in April.

The service will deliver an increase in the number of patients discharged through a reduction in length of stay in the block contract beds and improved bed occupancy.

Alternatives to A&E

The winter edition of our Community Health Magazine promoted how to keep well in winter and alternatives to A&E including the KCHFT minor injury units. Activity is 6.3% higher in the units in December 2018 compared to December 2017.

Staff Health and Wellbeing

There is increased demand on all community services and the need for additional staff to support our substantive staff. All bank staff were directly contacted to ask if they were available for additional shifts in January and February and an incentive scheme agreed. It is too early at this point to measure its impact.

Staff flu campaign.

Staff flu vaccination uptake as of 21 January

| | |
|---|---|
| Patient Facing | 48% |
| Non Patient Facing | 54% |
| Grand Total | 50% |

The Chief Nurse has revised the plan and the team are now specifically targeting the groups who have the highest non-compliance rates.

## 4. Conclusion

The systems are expected to come under increased pressure over the coming weeks with colder weather forecast. The plans are under constant review both internally and within the whole system.

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

**Lesley Strong**
**Chief Operating Officer/Deputy Chief Executive**
**January 2019**

NHS
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NHS Foundation Trust

| | |
|---|---|
| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 3.1 |
| **Agenda Item Title:** | NHS Long Term Plan and Impact for Kent Community Health NHS Foundation Trust Report |
| **Presenting Officer:** | Gerard Sammon, Director of Strategy |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Action - this paper is for:** | Decision | ☐ | Information | ☒ | Assurance | ☒ |

| **Report Summary** |
|---|
| This paper sets out a brief summary of The NHS Long Term Plan which was published earlier in the month. It goes onto provide an initial high level assessment of its impact on the Trust and our planned next steps. |

| **Proposals and /or Recommendations** |
|---|
| To note the report. |

| **Relevant Legislation and Source Documents** |
|---|
| |
| **Has an Equality Analysis (EA) been completed?** |
| No ☒<br>High level position described and no decisions required. |

| | |
|---|---|
| Gerard Sammon, Director of Strategy | Tel: 01622211938 |
| | Email: Gerard.sammon@nhs.net |

Kent Community Health
NHS Foundation Trust

# NHS LONG TERM PLAN

## 1. Introduction

1.1 This paper sets out a brief summary of *The NHS Long Term Plan* (the Plan) which was published earlier in the month. It goes onto provide an initial high level assessment of its impact on the Trust and our planned next steps.

1.2 A full copy of the Plan alongside a number of case studies can be found at: https://www.longtermplan.nhs.uk .

## 2. Background

2.1 The Plan sets out a strategy for the NHS for the next ten years. This follows on from last June's announcement by the Prime Minister of a £20.5bn annual real terms uplift for the NHS by 2023/24.

2.2 It is therefore a broad reaching and aspirational document which describes a new service model for the 21st Century and the continuation of a policy direction towards an Integrated Care System (ICS) architecture. There is greater emphasis on primary and community care, mental healthcare, prevention and tackling health inequalities.

2.3 Prominence is also placed on giving a strong start in life for children and young people and better care for major health conditions tackling causes of early death in areas such as heart disease and stroke, cancer, respiratory conditions, dementias, and self-harm.

2.4 The principles behind workforce reforms are also set out and so too are far reaching ambitions for the NHS in digital services and changes to the financial regime.

2.5 The Plan emphasises the importance of the NHS returning to sustainable financial balance and confirms a funding path containing an average increase of 3.4% a year over the next five years. It gives a new guarantee that during this same time period the investment in primary medical and community services will grow faster than the overall NHS budget to create a ring-fenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24.

## 3. Assessment

3.1 Much of what the Plan describes is not new, but a continuation of the direction set out in the 2014 Five Year Forward View with collaboration and integration as its touchstones. The organisation has already aligned to

the Plan's direction and continuity is welcomed as it is consistent with our current strategies and priorities and means the organisation is already well calibrated to make the best of the opportunities that it presents.

3.2 The Trust is uniquely placed in Kent to enable more joined-up care in the community and will have a key leadership role to play in ensuring that the greater investment and focus on community, primary care and mental health services is optimised.

3.3 We have already been co-creating better integrated and more collaborative care models for people and are actively involved in both partnering and providing leadership to local care and frailty services. As the Plan signals the further development of primary care networks and new funding models to back them can be supported by the Trust's scale and range of offerings, This will mean is has a key role to play in supporting their development and exploring innovations. It also endorses the current organisational priority of workforce which will be required to meet the ambitions of these new care models, and has already led to initiatives such as the establishment of our Nursing Academy.

3.4 The roll out of ICS's across the country by 2021, and the enhancements of the role of system working through the revised financial framework and in relation to commissioning structures, regulation and performance management is significant. As noted earlier, much of this direction is not new and so work is already underway in the Kent and Medway Sustainability and Transformation Partnership (STP) in making changes. The STP footprint is already aligned to how the Plan describes an ICS and CCG's are collaborating in strategic commissioning. The Trust will therefore continue to be fully engaged in shaping what they will look like.

3.5 Having previously embedded the prevention of ill health as part of its strategy and one of its four key goals the Trust is again well positioned to continue to take a key role with implementing this particular part of the Plan. The Trust's existing partnership with Kent County Council will continue to assist in making the move away from reactive to anticipatory care and active population health management.

3.6 The Trust had hitherto recognised that digital technology can transform how staff and people engage with services and make improvements in care co-ordination. Investment in technology to enable new ways of working has been one of the four key priorities for the Trust in 2018/19 and the Plan will assist in securing further investments against it at a system level.

3.7 The Clinical Commissioning Group (CCG) allocation formulae have been updated, making them more responsive to extremes of health inequalities and un-met need. Kent and Medway CCG cash uplifts for 2019/20 are 5.9% for core services and 6.8% for primary care The control total in 2019/20 for the Trust has been set at a £2.2m surplus (£3.1m in 2018-19)

supported by a £2.2m (£2.5m in 2018-19) Provider Sustainability Fund.

3.8 A number of key interdependencies for the success of the Plan remain to be addressed and are awaited in future publications. Notably, they include the national workforce implementation plan, along with training and education funding, capital investment, and a sustainable solution for social care funding.

## 4. Next steps

4.1 The Trust will continue to engage the organisation in sharing what the Plan means and the challenge will then turn to how the plan is implemented. The timing of its publication does give an opportunity for involvement to be had with the development of our 2019/20 priorities and operational plans. This is the start of engagement with local populations and Health Watch has been given a funding source to take that forward.

4.2 The Trust will be working closely with Kent and Medway STP about the future of its integrated care system and the changes it requires given its alignment to the development of an integrated care system.

4.3 We will also be working with the STP to engage in the development of the detailed national implementation programme which is required by the autumn. To support this planning, local health systems will receive five-year indicative financial allocations for 2012/20 to 2023/24, but will still be asked to produce local plans by Spring for implementing commitments in 2019/20 as it is being viewed as a transitional year.

**Gerard Sammon**
**Director of Strategy**
**January 2019**

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|---|---|
| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 4.1 |
| **Agenda Item Title:** | Learning from Deaths Report |
| **Presenting Officer:** | Dr Sarah Phillips, Medical Director |

| **Action - this paper is for:** | Decision | ☐ | Information | ☐ | Assurance | ☒ |
|---|---|---|---|---|---|---|

**Report Summary**

National guidance on learning from deaths requires Kent Community Health NHS Foundation Trust (KCHFT) to collect and publish mortality data and learning points quarterly via a paper to Quality Committee and Public Board. Guidance states this data should include the total number of the Trust's inpatient deaths and those deaths that the Trust has subjected to case record review. Of these deaths subjected to review, Trusts need to provide estimates of how many deaths were judged more likely than not to have been due to problems in care. The dashboard included has been based on national suggested format.

As the Board is aware, the KCHFT Mortality Review Policy was developed following the recommendations made by the National Guidance on Learning from Deaths (2017). Other national publications were also used to guide the content of the policy. The scope of reviews includes all community hospital inpatient deaths, any patients who die under our care with serious mental health needs and all patients with learning disability.

