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 23 May 2019

in

Rooms 6 and 7
Kent Community Health NHS Foundation Trust offices
Trinity House
110 – 120 Upper Pemberton, Ashford
Kent
TN25 4AZ

Kent Community Health
NHS Foundation Trust

Meeting of the Kent Community Health NHS Foundation Trust Board to be held at 10am on Thursday 23 May 2019 in the Rooms 6 and 7,Kent Community Health NHS Foundation Trust offices, Trinity House,110-120 Upper Pemberton, Ashford Kent TN25 4AZ

This meeting will be held in Public

AGENDA

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 28 March 2019	Trust Chair	Page 4
1.5	To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 28 March 2019	Trust Chair	Page 15
1.6	To receive the Trust Chair's Report	Trust Chair	Page 19
1.7	To receive the Chief Executive's Report	Chief Executive	Page 26
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	Page 30

Board Committee Reports

2.3	To receive the Quality Committee Chair's Assurance Report	Chair of Quality Committee	Page 37
2.4	To receive the Strategic Workforce Committee Chair's Assurance Report	Chair of Strategic Workforce Committee	Page 46
2.5	To receive the Finance, Business and Investment Committee Chair's Assurance Report	Chair of Finance, Business and Investment Committee	Page58
2.6	To receive the Audit and Risk Committee Chair's Assurance Report	Chair of Audit and Risk Committee	Page 71
2.7	To approve the 2018/19 Annual Report and Accounts (i) 2018/19 Annual Quality Report	Director of Finance Chief Nurse (Interim)	Page
2.8	To receive the Integrated Performance Report	Director of Finance/Executive Directors	Page 74
2.9	To Approve the Digital Strategy	Director of Finance	Page 120

3. REPORTS TO THE BOARD

3.1	To receive the Patient Experience and Complaints Report	Chief Nurse (Interim)	Page 140
3.2	To receive the Learning From Deaths Report	Medical Director	Page 152
3.3	To receive the Freedom To Speak Up Report	Corporate Services Director	Page 165
3.4	To receive the Emergency Planning and Business Continuity Annual Report	Corporate Services Director	Page 168

4. ANY OTHER BUSINESS

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

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

6. DATE AND VENUE OF NEXT MEETING

Thursday 25 July 2019
Suite 1, The Orchards, New Road, East Malling, West Malling Kent ME19 6BJ

Kent Community Health NHS Foundation Trust

Unconfirmed Minutes
of the Kent Community Health NHS Foundation Trust Board meeting
held at 10am on Thursday 28 March 2019
in Rooms 6 and 7, Kent Community Health NHS Foundation Trust Offices, Trinity House, 110 – 120 Upper Pemberton, Ashford Kent TN25 4AZ

Meeting held in Public

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

28/03/1 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.

28/03/2 Apologies for Absence

There were no apologies.

The meeting was quorate.

28/03/3 Declarations of Interest

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

28/03/4 Minutes of the Meeting of 31 January 2019

The Board **AGREED** the Minutes.

28/03/5 Matters Arising from the Meeting of 31 January 2019

29/11/8 Patient Story – Dr Spare had met with the service manager who had confirmed that it had been a process error. The Trust's internal root cause analysis had been shared with the feed company. A joint action plan had been developed to teach parents how to order feeds correctly on the system. Action closed.
31/01/13 Integrated Performance Report (IPR) – Operational Report – It was agreed to close the action.
31/01/15 Winter Pressures Update Report – The Rapid Transfer of Care Service would continue to operate throughout the year. Action closed.

All other actions were confirmed and closed.

The Board **RECEIVED** the Matters Arising.

28/03/6 Trust Chair's Report

Mr Goulston presented the report to the Board for information.

On 12 March 2019, Mr Goulston had attended the Senior Leaders Conference and not the Council of Governors meeting as indicated in the report.
Mr Goulston and Mr Bentley had attended the East Kent Partnership Board earlier in the week.
Following his recent meeting with Mr Paul Carter, Leader and Cabinet Member for Health Reform at Kent County Council (KCC), Mr Goulston would be meeting with him again after the Easter break.
Mr Cook stated that he had attended two sessions run by the Trust to support the replacement of its Community Information System (CIS). He had been impressed by the number of staff who had attended and participated with energy and enthusiasm. He thanked them on behalf of the Board for their commitment and investment in time. He was satisfied that the process was being well run and that the lessons that had been learnt from the previous CIS procurement exercise had been taken on board.

In response to a comment from Prof Drobniewski regarding considering an alternative venue for future Council of Governor meetings, it was agreed that this would be discussed with the Governors at their Development Day in April 2019.
Action – Ms Davies

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

28/03/7 Chief Executive's Report

Mr Bentley presented the report to the Board for information.

Mr Bentley thanked the non-executive directors for attending the Senior Leaders Conference earlier in the month.

Ms Tippin commented that the results from the 2018 NHS Staff Survey had indicated good progress for the Trust and congratulated the Executive Team.

Dr Phillips indicated that the Board could follow the range of Quality Improvement (QI) projects that were underway in the Trust by accessing the online Live QI web site. She would circulate the link.
Action – Dr Phillips

In response to a question from Mr Field regarding how issues were addressed where collaborative arrangements were in place, such as with the South East Coast Ambulance NHS Trust, Ms Strong indicated that previously these were managed through discussions with the commissioners of the service.

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

28/03/8 Patient Story

Dr Spare presented the video to the Board. The story related to a Quality Improvement project to reduce podiatric surgery on-the-day cancellations.

Following Ms Barber's question as to whether a Quality Improvement (QI) approach could be used to pre-empt some of the pre-operational preparation that patients had to undergo, Mr Sammon questioned whether the appointments could be better managed to improve the patient experience and increase service efficiency. Dr Phillips suggested that there could be further QI related tools which the team could use to assess the process further.

In response to a question from Mr Howe as to whether the service would address other reasons why a patient's operation was cancelled on the day, Dr Spare explained that the service had noticed a particular pattern of cancellations because of high blood pressure readings from some patients on the day of their operation and this had triggered this specific project. She suggested that this was the first step. The service would be sharing its

learning with other services. Mr Flack commented that there was an opportunity to liaise with similar services in the acute trusts to avoid working from first principles. Mr Goulston concluded that he had visited the Podiatric Surgery Service at the Queen Victoria Memorial Hospital, Herne Bay and met with Mr Simon Pendleton, Quality Improvement and Podiatric Surgery Manager. They had discussed the project and it had been agreed that the service would look into reaching out to similar services in other trusts to share learning and good practice.

It was agreed that the comments from the Board would be fed back to the service.
Action – Dr Spare

The Board **RECEIVED** the Patient Story.

28/03/9 **Board Assurance Framework (BAF)**

Ms Davies presented the report to the Board for assurance.

In response to a question from Mr Conway regarding Risk 102 relating to the workforce, Ms Skelton confirmed that the Strategic Workforce Committee had reviewed it. The wording of the risk had been updated and reflected the Committee's discussions.

In response to a question from Mr Conway regarding Risk 103 relating to the system architecture, there was a discussion as to how the Executive Team had reached its conclusion regarding the risk's confidence assessment and associated rating. Mr Conway said he was assured as a result of the explanation. Mr Cook MC asked for further assurance which was provided by Ms Davies.

In response to a question from Prof Drobniewski regarding Risk 101 relating to Brexit, Ms Davies confirmed that the Trust had been fully involved in preparing the organisation and the wider system in Kent for the potential impact on business continuity if the UK left the European Union without a deal at the end of the month. Preparations had been locally led and managed, feeding in national support as it was available. The Department of Health had been helpful in assessing and managing the potential impact of Brexit on national contractual arrangements.

As the BAF was a dynamic document, it was suggested that the Management Committee and the Audit and Risk Committee would continue to review it taking into account the comments made by the Board.

The Board **RECEIVED** the Board Assurance Framework.

Ms Tippin left the meeting.

28/03/10 **Quality Committee Chair's Assurance Report**

Ms Barber presented the report to the Board for assurance.

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

28/03/11 Strategic Workforce Committee Chair's Assurance Report

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

The Strategic Workforce Committee had met the previous week.

There have been wide ranging discussions which had included the improving performance of turnover, sickness absence and retention; the Nursing Academy; the Time to Change programme; the 2018 NHS Staff Survey; workforce hotspots and the use of bank staff in operations; the Transforming Integrated Care in the Community (TICC) programme; E-Rostering. The HR element in the Trust 2019/20 Operational Plan and the People Strategy Implementation Plan had both been approved. The Trust would be publishing its Gender Pay Gap Report at the end of the month and a number of actions had been agreed to enhance performance in this area.

In response to a question from Mr Conway regarding the findings of the Trust's Gender Pay Gap Report, Ms Norris confirmed that the Trust was bucking the national position. Female staff in the Trust were found to have a slightly higher pay rate than male staff. . It was agreed that the report would be circulated to the Board.
Action – Ms Norris

In response to a question from Prof Drobniewski as to whether the conclusions of the report would be circulated to staff, it was agreed that a message would be communicated via the weekly staff bulletin.
Action – Ms Norris

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

28/03/12 Audit and Risk Committee Chair's Assurance Report

Mr Conway presented the report to the Board for assurance.

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

28/03/13 Integrated Performance Report (IPR)

Assurance on Strategic Goals

Mr Flack presented the report to the Board for assurance.

Quality

Dr Spare presented the report to the Board for assurance.
In response to a question from Mr Cook regarding the proposed revision to

the sickness absence Key Performance Indicator (KPI), Ms Norris explained that the Trust had demonstrated that it had been doing everything possible that was considered best practice to improve performance. However, the conclusion was that the target would still not be met. Consequently, it had been suggested that the target should also be revised to determine if it was the right one. Benchmarking data would be analysed in order to identify a deliverable target. This would be discussed at the Strategic Workforce Committee meeting in May 2019 and if necessary a recommendation would be made to the Board.

In response to a question from Prof Drobniewski regarding the omitted insulin incidents, Dr Spare confirmed that considerable work was being undertaken around reporting and this would be scrutinised further by the Quality Committee. A deep dive report had also been presented to the Patient Safety and Clinical Risk Group recently which explained a QI project that was underway to improve performance.

Mr Field commented on the excellent work that staff had undertaken to achieve the high number of Friends and Family Test survey responses.

Workforce Report

Ms Norris presented the report to the Board for assurance.

In response to a comment from Mr Field regarding the number of KPIs included in the report, Mr Flack confirmed that at the beginning of the financial year, there would be a review of those that were included to ensure that they remained relevant. He anticipated that there would be some changes to the 2019/20 IPR.

Finance Report

Mr Flack presented the report to the Board for assurance.

Operational Report

Ms Strong presented the report to the Board for assurance.

In response to a question from Mr Turner regarding the recent dip in performance by the Paediatric Audiology Service which had contributed to the Trust slipping from Segment One to Segment Two on the Single Oversight Framework, Ms Strong confirmed that the service was working hard to improve its performance. Its ability to meet its Referral To Treatment waiting times (RTT) KPI was specifically linked to its ability to recruit specialist staff . The Service had presented its action plan to the Quality Committee. It was agreed that the service's presentation would be circulated to the Board. Those other services that had reported a breach of their RTT KPI were now meeting them.
Action – Ms Strong

In response to a question from Mr Field as to whether the Trust was improving its performance with regards to the number of End of Life patients with an updated Personalised Care Plan, Dr Spare indicated that there had been some improvement but she was not confident that it was sustainable at this time. A QI approach was being applied which she anticipated would deliver more sustainability by the end of Quarter One. However, aside from this, she was confident that the Trust was delivering good end of life care to its patients.

In response to a question from Mr Goulston regarding whether the service which delivered the National Child Measurement Program for year R and Six pupils locally was offering further follow-on services to its commissioner on the back of the data that had been collected. Ms Strong confirmed that discussions were underway with KCC. She would be happy to provide the Board with further information.
Action – Ms Strong

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

Ms Tippin rejoined the meeting.

28/03/14 Constitutional Amendment

Mr Flack presented the report to the Board for approval.

The Board **APPROVED** the Constitutional Amendment.

28/03/15 Charitable Funds Committee Chair's Assurance Report

Ms Tippin presented the report to the Board for assurance.

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

28/03/16 2019/20 Operating Plan

Mr Bentley presented the report to the Board for approval.

Strategic Priorities

Mr Sammon confirmed that the priorities had been considered by the Management Committee earlier in the week. A minor change to the wording had been proposed to the 'Join-up care' priority.

In response to a question from Mr Cook regarding the use of the word digital as a noun in the fourth priority, it was agreed that this would be clarified.
Action – Mr Sammon

Quality Priorities

Dr Spare confirmed that the priorities had been considered by the Management Committee earlier in the week. There had been some debate around the wording at the meeting and the agreed revisions were confirmed to the Board.

In response to a comment from Ms Skelton regarding the consistency of language that was used in relation to 'people', it was agreed that this would be reviewed.
Action – Dr Spare

Financial Plan

Mr Flack confirmed that the plan had been considered by the Finance, Business and Investment (FBI) Committee the previous day. For clarification, Mr Goulston suggested that a note was added to the plan that the minus notated against the total figure indicated a surplus and not a loss.
Action - Mr Flack

The Board **APPROVED** the 2019/20 Operating Plan, incorporating the priorities, subject to the amendments.

28/03/17 2018 NHS Staff Survey Report

Ms Norris presented the report to the Board for assurance.

The Board **RECEIVED** the 2018 NHS Staff Survey Report.

28/03/18 Seasonal Infection Prevention and Control Report

Dr Spare presented the report to the Board for assurance.

In response to a question from Mr Bentley regarding the recent levelling off of the number of reported Urinary Tract Infections (UTI) and Catheter Associated UTIs, Dr Spare indicated that further data needed to be included. With regards to how the Trust's performance compared with the previous year, it was agreed that this would be confirmed outside of that day's meeting.
Actions – Dr Spare

In response to a question from Mr Goulston as to whether the data related only to UTIs and Catheter Associated UTIs identified in the Trust's community hospitals, it was suggested that more data would be available in the Annual Infection Prevention and Control Report which the Board would receive in July 2019.
Actions – Dr Spare

In response to a question from Mr Cook regarding the report that was awaited from the Authorised engineer for decontamination, Dr Spare confirmed that the Quality Committee had received a verbal update at its

meeting the previous week. She confirmed that the Trust was compliant with the sterilisation of its medical devices. The issue that had been identified related to the level of service that the Trust was receiving from its supplier and mitigation was in place to ensure that services were not impacted. It was agreed that the Quality Committee would monitor the decontamination service and provide a further update to the Board through the Committee Chair's Assurance Report in May 2019.
Action – Ms Barber

It was confirmed that the Trust was compliant with the Hygiene Code.

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

The Board **APPROVED** the Trust's Infection Prevention and Control Declaration 2019.

28/03/19 Patient Experience and Complaints Report

Dr Spare presented the report to the Board for assurance.

In response to a question from Ms Tippin regarding the recent decline in performance of the NHS Friends and Family Test (FFT) scores, Dr Spare indicated that this was a seasonal movement. Dr Phillips suggested that the decline might also reflect natural variation which could be tested further when there were more data points available. It was agreed that this would be monitored.
Action – Dr Spare

In response to a comment from Mr Bentley, it was agreed that reference to the Norfolk Community Health and Care NHS Trust would be removed from future reports, albeit the performance of the Trust might be a helpful measure.
Action – Dr Spare

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

28/03/20 Risk Management Strategy

Ms Davies presented the report to the Board for approval.

The Audit and Risk Committee had reviewed the strategy at its meeting in February 2019 and recommended it to the Board. It was confirmed that reference to the Strategic Workforce Committee and Management Committee would be included in the final published version. The Audit and Risk Committee would review the strategy again in September 2019.

In response to a comment from Mr Cook regarding reference within the strategy that there joint membership between all the committees, it was agreed that this would be checked for accuracy.
Action – Ms Davies

In response to a comment from Mr Goulston regarding the risk grading the Trust applied, it was agreed that the Audit and Risk Committee would consider this further.
Action – Ms Davies

In response to a comment from Mr Turner regarding whether there should be a policy statement within the strategy explaining why the Trust was reducing the number of clinical audits it was undertaking year on year, it was agreed that such a statement would be included if it was felt to be helpful.
Action – Ms Davies

In response to a question from Ms Norris as to whether the document was a policy rather than a strategy, Ms Davies indicated that it set out the framework as to how the Trust would measure risk and the strategic aims of the organisation.

It was agreed that the Board's comments would be incorporated into the document. Following scrutiny and approval of the revised version by Mr Conway, Chair of the Audit and Risk Committee, the document would be circulated to the Board for virtual approval.
Action – Ms Davies

The Board **NOTED** the Risk Management Strategy.

28/03/21 Use of the Trust Seal Report

Ms Davies presented the report to the Board for assurance.

The Board **RECEIVED** the Use of the Trust Seal Report.

28/03/22 Minutes of Charitable Funds Committee Meeting of 29 November 2019

Ms Tippin presented the report to the Board for assurance.

The Board **RECEIVED** the Minutes of Charitable Funds Committee Meeting of 29 November 2019.

28/03/23 Any Other Business

There was no further business to discuss.

Mr Goulston thanked Mr Field and Mr Howe for their long service to the Trust. Mr Field had been Vice Trust Chair, Acting Trust Chair and Chair of the FBI Committee. Mr Howe had been the Chair of the Quality Committee. Both had given a tremendous amount of effort into being non-executive directors.

28/03/24 Questions from members of the public relating to the agenda

There were no questions from the public.

The meeting ended at 12.45pm.

28/03/25 Date and Venue of the Next Meeting

Thursday 23 May 2019, Rooms 6 and 7, Kent Community Health NHS Foundation Trust Offices, Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford, TN25 4AZ

Kent Community Health
NHS Foundation Trust

MATTERS ARISING FROM BOARD MEETING OF 28 MARCH 2019 (PART ONE)

Minute number	Agenda Item	Action	Action Owner	Status
28/03/6	Trust Chair's Report	To discuss with the Governors the option for an alternative venue for the Council of Governors meetings.	Ms Davies	Complete – Governors wished to stay at the current venue.
28/03/7	Chief Executive's Report	To circulate the link to the online Life QI web site.	Dr Phillips	Complete.
28/03/9	Patient Story	To feedback the comments from the Board to the service.	Dr Spare	Action open.
28/03/11	Strategic Workforce Committee Chair's Assurance Report	To circulate the Trust's Gender Pay Gap Report to the Board.	Ms Norris	Action complete.
28/03/11	Strategic Workforce Committee Chair's Assurance Report	To communicate the conclusions of the Trust's Gender Pay Gap Report to staff.	Ms Norris	Action complete.

Minute number	Agenda Item	Action	Action Owner	Status
28/03/13	Integrated Performance Report	To circulate to the Board the presentation which the Paediatric Audiology Service had made to the Quality Committee.	Ms Strong	Action complete.
28/03/13	Integrated Performance Report	To provide the Board with further information about the potential for follow-on services from the National Child Measurement Programme.	Ms Strong	Action open.
28/03/16	2019/20 Operating Plan	To clarify the use of the word digital as a noun in the fourth priority.	Mr Sammon	Action complete. The wording has been altered to 'Develop our digital ways of working'.
28/03/16	2019/20 Operating Plan	To review the consistency of language used in relation to 'people' in the priorities.	Dr Spare	Action complete.
28/03/16	2019/20 Operating Plan	To add a note to the plan that the minus notated against the total figure indicated a surplus and not a loss.	Mr Flack	This related to the budget paper rather than the operating plan. The operating plan showed a surplus as a positive.
28/03/18	Seasonal Infection Prevention and Control Report	To confirm how the Trust's current performance in relation to the number of reported Urinary Tract Infections (UTI) and Catheter Associated UTIs (CAUTIs) compared to that of the previous year's.	Dr Spare	Action open.

Minute number	Agenda Item	Action	Action Owner	Status
28/03/18	Seasonal Infection Prevention and Control Report	To provide more data in the Annual Infection Prevention and Control Report regarding UTIs and CAUTIs in community services as well as community hospitals.	Dr Spare	The Board will receive the report in July 2018.
28/03/18	Seasonal Infection Prevention and Control Report	For the Quality Committee to monitor the decontamination service and provide a further update to the Board through the Committee Chair's Assurance Report in May 2019.	Ms Barber	Agenda item. Action complete.
28/03/19	Patient Experience and Complaints Report	To monitor the movement in the Trust's NHS Friends and Family Test scores.	Dr Spare	Ongoing.
28/03/19	Patient Experience and Complaints Report	To remove the reference to the Norfolk Community Health and Care NHS Trust in future reports.	Dr Spare	Action complete.
28/03/20	Risk Management Strategy	To check for accuracy whether there was joint membership between all committees.	Ms Davies	Complete.
28/03/20	Risk Management Strategy	For the Audit and Risk Committee (ARC) to consider further the risk grading applied by the Trust.	Ms Davies	Will be considered at the May ARC – action open.