Since May 2018, mortality reviews of community hospital inpatient deaths have been conducted through a centralised process where the review team is made up of a doctor, a ward matron or other senior clinical staff member, a pharmacist, a quality lead and centralised administrative support. Members rotate on a monthly basis to maintain a degree of independence and this replaces the previous process of hospital multi-disciplinary team (MDT) teams being allocated deaths from another hospital for review. The new process allows for a more efficient way of reviewing deaths, feeding back learning to teams responsible for patient care and monitoring actions.

An internal process for reviewing deaths of patients with Learning Disabilities has been put in place alongside the LeDeR process for additional assurance, for best practice and to meet the Trust's ethical obligations. Learning from these reviews is taken to the Mortality Surveillance Group and will be included in this report.

As defined in the Policy, the Trust Board has overall responsibility for ensuring compliance with all legal and statutory duties, along with best practice including having an overview of the mortality review process and knowledge of the learning that emerges from the reviews that drive improvements in care. The focus of Trust mortality review is on meaningful learning and sharing ways to improve care.

| Proposals and /or Recommendations |
| --- |
| For assurance. |

| Relevant Legislation and Source Documents |
| --- |
| |
| **Has an Equality Analysis (EA) been completed?** |
| No ☒<br>High level position described and no decisions required. |

| | |
| --- | --- |
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Kent Community Health
NHS Foundation Trust

**LEARNING FROM DEATHS REPORT**
**Themes from Mortality Reviews (October to December 2018)**

## 1. Introduction

1.1 National guidance on learning from deaths requires KCHFT to collect and publish mortality data quarterly via a paper to the Quality Committee and Public Board. The quarterly report must include mortality data and learning points. Guidance states this data should include the total number of the Trust's inpatient deaths and those deaths that the Trust has subjected to case record review. Of these deaths subjected to review, Trusts need to provide estimates of how many deaths were judged more likely than not to have been due to problems in care.

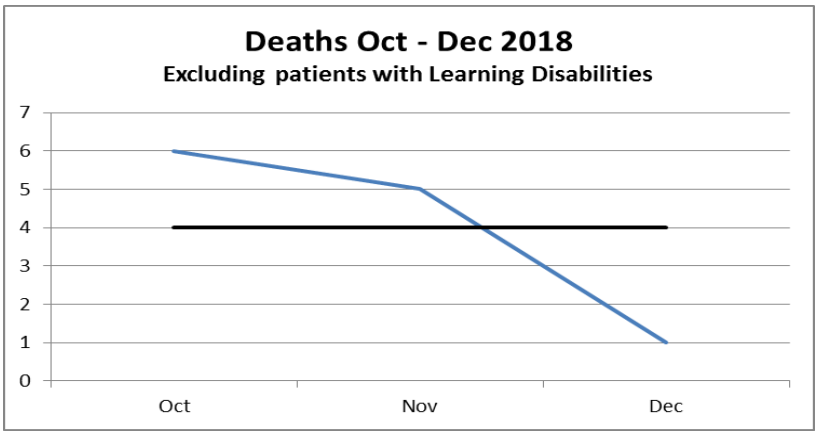
## 2. December Dashboard

2.1 The dashboard below has been based on national suggested format and refers to deaths in community hospitals.

| **Total Number of Deaths in Scope** | | | **Total Deaths Reviewed** | | | **Number of deaths judged to be more likely than not due to problems in healthcare** | |
|---|---|---|---|---|---|---|---|
| **This Month** | | **Last Month** | **This Month** | | **Last Month** | **This Month** | **Last Month** |
| 1 | | 4 | 2* | | 8 | 0 | 0 |
| **This Quarter (QTD)** | | **Last Quarter** | **This Quarter (QTD)** | | **Last Quarter** | **This Quarter (QTD)** | **Last Quarter** |
| 12 | | 14 | 12 | | 15 | 0 | 0 |
| **This Year (YTD)** | | **Last Year** | **This Year (YTD)** | | **Last Year** | **This Year (YTD)** | **Last Year** |
| 65 | | 22 | 58 | | 22 | 0 | 0 |

**Deaths reviewed in a given calendar month can exceed the number of deaths reported that month because the figure includes deaths which took place in the previous month, but have fallen into the next month for review.*

2.2 The graph below shows the number of deaths per month this quarter along with the average.




3. **Themes from Mortality Reviews**

3.1 The table below outlines the three most common key themes around good practice and areas for improvement which have emerged from Mortality Reviews this quarter.

3.2 All areas of good practice and areas for learning are reported at the monthly matrons' meetings in the East and West and wider dissemination to all ward staff is encouraged. These are also reviewed in the monthly Mortality Surveillance Group (MSG).

3.3 The three most common themes in good practice emerging this quarter, aligned to the Five Priorities for Care of the Dying Person:

- Good evidence of communication with family and documentation of patient's religious wishes, demonstrating person-centred, holistic care ***(Communicate, Support and Involve)***
- Thorough documentation of consent ***(Communicate, Involve)***
- Anticipatory medicines in place early ***(Recognise, Plan & Do)***

3.4 The three most common themes in areas for improvement emerging this quarter, and actions to take forward.

| Themes | Comments/Actions |
|---|---|
| **Transfers of Care**<br><br>There is often a lack of handover or SBAR from the acute trust. | Transfer of Care issues are being reported on Datix and will be taken forward with the acute. A Task and Finish Group is planned for 1st February to discuss next steps. |
| **Documentation**<br><br>a) Personalised Care Plans<br>Personalised Care Plans could be more detailed and written plans do not appear to consistently translate into day-to-day action. | Feedback sent to Ward Matrons for dissemination to teams. |

| Themes | Comments/Actions |
|---|---|
| b) Drug Charts<br>In some cases, two separate drug charts are used which could cause confusion, as the palliative care chart alone could be used. Some inconsistencies have also been identified, such as morphine sensitivity mentioned on a chart where morphine is prescribed and administered, but the routine medication chart annotates the morphine allergy as having no documented evidence. | This will be incorporated into training. Following the emergence in the previous quarter of themes around medications, the End of Life Nurse Consultant and Pharmacy had programmed updates at the December EOL Champions meetings and arranged two training sessions for community teams, with one to follow in January/February 2019. Further work is ongoing with pharmacists to highlight issues and training for next year. |
| **Recognition of End of Life**<br><br>In some cases, the dying patient could have been recognised earlier and Advance Care Plans completed sooner. While doctors may have identified patients at end of life early, documentation does not always evidence that the whole team is aware. | End of Life Nurse Consultants will be working to encourage earlier recognition of end of life. |

**Sarah Phillips**
**Medical Director**
**January 2019**

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NHS Foundation Trust

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|---|---|
| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 4.3 |
| **Agenda Item Title:** | Community Hospitals Safer Staffing Review |
| **Presenting Officer:** | Mercia Spare, Chief Nurse (Interim) |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Action - this paper is for:** | Decision | ☐ | Information | ☐ | Assurance | ☒ |

| **Report Summary** |
|---|
| The National Quality Board (2016) expects the Trust to ensure safe, effective, caring, responsive and well-led care on a sustainable basis, and that the Trust will employ the right staff with the right skills in the right place and at the right time. To demonstrate the Trusts commitment to the above requirement, a twice yearly assessment and evaluation is undertaken in all community hospital wards. This report details the findings of the safe staffing review completed during November 2018 for community hospitals. |

| **Proposals and /or Recommendations** |
|---|
| For the Board to note the report. |

| **Relevant Legislation and Source Documents** |
|---|
| |
| **Has an Equality Analysis (EA) been completed?** |
| No ☒<br>High level position described and no decisions required. The paper will have no impact on people with any of the nine protected characteristics |


| | |
|---|---|
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| | Email: s.mitchell13@nhs.net |

Kent Community Health
NHS Foundation Trust

**COMMUNITY HOSPITALS SAFER STAFFING REVIEW**

**December 2018**

## 1.0. Introduction

1.1. Patients have the right to be cared for by appropriately qualified and experienced clinical staff. The National Quality Board (2016) expects the Trust to ensure safe, effective, caring, responsive and well-led care on a sustainable basis, and that the Trust will employ the right staff with the right skills in the right place and at the right time. It is expected that safe staffing reviews will be reported to a Public Board twice a year, and the Board last received a review in July 2018 with data relating to January to May 2018.

1.2. To demonstrate the Trusts commitment to the above requirement, a twice yearly assessment and evaluation is undertaken in all community hospital wards. In addition to this, staffing levels are monitored daily with the option to request additional short term resource, should the acuity and dependency of patients on the ward increase. Fill rates are reported to Board monthly.

1.3. KCHFT Board is committed to ensuring safe staffing in all services. As the Community Hospitals are essentially nurse led, and are isolated units, the Board has committed to ensuring the safety of patients by having no less than 2 Registered Nurses (RN) on any given shift. In recognition that rehabilitation patients require a higher level of the key fundamentals of care, it is considered appropriate to have a higher skill mix of Health Care Assistants (HCA) to registered nurses than would be the case in an acute ward. This is monitored and reported to Board monthly by the Chief Nurse. It is recognised that in addition to nursing care the wards provide rehabilitation which is delivered by Physiotherapists, Occupational Therapists and Therapy Assistants and therefore it has been recognised nationally that staffing levels for Therapy staff should be included in the Safer Staffing Review (Care Hours per Patient Day (CHPPD):Guidance for Mental Health and Community Trusts, NHS Improvement, October 2018).

1.4. The Ward Matron is not included in the staffing numbers and is supervisory, allowing time for management and leadership duties to be undertaken, as well as mentoring and supporting of staff.

## 2.0. Background

2.1. An accurate calculation of staffing levels to provide safe care is a crucial part of the planning of clinical care. Therefore the Trust has developed a methodology for undertaking the assessment that reflects the principles of work undertaken nationally

related to calculating safer staffing levels (Safer Nursing Care Tool 2013, NICE SG1, July 2014, Nurse Staffing Levels, Wales 2016). The principles remain the same in that the three elements of patient acuity, quality indicators, and professional judgement, as pictured in the below diagram, are considered independently and form the basis on which to make an informed judgement regarding safe staffing levels.


2.2. KCHFT is commissioned to provide rehabilitation inpatient care and the wards predominantly care for older patients. It is well recognised that older patients often have complex care needs and may have significant levels of dependency, and wards therefore require a workforce with time to deliver appropriate care in a dignified manner.

2.3. This review process has previously only taken account of nursing staff, registered nurses, assistant practitioners and health care assistants. This audit has included the ward based physiotherapists and occupational therapists, including therapy assistants.

2.4. The last review in May 2018 determined that, overall the acuity of the patients has reduced slightly in the east and has increased in the west. This was mainly due to the number of patients being admitted with cognitive impairment. It found that the therapeutic workers, where in place were working very well. Some wards were maximising the support of volunteers with good effect. Quality and safety metrics remained very positive with an improving picture in reduction of harms for patients and a very positive patient experience.

## 3.0. Methodology of review

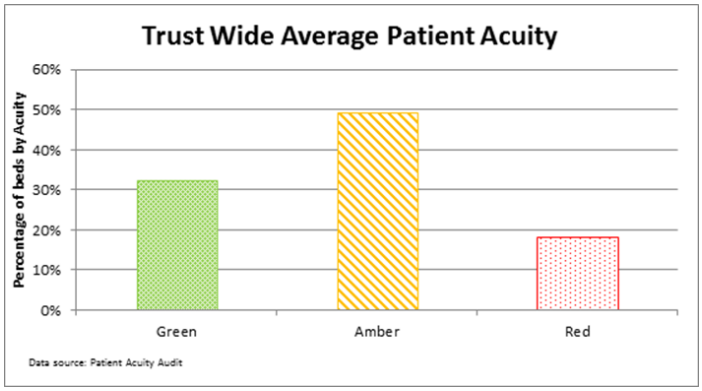
3.1. All wards returned 21 days of data as required for accurate completion of the audit during November 2018. The audit focused on the acuity/dependency of the patients with an allocation of a Red/Amber/Green rating to each bed, as described in appendix 2. A review meeting was held with the ward matrons and therapy leads and the findings were analysed and triangulated with six months of quality data for the period of June to November 2018.

The data focused on:

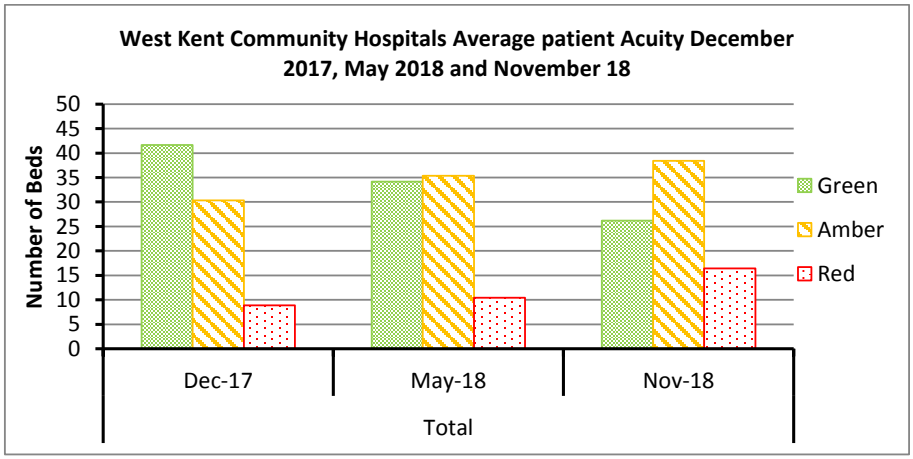
- The quality indicators of avoidable falls, medication incidents, avoidable pressure harms and serious incidents.
- Patient experience feedback and complaints.
- Professional opinion of the Matron, including any relevant information.

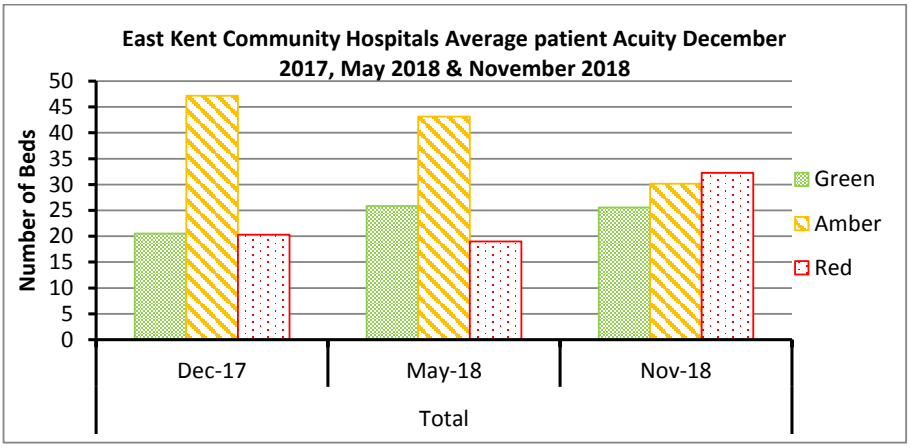
## 4.0. Summary of findings – Acuity and Dependency

4.1. The data demonstrates that over the period June to November 2018, 50% of the patients cared for in KCHFT wards had moderate care needs (denoted below in amber), which is to be expected in patients who are rehabilitating and just over 30% were fairly self-caring as they prepare for discharge (denoted in green). It is of note that almost 20% of patients were significantly dependant requiring high levels of support and nursing care (denoted below in red).

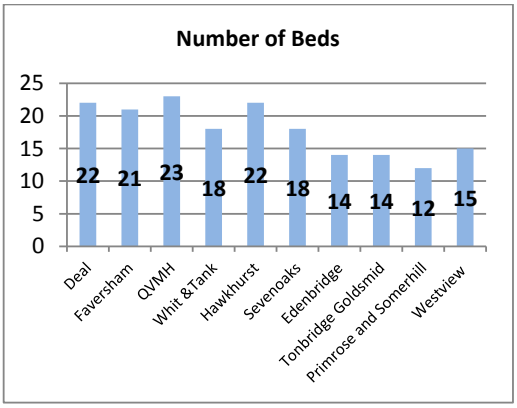


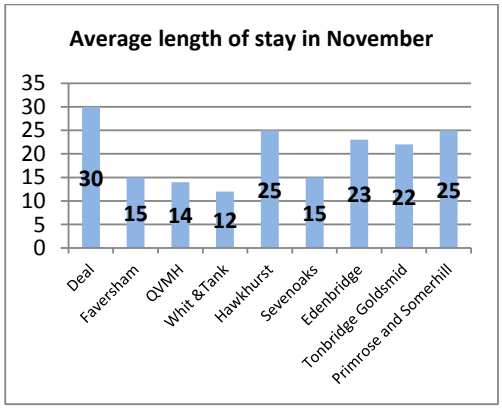

4.2. In the tables below the data has been split by East and West. In the West the green category has reduced and both the amber and red category has increased indicating an increase in acuity and dependency since the previous audit which also saw an increase. In the East the green category has increased, amber category has reduced but there has been a significant increase in red category which is mostly at Deal.