Minute number	Agenda Item	Action	Action Owner	Status
28/03/20	Risk Management Strategy	To consider including a policy statement within the strategy explaining why the Trust was reducing the number of clinical audits it was undertaking year on year.	Ms Davies	Complete.
28/03/20	Risk Management	To incorporate the Board's comments into the strategy. To forward the amended version to Mr Conway, Chair of the Audit and Risk Committee for approval. To forward the Committee approved strategy to the Board for approval.	Ms Davies	Complete.

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	1.6
Agenda Item Title:	Trust Chair's Report
Presenting Officer:	John Goulston, Trust Chair

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

Report Summary
The report sets out the service visits and partnership meetings that were attended by the Trust Chair and non-executive directors between 1 February and 23 May 2019.

Proposals and /or Recommendations
To note the report.

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

Natalie Davies, Corporate Services Director	Tel: 01622 211900
	Email: Natalie.davies1@nhs.net

Kent Community Health
NHS Foundation Trust

SERVICE VISITS AND PARTNERSHIP MEETINGS ATTENDED BY THE CHAIR AND NON EXECUTIVE DIRECTORS OF KENT COMMUNITY HEALTH NHS FOUNDATION TRUST

Period covered - 1 February to 23 May 2019

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
John Goulston	**5th February** – Whitstable & Tankerton Hospital. **11th February** –Victoria Memorial Hospital **18th February** – Adult Speech and Language Therapy & Clinical Nutrition and Dietetics (including visit to care home for swallowing assessment) Tonbridge and Edenbridge Community Hospitals **27th February -** Estuary View Medical Centre, Whitstable	**5th February** – Kent and Medway STP clinical lead **13th February -** Kent and Medway Integrated Care System Simulation Event **18th February -** Hosted Kent & Medway providers chairs and CEOs **22nd February -** GP clinical lead for East Kent **12th March -** Leader of Kent County Council **13th March -** Interview panel member for Kent and Medway STP chair **26th March** - East Kent Integrated Care Partnership Board **2nd April** – Tonbridge Cottage Hospital - League of Friends Chair and Vice Chair **15th April** – Kent & Medway Provider Chairs and CEO meeting **17th April** - Stakeholder's event for prospective Chair candidates of Kent & Medway Partnership NHS Trust **23rd April** – GP clinical lead for West Kent **24th April** – Chair & CEO meeting with Maidstone & Tunbridge Wells Hospitals NHS Trust **14th May** - West Kent	**7th February** – KCH Council of Governors **12th March** – KCH Council of Governors **18th March** – Lead and Deputy lead KCH Governors **29th March** – NHS Community Network **4th April** – Governors' Development Day **23rd April -** Transforming Integrated Community Care – Buurtzorg Masterclass

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
		Integrated Care Partnership Board	
Peter Conway			**7th February** – KCH Council of Governors **18th February -** Extra ordinary QC **20th February -** Audit and risk committee. **27th February -** Finance, Business and Investment Committee **28th February -** joint Management /board meeting. **1st March-** Deputy Medical Director Interview **19th March** quality committee **20th March –** Strategic Workforce Committee **27th March -** Finance, Business and Investment Committee **28th March –** NED only Meeting **28th March –** KCHFT Board Meeting **24th April -** Finance, Business and Investment Committee **25th April -** KCHFT Board **8th May -** CQC inspection interview **15th May -** Audit and Risk Committee **15th May -** Strategic Workforce Committee
Bridget Skelton			**20th February** – Audit & Risk Committee **21st February** – Niche Training - CQC **28th February -** joint

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
Bridget Skelton (continued)			Management /board meeting. **6th March -** Meeting Director HR/OD **12th March -** Seniors Leaders meeting **27th March –** Finance Business Investment Committee **28th March –** NED only Meeting **28th March –** KCHFT Board Meeting **28th March –** Meeting with CEO **4th April** – Governors' Development Day **8th April** – Appraisal of Chair KCHFT **8th April** – Feedback from CQC **25th April -** Meeting Director HR/OD **25th April -** KCHFT Board Meeting **9th May -** CQC inspection interview **13th May -** Nominations Committee **15th May -** Audit and Risk Committee **15th May -** Strategic Workforce Committee **16th May -** Time to Change Conference **20th May -** Meeting Director HR/OD **23rd May -** KCHFT Board meeting
Pippa Barber	**2nd April -** Visit to Two Rapid Transfer of Care teams; QEQM and WHH	**9th March** - Dementia Friends Event, Westgate Halls Canterbury. Public event in partnership with KCHFT and EKHUFT.	**6th February** - Meeting with chief nurse **6th February** - Meeting with niche.

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
Pippa Barber (continued)			**18th February -** Extra ordinary QC **19th February -** QC **20th February -** Audit and risk committee. **28th February -** joint Management /board meeting. **12th March** Seniors Leaders meeting **19th March** quality committee **28th March –** KCHFT Board Meeting **4th April** – Governors' Development Day **16th April** – Quality committee **25th April -** KCHFT Board **14th May –** Quality Committee **15th May -** Audit and Risk Committee **16th May -** Time to Change Conference **23rd May -** KCHFT Board meeting
Martin Cook	**6th March –** CIS Replacement process – Attended supplier demonstration and moderation day. **2nd April -** RTOC service at QEQM and William Harvey **13th May -**RTOC service at QEQM and William Harvey		**5th February -** Well-led for the future: development for NHS Board Members **15th March** - Well-led for the future: development for NHS Board Members **28th April –** CQC well led interview
Jen Tippen			**21st February -** Meeting with Niche (Emma & Kate) **27th February -** Finance, Business and Investment Committee **28th February -** joint

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
Jen Tippin (continued)			Management /board meeting. **20th March –** Strategic Workforce Committee **27th March -** Finance, Business and Investment Committee **28th March –** NED only Meeting **28th March –** KCHFT Board Meeting **4th April** – Governors' Development Day **8th April -** Board Development 1 - 1 Interviews **25th April –** Appraisal John/Jen **25th April -** KCHFT Board **15th May -** Audit and Risk Committee **15th May -** Strategic Workforce Committee **23rd May –** Charitable Funds Committee **23rd May -** KCHFT Board meeting
Professor Francis Drobniewski			**7th February** – KCH Council of Governors **28th February -** joint Management /board meeting. **19th March**- Quality Committee **20th March –** Strategic Workforce Committee **28th March –** NED only Meeting **28th March –** KCHFT Board Meeting **4th April** – Governors' Development Day **16th April**- Appraisal John/Francis

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
Professor Francis Drobniewski (continued)			**16th April**- Quality Committee **23rd April -** Transforming Integrated Community Care – Buurtzorg Masterclass **15th May -** Strategic Workforce Committee **23rd May –** Charitable Funds Committee **23rd May -** KCHFT Board meeting
Nigel Turner			To be confirmed.
Richard Field			**12th March** - Senior Managers Conference, Detling Conference Centre

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	1.7
Agenda Item Title:	Chief Executive's Report
Presenting Officer:	Paul Bentley, Chief Executive

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

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

Proposals and /or Recommendations
Not applicable.

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

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

CHIEF EXECUTIVE'S REPORT
May 2019

As previously I wanted to highlight to the Board the following significant developments since my last formal report during the Board meeting in April 2019, my regular practice is to categorise the report into patients, our people staff teams and partnerships.

Patients

1. Makaton Friendly Canterbury

We are one of several organisations involved in a drive to make Canterbury the first Makaton-friendly city in the world.

Canterbury is hoping to follow in the footsteps of Romsey, which became the first Makaton-friendly town in the world in February 2018. Canterbury wants to become the first Makaton-friendly city, by May 2020. To achieve this, 40 Canterbury organisations need to join up.

Makaton uses signs and symbols to help people communicate and it is used by more than 100,000 children and adults. It is used by people with communication difficulties and the people who share their lives, such as parents and other family members, friends, carers and education and health professionals.

2. National Experience of Care Week

This is a national campaign to celebrate the work that's happening to improve the experiences of care for our patients, families/carers and staff. This will put experience of care in the spotlight and give people the opportunity to share and celebrate work going on locally to better improve their experiences of health and care services.

3. Health visitor's film

A short film aiming to support Roma women to breastfeed has been premiered at the Turner Contemporary in Margate.

The film was made by one of our health visitor's, Philippa Burden. The project is the result of a year's work combining her role with us and a Darzi Fellowship post graduate course she has been doing with the Centre for Health Services Studies at the University of Kent. On the course Philippa has been working on a Becoming Breastfeeding Friendly project linked with Yale University in America, together with Professor Sally Kendall.

The film is called Roma Women Talk About Breastfeeding and was co-produced with Slovakian Roma mothers living in Margate, Dover and Folkestone. It aims to encourage breastfeeding in the Roma and other migrant communities, where rates are low. It is also to help support women to breastfeed and to educate about the benefits.

Our People

1. CQC Well Led Inspection

The second phase of the inspection conducted by the Care Quality Commission took place in early May, the inspection team including specialist advisors and inspectors from the Commission itself undertook a series of interviews with team members in leadership roles. The lead inspectors met with the Chair and I briefly at the end of the series of interviews and observed how open the Trust was and how patient focussed the Trust was, and wished to thank those who they had met.

The inspection process now enters a phase when all the inspection evidence is reviewed by the Commission and then we will have contact from the commission later in the summer. I want to thank all those interviewed by the Commission for the professional and compassionate manner in which they conducted themselves during the process.

2. Launch of the Staff Awards

This years staff awards were launched in March, every year we recognise the efforts of individuals and teams that go above and beyond in their everyday role.

The event will take place on 21 June 2019 at the Kent Event Centre, Detling.

3. Celebrating International Nurse's Day and People's Day

Sunday, 12 May was International Nurses' Day, which marked the anniversary of Florence Nightingale's birth. However, in recognition of the contribution of all our colleagues, we also marked the following day with our own People's Day – celebrating all that is good about each other and the work we do.

Various events across the Trust were arranged including some mad hatters tea parties across east Kent.

Partnerships

1. TICC Masterclass

Board members, Directors, Assistant Directors and Commissioners for both Health and Social care were invited to meet with Jos de Blok, the founder and CEO of Buurtzorg, on 23rd April 2019.

The purpose of the event was for Jos to share his views, lessons learnt and how he and his team revolutionised community care in the Netherlands also to discuss the business case behind the model, and what it takes from an organisation and its leadership to adopt it successfully.

2. New architecture of the NHS in Kent and Medway

Since the last time we met work has been continuing on the response of the health and social care system to the long term plan for the NHS. In Kent and Medway this has included work on the development of the Integrated Care System, the four Integrated Care Partnerships and the emergent Primary Care Partnerships. The work has continued to align the new architecture to ensure the benefits to patients and the people we serve, not just ensuring that the governance is right.

The Trust is heavily involved in all the conversations and will continue to be so.

Paul Bentley
Chief Executive
May 2019

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 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 16 May 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 NHS Foundation Trust

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 10 May 2019 is shown in Appendix 1. This version has not previously been presented.

2. New risks

2.1 Since the BAF was last presented to the Board there has been one new risk identified against the strategic objectives. BAF ID104 ‘Inability to meet CIP targets as detailed in 19/20 plans as growing reliance on economy level transformation for savings’.

3. Risks that have been closed since the last report

3.1 Since the BAF was last presented to the Board one risk has been closed: BAF ID 100 - Risk that the organisation’s ‘services may suffer significant challenges as result of the impact of winter pressures’. This risk has been removed as all actions have been completed and the 2018/19 winter period has passed.

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

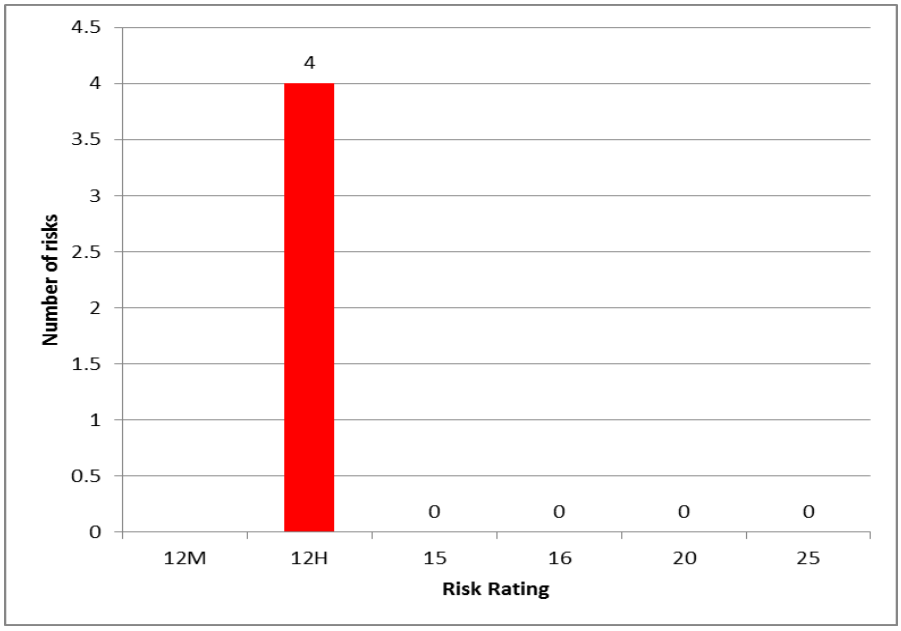
4.1 Since the BAF was last presented to the Board one risk has been de-escalated: BAF ID 101 – 'Uncertainty around Brexit may affect our ability to deliver core objectives'. Due to the current political situation relating to Brexit the risk has been decreased. The risk is now scored as 3x3 and therefore de-escalated to appropriate directorate risk register. It is recommended that this risk is reviewed again by the Exec Team in the autumn

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

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

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

5.3 Figure 1: Organisational High Risk Profile



6. High risk definition

6.1 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.

6.2 Figure 2: Trust risk matrix

← *Consequence / Severity* →

↓Likelihood ↓		Insignificant **1**	Minor **2**	Moderate **3**	Major **4**	Catastrophic **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

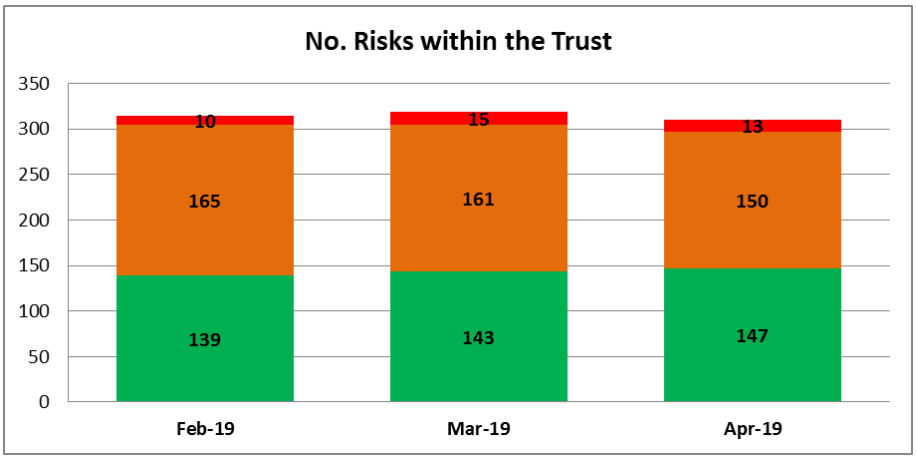
The scores obtained from the risk matrix are assigned grades as follows:

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

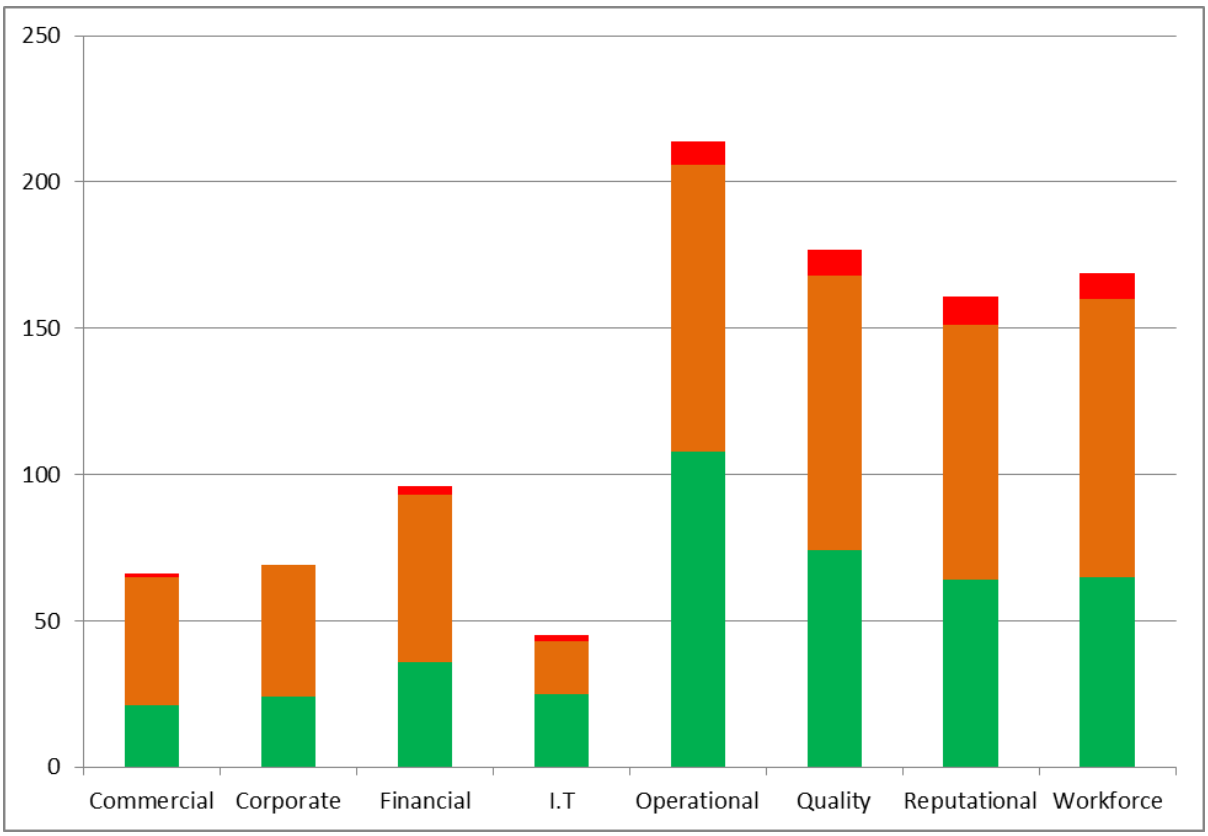
7. Risk Overview

7.1 The total number of open risks within the Trust stands at 310 this is comprised of 147 low risks, 150 medium risks and 13 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.