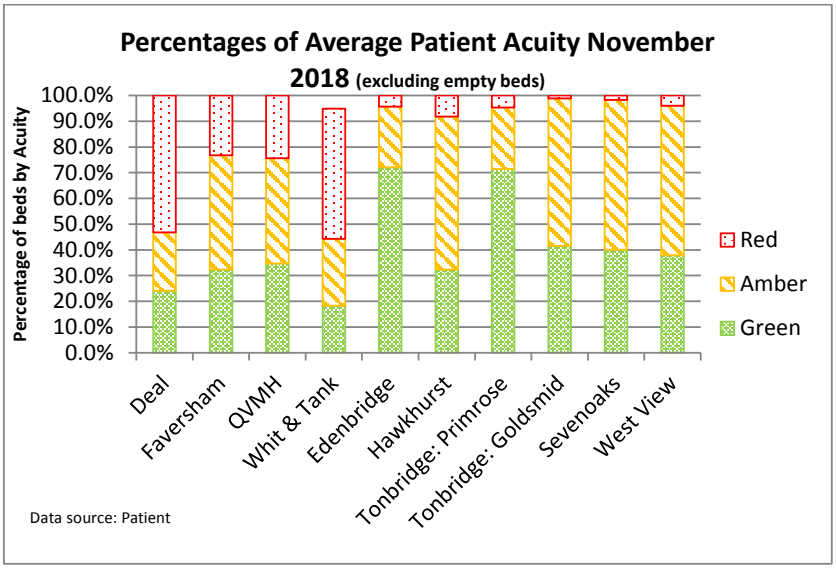



4.3. The below tables demonstrates the number of beds for each ward and also the average length of stay for a patient during November. At the time of the audit Faversham had 4 of its 25 beds closed. Each admission and discharge creates demand on registered nursing and therapy resource which has a greater impact on those hospitals with shorter stays



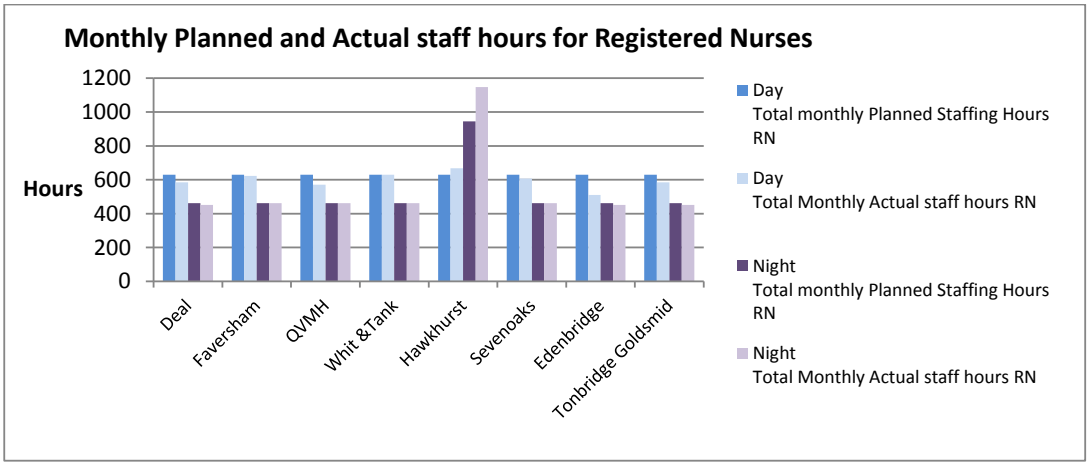




4.4. The below chart demonstrates acuity and dependency weighted by beds. The wards with the highest dependency weighted by beds are Deal and Whit & Tank. Notably Whit & Tank also having the shortest stay patients and a relatively high number of beds. Most wards have at least one third of patients who are in the green category and would be fairly self-caring, the exceptions to this are Deal and Whit & Tank. A data comparison chart of audit data from November and May is detailed at Appendix 1.

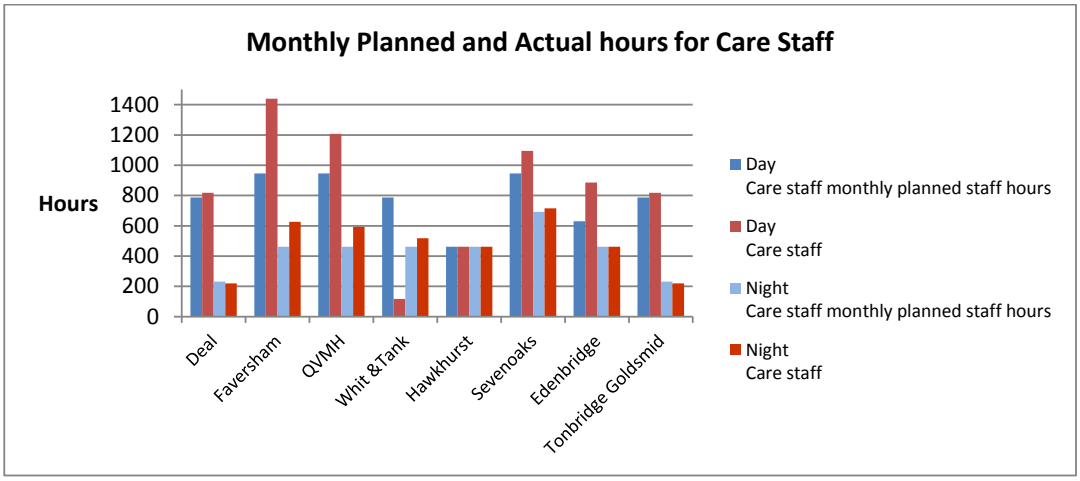



## 5.0 Summary of Findings – Staffing

5.1 The tables below outlines the planned nursing staffing hours and the actual nursing staffing hours, this has been broken down further into day and night. Tonbridge – Primrose ward has not been included in this analysis as it is a Therapy Lead unit. Monthly planned and actual staffing is relatively consistent with the exception of Hawkhurst night having more actual staff than planned. Deal, QVMH, Sevenoaks, Edenbridge and Tonbridge Goldsmid all have lower actual staffing than planned due to sickness and vacancies. Staffing data for Westview was not being collected at the time of the audit.

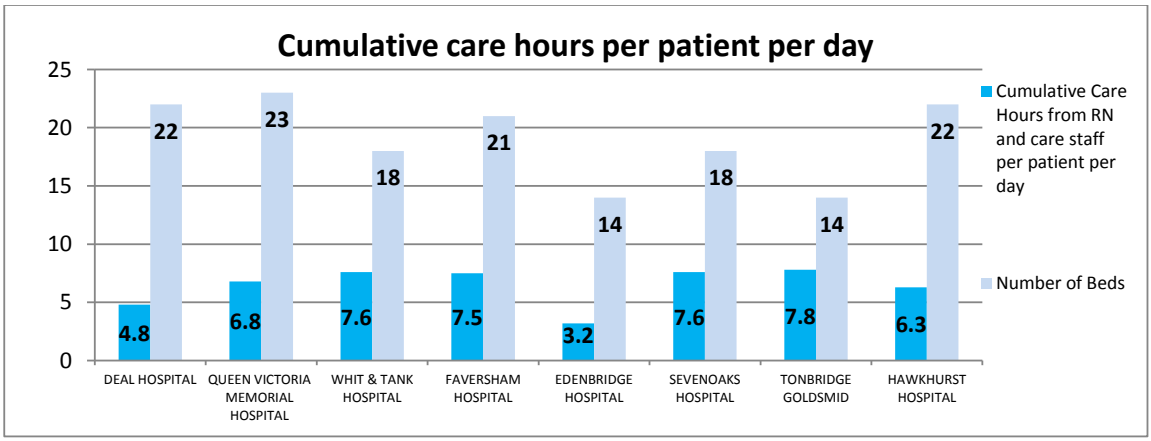



5.2 In several wards there is more actual care staff than planned to assist with personal care, as detailed below.




## 6.0. Summary of findings - Care Hours Per Patient Per Day

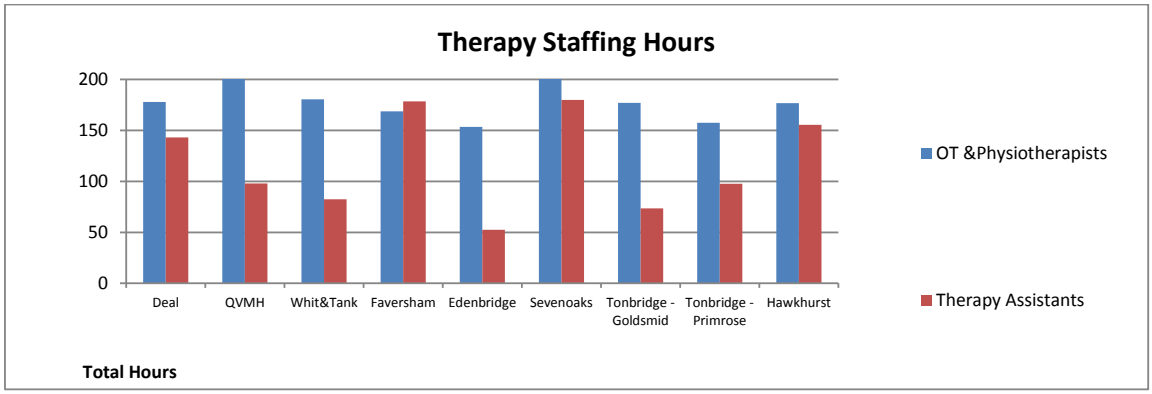
6.1. The charts below highlight the number of care hours provided for patients per day by both care staff and registered nurses. Of note, Deal has low care hours per day when considered alongside the acuity and dependency weighted by bed which is noted as being high. Additionally, Edenbridge have low care hours per patient per day. Low care hours per patient per day may pose a risk to patient safety.

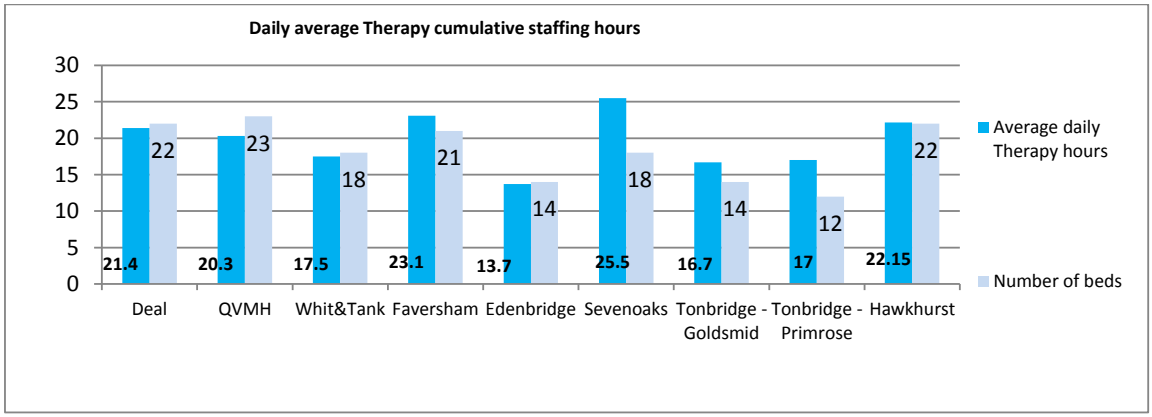



## 7.0 Summary of findings – Therapy Staff

7.1 Therapy staffing hours have been collected over the three week period for qualified therapy staff and for assistants as detailed in the first chart below. During the audit there were some staff vacancies which are detailed in the Professional Opinion section below and have affected the therapy staffing hours particularly for Edenbridge, Tonbridge, and Whit &Tank and QVMH. Daily average therapy cumulative staffing hours are also detailed in the second chart. This is the first time the Trust has collected data in this way and therefore it is difficult to conclusions at this point. Therapists do not work to the same

establishment template as registered and non-registered nurses at this current time, therefore data such as care hours per patient per day could not be determined.




## 8.0 Summary of Findings - Patient Safety Metrics

8.1 The chart on page 10 triangulates staffing with quality indicators which include incidents, complaints and patient feedback during two data periods; Column 1: December 2017 to May 2018 and Column 2: June to November 2018. The narrative below is a summary of the data.

## 8.2 Faversham

8.2.1 Faversham currently has 21 beds open. The average length of stay is 15 days. 78% of the patients are reported as having dementia or cognitive impairment, however, acuity and dependency of patients is consistent with the same period last year. Registered nurse fill rate is 98% during the day and 100% at night with unregistered staff being over planned for both day and night. The daily average of therapy input is 23 hours. The vacancy rate is high at 23.64 vacancies and agency use is 21% of the pay bill. Cumulative care hours per patient per day are 7.5. There has been a reduction over the period in avoidable medication incidents; however, one of those was raised as a Serious Incident when a patient was not administered anti-epileptic medication. There have been 6 complaints over the previous 12 months which is higher than the other community

hospitals. Friends and Family Test scores and overall patient satisfaction scores remain high with a minimal drop since the previous reporting period.

**8.3 Deal**

8.3.1 Deal currently has 22 beds open. The average length of stay is 30 days. High levels (88%) of the patients are reported as having dementia or cognitive impairment; however, whilst the number of patients who are fairly self-caring remains consistent and those with moderate care needs have reduced, the highly dependent patients have significantly increased. When weighted by beds, Deal has the highest levels of acuity and dependency across all the Community Hospitals. Registered nurse fill rate is 92.9% during the day and 97.6% at night with unregistered staff being over planned for day (103.8%) and under at night 95.2%. The daily average of therapy input is 21.4 hours. The vacancy rate is 14.94 and agency use is 21% of the pay bill. Cumulative care hours per patient per day are low at 4.8. There has been an increase in avoidable medication incidents since the same period last year, however there have been no serious incidents. Patient complaints have reduced. Friends and Family Test remain high with a slight reduction on the previous period. Overall satisfaction scores have improved.

**8.4 QVMH**

8.4.1 QVMH currently has 23 beds open. The average length of stay is 14 days. 74% of the patients are reported as having dementia or cognitive impairment. Acuity and dependency remains consistent. Registered nurse fill rate is 90.5% during the day and 100% at night with unregistered staff being over planned for both day and night. The daily average of therapy input is 20.3 hours. The vacancy rate is 14.39 and agency use is 20% of the pay bill. Cumulative care hours per patient per day are 6.8. All quality metrics remain consistently good with a slight reduction in the Friends and Family Test score.

**8.5 Whit & Tank**

**8.5.1** Whit & Tank currently has 18 beds open. The average length of stay is 12 days so has a higher turnover of patients than the other community hospitals. A lower number (35%) of the patients are reported as having dementia or cognitive impairment. Acuity and dependency remains consistent, but when weighted by beds are also high in comparison with all other hospitals other than Deal. Registered nurse fill rate is 100% during both day and night with unregistered staff being over planned for both day and night. The daily average of therapy input is 17.5 hours. The vacancy rate is low at 4.25 and and agency use is also low at 12% of the pay bill. Cumulative care hours per patient per day are high at 7.6. All quality metrics remain consistently good with a reduction in avoidable medication incidents and high patient experience scores.

**8.6 Sevenoaks**

8.6.1 Sevenoaks currently has 18 beds open. The average length of stay is 15 days. 79% of the patients are reported as having dementia or cognitive impairment. Patients with moderate care needs have increased and those with high dependency have significantly

decreased. When weighted by beds acuity and dependency is low in comparison with the other hospitals. Registered nurse fill rate is 96.4%% during the day and 100% at night with unregistered staff being over planned for both day and night. The daily average of therapy input is high at 25.5 hours. The vacancy rate is high at 19.37 and agency use is 17% of the pay bill. Cumulative care hours per patient per day are high at 7.6. All quality metrics remain consistently good.