7.2 Figure 3: Organisational Risk Overview.



7.3 Figure 4: Open Risks by Type and Risk Level



8. Recommendation

8.1 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
10 May 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

				Initial rating						Current rating							
ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Positive Assurances	Gaps in control or Negative Assurance	C	L	Rating	Planned Actions and Milestones	Owner	Target Completion (end)	Status	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 and service delivery.	4	3	12H	Governance structure & project plan in place Engagement with the project team delivering the Kent Care Record Project Leadership team job descriptions Phase implementation plan and resourcing appropriately Communication plans developed with stakeholders inc. commissioners. Operational risk and mitigations log	Regular Board reports linked to other projects Project Group report to Exec Team and Board	Timescales to implement new system Comprehensive programme plan for replacement system to be developed in response to emerging timescales	4	3	12H	**Individual Actions**				Gordon Flack	High	**Nov 2019**
													Resource assessment on-going as part of the project governance structure.	Gordon Flack	Mar 2020	A			
													Full business case to be approved by Board	Gordon Flack	May 2019	A			
													Project Plan to Management Committee	Gordon Flack	June 2019	A			
													Operational risk and mitigation log to be updated at every project board meeting	Gordon Flack	May 2019	A			
													Recruitment to be completed for implementation posts	Gordon Flack	Sep 2019	A			
103	Jan 2019	Paul Bentley	Changes to the system architecture and continued financial instability may provide uncertainty in the future delivery of integrated services	4	3	12H	Sustainability and Transformation Plan (STP) Programme Board TORs and membership TORs for: Local Care Boards; Frailty Group; Chief Executives Forum STP Governance Structures Director of Strategy job description West Kent Improvement Board terms of reference East Kent Transformation Board terms of reference NHS I/E system meeting terms of reference Chief Executive as SIRO for East ICP Chair as Chair for West ICP	Local Care Investment received for both east and west Kent - Hospital at Home and Rapid Transfer of Care scheme. Community Care Funding increase in financial settlement Chief Exec report to the board Regular Strategic development update to the board Non executive membership of the STP board.		4	3	12H	**Individual Actions**				Paul Bentley	High	**Mar 2021**
													Proactively seek opportunities to stabilise the system and	Gordon Flack	Mar 2019	G			
													Agree 5 year contract wit CCGs	Gordon Flack	June 2019	A			
													Formulation of PCN offer sent to emerging PCNs for consideration	Gerrard Sammon	May 2019	G			
													Agreement of further actions in support of PCNs	Gerrard Sammon	June 2019	A			
													Agreement of Programme of work for east and West ICPs	Paul Bentley	Jul 2019	A			
													Implementation of above as per agreed timescales	Paul Bentley	tba	A			
													Board seminar discussion	Paul Bentley	June 2019	A			
													Continue to influence at STP level	Paul Bentley	On-going	A			
													Joint Board and Management Committee meeting to agree forward plan.	Paul Bentley	Oct-19	A			
Prevent ill health																			
Develop Sustainable Services (Strategic Objective Enablers)																			
104	Apr 2019	Lesley Strong	Inability to meet CIP targets as detailed in 19/20 plans as growing reliance on economy level transformation for savings.	4	3	12H	Finance Business and Investment ToRs and agendas. PMO documented process & peer review System level Boards - future transformation Executive led business planning and reviews Whole system strategy/STP process and groups Performance Reviews for all services	Regular reporting PMO gateway reviews of plans STP implementation plans FBI reports to Board STP Productivity Plan Active	High risk schemes dependent on whole system changes	4	3	12H	**Individual Actions**	**Owner**	**Target Completion** (end)	**Status**	Lesley Strong	Medium	**Mar 2020**
													1. Robust Directorate plans and mitigation strategy	Lesley Strong	Mar 2020	A			
													2. Performance management structure implemented	Lesley Strong	Mar 2020	A			
													3. Quality Improvement	Paul Bentley	Mar 2020	A			
													4. Performance Reviews	Lesley Strong	Mar 2020	A			
													5. FBI reviews of higher risk CIP schemes	Lesley Strong	Mar 2020	A			

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 could have a detrimental impact on maintaining quality of care and morale	4	3	12H	Strategic Workforce Committee ToRs, Service quality visits Director of Workforce JD; Workforce Strategy Agreed Operational workforce reports Complaints system established against agreed policy Friends and Family Test Talent Management Strategy 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. Workforce report to SWC	vacancies 9.69%, turnover 18.14%	4	3	12H	**Individual Actions**	**Owner**	**Target Completion** (end)	**Status**	Louise Norris	Medium	**Mar 2020**
													Scoping extension to clinical academy	Louise Norris	Sep 2019	A			
													International recruits arrive	Louise Norris	Jun 2019	A			
													Deliver the Big Listen action plan	Paul Bentley	Mar 2020	A			
													Deliver QI strategy action plan	Sarah Phillips	Mar 2020	A			
													Deliver well being action plan	Louise Norris	May 2019	A			
													Develop, commission and implement a Board Development programme	Louise Norris	Nov 2019	A			

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	2.3
Agenda Item Title:	Quality Committee Chair's Assurance Report
Presenting Officer:	Pippa Barber, Chair of Quality Committee

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

Report Summary
The paper summarises the Quality Committee meetings held on 16 April and 14 May 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 ☒ High level position described and no decisions required.

Pippa Barber, Non-Executive Director	Tel: 01622 211906
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Kent Community Health
NHS Foundation Trust

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee meeting held on date 16 April 2019.

Agenda item	Assurance and Key points to note	Further actions and follow up
Adult Learning Disability Service Mortality Reviews	The Committee received a presentation from the Learning Disability (LD) Service lead on the process being undertaken in the LD service for reviewing deaths. Assurance was received that the process was linking well with the Trust's Mortality Steering Group and externally with other partners.	The service agreed to continue to raise awareness of what the LD service could provide with community nursing teams.
Patient Safety And Clinical Risk Group	Assurance was received regarding the Dental Service risk relating to the quality of contract delivery by IHSS, the local sterile services provider, It was confirmed that the risk related to the delivery of instruments and not the quality of care of the decontamination. Professor Drobniewski endorsed this as he had received similar reports about IHSS's contract delivery. Assurance was received on the mitigation of the risk	

Agenda item	Assurance and Key points to note	Further actions and follow up
Quality Report	The Committee noted the continued good progress with the reductions on pressure ulcers, Avoidable medication incidents continued to reduce as did low harm medication incidents.	
Medical Devices report	The report provided the Committee with assurance that there was now an effective process for EME maintenance in place for medical devices with the Key Performance Indicator (KPI) of 98% being met consistently. Assurance was received on how this would be maintained and monitored going forward.	Quarterly reports will be provided to the Patient Safety and Clinical Risk Group and exception reports will be included in the Chair's report to the Quality Committee.
Clinical Effectiveness Report	The programme of work for enhancing performance on personalised plans of care was described to the Committee. The programme would be delivered via project groups and reported monthly to the clinical effectiveness group and quarterly to the Quality Committee. Progress had been made with the review of NICE compliance; outstanding reviews 37 (previously 88). The Q4 CQUIN target of 80% of wounds that had not healed within four weeks receiving a full wound assessment has been surpassed with 95% in West Kent and 91% in East Kent.	The Quality Committee will receive updates via the Quality Priorities Report.

Agenda item	Assurance and Key points to note	Further actions and follow up
End Of Life Care (EOLC) Steering Group Work Plan	Good progress was being made on all areas of the action plan with EOLC care plans now reaching the 60% target.	The 2019/20 annual plan will include the following areas: plans of care, learning from patient experience including learning from those accessing the service overnight.
Learning From Mortality Reviews	The Committee received the report covering the period January to March 2019 and noted the learning from the reviews and the themes and subsequent actions in place.	
Quality Improvement (QI) Update Report	Dr Sarah Phillips presented the report to the Committee for assurance. And with good assurance received on progress. Confirmation was received that targets had been set for the number of people who were doing the QI training. Live QI was being used to give oversight of all the projects that were running. Outcomes measures were in place with two measures set against each driver and the outcome benefits were measured through the staff survey.	Future reports will include information on where QI projects are being undertaken so the breadth of the spread of the project areas can be seen.
Clinical Guidance For Public Health; Health Visiting Service Weighing Measuring And Weight Management Of Children Age 0 to 5 Years	The policy was reviewed and agreed.	

Agenda item	Assurance and Key points to note	Further actions and follow up
Quality Impact Assessments of the Cost Improvement Plans	The East Kent schemes were scrutinised by the Committee with assurance provided on high risk areas.	Estates schemes will be submitted to the Committee as they are developed.
Integrated Performance Report Operational Deep Dive	The Chief Operating Officer presented a report covering Health Visitor antenatal visits. Assurance was given on the actions in place to increase performance against this target. Actions included improved communications with midwifery providers, data flow improvements, and risk assessment of families. The recommendations in the report were agreed and supported. Rapid Transfer of Care Service: The Quality Impact Assessment for the service was considered by the Committee.	Progress will be monitored through the Integrated Performance Report with further updates to the Committee in the summer. A further update will be added to the Committee's forward plan .

Pippa Barber
Chair of Quality Committee
10 May 2019

Kent Community Health
NHS Foundation Trust

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee meeting held on 14 May 2019

Agenda item	Assurance and Key points to note	Further actions and follow up
Board Assurances Framework (BAF)	The BAF was presented and reviewed with discussion on clinical risks and scoring. Suggestions were considered to risk 102. It was felt it largely enabled quality impact to be recognised and managed. However, it could be strengthened by adding the 'Quality Report' to the controls description.	Wider performance areas will be considered by the Chief Operating Officer and Executive Team. This would be escalated through existing governance systems if needed.
Monthly Quality Report	The Committee received the updated report in a new format putting more emphasis on community as well as in patient areas. The report was well received. It was felt very helpful to have the assurance set out clearly for each area. The new national definitions of recording pressure incidents were explained. Assurance was given on support to West View Integrated Care Centre and Edenbridge and District War Memorial Hospital.	To add back into the report the need for harms on shifts when one RN was down.
Quality Report 2018/19	The year-end position of the 2018/19 Quality Report was presented to the Committee. The report has been	

Agenda item	Assurance and Key points to note	Further actions and follow up
	considered by the auditors. Assurance was sought on the following areas: End Of Life Care achievement of personalised care planning quarter 4 achievement, community mortality reviews, Care Quality Commission requirement notice following HMP (Her Majesty's Prison Service) inspection, patients and families surveyed on the root cause analysis (RCA) process. Format of the Quality Committee. It was recognised and acknowledged that the report contained a huge amount of excellent work that had demonstrated improved outcomes and experiences for patients using the Trust's services. The Committee recommended approval by the Board subject to comments made at the Committee.	
Safemed Visits: Omitted And Delayed Dose Report	This report requested by the Committee reviewed themes and trends identified from missed, delayed and omitted dose incidents between September 2018 and February 2019. A Quality Improvement (QI) approach was being taken with teams, introducing a 'med savvy' QI approach. Assurance was received from the Trust's Lead Pharmacist that immediate actions had been put in place to support teams as needed. These included the peer review process for checking forms, improved education on critical	Although it was acknowledged that the number of incidents against contacts was low, it was agreed that benchmarking data where available will be sought and added to the Integrated Performance Report. A six month follow up report will come back to the Committee to track progress.

Agenda item	Assurance and Key points to note	Further actions and follow up
	medicines and professional oversight and support. The 'med savvy' forums were in place in east and west Kent with the aim of reducing omitted doses and improving medicine rounds. It was reported that staff were enthusiastically working on the learning and improvements.	
Policies for Ratification	The Syringe Driver Policy was ratified by the Committee. The Catheter Management Policy for an Adult Patient was ratified by the Committee.	
Legal Report	This report covered the period January to March 2019. A further update would be provided by the Medical Director at the next meeting where further information was being sought. Assurance was sought on pathways of care with deteriorating patients and assurance was received that this was a Quality Priority for the coming year. This would include examining if anything further could be done to address the area of pressure ulcers leading on to sepsis.	The Quality Team agreed to look at how learning is being captured and fed into the Patient Safety And Clinical Risk Group.
2018/19 Patient Experience and Complaints Annual Report	Key themes and trends were identified with learning clearly set out. The number of complaints continued to reduce and the link with QI used to improve performance. It was acknowledged that lots of excellent work was captured in the report with good examples of changes	

Agenda item	Assurance and Key points to note	Further actions and follow up
	made when learning had been identified .It was pleasing to note the reduction in PALS enquires following the improvements made by services. The Committee recommend approval of the Annual Report at the Board.	
Clinical Effectiveness Group	An update on progress with the Trust's Quality Strategy was discussed and good progress in all areas was noted.	
Care Quality Commission (CQC) Update	A verbal update was given on possible time scales for feedback from the recent inspection. Verbal updates were given on more recent reports for other providers where KCHFT services were also present.	CQC reports received by other providers where Trust services are present will be reported to Quality Committee. Responses will be risk assessed and learning identified and assurance provided as required.
Terms of Reference of the Quality Committee	These were considered by the Committee and some changes agreed. With these changes they were recommended to the Board.	

Pippa Barber
Quality Committee
14 May 2019

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 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 meetings held on 20 March and 15 May 2019.

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

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

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

Kent Community Health
NHS Foundation Trust

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 20 March 2019.

Agenda item	Assurance and Key points to note	Further actions and follow up
Workforce Report	This month 15/18 key metrics are stable or better, this is a very positive position and the momentum appears to be going in the right direction, also evidenced by the improved staff survey scores. Turnover is tangibly reducing partly as a result of BIG Listen work and Quality Improvement (QI) health visiting redesign. Stability: the trend is up (individuals staying more than a year); highlighting the importance of the on boarding and mentoring work. There is no national target. We have set a target of 85% which is stretching but realistic and will be reviewed in six months. Starter numbers are getting closer to leaver numbers. The data further enhanced in the future by overlaying this with vacancy numbers. Sickness is being controlled through robust process and attention to alleviate stress, and support mental health	Actions and progress against the BAF Workforce Risk is to become a standing item on the SWC. A proposal to reduce the risk rating from 16 – 12 is to be presented at the next SWC. There is much evidence to support the reduction of the morale part of the risk but the SWC requested a little longer to track the improvement against the quality part of that risk. A recommendation is coming to the next SWC to reconsider the sickness target to set it at a stretching but realistic target in the top quartile of our comparator Trusts. It will be revised from 3.9% upwards but the degree of stretch is being looked at.

Agenda item	Assurance and Key points to note	Further actions and follow up
	and musculoskeletal (MSK) caused sickness. Marginal further improvement can be possible, but the current target is not achievable.	
Nursing Academy Update	Students are all now in their first placement. Lost four due to personal circumstance now 42. Meridian News 20 March filmed to promote the Academy on the news, interviewing both Louise and two students. Full team in post supporting students, working closely with the Open University not without teething challenges. Lessons are being learnt. Attraction of the Academy has prompted much interest into how it can be extended across areas of the Trust. Issues of capacity, placement opportunities, supervision and support at a local level are all considerations before any commitment.	Operational Executive to determine Strategic resourcing needs and Management to prioritise before a business case will come to May SWC with expansion plans for 2019 – 2020, and beyond.
Retention Update	Retention has been a priority and effort to address this has resulted in lower turnover. Work on values and culture, supporting new starters, introducing where possible flexible working and better development and career planning is all having a positive impact on staff. The outcome can be seen not only in lower turnover figures but also the Staff Survey outcomes and greater energy and positivity picked up in staff and team meetings.	

Agenda item	Assurance and Key points to note	Further actions and follow up
Productivity and Efficiency of the HR Function	Using the Model Hospital data, the Committee looked at the productively and efficiency of the HR function and the results were positive, with some opportunities for refining identified. Further work can be done to shorten the time to hire but not about cost/efficiency, more about candidate documentation and benefitting from the retendering of Occupational Health. The appraisal completion score is excellent. There is now a need to concentrate on the quality of the appraisal. Further work is also underway to look at the strategic direction of Education and Training and its structure.	
Time to Change Update	The Staff and Wellbeing Group determined the need to focus on mental health and in July the Trust agreed to support the Time to Change initiative. Its purpose is to reduce stigma around mental health and raise awareness. Over 100 Time to Change Champions have been trained to confidently sign post and run events to raise awareness. On 16 May Champions come together to share experience and learning. Positive outcomes with number of Champions, and amount of activity, ultimately working towards reducing sickness, decreasing stress and engaging people with support.	
Staff Survey	Survey findings for 2018 are very positive in most areas with some significantly better scores than last year and	Local Action plans then aggregated are being developed to address the poorer performance areas:

Agenda item	Assurance and Key points to note	Further actions and follow up
	compared to our national comparators. These results will demonstrate to staff that what they have to say really does matter and that as a Trust we do listen and we do act on feedback. The Trust had a response rate of 59.7%, 2% less than last year but excellent against an average response rate for community trusts of 53% and national average of 45.7%. The Trust significantly improved in five key themes – equality, diversity and inclusion, immediate manager, safe environment, safety culture, staff engagement) This demonstrates that the devolvement culture programme is continuing to have an impact and the staff engagement work has been positively received. When comparing the key questions KCHFT scored significantly better than last year in 35% of questions, significantly worse in 4% of questions and there was no significant difference in the remaining 61% compared to last year's findings.	• Staff feeling pressurised to come to work • Ensure training and development is identified and actions • Staff experiencing MSK problems as a result of work • Reduce the number of errors, near misses that would have hurt staff or patients. At the same time plans to continue staff engagement will continue as part of the culture change in the Trust.
Operational Workforce Report - TICC Update - Review Winter	The Committee discussed the impact of the winter incentive on the use of bank staff over January and February which is inconclusive. It did increase the number on the Bank albeit not impact positively the	Further work is required to determine what the incentive should be as part of looking at staffing needs for next Winter, and whether any other motivations can be identified to

Agenda item	Assurance and Key points to note	Further actions and follow up
Pressures	percentage fill rate as demand was higher. The Committee was updated on progress with establishing self-managed teams under the Transforming Integrated Care in the Community (TICC) project. A new team is being established in Charing made up of all our own staff with Kent County Council (KCC) managing the domiciliary care element. These different models will provide valuable evidence to highlight challenges of set up, management and coordination.	encourage more onto the Bank.
Sickness Absence Target/ Benchmarking	The Committee requested a comparison between the Trust's Sickness Absence Management Procedures to NHS Employers Guide. Assurance was given that the Trust is in line, albeit with some minor enhancements of guidance to managers how to support staff with a cancer diagnosis, with caring responsibilities and a more information in the training for managers.	Given it is unlikely that these improvements will have significant impact on reducing sickness further it was proposed to revise the sickness target from 3.9% to a top quartile ambitious but realistic target. A proposal is coming to the next SWC.
E - roster Performance (Allocate insight)	The Trust has commissioned 'Allocate, its e–roster supplier to run an 'insight' service providing performance measures across six key metrics, highlighting how we are dong nationally and with our peer group. This is a valuable source of data to identify hot spots where there are issues with approval, unavailability, additional duties and unfilled hours, as well as highlight best practice areas to learn	

Agenda item	Assurance and Key points to note	Further actions and follow up
	from. Operational leads will work with e-roster team to ensure maximum value is extracted from the data.	
Workforce Plan	Draft narrative and numerical plans developed from the bottom up by each of the services illustrates further engagement and devolved responsibility taking into consideration budgets, ways of working and challenges with regards to recruitment. Resulting in greater ownership of resource planning and staff make up. NHS Improvement has provided positive feedback acknowledging that the Trust has a plan and the plan is of a good standard.	
People Strategy Implementation Plan	Received the plan for next year and received assurance that the People Strategy and what the Trust is doing directly links to the Trust's strategy.	

Bridget Skelton
Strategic Workforce Committee
20 March 2019

Kent Community Health
NHS Foundation Trust

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 15 May 2019.

Agenda item	Assurance and Key points to note	Further actions and follow up
Workforce Report	The workforce report continues to illustrate an improving but challenging picture, highlights include: - turnover in March saw an increase due to TUPE transfer of 24 from Estates, and a high level of retirees, normal for the time of year. April figures have returned to normal levels, with 99 new starters and 41 levers. - stress absence continues to improve, with Time to Change (TTC) now developed by all services. - the vacancy rate has slightly increased to 9.8% in April primarily due to budgeted establishments having increased and not yet filled. - occupational health appointments continue to be a problem for recruitment, hence close management of the contract. Candidates failing to bring their documents is even more challenging. The Board Assurance Framework risk on Workforce was reviewed and assurance received both on quality issues and morale to satisfy a12H score.	

Agenda item	Assurance and Key points to note	Further actions and follow up
Nursing Academy Update	43 students still on track. Challenges include ensuring the right skills are being learnt at each work base, and how the Trust accommodates all the students (internal and external) with roughly 150 placements.	Learning for future cohorts to ensure scale of placements is possible.
Workforce for the Future	Received paper setting out initial work on the shape of our future workforce and the plans to put that into place. Workforce plans to sustain the delivery of services have highlighted gaps in both capacity and capability with actions to address these issues. An Academy Board has been set up to oversee the development of career pathways, new roles and the prioritisation of apprenticeship programmes across the Trust (Physiotherapy being the next academy expansion).	Further work is underway to design an approach that focuses on new and extended roles, skills and new ways of working. More work is required to look ahead at models and skills that will be required to support more complex patients. Further work on future leadership models and skill requirements is also essential.
Workforce Equality Standards Update	WRES and WDES reports are due in September. Data gathering, analysis and action planning comes to the Committee in July.	
Health and Wellbeing Update – Time to Change	TTC Champions are to attend an event on 16 May to share learning and insights. TTC aims to raise awareness but TTC will also be asked how they could measure how their roles have had impact.	

Agenda item	Assurance and Key points to note	Further actions and follow up
General Data Protection Regulation (GDPR) Compliance Progress	TIAA audit provided 'limited assurance' in relation to the content, retention and destruction of personnel files. The Committee received assurance of actions to address issues including education, communication, monthly file reviews and the development of a business case for electronic filing.	Further work to identify how we track successful progress towards compliance.
Operational Workforce Report	The Care Quality Commission (CQC) requested a paper to evidence the significant workforce innovations taking place in the Trust. What this illustrated was the huge range of challenging and new ways of working the Trust has achieved recently. Three services undergoing potential major change and therefore being nurtured are: - East Sussex School nurses with service changes - The Minor Injuries Unit at Gravesend transferring to DVH - Sexual Health in the west and north transferring to the Maidstone and Tunbridget Wells NHS Trust (MTW).	

Agenda item	Assurance and Key points to note	Further actions and follow up
Action Learning Sets/Coaching Network	Budget to address gap in senior staff development resulted in the procurement of three initiatives – Development of coaching skills, action learning sets and 1-1 coaching. The procurement process is live with the first module due to take place in June. The intent is to give staff time out to improve productivity.	Determine how the Trust combines self-managed development with strategic priorities. Work with suppliers to establish means of measuring impact and value. Define how the measures of success are going to be built into the design. Ensure mechanisms are in place to manage the contract well, including communications, briefing, reviews with on-going feedback, redesign and evaluation.
Occupational Health Contract	The current contract expires in July, giving the current supplier a six month extension. The new procurement process sets out greater clarity around Key Performance Indicators (KPIs) and how issues will be resolved with financial penalties and the potential early closure of the contract should they not comply.	Questions to ensure the Trust tests potential suppliers using scenarios i.e. out of hours needs.
Payroll Contract	The new payroll provider (part of Kent County Council) is being closely managed with fortnightly meetings and monthly KPIs, on an upwards trajectory with a positive attitude to resolving issues.	

Agenda item	Assurance and Key points to note	Further actions and follow up
Recruitment Campaign 2019/20	Assurance was given on the plans for business as usual and new plans for recruitment campaigns for the upcoming year. New marketing materials, using 'Take a different view' website, engagement with Kent supported Employment, and working across the Sustainability and Transformation Partnership (STP) on Kent-wide initiatives. Using attendance at open/career days and working more closely with schools.	Link up with Matthew Wright a Trust Appointed Governor from the Head Teachers Association. Quality Improvement (QI) recruitment process, scope still to be determined and support resource secured.
Clever Together	Moving the Big Listen forward, have been awarded funding from Health Education England to look at working with Digital Crowd Sourcing Platform to gather/debate staff views on key issues coming out of the staff survey.	
Advanced Clinical Practitioners (ACP) update	All directorates have been in discussions about expanding the use of ACPs in the services. A national tender is currently on going where HEIs are interested in providing a course. The Trust is intending to extend the ACPs to a minimum of 7, 4 funded by us and the others by the clinical commissioning groups (CCGs).	

Bridget Skelton
Chair, Strategic Workforce Committee
15 May 2019

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	2.5
Agenda Item Title:	Finance, Business and Investment Committee Chair's Assurance Report
Presenting Officer:	Martin Cook, Chair of Finance, Business and Investment Committee

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

Report Summary
The reports provide a summary of the meetings that took place on 27 March and 24 April 2019. A verbal update on the meeting held on 22 May 2019 will also be provided.

Proposals and /or Recommendations
The Board is asked to receive the Finance, Business and Investment Committee Chair's Assurance Report.

Relevant Legislation and Source Documents
None
Has an Equality Analysis (EA) been completed?
No ☒. High level position described and no decisions required.

Martin Cook, Non-Executive Director	Tel: 01622 211906
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Kent Community Health
NHS Foundation Trust

FINANCE, BUSINESS AND INVESTMENT COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Finance Business and Investment Committee meeting held on 27 March 2019

Agenda item	Assurance and Key points to note	Further actions and follow up
Business Development and Service Improvement Report	All main contracts are signed and typically these are proving to be long term, three years plus contracts, so that the Trust can be confident that many income streams are locked in for the next few years and that it can plan accordingly. This is a great result by the Trust's negotiation team. Nonetheless, the East Kent RAG indicator is at amber reflecting that further work is needed on the implementation of services to support discharge and whole system flow. Work continues in relation to urgent treatment centres and meetings have been held with all providers to establish baselines and next steps, although no decisions can yet be made about locations in east Kent in the absence of decisions on siting of A&E services. CQUIN achievement in east Kent has been agreed at 80% translating to an income of £1,437k. There is some good news on Discovery Orthotics in that it	A table would be produced for this report in future that would show the amount of future income already secured and weighted forecasts against outstanding tenders to give further assurance against the income lines in the 2019/20 budget and subsequently. A paper would be produced highlighting the measurable benefits achieved through the Quality Improvement (QI) programme overall so that the Trust can help to ensure momentum is maintained as a key investment for our people in training and engagement. Dental services should be scheduled into the future work programme for a full service review.

Agenda item	Assurance and Key points to note	Further actions and follow up
	has finally landed a £75k contract with Maidstone and Tonbridge Wells NHS Trust (MTW), has increased volumes in its relationship with Guys and St Thomas NHS Foundation Trust and has found an economic use for the void space at the back of the facility in Sandwich. Conversely, the Trust is still working with MTW to get the operation of Sexual Health Services resolved. And in relation to public health services, whist there is not scheduled to be any re-tendering before March 2020, Kent County Council (KCC) is now to undertake a comprehensive review as to the value it derives from all their contracts, of which the Trust delivers about half. The Trust is going to treat this exercise as a sales opportunity.	
Finance Report Month 11	The Trust achieved a surplus of £4664k year to date at the end of February 2019 and the Committee can give strong re-assurance that the Trust will meet a surplus of £5m at year end. The take-on of Hilton Nursing Partners is going well. The full years Cost Improvement Programme (CIP) target of £4080k is still forecast to be met although the estates element is still not completely secured so the RAG indicator stands at amber. Cash is healthy at 59 days expenditure equivalent. Capital spend is expected to meet around 96% of the plan with the variance due to failure to obtain value for money tenders on energy efficiency projects, including new EV charging points.	The Director of Finance would see if there was a way of bringing out in the narrative in future around profit and losses where the latter included investments to secure longer term contracts or otherwise represented investments in Kent-wide projects and initiatives, without compromising the accuracy and transparency of the Trust's accounts. The Committee is also seeking clarification as to why some commissioners' uplift to cover the Agenda for Change (AfC) pay

Agenda item	Assurance and Key points to note	Further actions and follow up
	East Sussex is yet to sign the new 2018 contract although it is substantially agreed.	award has not been applied.
2019/20 Revenue and Capital Budgets	As previously agreed by the Board, after scrutiny, the budgets record the Trust as planning to make a surplus of £2.35m in 2019/20 supported by £2.2million of Provider Sustainability Fund (PSF) funding. The budgets have been produced in line with planning guidelines and assumptions agreed previously by the Board. Points previously raised by Board and Committee members have been properly incorporated, for example phasing of capital spend, in particular IT spend, is clearer. There is also a higher degree of transparency about the main risks and potential upsides to the budget. In particular, the Committee received assurance on how the issue of vacancies is treated for budgeting and planning purposes, as this is the biggest single "swing" item. In effect, consistent with our policy of delegating budgeting to directorate level, the budget is based around agreed complements that are also aligned with safe staffing ratios. The Committee does not wish to reduce the commitment and effort fully to recruit to that complement, although realistically underspend on pay, is then highly likely to occur. This is then reflected in the potential upsides and matched by corresponding operational and staffing risks elsewhere.	

Agenda item	Assurance and Key points to note	Further actions and follow up
	The Committee recommend the budgets for the Board's final approval.	
2019/20 Annual Plan	Similarly, the Committee recommends to the Board to approve submitting the final version of the Annual Plan to NHS Improvement (NHSI). The plan has now been updated in line with NHSI comments on the draft the Trust submitted in February as well as incorporating previous comments from Board members. This includes the Trust's plans to meet the national six week diagnostic target in relation to children's audiology Incidentally, unlike most other NHS organisations in Kent, the Trust's draft received a green RAG rating from NHSI, correctly, in the Committee's view, reflecting the good work of the team in putting the plan together.	
2019/20 Cost Improvement Programme Position	We received an update on the 2019/20 Cost Improvement Programme, which the Committee also recommend to the Board for approval. Of the agreed target of £5,299k or 2.2% of the Trust's budget, 26% of schemes are fully developed, 41% are plans well in progress 28% are at opportunity stage and just 7% are unidentified, the bulk in east Kent. Quality Impact Assessments for £3545k have now been approved by the Chief Nurse (Interim) and Medical Director, £551k is awaiting approval. In accordance with policy any new services identified or	The Committee will review progress against plan as a standing agenda item. In addition to deep dives undertaken in Quality Committee to high risk areas, the Committee will also investigate in depth areas or services that may represent some higher risk from a commercial or financial point of view, particularly, the trade-off between the higher savings target allocated to IT and the priority the Trust gives to digital

Agenda item	Assurance and Key points to note	Further actions and follow up
	firmed up through the year, particularly in estates, will be reviewed by the Chief Nurse (Interim) and Medical Director.	in its strategy.
Service Review – Rapid Transfer of Care	The Committee received an interim report from the East Kent Community Services Director. A huge amount of work had been done in the teeth of winter pressures in re-engineering the existing services and whilst there was still a need to do more fast problem-solving on the ground, a service had been constructed that was delivering considerable value to patients, as supported through anecdote rather than quantitative data to date. This is a considerable achievement in a traditionally difficult relationship environment. There is a specific outstanding financial risk of up to £0.5 m in relation to care home services beds. Discussions and work are ongoing to establish agreed end to end pathways, common procedures and data sets.	Pippa Barber, Non-Executive Director and I will jointly undertake a service visit in April to get a better feel for what is happening on the ground. The Committee will take an update at the end of the next quarter where it is expecting many of the outstanding issues to have resolved to steady state and a full service review again at mid-year.
Terms Of Reference Review And Other Business	I reported positively to the Committee on visits I had made to parts of the procurement process for the replacement for the Community Information System (CIS). As well as well-run, the procurement process is positively contributing to implementation in building engagement and a Trust-wide mentality amongst our people and champions for the new system. I recognised and thanked	The Committee agreed to complete its Terms of Reference review next month and in particular would consider frequency and timing of meetings, with a rebuttable hypothesis that six meetings a year might be a good balance between the formal and less structured use of committee members' time.

Agenda item	Assurance and Key points to note	Further actions and follow up
	on behalf of the Board the considerable investment in time and energy the 50 or so of our people engaged were making.	

Martin Cook
Chair, Finance Business and Investment Committee
27 March 2109

Kent Community Health
NHS Foundation Trust

FINANCE BUSINESS AND INVESTMENT COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Finance Business and Investment Committee meeting held on 24 April 2019.

Agenda item	Assurance and Key points to note	Further actions and follow up
Business Development and Service Improvement Report	Given the team's success in locking in all of the Trust's major blocks of work for a minimum of three years, the Trust has the relative luxury of approaching tender work strategically, with the ITT for East Sussex School Nursing, due in May 2019, taking priority. Work continues to fully implement the Rapid Transfer of Care (RTOC) service in east Kent and whilst the commissioners have asked for a remedial plan, the Trust was given assurance that this was not adversely affecting relationships with commissioners. Work continues on urgent treatment centres for the South Kent Coast, with three options under discussion. The Committee received further information around the successful Discovery Orthotic sales which appear to be of a lower volume than originally reported. The reported £75k contract with Maidstone and Tunbridge Wells NHS Trust (MTW) is actually only worth £25k as yet.	The Tables showing outstanding tender work will in future indicate the strategic value of each tender to the Trust and the reason why we are going to bid rather than no bid.

Agenda item	Assurance and Key points to note	Further actions and follow up
	Nonetheless, the sales funnel shows good opportunities to expand further, particularly at MTW and Guys and St Thomas NHS Foundation Trust.	
Lessons learned from contract negotiations	The paper presented by the Business Development Team emphasised the part played by relationship-building and management, particularly amongst all the commissioning groups in east Kent, in the successful outcome to contract negotiations. The Committee received assurance that the team exercised thorough stakeholder management in terms of identifying the key people to building and maintaining relationships with, including roles, key contacts, and so on.	The Committee praised the work of the negotiation team and noted that the Trust was in a strong financial and strategic position going forward. Further consideration would be given as to whether any specific tools might support stakeholder management and customer relationships going forward. In addition, thought would also be given as to how the relationships the Trust had could be put on a more sustainable footing by developing further relationships with the next tier down/rising stars on both sides.
CQUIN Review And Outturn	The total CQUIN outturn for 2018/19 is £2,739,445 or 87% of the total value of £3,141,671, better than forecast, but slightly down on last year, due primarily to a capping agreement with East Kent. The value of CQUIN is reducing by half this current financial year to 1.25%. The Committee received assurance that, whilst this was good news in terms of reducing financial risk to the Trust, overall, there would be no let up on seeking to improve	

Agenda item	Assurance and Key points to note	Further actions and follow up
	performance on the things that CQUIN attempt to target. There was a remaining financial risk in respect of flu immunisation targets in east Kent as the payment threshold is increasing to 60%.	
Quality Improvement (QI) Quarterly Review	The Committee received assurance that there had been considerable progress with the Trust's Quality Improvement initiative. Investment year to date had been lower than expected because support had been provided by NHS Improvement rather than an external provider: c £133k had been spent against a budget of £300k.	Despite the underspend 2018/19, the full £300k budget would be retained and is committed for this financial year to reflect the importance of the initiative for the Trust.
Finance Report Month 12	The Trust met all its duties for the eighth year in a row. It achieved a surplus of £5,026k for the year, including £2474k PSF. This was £1,898k better than plan. The Trust expects further general, incentive and bonus Provider Sustainability Fund (PSF) funding taking the total surplus to £8902k. The full year's Cost Improvement Programme (CIP) target of £4080k was met. Cash is healthy at 47 days expenditure equivalent. Capital spend was £3,652k against a revised plan of £3,716k. Agency expenditure was above trajectory for March but well below trajectory for the year overall.	
Service Review – Musculoskeletal Physiotherapy Service	The Committee received a financial review of the Integrated Musculoskeletal services for 2018/19 as well as plans to achieve a break even run rate by the end of	The plans for 2019/20 will be reviewed to include impact, timetable to achieve and critical success factors and sent to the

Agenda item	Assurance and Key points to note	Further actions and follow up
Review	2019/20. There have been considerable challenges and changes to the way these services have been commissioned over the past few years and whilst improved over the course of the last year, the service is still running a considerable deficit of about £1.3 million. Every area of physiotherapy has been reviewed leading to plans to reduce service overheads, redesign of the clinical model of service delivery and recruiting to re-designed workforce plans. Community Orthopaedics has shown some increased referrals and there is phased recruitment in place to expand the workforce although recruitment challenges have compromised the opportunity to make the most of payment by tariff opportunities. The Community Chronic Pain service has faced significant capacity issues. But waiting times in east Kent which peaked at more than 26 weeks currently stands at six to twelve weeks, which is good progress. The Committee received some assurance that there are plans in place to address the deficit in 2019/20 but will review the situation in six months.	Committee off-line. In addition, some further clarity will be provided on the proposed trajectory in terms of eradicating the deficit and therefore the likely outturn at year –end.
Electronic Patient Record Update	A paper was presented showing the outcome of the procurement exercise and seeking to move to the next step of choosing a preferred supplier. The Committee sought further assurance around the nature of the pass/fail test for core application and hosting which only	

Agenda item	Assurance and Key points to note	Further actions and follow up
	one of the suppliers had failed, but a supplier with a much higher usability score than the preferred supplier and otherwise very close in the scored elements. (This was subsequently presented and endorsed to proceed with the preferred supplier at the Board meeting the next day.) The Committee was concerned that the gains that had been made through engaging staff throughout the process should not be compromised by choosing a preferred supplier with a relatively low usability score and the Committee received some assurance about plans to manage this risk.	
Terms Of Reference Review And Other Business	On further review, the Committee has decided to move to a largely bi-monthly pattern of meetings. This represents both the fact that for eight years in a row the Trust has had an excellent financial performance, but also an attempt to rebalance the work of the executives and non-executives a little from formal assurance and reporting to other parts of their roles. The Committee also agreed to recommend incorporating some adjustments to the Terms of Reference for example, to place more emphasis on reviewing benefits realisation against previously submitted plans and initiatives and to query whether succession plans and talent within the Finance function was best taken by separate discussion and meeting between the Chair and the Director of Finance rather than taken	The Committee will review performance last year against the specific duties in the terms of reference to identify any gaps we can do better on or challenges as to whether those duties should remain at all. The Terms of Reference of all committees are being reviewed in the light of the Board development work being done by EY/Plum. But in particular we need to explore what is meant in practice by their recommendation that the FBI Committee should take oversight of performance.

Agenda item	Assurance and Key points to note	Further actions and follow up
	formally at the Committee's meeting.	

Martin Cook
Chair, Finance Business and Investment Committee
30 April 2109

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	2.6
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 15 May 2019.

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 ☒ High level position described and no decisions required.

Peter Conway, Non-Executive Director	Tel: 01622 211906
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Kent Community Health
NHS Foundation Trust

AUDIT AND RISK COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Audit and Risk Committee (ARAC) meeting held on date 15 May 2019.

Area	Assurance	Issues and/or Next Steps
Annual Report and Accounts	1) Accounts: the ARAC considered these in detail during a telecon on 9 May 2019. They have been prepared to a high standard and there were no significant issues. This is the Trust's eighth year of delivering a surplus and value for money 2) Annual Report: at the time of the meeting, the Report had not been finalised. The ARAC gained assurance on the Remuneration Statement, Sustainability Report and Annual Governance Statement.	1) Subject to final checks by the Auditors (which will be advised to the Board if there are any changes from the version considered by ARAC), the Accounts are recommended for approval 2) Provided the Board is happy with the Annual Report, the ARAC recommends its approval including the Annual Governance Statement.
Risk Management	1) Board Assurance Framework (BAF): detailed actions should be forward looking with completed actions deleted 2) Risk Appetite: the ARAC agreed with the Management Committee discussions on purpose, scope, benefits and alignment with the Board development programme 3) Risk Management Strategy and Policy: further amendments were suggested.	1) the BAF will receive further enhancements including how Board sub-committees will gain assurance on the highest risks 2) Ms Natalie Davies, Corporate Services Director to develop proposals on risk appetite development next steps 3) The Risk Management Strategy and Policy will be re-written to make it more user-friendly, reflect current governance arrangements and differentiate between strategy, policy and process. It will also be aligned with risk appetite development,

Area	Assurance	Issues and/or Next Steps
Cyber Security	Current state and ongoing assurance were considered. There is some very good work going on and the Trust can build on its good progress to date.	1) The Assurance Dashboard will be further developed providing additional detail on what by when 2) Third line of defence assurance will be considered at a future meeting 3) There will be a deep dive on business resilience in August 2019 4) There will be a deep dive on third party risks in December 2019.
Delegated Authority and Empowerment	The ARAC identified instances where local actions had led to financial loss. This led to discussion of devolution, empowerment, centralisation, local responsibilities and authorities, etc.	The ARAC will consider how best to gain assurance that Delegated Authority and empowerment is being done effectively.

Peter Conway
Chair, Audit and Risk Committee
May 2019

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	2.8
Agenda Item Title:	Integrated Performance Report Part One
Presenting Officer:	Gordon Flack, Director of Finance and Executive Directors

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

Report Summary

The Integrated Performance Report is presented with the use of Statistical Process Control (SPC) charts. 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 are 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 2 year 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>

A KPI review is in still in process for the indicators included within the corporate scorecard to ensure all the metrics are still relevant with realistic targets and new indicators are added to ensure our business objectives and quality goals are represented. Further changes are expected in the coming months. Changes made this month are:

- Pressure Ulcers KPI, previously Grades 3/4, re-worked in line with national guidance to be reported as all grades attributable to lapses in care
- Rapid Transfer Excess Bed Days (KPIs 3.6) re-named (previously named EK Home First)

Within NHS Improvement's Single Oversight Framework, KCHFT was moved from segment 1 to segment 2. This level is categorised as "targeted support offer" (segment 1 is "maximum autonomy"). The move from segment 1 to segment 2 was

as a result of deterioration in performance in RTT and 6 week diagnostics and while RTT is now meeting target, 6 week diagnostics is failing to meet the 1% standard consistently (99% of the waiting list under 6 weeks). See the operations section for details of actions to improve performance to meet the 1% standard and move KCHFT back to segment 1 planned for June 2019

There are 10 KPIs moving favourable in month and 10 moving unfavourably whilst 27 are in normal variation.