**8.7 Tonbridge – Goldsmid**

8.7.1 Tonbridge currently has 14 beds open. The average length of stay is 22 days. 48% of the patients are reported as having dementia or cognitive impairment. Acuity and dependency remains consistent and when weighted by beds acuity and dependency is low in comparison with the other hospitals. Registered nurse fill rate is 92.9%% during the day and 103.8% at night with unregistered staff being 97.6% during the day and 95.2% at night. The daily average of therapy input is 16.7 hours. The vacancy rate is high at 18.34 and agency use is high at 35% of the pay bill. Cumulative care hours per patient per day are high at 7.8. All quality metrics remain consistently good with a reduction in avoidable medication incidents.

**8.8 Tonbridge – Primrose**

8.8.1 While Primrose ward has no planned RN shifts because it is a therapy ward, they employed temporary staffing to provide nursing cover and so had 43 RN day shifts and 30 RN night shifts during November on e-roster. The unit and model of care is currently under review. Quality metrics remain good.

**8.9 Hawkhurst**

8.9.1 Hawkhurst currently has 22 beds open. The average length of stay is 25 days. High levels (86%) of the patients are reported as having dementia or cognitive impairment. Acuity and dependency remains consistent and when weighted by beds acuity and dependency is relatively low in comparison with the other hospitals. Actual staffing for Registered nurses is over planned with fill rate at 106%% during the day and 121% at night with unregistered staff being 100% during both day and night. The daily average of therapy input is 22.2 hours. The vacancy rate is high at 34.9 and agency use is also high at 29% of the pay bill. Cumulative care hours per patient per day are at 6.3. All quality metrics remain consistently good with a reduction in avoidable medication incidents.

**8.10 Edenbridge**

8.10.1 Edenbridge currently has 14 beds open. The average length of stay is 23 days. 71% of the patients are reported as having dementia or cognitive impairment. Acuity and dependency remains consistent and when weighted by beds acuity and dependency is low in comparison with the other hospitals. Registered nurse fill rate is very low at 81% during the day and 97.6% at night with unregistered staff being 97.6% during the day and 95.2% at night. The daily average of therapy input is also lower than the other hospitals

at 13.7 hours. The vacancy rate is high at 44.87 and agency use is high at 38% of the pay bill. Cumulative care hours per patient per day are the lowest across the community hospitals at 3.2. There were two serious incidents over the 12 months – both avoidable falls with fracture. However, other quality metrics remain good.

**8.11 Westview**

8.11.1 Westview currently has 15 beds open. Neither the average length of stay nor the percentage of patients reported as having dementia or cognitive impairment is recorded. Acuity and dependency remains consistent and when weighted by beds acuity and dependency is low in comparison with the other hospitals. Registered nurse fill rate is 90% during the day and 91.7% at night with unregistered staff being 63.6% during the day and 74.4% at night. There is no therapy data, cumulative care hours per patient per day or vacancy rate or agency use available. There were two serious incidents over the 12 months – both avoidable falls with fracture. Westview has not returned any patient feedback or received any complaints.

| November 2018 | | | | | Day | | | | | | Night | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Registered Nurses | | | Care Staff | | | Registered Nurses | | | Care Staff | | | | | |
| Hospital | Beds | Average Length of Stay | % Patients with Dementia or Cognitive Impairment | Cumulative care hours per patient per day | Total Monthly Planned Staff Hours | Total Monthly Actual Staff Hours | % Fill Rate | Total Monthly Planned Staff Hours | Total Monthly Actual Staff Hours | % Fill Rate | Total Monthly Planned Staff Hours | Total Monthly Actual Staff Hours | % Fill Rate | Total Monthly Planned Staff Hours | Total Monthly Actual Staff Hours | % Fill Rate | Vacancy Rate | Use of agency - % of pay bill | Daily average Therapy and Therapy Assistant hours |
| Faversham | 21 | 15 | 78% | 7.5 | 630 | 622.5 | 98.8% | 945 | 1440 | 152.4% | 462 | 462 | 100.0% | 462 | 627 | 135.70% | -23.64 | 21% | 23.1 |
| Deal | 22 | 30 | 88% | 4.8 | 630 | 585 | 92.9% | 787.5 | 817.5 | 103.8% | 462 | 451 | 97.6% | 231 | 220 | 95.2% | -14.94 | 21% | 21.4 |
| QVMH | 23 | 14 | 74% | 6.8 | 630 | 570 | 90.5% | 945 | 1207.5 | 127.8% | 462 | 462 | 100.0% | 462 | 594 | 128.6% | -14.39 | 20% | 20.3 |
| Whit & Tank | 18 | 12 | 35% | 7.6 | 630 | 630 | 100.0% | 787.5 | 1117.5 | 141.9% | 462 | 462 | 100.0% | 462 | 517 | 111.9% | -4.25 | 12% | 17.5 |
| Sevenoaks | 18 | 15 | 79% | 7.6 | 630 | 607.5 | 96.4% | 945 | 1095 | 115.9% | 462 | 462 | 100.0% | 693 | 715 | 103.2% | -19.37 | 17% | 25.5 |
| Tonbridge - Goldsmid | 14 | 22 | 48% | 7.8 | 630 | 585 | 92.9% | 787.5 | 817.5 | 103.8% | 462 | 451 | 97.6% | 231 | 220 | 95.2% | -18.34 | 35% | 16.7 |
| Tonbridge Primrose | 14 | 25 | | 7.8 | | | | | | | | | | | | | | | 17.0 |
| Hawkhurst | 22 | 25 | 86% | 6.3 | 630 | 667.5 | 106.0% | 462 | 462 | 100.0% | 945 | 1147.5 | 121.4% | 462 | 462 | 100% | -34.9 | 29% | 22.2 |
| Edenbridge | 14 | 23 | 71% | 3.2 | 630 | 510 | 81.0% | 630 | 885 | 140.5% | 462 | 451 | 97.6% | 462 | 462 | 100.0% | -44.87 | 38% | 13.7 |
| Westview | 15 | | | | 900.0 | 810 | 90.0% | 810 | 1140 | 63.6% | 660.0 | 605 | 91.7% | 990 | 737 | 74.4% | | | |

| Hospital | Avoidable Falls with Fracture | | Avoidable Medication Incidents | | Avoidable Pressure Ulcers | | Serious incidents | | Patient Complaints | | Friends & Family Test | | Overall Satisfaction Score | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Faversham | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 1 | 3 | 3 | 98% | 97.90% | 97.88% | 98.00% |
| Deal | 1 | 0 | 5 | 8 | 0 | 0 | 1 | 0 | 2 | 1 | 100% | 97.90% | 93.44% | 99.40% |
| QVMH | 0 | 0 | 6 | 7 | 0 | 0 | 0 | 0 | 1 | 1 | 100% | 95.50% | 87.58% | 88.80% |
| Whit & Tank | 0 | 0 | 11 | 4 | 0 | 1 | 0 | 0 | 0 | 2 | 97.0% | 100.0% | 94.7% | 93.5% |
| Sevenoaks | 0 | 0 | 14 | 9 | 0 | 0 | 0 | 0 | 1 | 0 | 93.7% | 90.5% | 90.5% | 89.5% |
| Tonbridge - Goldsmid | 0 | 0 | 14 | 7 | 0 | 0 | 0 | 0 | 2 | 1 | 100.0% | 100.0% | 95.6% | 91.9% |
| Tonbridge Primrose | 0 | 0 | 11 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 96.1% | 100.0% | 89.4% | 92.3% |
| Hawkhurst | 0 | 0 | 9 | 3 | 0 | 0 | 0 | 0 | 1 | 1 | 98.3% | 94.2% | 91.1% | 89.4% |
| Edenbridge | 1 | 1 | 5 | 2 | 0 | 0 | 1 | 1 | 1 | 0 | 98.1% | 94.2% | 97.6% | 97.7% |
| Westview | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | N/A | N/A | N/A | N/A |

## 9.0 The professional opinion of the Ward Matrons and Therapy Staff

9.1. A number of common themes were expressed by the matrons and therapy staff during the review meetings.

9.2. Evaluation of the tool suggested that further improvements could be made for ease of use and staff would benefit by receiving training on the tool.

9.3. Registered nurses felt they had little time to spend with patients due to high volume of paperwork and discharge planning.