There are 8 KPIs consistently failing target including the two system targets tracked of A&E wait times at MTW and EKUFT. The others are:

- KPI 1.1 Stop smoking at 84.6% with some improvement with the model under review
- KPI 1.2 Health checks carried out at 87.8% but with strong positive improvement
- KPI 2.8 Contract activity at 97.8% for 2018-19 and activity targets have been rebased for 2019-20 where necessary e.g. reflecting changes in service model and demography.
- KPI 4.1 Percentage of LTC/ICT Face to Face Contacts carried out in a clinic (target to increase) at 3.7% against 5% target and a measure that is under review for its usefulness.
- KPI 5.3 Turnover (planned and unplanned) at 17.3% against 16.5% target and hovering around the lower control limit.
- KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more) at 84.7% marginally below the 85% target.

Of the 9 indicators not measured by SPC charts 7 are achieving target and the two that have not are KPI 3.3 CQUIN for Q4 18-19 meeting 86.6% and KPI 2.18 Research: Participants recruited to national portfolio studies with only 18 in April against a 300 annual target or 25 per month which represents a stretch target as performance has historically been good.

Quality

- 4 lapses in care identified and pending investigation which resulted in patients developing pressure ulcer.
- Pressure ulcers identified as Category 2; Category 3. Category 4 and ungradable. The Category 4 is under investigation to determine whether it meets the serious incident criteria.
- There was one serious incident reported in April for Canterbury Community Nursing Team relating to a pressure ulcer incident during March.
- Majority of incidents reported due to ‘administration or supply of a medicine from a clinical area’.

Workforce

- Increase in turnover in March 2019 but since dropped back to previous levels. March increase was due to TUPE transfer.

- Sickness absence in March dropped to 3.71% with slight increase in April to 3.85%.
- Vacancy rates have increased to 9.68% in April.
- An increase in bank shift requests over the last year.

Finance

- £231k of savings for April 19 against risk rated plan of £438k. £207k behind target.
- Capital Expenditure spend to April was £132k against YTD plan £169k (78% achieved)
- End of April the Trust achieved surplus £216k (1.1%)

Operations

- NHS Health Checks and Stop Smoking Quits now showing period of positive variation following recalculation of Control limits due to new data system.
- New birth visits appears to be experiencing the beginning of an adverse trend with month 12 below target hoping this will improve following data cleanse (currently 89%)
- Referral to treatment incomplete wait times for consultant-led services performing well with 96.4% of waits are now below 18 weeks with the average is 20.8 weeks.
- Audiology 6 week diagnostics has been performing above the mean for the last 8 months. Although recently marginally below the challenging 99% target within 6 weeks. The Audiology team currently has 11.8% of clinical staff on maternity leave and 21% on term time only contracts. 1 permanent member of staff has been recruited with another audiologist for the Bank. A tracking process has also been implemented to forecast and prevent breaches.
- The End of Life indicator is new for 18/19 with no data available prior to April 2018. Performance for the year to date equates to 39.7% with the care planning window being monitored and performance is improving achieving target for first time in M12.
- Delayed Transfers of Care (DTOCs) KCHFT target to reduce to average 7 per day in East & West Kent which is a rate of 9.5%. Position has improved month on month with M12 above target at 11.1%.
- Looked After Children the Initial Health Assessment is achieving target most months. Performance is variable due to late requests from KCC. The Review Health Assessment has met target and improving.
- Bed Occupancy is showing varying trend but with no cause for concern. Months 5-7 and 9 were below target and lower than

	mean level of occupancy. With improvement to the M10-12 position above mean the dip in performance does not indicate a concern at this stage.

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 ☒ High level position described and no decisions required.

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Kent Community Health
NHS Foundation Trust

Integrated Performance Report 2019/20

May 2019 report

Part One

we care

Kent Community Health
NHS Foundation Trust

Contents

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Kent Community Health
NHS Foundation Trust

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

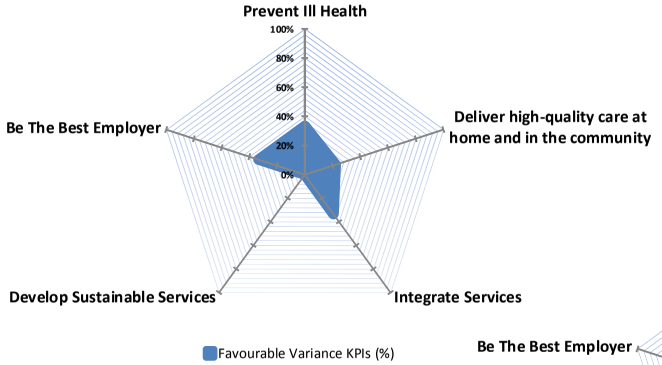
CQUIN – Commissioning for Quality and Innovation

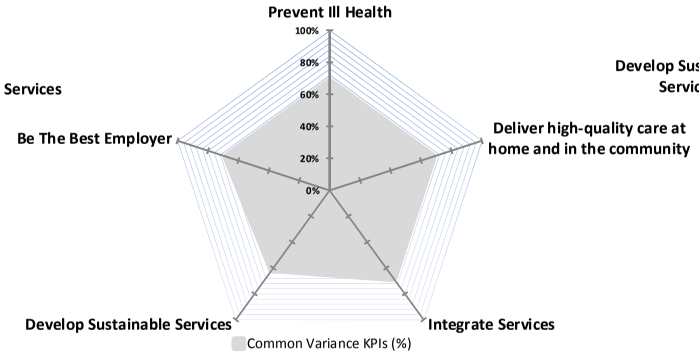
MTW – Maidstone and Tonbridge Wells NHS Trust

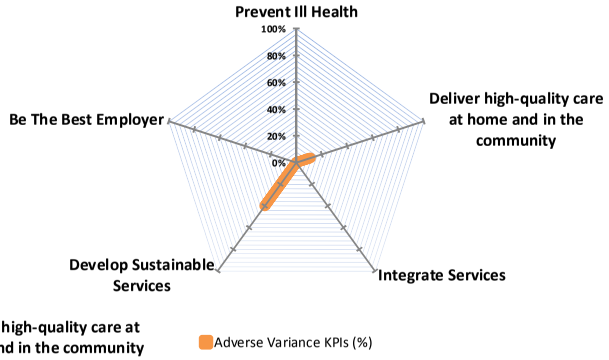
WTE – Whole Time Equivalent

we care

1.0 Assurance on Strategic Goals





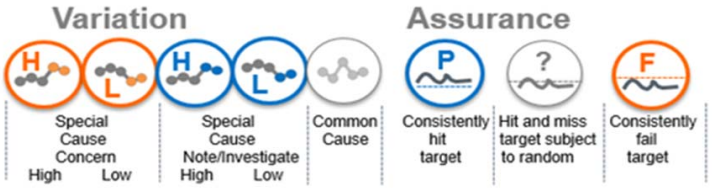


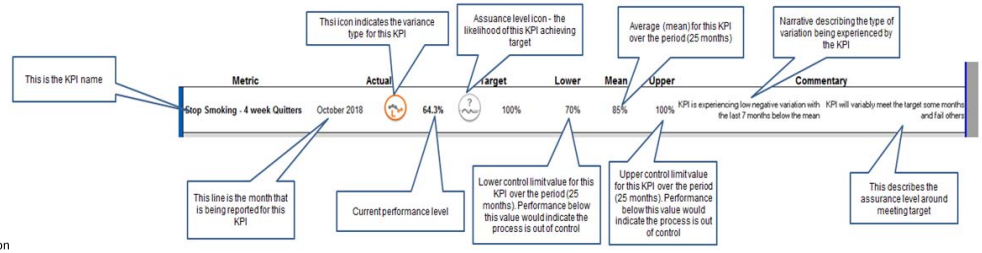
Within NHS Improvement's Single Oversight Framework, KCHFT have been moved from segment 1 to segment 2. This level is categorised as "targeted support offer" (segment 1 is "maximum autonomy"). The move from segment 1 to segment 2 is as a result of deterioration in performance in RTT and 6 week diagnostics and while RTT is now meeting target, 6 week diagnostics is failing to meet the 1% standard (99% of the waiting list under 6 weeks). See the operations section for details of actions to improve performance to meet the 1% standard and move KCHFT back to segment 1.

Overall, of the 41 indicators that we are able to plot on a statistical process control (SPC) chart, **24.4% are experiencing favourable in-month variation (10, KPIs 1.1, 1.2, 2.5, 2.8, 2.9, 2.24, 3.4, 3.6, 5.4 and 5.6), 9.8% are showing in- month adverse variance (4, KPIs 2.15, 2.21, 4.3 and 4.4)** and the remaining **65.9% (27) are showing normal variation.**

26.8% of the KPIs are consistently achieving target **(KPIs 1.4, 2.12, 2.13, 2.16, 2.19, 2.20, 2.23, 3.2, 4.3, 4.5 and**
19.5% (KPIs 1.1, 1.2, 2.8, 3.5, 3.7, 4.1, 5.3 and 5.6) are consistently **failing,**
with the remaining **53.7% 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.**





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 note 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

Kent Community Health NHS Foundation Trust - Corporate Scorecard

*NOTE: National Targets are denoted by (N) in the KPI name

	Metric	Actual		Target		Lower	Mean	Upper	Commentary	
1. Prevent Ill Health	KPI 1.1 Stop Smoking - 4 week Quitters	March 2019	84.6%		100%	71%	83%	96%	KPI is experiencing high positive variation, with the last 9 months performing above the mean	KPI is currently unlikely to meet target without a process change with the upper control limit below the target level
	KPI 1.2 Health Checks Carried Out	March 2019	87.8%		100%	60%	74%	88%	KPI is experiencing a period of positive special cause variation with the last 7 months moving in a positive trend	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	March 2019	89.0%		90%	89%	92%	96%		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	March 2019	87.0%		80%	85%	90%	94%		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 (N) School Health - Reception Children Screened for Height and Weight	April 2019	94.0%		90% (year end)				KPI is cumulative through the school year	KPI has achieved the target for the 18/19 school Year
	KPI 1.6 (N) School Health - Year 6 Children Screened for Height and Weight	April 2019	93.7%		90% (year end)				KPI is cumulative through the school year	KPI has achieved the target for the 18/19 school Year
	KPI 1.7 LTC/ICT - Admissions Avoidance (using agreed criteria)	March 2019	6385		5257	4414	5778	7142		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	March 2019	18.8%		15.0%	12.8%	16.6%	20.5%		KPI will variably meet the target some months and fail others

	Metric	Actual		Target		18/19 YTD Actual	18/19 YTD Target	Commentary
2. Deliver high-quality care at home and in the community	KPI 2.1 Number of Teams with an Amber or Red Quality Scorecard Rating	March 2019	0		1	6	8	There have been 6 Amber/Red ratings for the financial year to date with April (2) being the highest month
	KPI 2.2 (N) Never Events	April 2019	0		0	0	0	No never events experienced this year. Last event in December 2016
	KPI 2.3 (N) Infection Control: C.Diff	April 2019	0		0	1	0	Last case in January 2019
	KPI 2.4 (N) Infection Control: MRSA cases where KCHFT provided care	April 2019	0		0	4	0	4 cases in 2018-19 (One in each of April, August, September and October)

Kent Community Health NHS Foundation Trust - Corporate Scorecard

*NOTE: National Targets are denoted by (N) in the KPI name

	Metric	Actual		Target		Lower	Mean	Upper	Commentary	
2. Deliver high-quality care at home and in the community	KPI 2.5 Inpatient Falls (Moderate and Severe Harm) per 1000 Occupied Bed Days	April 2019	0.00		0.19	-0.18	0.04	0.25	KPI is experiencing low positive variation, with the last 10 months experiencing no moderatre and severe falls	KPI will variably meet the target some months and fail others
	KPI 2.6 Avoidable Pressure Ulcers - Lapses in Care	April 2019	4		1	-1.7	1.6	4.9		KPI will variably meet the target some months and fail others.
	KPI 2.7 Percentage of End of Life patients with an updated Personalised Care Plan (PCP)	April 2019	60.4%		60.0%				Currently too few data points to plot an SPC chart	KPI is consistently failing the target, with signs of improvement. This KPI is a new target and data collection. See Operational Report for more detail
	KPI 2.8 Contractual Activity: YTD as % of YTD Target	March 2019	97.8%		100.0%	95.8%	97.8%	99.8%	KPI is experiencing high positive variation, with the last 10 months performing above the mean	KPI will consistently failing 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	March 2019	3.1%		4.0%	3.1%	3.6%	4.1%	KPI is experiencing low positive variation, with the last 7 months performing below the mean	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)	March 2019	98.4%		95.0%	95.0%	96.9%	98.8%		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	March 2019	96.4%		95.0%	88.9%	94.8%	100.7%		KPI will variably meet the target some months and fail others
	KPI 2.12 (N) Total Time in MIUs: Less than 4 hours	March 2019	99.5%		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 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways	March 2019	95.9%		92.0%	92.5%	95.0%	97.6%	KPI is now showing normal variation following a period of negative variation below 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 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks)	March 2019	216		532	94	370	646	KPI is now showing normal variation following a period of negative variation below the mean	KPI will variably meet the target some months and fail others
	KPI 2.15 AHP (Non-Consultant Led) Referral to Treatment Times (RTT)	March 2019	89.5%		92.0%	90.6%	93.8%	97.1%	KPI is experiencing low adverse variation with the last 11 months below the mean, although showing signs of improvement	KPI will variably meet the target some months and fail others
	KPI 2.16 (N) Access to GUM: within 48 hours	March 2019	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 2.17 Length of Community Hospital Inpatient Stay (Median Average)	March 2019	22.7		21.0	15.0	20.3	25.6		KPI will variably meet the target some months and fail others
	KPI 2.18 Research: Participants recruited to national portfolio studies (Year to Date)	April 2019	18		300				KPI is cumulative	KPI is consistently achieving the target of 75 per quarter

Kent Community Health NHS Foundation Trust - Corporate Scorecard

*NOTE: National Targets are denoted by (N) in the KPI name

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

Metric	Actual		Target		Lower	Mean	Upper	Commentary	
KPI 2.19 Percentage of patient goals achieved upon discharge for planned and therapy services	March 2019	91.2%	P	80.0%	85.8%	90.6%	95.4%		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 2.20 (N) Friends and Family - Percentage of Patients who would Recommend KCHFT	April 2019	97.6%	P	95.0%	95.4%	97.1%	98.7%		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 2.21 Friends and Family Test (Patients surveyed for MIUs & Comm. Hosp) - Response Rate	April 2019	15.4%	?	20.0%	11.7%	16.8%	21.8%	KPI is experiencing low adverse variation with the last 8 months performing below the mean	KPI will variably meet the target some months and fail others
KPI 2.22 Clinical Audit: % of audit recommendations implemented by deadline	April 2019	72.0%	?	45.0%	49.8%	75.7%	101.7%		KPI will variably meet the target some months and fail others
KPI 2.23 (N) NICE Technical Appraisals reviewed by required time scales following review	April 2019	100.0%	P	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 2.24 (N) 6 Week Diagnostics	April 2019	96.8%	?	99.0%	80.8%	92.8%	104.9%	KPI is experiencing high positive variation, with the last 8 months performing above the mean	KPI will variably meet the target some months and fail others

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	March 2019	11.1%	?	9.5%	4.8%	10.0%	15.2%		KPI will variably meet the target some months and fail others
KPI 3.2 Percentage of LTC/ICT Referrals coming from within KCHFT	March 2019	15.1%	P	10.0%	14.8%	18.8%	22.9%		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 Q4)	March 2019	86.6%	●	100%				SPC not appropriate for this metric	KPI will variably meet the target some months and fail others, with 3 of the last 8 quarters achieving 100%
KPI 3.4 Home First impact - reduction in average excess bed days (West Kent)	February 2019	0.18	?	0.20	-0.12	0.63	1.38	KPI is experiencing low positive variation with the last 9 months performing below the mean	KPI will variably meet the target some months and fail others
KPI 3.5 (N) Average wait time (minutes) for MTW Accident and Emergency Services	February 2019	339	F	240	264	308	353		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
KPI 3.6 Rapid Transfer impact - reduction in average excess bed days (East Kent)	February 2019	0.07	?	0.20	-0.10	0.19	0.47	KPI is experiencing low positive variation with the last 9 months performing below the mean	KPI will variably meet the target some months and fail others
KPI 3.7 (N) Average wait time (minutes) for EKHUFT Accident and Emergency Services	February 2019	391	F	240	282	348	414		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

Kent Community Health NHS Foundation Trust - Corporate Scorecard

*NOTE: National Targets are denoted by (N) in the KPI name

	Metric	Actual			Target		Lower	Mean	Upper		Commentary
4. Develop sustainable services	KPI 4.1 Percentage of LTC/ICT Face to Face Contacts carried out in a clinic (target to increase)	March 2019		3.7%	F	5.0%	2.8%	3.7%	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 is being reviewed
	KPI 4.2 Bed Occupancy: Occupied Bed Days as a % of available bed days	March 2019		91.2%	?	87.0%	84.1%	89.4%	94.6%		KPI will variably meet the target some months and fail others
	KPI 4.3 Income & Expenditure - Surplus (%)	April 2019	L	1.1%	P	1.0%	1.1%	1.5%	1.9%	KPI is experiencing low negative variation with the current month performing below the lower 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 (%)	April 2019	L	52.7%	?	100.0%	65.3%	83.0%	100.7%	KPI is experiencing low negative variation with the current month performing below the lower control limit	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)	April 2019		£496,424	P	£628,000	£181,262	£399,585	£617,908		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		Lower	Mean	Upper		Commentary
5. Be The Best Employer	KPI 5.1 Sickness Rate	April 2019		3.85%	?	3.90%	3.81%	4.47%	5.13%		SPC suggests target is unlikely ot be achieved regularly and is being reviewed
	KPI 5.2 Sickness Rate (Stress and Anxiety)	April 2019		1.01%	?	1.15%	0.99%	1.29%	1.59%		KPI will variably meet the target some months and fail others
	KPI 5.3 Turnover (planned and unplanned)	April 2019		17.29%	F	16.47%	17.12%	18.41%	19.70%		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	April 2019	H	96.0%	P	85.0%	94.0%	95.4%	96.8%	KPI is experiencing high positive variation with the last 7 months performing above the mean	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)	April 2019		9.7%	?	9.7%	6.8%	9.0%	11.2%		KPI will variably meet the target some months and fail others
	KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more)	April 2019	H	84.7%	F	85.0%	81.4%	82.8%	84.3%	KPI is experiencing high positive variation with the last 7 months performing above the mean	New target has been set at 85%. While the target currently sits above the upper control limit, current performance should see the upper limit increase above target

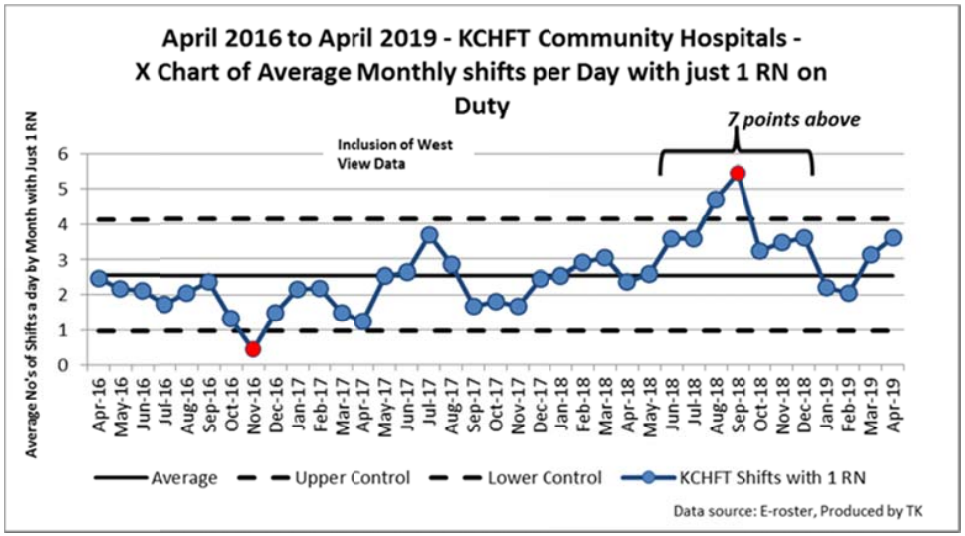
2.0 Quality Report

2.1 Assurance on Safer Staffing

Three community hospitals had a shift fill rate between 71.7 and 89.2. Edenbridge has a weighted risk score of 0.14 and QVMH has a weighted risk score of 0.27 both are below the average weighted risk score.
Wards increase the use of health care assistants to expand general capacity especially during night shifts. This is done to support patients with increased cognitive impairment during this time.

1.1. RN and HCA Staffing Community Hospitals April 19	Day Fill Rate %		Night Fill Rate %	
	RN's	HCA's	RN's	HCA's
Deal	95.8	127.8	98.3	103.3
Faversham	96.7	82.2	98.3	66.7
QVMH	84.2	118.9	100	96.7
Whit and Tank	96.7	112.7	100	68.3
West View	71.7	87.9	95	73.3
Edenbridge	89.2	111.7	95	96.7
Hawkhurst	106.7	120	98.3	103.3
Sevenoaks	98.3	106.7	98.3	95.6
Tonbridge - Goldsmid	95	88.7	100	109.7
Tonbridge – Primrose	N/A	93.9	N/A	104.4
Total	92.70	105.%	98.13	91.80

Over 110%	Over 90% Fill Rate	65% to 90% Fill Rate	Less than 65%

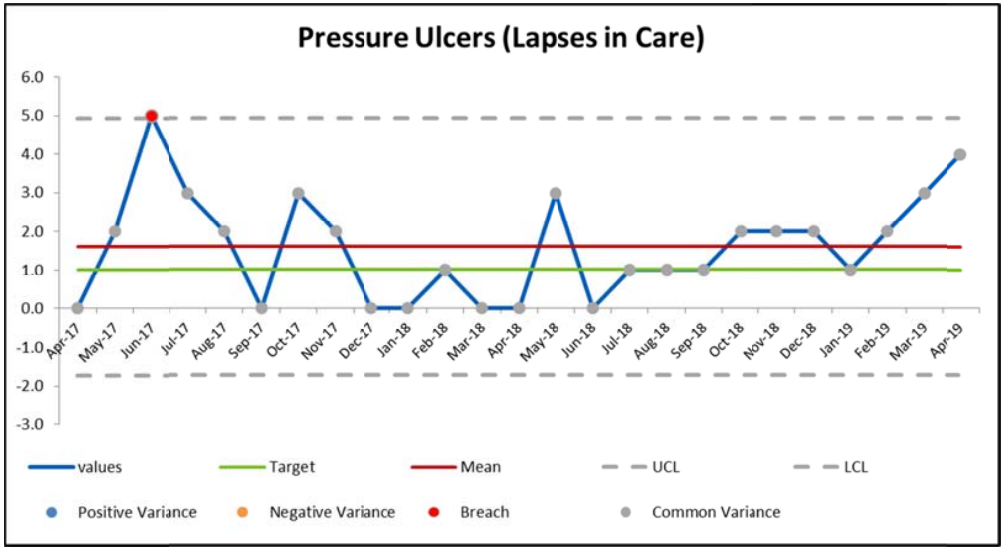


West View is part of KCHFT since April 2019 and therefore included within the community hospitals data set. The Deputy Chief Nurse and the Associate Director of Governance have a scheduled visit with the team. Due to the vacancy rate and low RN's on shift this has impacted on April's average monthly shifts data along with Edenbridge and QVMH

2.2 Assurance on Pressure Ulcers

During April 2019, 4 occasions of lapses in care were identified and pending investigation. This resulted in patients developing a pressure ulcer. These were identified as a category 2; category 3; category 4 and an ungradable. The category 4 pressure ulcer is currently under investigation to determine whether it meets the serious incident criteria.

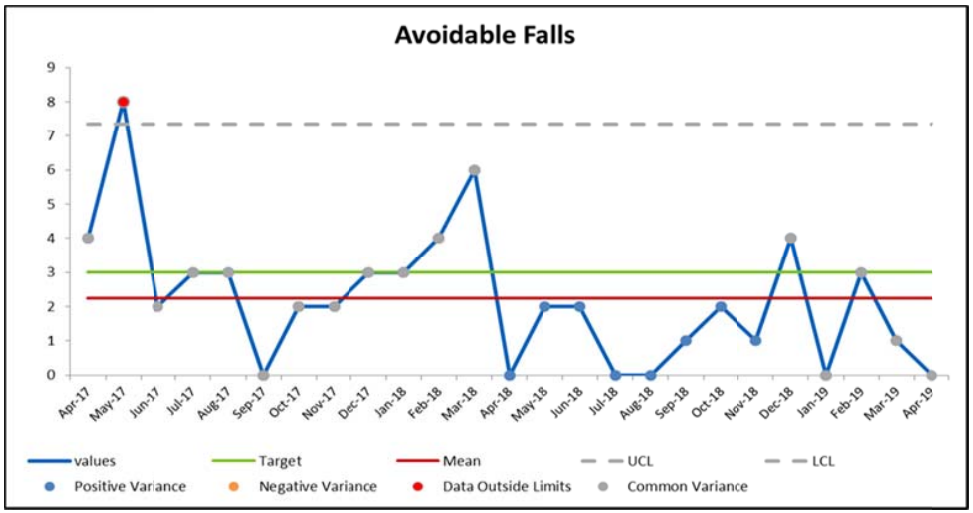
There were no incidents reported where pressure ulcer damage was caused by a medical device.



There was one serious incident reported in April for Canterbury Community Nursing team relating to a pressure ulcer incident which occurred during March.

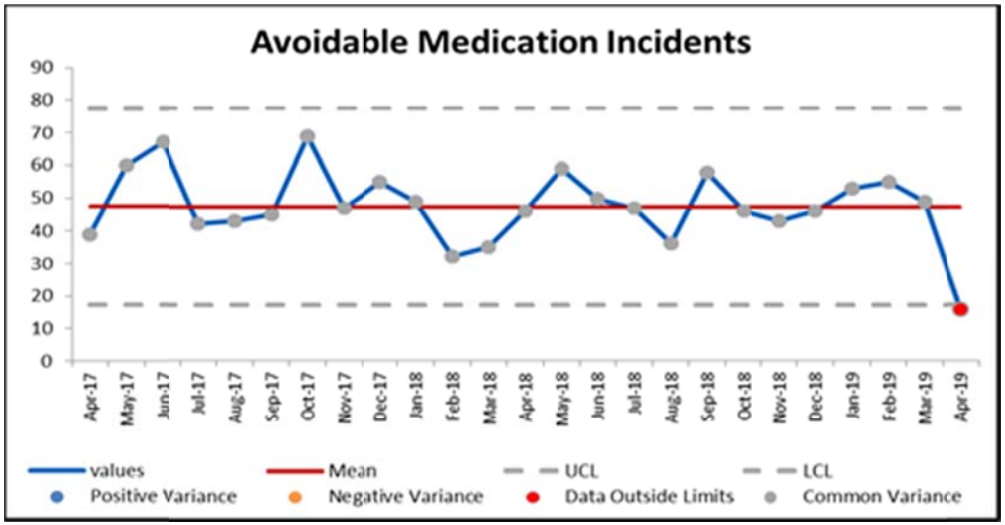
2.3 Assurance on Falls

There were 63 falls reported across KCHFT in April 2019, none of which were found to be avoidable. The number of avoidable falls has reduced since Q1 May 2017 and remains consistently low with a slight rise in December and February which is common cause variation.



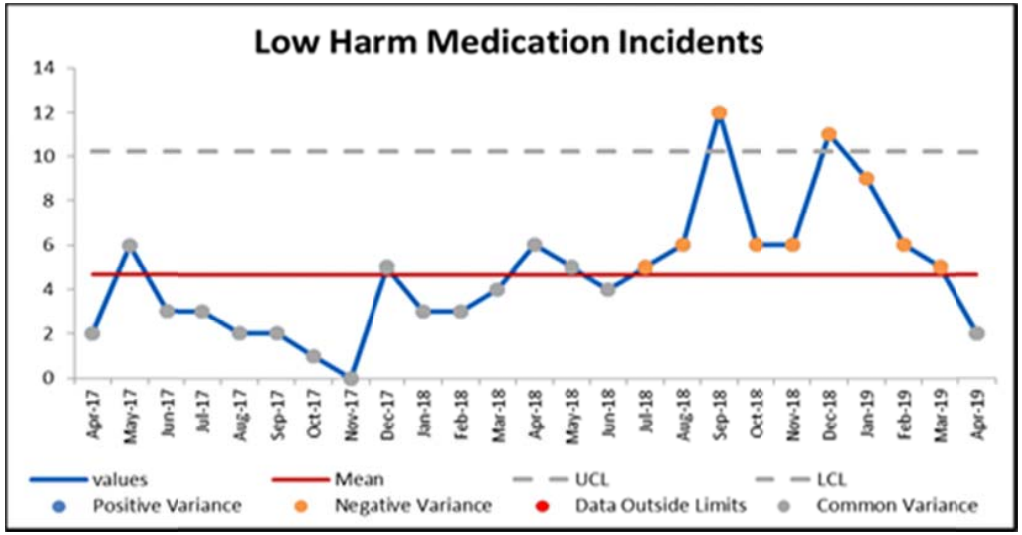
2.4 Assurance on Medication incidents

The majority of incidents reported relate to ‘administration or supply of a medicine from a clinical area’. 48% of incidents occurred in patient’s own homes and 31% occurred in community hospitals. The highest category of medication incidents related to ‘medicine not administered’.



All medication incidents are reviewed by the Pharmacy Team who are undertaking targeted work with the specific team. Medicines management will also form part of the 'We Care' visits.

Medsavvy is a Quality Improvement (QI) project which aims to improve medicine administration and patient safety. This was a programme of work implemented following the learning from a historical incident.



2.5 Assurance on Patient Experience

2.5.1 Meridian Patient Experience survey results

5,757 surveys were completed by KCHFT patients, relatives and carers with a combined satisfaction score of 97.3% in April.

Survey volumes have increased in April by 433. The newborn hearing service, community nursing teams and the dental clinics saw the largest increase in survey volumes when compared with March. An increase was also seen for the lymphedema, chronic pain, podiatry and health visiting.

2.5.2 The NHS Friends and Family Test (FFT)

In April, 97.5% of our patients recommended us, this is slightly higher than March's score (95.3%). In April, 0.5% of our patients chose not to recommend the service they received, compared with 1% in March. 46 people chose the 'don't know' response in April compared to 70 in March. 23 of the 'don't know' responses were from children and there were 7 for the dental service and 4 for the community learning disability teams. The remaining 12 were for a variety of services.

2.6 Assurance on Clinical Audit and Research

2.6.1 Audit

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

8.1. KPI Actions Target %	April >35%
Due audit recommendations implemented – KPI 4.6	72%
Actions overdue by more than 3 months – KPI 36 Target <=10%	3%
Actions overdue by more than 6 months – KPI 37 Target <=5%	0%

2.6.2 Clinical Audit Reporting

Reporting - Receipt by Clinical Audit of full report within timeframe. The annual KPI target is 80% with a target of 50% for each month of quarter 1.Timeframes are listed below:

Receipt of final report from lead within 60 days of receipt of dashboard for audits with full or significant assurance

Receipt of final report from lead within 30 days of receipt of dashboard for audits with limited assurance

Receipt of final report from lead within 15 days of receipt of dashboard for audits with no assurance

Full report with action plan looked at by quality or governance group or Chair of said group within 30 days of receipt

Annual KPI target is 80% with monthly target of 80%. Figures do not apply to this April as no reports completed so not required. KPIs for reporting indicate delays exist at all stages of the reporting process; however, these are actively monitored and escalated with governance groups.

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. Internally we exceed this pledge and have set a more stretching target as our Key Performance Indicator for research.

9.3. Research Portfolio recruitment Target 300 (annual)	Quarter 1	Achieved
Portfolio recruitment 25 per month/75 per quarter	18/75	Quarter not yet complete

2.6.4 National Institute for Clinical Excellence (NICE)

In terms of recent NICE guidance/standards 14 were issued in March 2019. 2 of these were deemed applicable to at least one service throughout the Trust. The aim internally is to have the initial review completed by 1 July 2019 giving the nominated lead 3 months to complete the baseline assessment for each piece of guidance – this is not a statutory timeframe.

22 (out of 218 issued) pieces of NICE Guidance from January 2018- January 2019 have been under review for more than 3 months. In addition a further 18 from 2017 are still under initial review. This is being monitored by CEG and the NICE Task and Finish Group.

Despite this substantial progress has been made reducing the number of not assessed guidance down from 630 to 0. Statutory timeframe of 90 days is only in place for Technology Appraisals (TA). Reviews for TAs are completed by Medicines Management within timeframe.

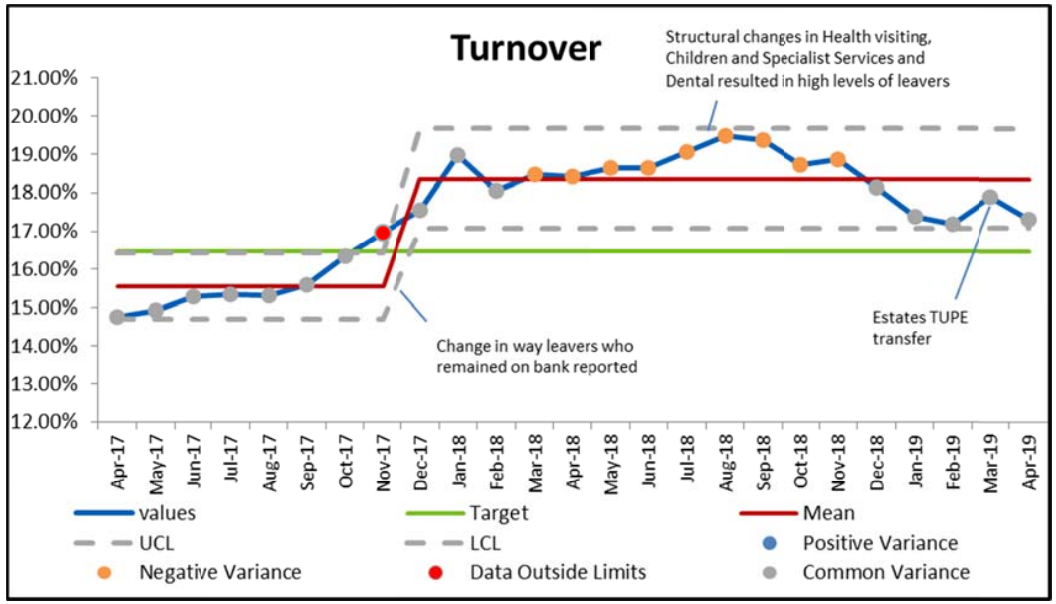
3.0 Workforce Report:

Please note that due to the early production of this report some of the metrics may change as the usual month end/month start processes complete. This includes Vacancy rates, Agency spends and Absence rates.

3.1 Assurance on Retention

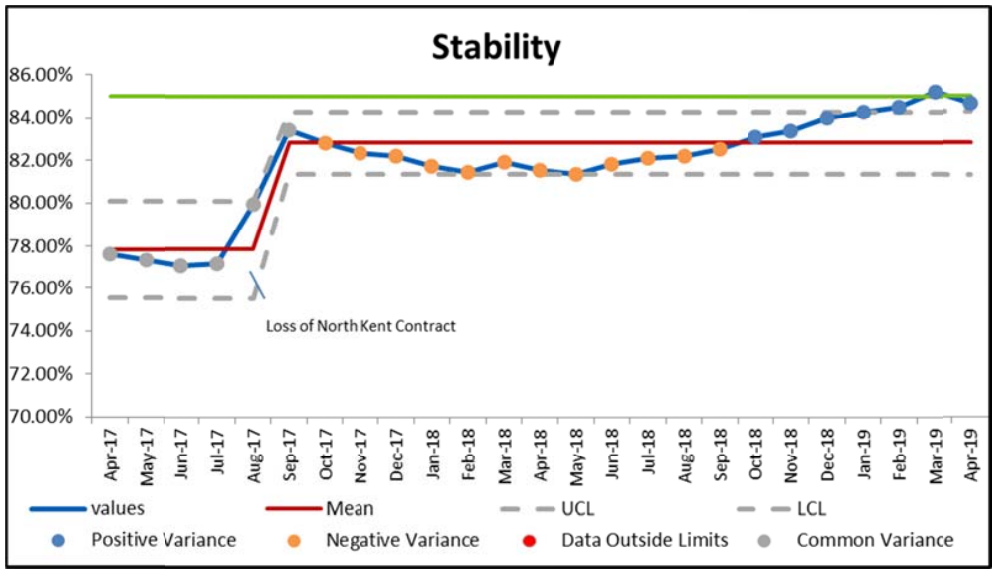
3.1.1 Turnover

Turnover saw an increase in March 2019; however, it has since dropped back down to previous levels. This increase in March was due a TUPE transfer out of 24 staff from Estates, and high levels of retirees in Operations. April's turnover levels have returned back to the normal levels seen in recent months. This has likely been helped by high levels of new starters in April (99 staff), and a return to much lower levels of leavers in April (41 staff). Analysis of staff exit surveys is underway to identify areas of concern which will be taken to the Management Committee in June for discussion and agreement on ways to address this. Following this year's staff survey results we have agreed to continue to focus on staff engagement in the coming year and a further discussion will take place at the May Management Committee as to how best to do this.



3.1.2 Stability

Stability continues to perform above the mean through a period of special cause variation, and achieved its new target of 85% in March, indicating a continued strong period of performance. April's performance has dropped slightly for the first time since May 2018 as it has been affected by the high levels of leavers in March.

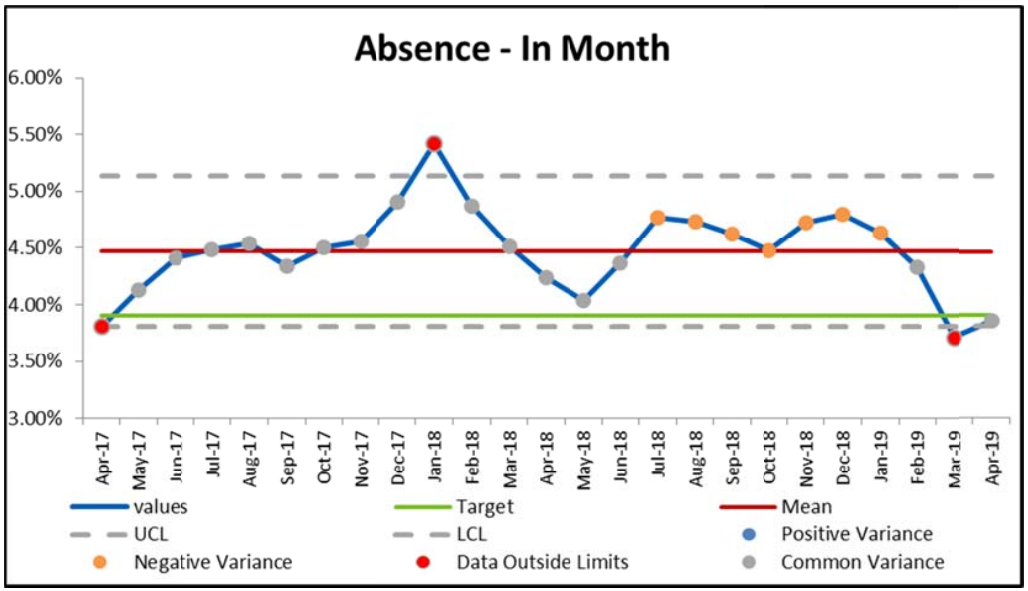


3.2 Assurance on Sickness

3.2.1 Sickness Absence

The in-month sickness absence figure in March sharply dropped to 3.71%, with a slight rise in April to 3.85%. Whilst this is a large improvement in performance it is not entirely unexpected given that sickness figures have historically dropped in March, partly due to high levels of annual leave being booked.

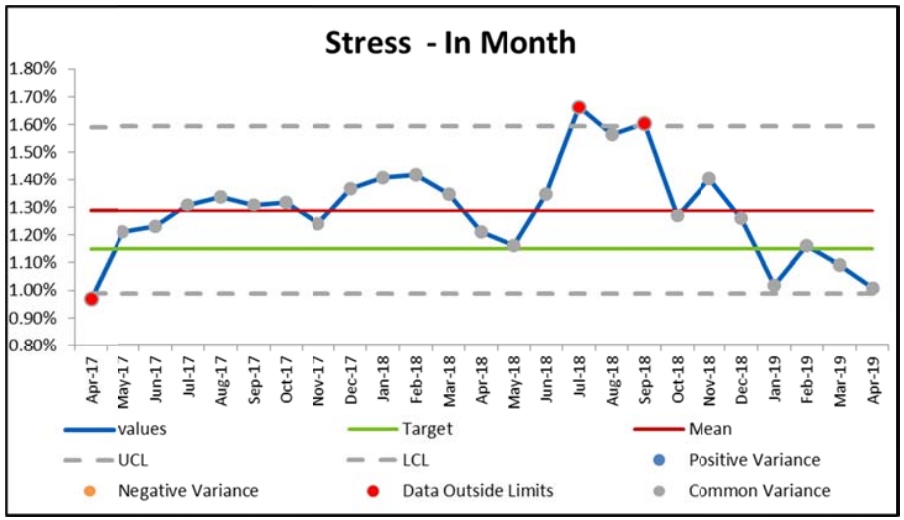
It should be noted that this does not yet constitute a significant shift in the performance of this metric. SPC methodologies dictate that we wait for 7 points of significant variation before recognising a shift in performance.