9.4. Short average length of stays impact on resources due to the amount of admission and discharge processes.

9.5. Where workforce is an issue, morning shifts are particularly challenging.

9.6. High reliance on agency staff has the potential to impact the capacity of substantive staff as agency staff are sometimes unfamiliar with the ward and processes and do not have access to systems.

9.7. The model for some therapy teams where they share resources across the three hospitals provides challenges to maintain flexibility especially taken into account sickness, annual leave and vacancies.

## 10.0. Conclusion

10.1. The safer staffing review has applied a methodology to identify the right numbers of staff required for the delivery of safe, quality care in the community hospital inpatient wards. The review takes into account levels of staffing and a wide range of factors including the type of ward, professional judgement from ward matrons and therapy leads, and quality and safety metrics.

10.2. The majority of wards actual registered nurse rota fill is less than planned during the day with the exception of Whit & Tank at 100% and Hawkhurst being overfilled at 106%.

10.3. Three of the wards night fill rate for registered nurses is at 100%. A further 3 are over 90% and only Hawkhurst is over planned registered nurse fill at 121.4%.

10.4. Additionally the majority of wards are also using more care staff than planned the day with the exception of Hawkhurst at 100% and Westview being 63.6%.

10.5. Care staff is over planned for most hospitals at night with the exception of Hawkhurst and Edenbridge at 100% and Westview being 74.4%.

10.6. Those hospitals with low cumulative care hours per patient per day require further investigation and benchmarking with peer organisations.

10.7. With regard to the therapy input to the ward, it is difficult to draw any conclusions as provision appears variable and individual patient input was not recorded as part of the audit.

10.8. Key safety and quality metrics for each hospital have remained stable between June and November 2018 indicating that the wards have provided safe care for patients.

**11.0. Recommendations**

11.1. The planned rotas for Registered Nurses and Care Staff should be reviewed for individual hospitals as there may be some opportunity for sharing staff across the wards.

11.2. Further investigation and benchmarking is required to understand the cumulative care hours per patient per day.

11.3. The therapy data recorded within this audit can be used to benchmark for the next audit; however, the methodology should be reviewed to ensure that individual patient rehabilitation is captured.

11.4. Admission criteria must be defined for each ward which is essential to ensure that the right patients are admitted in order to receiving the right care by the right staff.

**Mercia Spare**
**Chief Nurse (Interim)**
**January 2018**

**Appendix 1 Audit Results December 2018**

| Staffing Calculations December 18 | | | | | | |
|---|---|---|---|---|---|---|
| Ward | Beds (Nov18) | Audit results Nov 17 | Audit results May 18 | Audit results Nov 18 | Supervisory time B7 | Planned Staffing |
| Deal | 22 | 4 | 8 | 5 | 1 | Early: 2RN + 2AP + 3HCA |
| | | 14 | 9 | 5 | | Late: 2RN + 1AP + 2HCA |
| | | 4 | 5 | 12 | | Night: 2RN + 2HCA |
| Faversham | 21 (Previously 25) | 8 | 0 | 7 | 1 | Early: 2RN + 2AP + 3HCA |
| | | 13 | 14 | 9 | | Late: 2RN + 1AP + 2HCA |
| | | 4 | 11 | 5 | | Night: 2RN + 2HCA |
| QVMH | 23 | 5 | 10 | 8 | 1 | Early: 2RN + 4AP/HCA |
| | | 14 | 13 | 9 | | Late: 2RN + 1AP + 2HCA |
| | | 4 | 0 | 6 | | Night: 2RN + 2HCA |
| Whit & Tank | 18 | 4 | 7 | 4 | 1 | Early: 2RN + 1AP + 2HCA |
| | | 6 | 8 | 5 | | Late: 2RN + 1AP + 2HCA |
| | | 8 | 3 | 9 | | Night: 2RN + 2HCA |
| Hawkhurst | 22 | 7 | 2 | 7 | 1 | Early: 2RN + 1AP + 3HCA |
| | | 12 | 17 | 13 | | Late: 2RN + 1AP + 2HCA |
| | | 3 | 3 | 2 | | Night: 2RN + 2HCA |
| Sevenoaks | 19 | 11 | 2 | 8 | 1 | Early: 2RN + 1AP + 3HCA |
| | | 7 | 5 | 11 | | Late: 2RN + 3HCA |
| | | 1 | 12 | 0 | | Night: 2RN + 3HCA |
| Edenbridge | 14 | 7 | 7 | 8 | 1 | Early: 2RN + 1AP + 2HCA |
| | | 5 | 6 | 5 | | Late: 2RN + 2HCA |
| | | 2 | 1 | 1 | | Night: 2RN + 2HCA |
| Tonbridge: Goldsmid | 14 | 8 | 6 | 5 | 1 | Early: 2RN + 1AP + 2HCA |
| | | 5 | 7 | 5 | | Late: 2RN + 2HCA |
| | | 1 | 1 | 4 | | Night: 2RN + 1HCA |
| Primrose and Sommerhill | 12 | 9 | 8 | 8 | 1 | Early: 1AP + 2HCA |
| | | 1 | 3 | 3 | | Late: 1AP + 2HCA |
| | | 2 | 1 | 1 | | Night: 2HCA |
| West View | 15 (Previously 20) | 11 | 8 | 10 | 1 | Early: 2RN + 3AP + 3Carers |
| | | 8 | 12 | 5 | | Late: 2RN + 3HCA + 2careers |
| | | 1 | 0 | 0 | | Night: 2RN + 3HCA + 2careers |

**Appendix 2**

**Green**

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

**Amber**

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

**Red**

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

**Appendix 4 - References**

Nurse Staffing Levels (Wales) Act 2016 (2016) Statutory Guidance Welsh Government

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

Five Year Forward View (2014) NHSE

Health and Social Care Act (2012) UK Parliament

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

NHS Constitution for England (2013) Department of Health

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

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

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

Care Hours per Patient Day (CHPPD):Guidance for Mental Health and Community Trusts, NHS Improvement, October 2018

NHS
Kent Community Health
NHS Foundation Trust

| | |
|---|---|
| **Committee / Meeting Title:** | Board Meeting - Part 1 (Public) |
| **Date of Meeting:** | 31 January 2019 |
| **Agenda Number:** | 4.4 |
| **Agenda Item Title:** | Minutes of the Charitable Funds Committee Meeting of 25 July 2018 |
| **Presenting Officer:** | Richard Field, Deputy Chair of Charitable Funds Committee |

| **Action - this paper is for:** | Decision | ☐ | Information | ☐ | Assurance | ☒ |
|---|---|---|---|---|---|---|

| **Report Summary** |
|---|
| The paper presents the confirmed Minutes of the Charitable Funds Committee meeting of 25 July 2018. |

| **Proposals and /or Recommendations** |
|---|
| The Board is asked receive the confirmed minutes. |

| **Relevant Legislation and Source Documents** |
|---|
| |
| **Has an Equality Analysis (EA) been completed?** |
| No ☒<br>High level position described and no decisions required. The paper will have no impact on people with any of the nine protected characteristics |

| | |
|---|---|
| Jen Tippin, Non-Executive Director | Tel: 01622 211906 |
| | Email: |

Kent Community Health
NHS Foundation Trust

**CONFIRMED Minutes of the Charitable Funds Committee held on Wednesday 25 July 2018 in The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Maidstone Kent ME16 9NT**

**Present:** Jennifer Tippin, Non-Executive Director (Chair)
Carol Coleman, Public Governor, Dover and Deal
Peter Conway, Non-Executive Director
Richard Field, Interim Trust Chair
Steve Howe, Non-Executive Director
Jane Kendal, Community Services Director, East Kent
Fay Sinclair, Head of Communications
Bridget Skelton, Non-Executive Director
Carl Williams, Head of Financial Accounting

**In Attendance:** Gina Baines, Committee Secretary/Assistant Trust Secretary (note-taker)

**022/18 Introduction by Chair**

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

**023/18 Apologies for Absence**

Apologies were received from Jo Bing, Assistant Financial Accountant; Victoria Cover, Head of Clinical Services Urgent Care And Hospitals; Gordon Flack, Director of Finance; Neil Sherwood, Convenor Staffside; Lesley Strong, Chief Operating Officer/ Deputy Chief Executive; Jane Thackwray, Strategic Delivery Manager and Jo Treharne, Head of Marketing.

The meeting was quorate.