3.2.2 Stress Absence

Stress absence has continued to reflect the emerging trend of improved performance, with continued improvement in both March and April 2019. However, as the metric performance continues to vary we are not yet considering a long term change to be in place, and so momentum on Trust initiatives will continue.

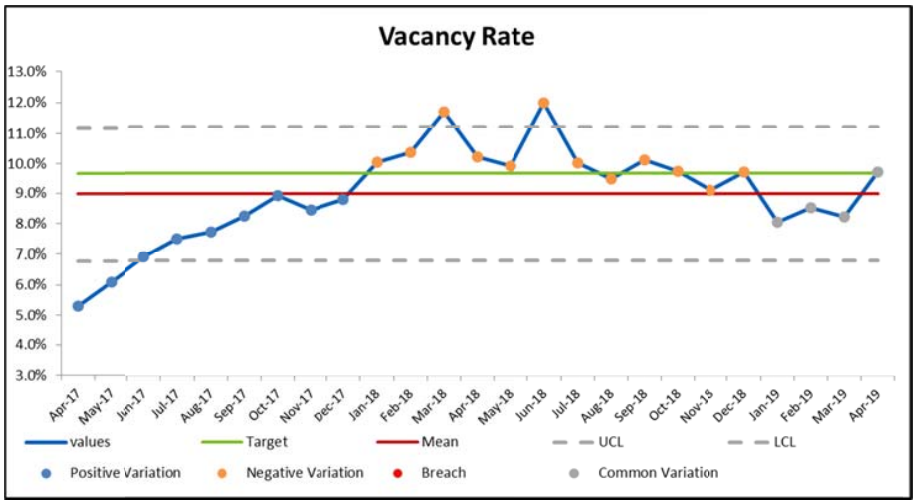
The Time to Change project continues with action plans now having been developed by all services. These have been shared across ODBPs to help them identify good practice highlighted in these action plans. Another time to change event is also due to take place on 16th May bringing together champions from across the Trust.



3.3 Assurance on Filling Vacancies

3.3.1 Establishment and Vacancies

The vacancy rate has increased significantly to 9.68% in April. This follows a period of sustained improved performance since last summer. There have been 2 factors behind this increase. Firstly, budgeted establishments have increased with the new financial year, particularly in East and West Kent. Secondly, the high levels of leavers in March have reduced the contracted staffing levels across the Trust

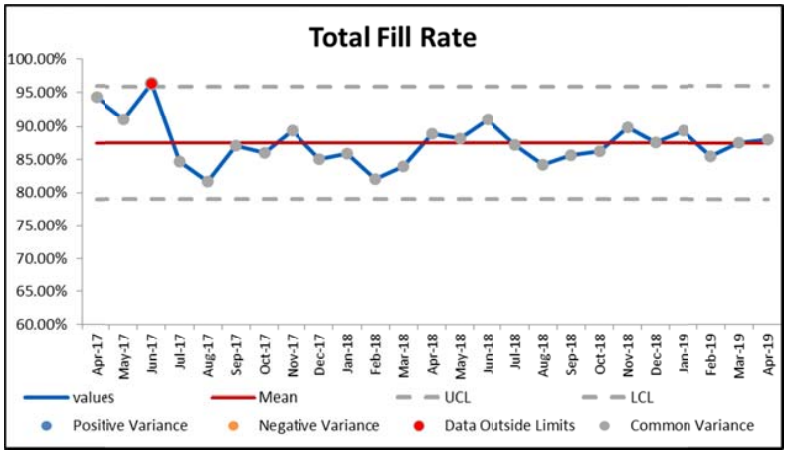


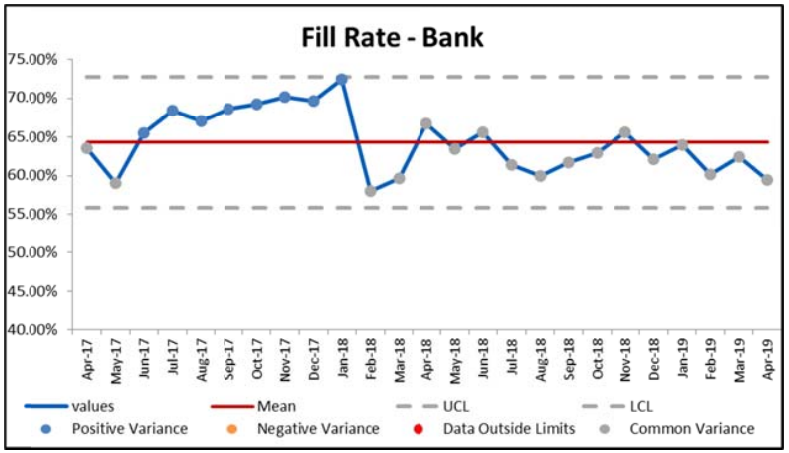
3.3.2 Temporary Staff Usage

Both total fill rates and bank fill rates are experiencing common cause variation around the mean. Demand for Bank shifts has been steadily increasing over the last year, with March seeing the highest levels of bank requests yet in 2018/2019.

Recruitment to the Bank has also increased in April, with 71 staff currently going through recruitment checks to join the Bank (compared with February - 56 and March – 61 levels).

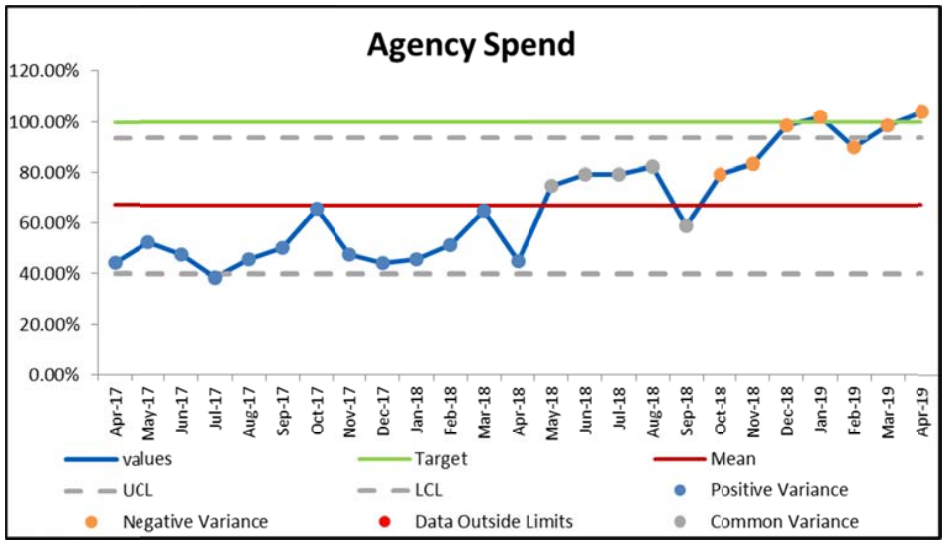
Although Total Fill rates appear stable, varying around the mean of 87.5%, there does appear to be a declining trend in the number of total requested shifts filled by Bank staff (Fill Rate - Bank chart below). We are looking into this but it is likely to be due to an increase in shift requests and a limited pool of Bank workers rather than a reduction in Bank worker utilisation.





3.3.3 Agency Spend

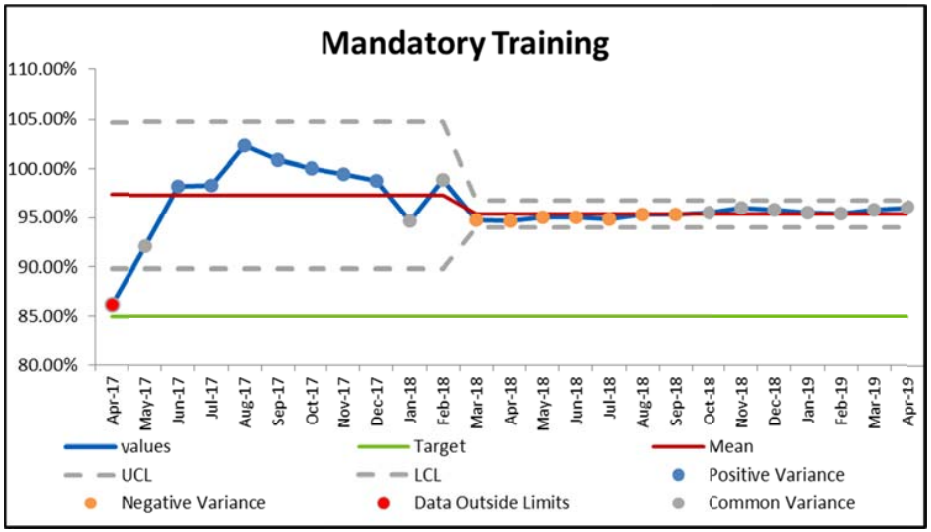
The use of agency across the Trust has continued to rise in March and April 2019. This follows a period of winter pressures and increased numbers of shifts sent to the bank office as noted in the previous section.



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 above the target. All Mandatory Training subjects are currently showing as compliant with targets. Fire for community hospitals has increased by 3.4% this month moving it back in to compliance



4.0 Finance Report:

4.1 Assurance on Financial Sustainability

Surplus — Rag rating: Green

	Actual	Plan	Variance
Year to Date £k	216	186	30
Year End Forecast £k	2,350	2,350	0

The Trust achieved a surplus of £216k to the end of April.

Pay has underspent by £608k, non-pay and depreciation/interest have overspent by £92k and £8k respectively.
Income has under-recovered by £478k.

The forecast is to deliver a surplus of £2,350k which is in line with the plan for the year.

Use of Resource Rating — Rag rating: Green

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

The Trust has scored the maximum '1' rating against the Use of Resource rating metrics for M1 2019-20.

CIP — Rag rating: Red

	Actual	Plan	Variance
Year to Date £k	231	438	-207
Year End Forecast £k	5,299	5,299	0

The Trust achieved CIPs of £231k to the end of April against a risk rated plan of £438k, which is £207k behind target.

53% of the total annual CIP target has been removed from budgets at month one.

The Trust is forecasting to achieve the full plan of £5,299k by the end of the year.

Cash and Cash Equivalents — Rag rating: Green

	Actual	Forecast	Variance
Year to Date £k	24,130	29,660	-5,530
Year End Forecast £k		28,712	

Cash and Cash Equivalents as at M1 close stands at £24,130k, equivalent to 39 days operating expenditure.
The Trust recorded the following YTD public sector payment statistics 97% for volume and 93% for value.

Capital Expenditure — Rag rating: Green

	Actual/Forecast	Plan	Variance
YTD Expenditure £k	132	169	37
Year End Forecast £k	7,654	7,654	0

Capital Expenditure year to date is £132k, representing 78% of the YTD plan.
The Trust's full year 2019-20 Capital Plan has been updated to reflect the agreed net reduction of £2m. This is in line with the plans re-submitted to NHSI on 15 May 2019. The agreed net reduction takes account of the removal of the KMCR project and adding in the Agresso upgrade project.

Agency Trajectories — Rag rating: Green

	M1 Actual £	M1 Trajectory £	M1 Variance £
External Agency Expenditure (inc. Locums) £k	496	628	132
Locum Expenditure £k	131	106	-25

External agency expenditure (inc. locums) was £496k against £628k trajectory in April.

Locum expenditure in April was £131k against £106k trajectory.

4.2 Key Messages

Surplus: The Trust achieved a surplus of £216k (1.1%) to the end of April. Pay underspent by £608k and non-pay and depreciation/interest have overspent by £92k and £8k respectively. Income has under-recovered by £478k.

Continuity of Services Risk Rating: EBITDA Margin achieved is 2.6%. The Trust scored 1 against the Use of Resources Rating, the best possible score.

CIP: £231k of savings has been achieved for the month against a risk rated plan of £438k which is £207k behind target.

Cash and Cash Equivalents: The cash and cash equivalents balance was £24,130k, equivalent to 39 days expenditure. The Trust recorded the following YTD public sector payment statistics 97% for volume and 93% for value.

Capital: Spend to April was £132k, against a YTD plan of £169k (78% achieved).

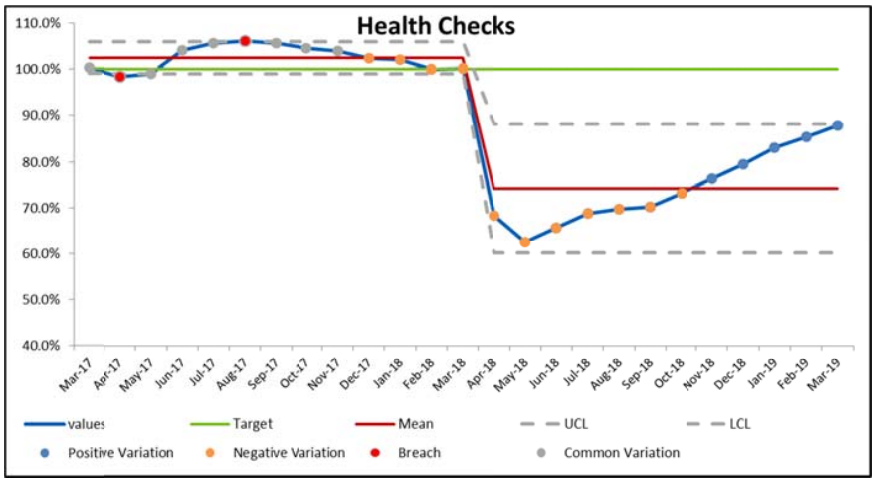
Agency: Temporary staff costs for April were £943k, representing 6.6% of the pay bill. Of the temporary staffing usage in April, £365k related to external agency and £131k to locums, 3.5% of the pay bill. There were gross vacancies of 428 WTE, an increase of 68 compared to March, and 9.7% of the budgeted establishment.

5.0 Operational report:

5.1 Assurance on National Performance Standards and Contractual Targets

5.1.1 Health Checks and SS Quits

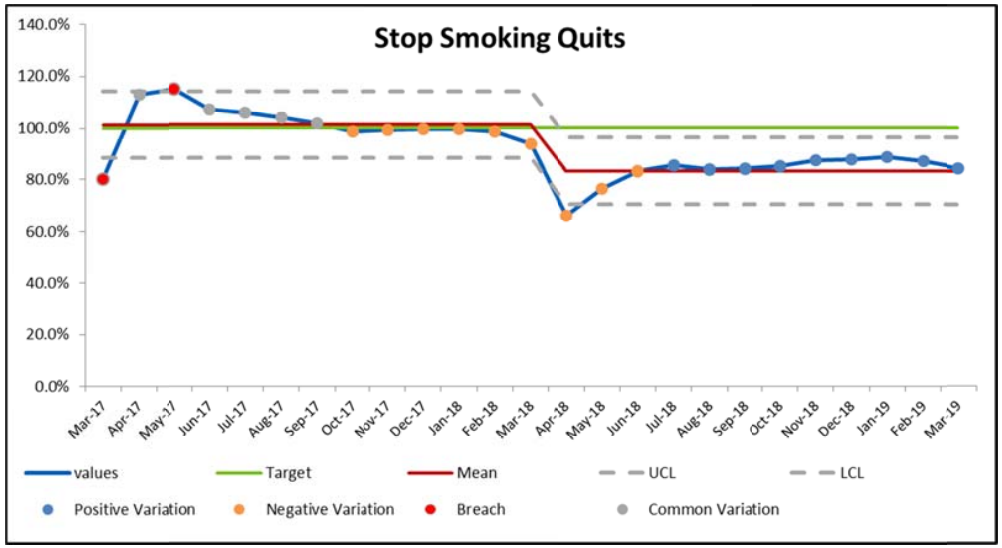
Health Checks



Health Checks is now experiencing a period of positive variation for the last 7 months with an improving trend, 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. KCC was aware of this issue and is performance managing the contract to try and resolve the issues outlined.

This is on the Health Improvement risk register also. 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

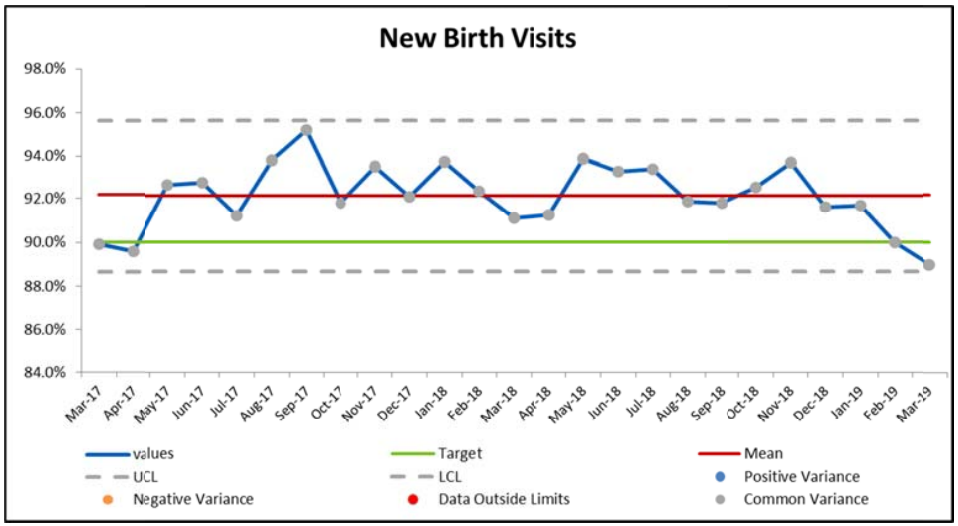


Stop Smoking quits also had a significant event after the ONE YOU Services had implemented a new IT system combining three client pathways into one as per the new contractual agreement with KCC, mainly impacting the ability of our 3rd parties to upload their intervention outcomes onto the new data system. Q2-Q4 shows an uplift from Q1 as 3rd parties have received focused and sustained support to update outcomes pulling us in line with 2017 performance, with the last 9 months showing a positive shift above the mean. 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

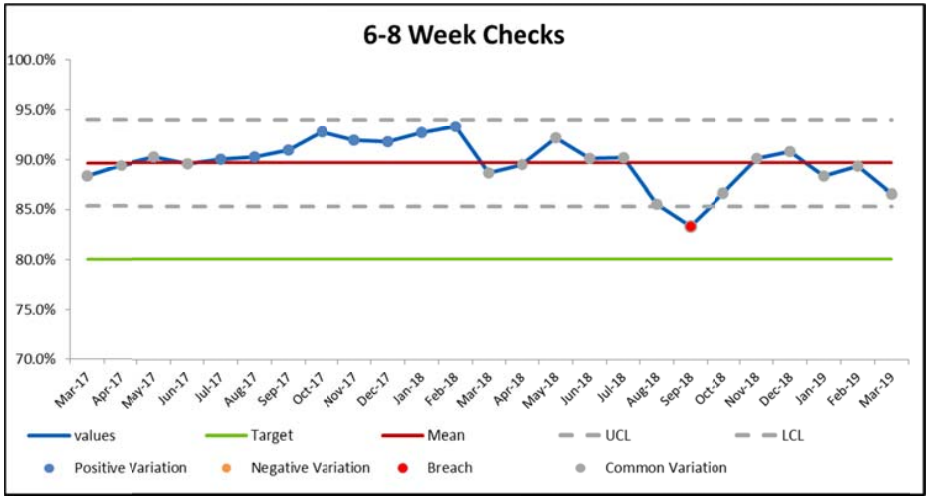
New Birth Visits

Performance looks like it is experiencing the beginning of an adverse trend with month 12 performing below target and near the lower control limit. The month 12 level will hopefully improve following a data cleanse, closer to the target (currently at 89%). The data cleanse involves teams receiving a patient level list of children who have had no visit, DNA or refusal recorded for them to ensure their status is recorded correctly. The target of 90% is generally being achieved (achieved in Q4 and for the year) is closely monitored through the monthly district level reports and is showing varying performance across the districts.