**024/18 Declarations of Interest**

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

**025/18 Minutes and Matters Arising from the Meeting of 27 April 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 – An article would appear in the autumn edition of Community Health. Action open.

All other open actions were closed.

The Matters Arising Table was **AGREED.**

**026/18 Relevant Feedback from Other Committees**

Finance, Business and Investment Committee

Bridget Skelton highlighted that there were budgets available to enhance the environment of the community hospitals and suggested that the Committee should consider how it could support this.

**027/18 Marketing the Charitable Funds Report**

Fay Sinclair presented the report to the Committee for assurance.

In response to a question from Richard Field regarding how the fund could raise awareness of its activities amongst the membership of the Trust and appeal to them to support fund-raising activities, Fay Sinclair confirmed that the database would be used to support this and in line with the new General Data Protection Regulation (GDPR).

With regards to raising awareness of legacy-giving at the Trust's Annual General Meeting, Carol Coleman suggested that it would be more appropriate to change this to general awareness-raising of the charity instead.

In response to a question from Jen Tippin regarding whether the target for donations to the general fund was too ambitious, it was agreed that the process for collecting donations when they came into the community hospitals would be reviewed with the aim of improving it.
**Action** – Fay Sinclair on behalf of Jo Treharne

In response to a question from Jen Tippin regarding the cost of the 2018 Staff Awards, Fay Sinclair confirmed that it was similar to previous years, with the Charitable Funds and the Trust funding a proportion.

The Committee **APPROVED** the marketing objectives for 2018/19 as set out in the report.

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

**028/18 Restricted/Unrestricted Funds Financial Update Quarter One**

Carl Williams presented the report to the Committee for assurance.

With regards to the £20k of requested spend which had not yet been processed, this had been reviewed the previous week and £8k had been redirected to Trust budgets. There was no further news on the Mermikides Heron Ward Restricted Fund and it was suggested that a presentation be given at the November 2018 Committee meeting.
**Action** – Jane Kendal on behalf of Lesley Strong

The draft 2017/18 Accounts and Report would be presented at the November 2018 meeting for comment and the final version would be presented at the January 2019 meeting for approval.

In response to a question from Jen Tippin regarding the plans to spend the Mermikides Heron Ward Restricted Fund, Jane Kendal explained why there had been a delay in spending the fund. She confirmed that plans were in place and Phase Two of the project which would utilise the Charitable funds was scheduled to begin in Spring 2019.

With regards to the Sensory Room Appeal, Jen Tippin suggested that the remaining money should be used to buy toys to close down the fund.

It was agreed that a presentation on the Bow Road Restricted Fund would be made at the November 2018 Committee meeting.
**Action** – Victoria Cover

The Committee **NOTED** the Restricted/Unrestricted Funds Financial Update Quarter One

**029/18 Committee Effectiveness Review**

Jen Tippin presented the report to the Committee for approval.

It was agreed that a presentation from the fund managers would be a standing item on the agenda.

In response to a comment from Jen Tippin that 'i care' might not have been as successful in fundraising as had been expected, Fay Sinclair commented that charities did take time to embed and required continuous actions if they were to succeed. She recognised that more could be done and suggested that it was too early to say whether the charity had been successful or not. The Committee agreed that the charity had been more proactive than

previously and had been taking a different approach towards fund-raising. It was agreed that a further review would be undertaken in July 2019 to assess how well it had worked.
**Action** – Fay Sinclair on behalf of Jo Treharne

In response to a comment from Jane Kendal that the digital presence of the charity could be strengthened, it was agreed this would be addressed.
**Action** – Fay Sinclair on behalf of Jo Treharne

The Committee **NOTED** the Committee Effectiveness Review.

**030/18 Forward Plan**

Jen Tippin presented the report to the Committee for approval.

The agenda items for November and January were agreed.

In response to a question from Carol Coleman regarding whether there was a target set for spending from the unrestricted funds at each of the hospitals, Jen Tippin suggested that a spending plan to address their environments would be helpful. Carol Coleman indicated that the external environment of those hospitals managed by NHS Property Services (NHSPS) needed to be addressed and it was suggested that this should be raised with Natalie Davies, Corporate Services Director. She in turn would be able to raise this with NHSPS. One off items could be considered by the Committee.

In response to a question from Peter Conway regarding whether the Audit and Risk Committee could receive the Charitable Funds Annual Report and Accounts, Carl Williams confirmed that the rules required for this to remain with the Charitable Funds Committee.

In response to a question from Richard Field regarding how the Committee could keep abreast with developments in charitable funding, Carl Williams confirmed that he and Jo Bing monitored the briefings that were received by the Trust. It was agreed to bring an annual assurance report in January 2018 that set out any changes which had been advised by relevant bodies and to confirm that they had been noted by the Trust. This would then be included in the Committee's Annual Report to the Board in May 2019.
**Action** – Jo Bing

It was agreed to update the Forward Plan.
**Action** – Gina Baines

The Committee **APPROVED** the Forward Plan.

**031/18 Any Other Business**

There was no other business.

The meeting ended at 1.07pm.

**032/18 Date and time of next meeting**

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

NHS
Kent Community Health
NHS Foundation Trust

**Meeting of the Kent Community Health NHS Foundation Trust Board to be held at 10am on Thursday 31 January 2019 in the Oak Room, Oakwood House, Oakwood Park, Maidstone ME16 8AE**

**This meeting will be held in Public**

## AGENDA

| | | | |
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| **1.** | **STANDARD ITEMS** | | |
| 1.1 | Introduction by Chair | Trust Chair | |
| 1.2 | To receive any Apologies for Absence | Trust Chair | |
| 1.3 | To receive any Declarations of Interest | Trust Chair | |
| 1.4 | To agree the Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 29 November 2018 | Trust Chair | |
| 1.5 | To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 29 November 2018 | Trust Chair | |
| 1.6 | To receive the Trust Chair's Report | Trust Chair | Verbal |
| 1.7 | To receive the Chief Executive's Report<br>• Care Quality Commission | Chief Executive | |
| **2.** | **BOARD ASSURANCE/APPROVAL** | | |
| 2.1 | To receive the Patient Story | Chief Nurse (Interim) | |
| 2.2 | To receive the Board Assurance Framework | Corporate Services Director | |

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| | **Board Committee Reports** | |
| 2.3 | To receive the Quality Committee Chair's Assurance Report | Chair of Quality Committee |
| 2.4 | To receive the Strategic Workforce Committee Chair's Assurance Report | Chair of Strategic Workforce Committee |
| 2.5 | To receive the Audit and Risk Committee Chair's Assurance Report | Chair of Audit and Risk Committee |
| 2.6 | To receive the Charitable Funds Committee Chair's Assurance Report | Deputy Chair of Charitable Funds Committee |
| 2.7 | To receive the Integrated Performance Report | |
| | • Assurance on Strategic Goals | Director of Finance |
| | • Quality | Chief Nurse (Interim) |
| | • Workforce | Director of Workforce, Organisational Development and Communications |
| | • Finance | Director of Finance |
| | • Operational | Chief Operating Officer/ Deputy Chief Executive |
| 2.8 | To receive the Trust Preparedness for Brexit Report | Corporate Services Director |
| 2.9 | To receive the Winter Pressures Update Report | Chief Operating Officer/Deputy Chief Executive |
| **3.** | **STRATEGY AND PLANNING** | |
| 3.1 | To receive the NHS Long Term Plan and Impact for Kent Community Health NHS Foundation Trust Report | Director of Strategy |
| **4.** | **REPORTS TO THE BOARD** | |
| 4.1 | To receive the Learning From Deaths Report | Medical Director |

Kent Community Health
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| 4.2 | To receive the Freedom To Speak Up Report | Corporate Services Director |
| 4.3 | To receive the Community Hospitals Safer Staffing Review | Chief Nurse (Interim) |
| 4.4 | To receive the Minutes of the Charitable Funds Committee meeting of 25 July 2018 | Deputy Chair of Charitable Funds Committee |

**5. ANY OTHER BUSINESS**

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

**6. QUESTIONS FROM MEMBERS OF THE PUBLIC RELATING TO THE AGENDA**

**7. DATE AND VENUE OF NEXT MEETING**

**Thursday 28 March 2019**
**Rooms 6 and 7, Kent Community Health NHS Foundation Trust Offices, Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford, Kent TN25 4AZ**