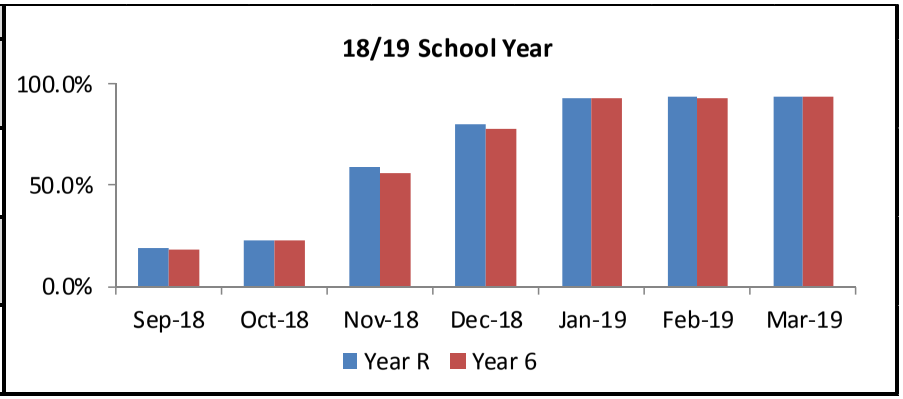
6-8 Week Checks

There was a dip in months 5-7, with month 6 performing outside of the control limits and months 5 and 7 close to the lower control limit. Performance has since improved and has stabilised, with the target being consistently achieved, although Month 12 has worsened slightly and performing close to the lower control limit. Monthly processes continue to be in place for localities to drill down into any adverse trends and improve the data quality where issues are identified.



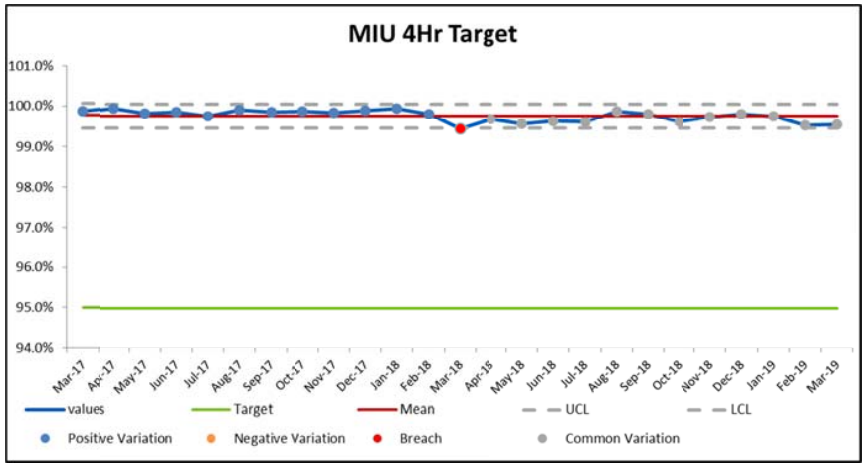
5.1.3 National Child Measurement Programme (NCMP)

	Year R	Year 6
Current Month	**94.0%**	**93.7%**
18/19 School Year to Mar-19	**94.0%**	**93.7%**
17/18 School Year	**97.3%**	**95.7%**
Annual Target	**90%**	**90%**



The measurement programme for Year R and 6 pupils has met the trajectory for the 18/19 school year, with both programmes achieving the 90% target for the school year

5.1.4 Minor Injury Units (MIU) 4 Hour Wait Target

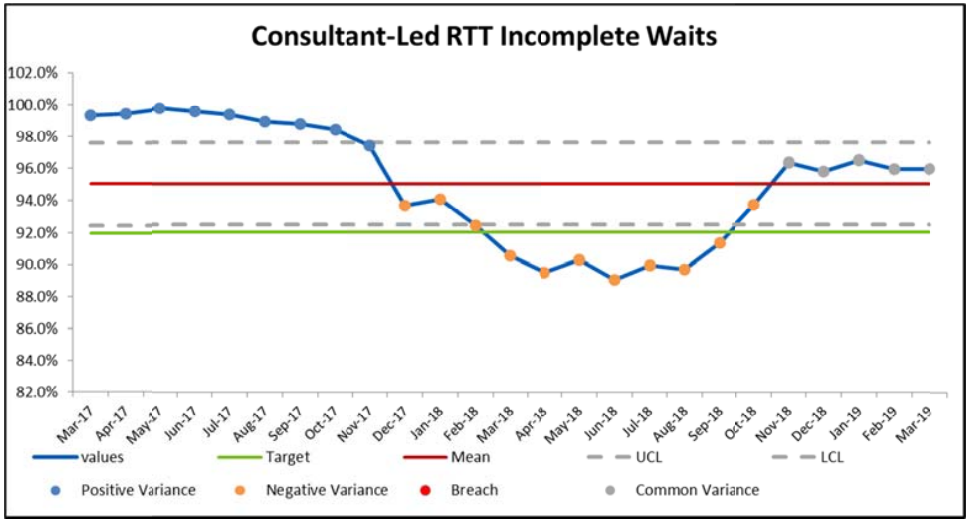


KCHFT's achievement of the 4 hour wait target for Minor Injuries Units has consistently been high, with very little variation from the mean, with the control range suggesting that failing target is highly unlikely to happen.

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

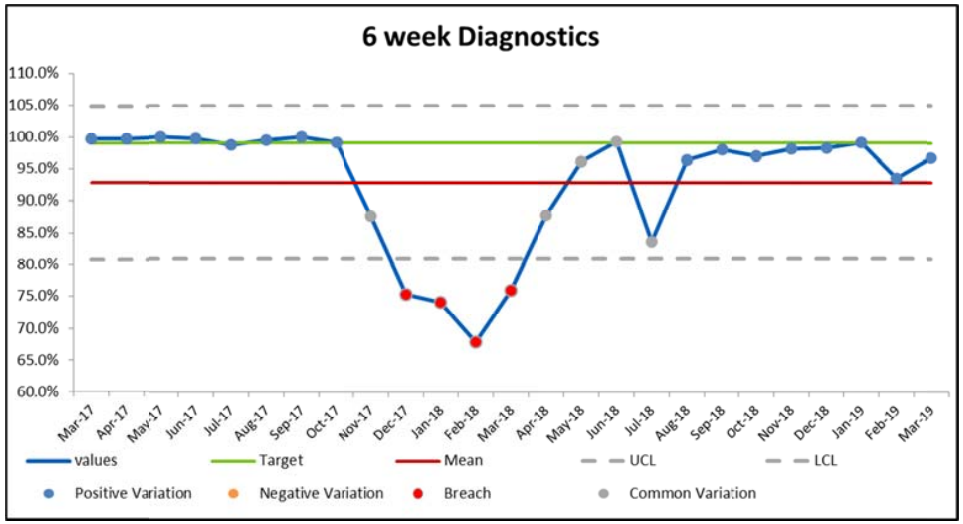


The proportion of patients on a consultant-led Referral to Treatment (RTT) pathway at month end who are waiting less than 18 weeks is performing well with a 5 month period of normal variation, both above the mean and target level.

	0-12 Wks	12-18 Wks	18-36 Wks	36-52 Wks	52+ Wks	< 18 Weeks
Chronic Pain	528	38	18	0	0	96.9%
Orthopaedics	3797	665	185	0	0	96.0%
Children's Audiology	431	2	0	0	0	100.0%
Community Paediatrics	636	161	29	0	0	96.5%
KCHFT Total	5392	866	232	0	0	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 no waits above 36 weeks. The average wait for patients waiting over 18 weeks is 20.8 weeks, with all services meeting target

5.1.7 6 Week Diagnostics (Audiology)



6 week diagnostics waits for paediatric audiology is experiencing a period of positive special cause variation, with the last 8 months performing above the mean. However, recent performance is generally marginally below the challenging 99% target within 6 weeks (1% over 6 weeks as per NHSI Single Oversight Framework standard).

The 1% standard is challenging for the trust to achieve given the small volumes of patients the standard relates to and therefore the impact of singular patients to the achievement. Average waiting numbers at month end are 430, therefore it only requires 5 patients to be breaching the standard on average for the standard to not be met (often caused by patient DNAs).

The Audiology service is a small team of 12.68 WTE which currently has 11.8% of clinical staff on maternity leave and 21% on term time only contracts. The service has prioritised new referrals and recruited 1 permanent member of staff to cover maternity leave and they are expected to be in post by July but in the interim they have joined KCHFT staff bank. The service has recruited a further audiologist for the Bank. These measures have had a positive impact on the April performance.

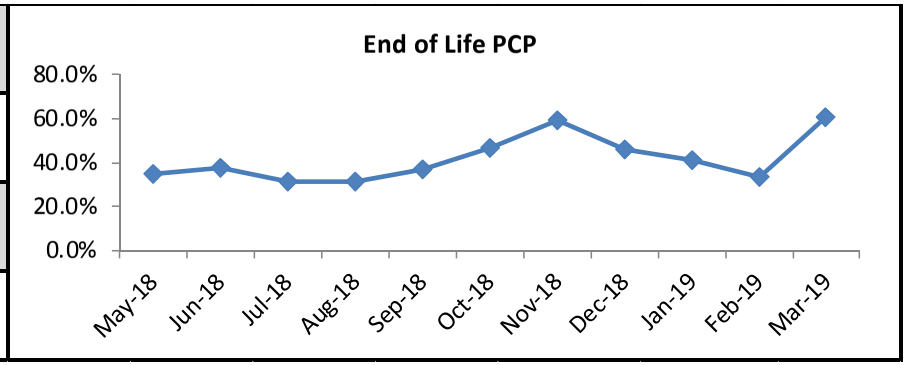
To make further strides to achieving the standard regularly, the Audiology service has implemented a tracking process to forecast and prevent breaches by taking earlier action. This tracking process is now fully operational and weekly teleconferences are in place, this allows a proactive solution focused approach to challenges that may arise.

As a consequence of continual breaches of the 1% standard, KCHFT are within segment 2 of the NHSI Single Oversight Framework (receiving targeted support) but will be moved back to segment 1 when consistent achievement can be demonstrated

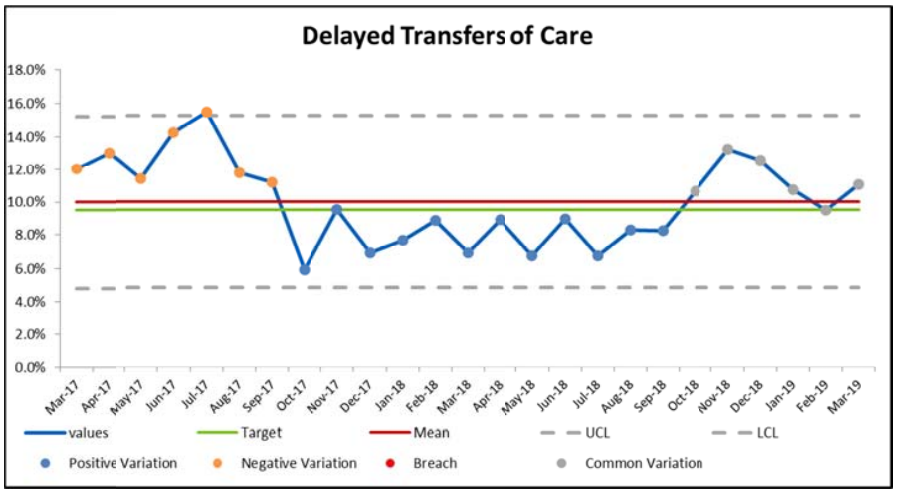
5.1.8 End of Life Care

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 39.7%, the personalised care planning window on CIS is being monitored at a locality level and performance is generally improving and achieved target for the first time in M12. A new process is being set up locally so that team will receive data for non-compliant patients on a monthly basis to validate and improve areas of underperformance.

Current Month	**60.4%**
18/19 YTD	**39.7%**
17/18	**N/A**
Annual Target	**60.0%**

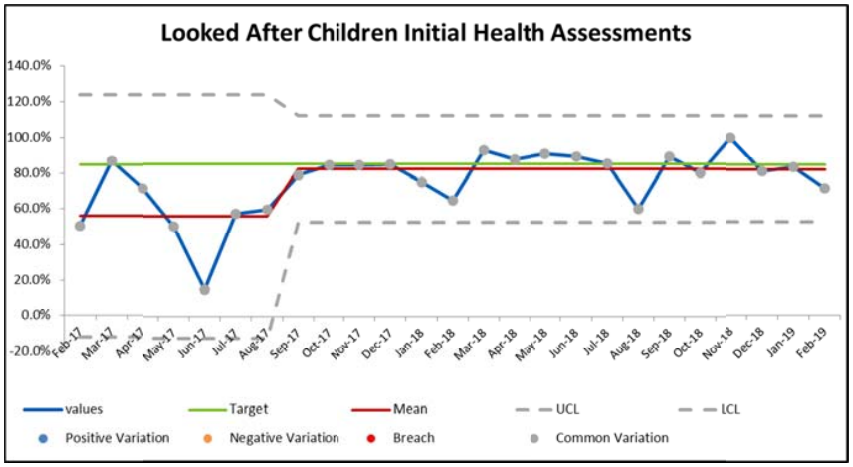


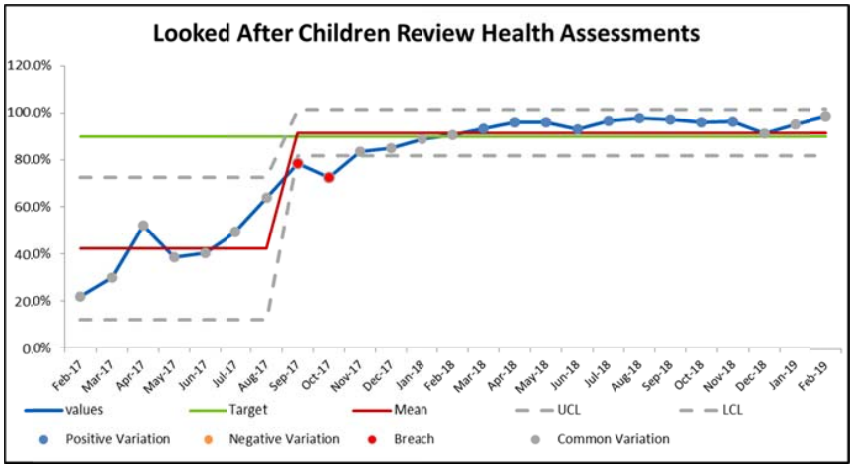
5.1.9 Delayed Transfers of Care (DTOCs)



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. An increased level was experienced in months 7 and 8, caused by an increased level of delayed transfers in east Kent, although the position has improved month on months since, with M12 above target at 11.1%.

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





Initial Health Assessment (IHA) performance is showing normal variation and is achieving target most months. However, performance is still variable and liable to failing target some months (as in month 11 at present). 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 achieves target most months.

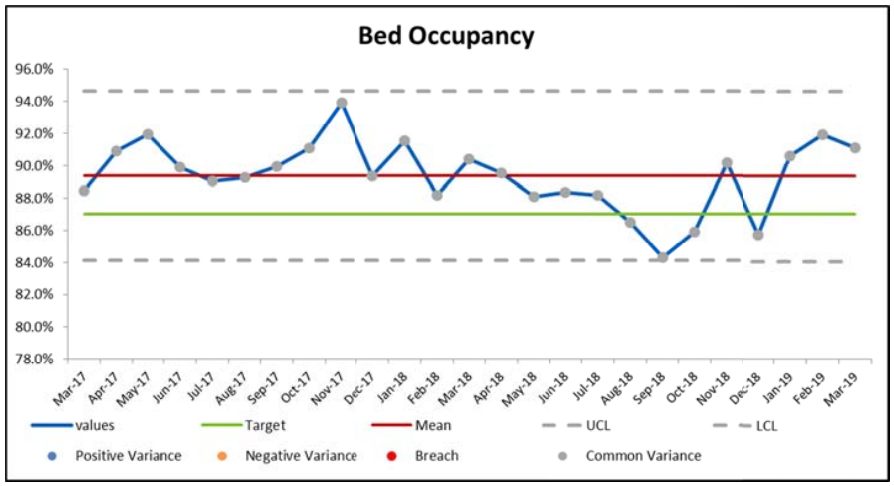
Compliance with the Review Health Assessment target was experiencing a period of positive variation above the mean and although had dipped in M9 (but still met target), this has improved again in M10 and M11

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 and 9 were below target and lower than the mean level of occupancy. This has highlighted that the dip in performance should not be of concern at this stage, especially with the improvement in the M10-12 position above the mean.



5.1.13 CQUIN

The Q4 CQUIN achievement (% of potential income) is at 84% (100% in Q3), with the YTD position at 86.6%. The weighting of the CQUINS means that a proportionally higher value is placed on Q4, causing the full year position to drop to 86.6%.

5.2 Assurance on activity and productivity

5.2.1 Activity

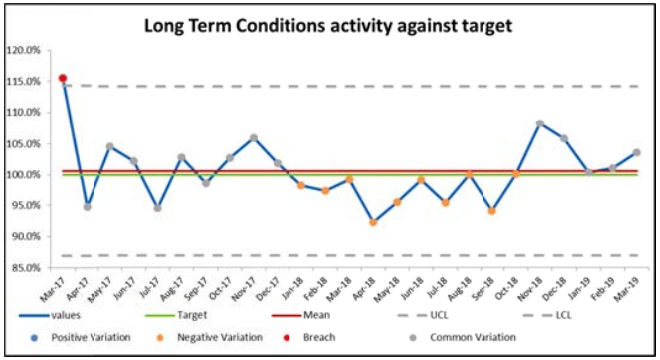
During March 2019 KCHFT carried out 168,477 clinical contacts, of which 10,820 were MIU attendances. For the year to March 2019 KCHFT are 2.2% below target for services that have contractual activity targets in place, the same as the M11 position. The largest variances are within Intermediate Care Services (-10.1%) and Specialist and Elective Services (-6.3%).

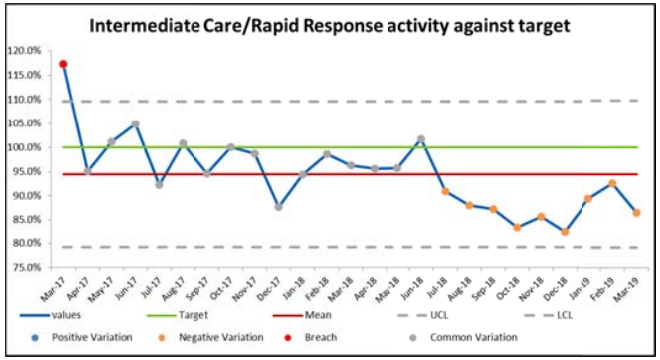
Service Type	M12 Actual	YTD Actual	YTD Target	YTD Variance	Movement	Internal BRAG	Contract BRG
Long Term Conditions	54,518	649,941	652,250	-0.4%	Positive		
Intermediate Care	18,030	231,342	257,353	-10.1%	Negative		
MIU Attendances	10,820	132,210	110,985	19.1%	Positive		
Community Hospital Admissions	181	2,300	1,820	26.4%	Negative		
Community Hospital Occupied Bed Days (WK)	2,176	24,934	25,718	-3.0%	Positive		
Community Hospital Occupied Bed Days (EK)	2,512	27,828			Positive		
Specialist and Elective Services	25,312	316,411	337,598	-6.3%	Positive		
Learning Disabilities - Face to Face	3,039	78,817			Negative		
*Children's Universal Services	27,853	777,318			Negative		
Children's Specialist Services	15,743	183,465	183,291	0.1%	Positive		
Dental Service - All currencies	8,293	115,482	123,645	-6.6%	Positive		
All Services (contractual)	**135,073**	**1,656,085**	**1,692,660**	**-2.2%**	Positive		
All Services (including those without targets)	**168,477**	**2,125,392**	**N/A**	**N/A**	Positive		

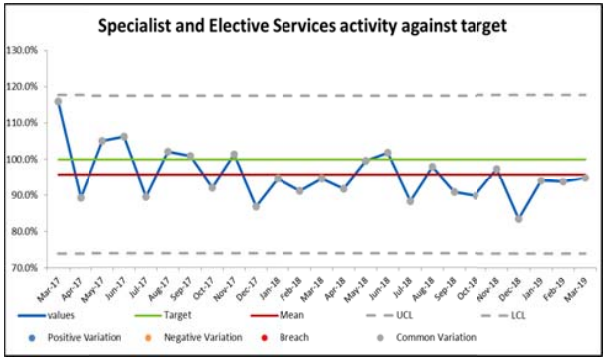
	Internal	Contract
	>+5%	>+10%
	>-5%	>-10%
	+/- 2.5-5%	n/a
	<+/- 2.5%	<+/- 10%
		No Target

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

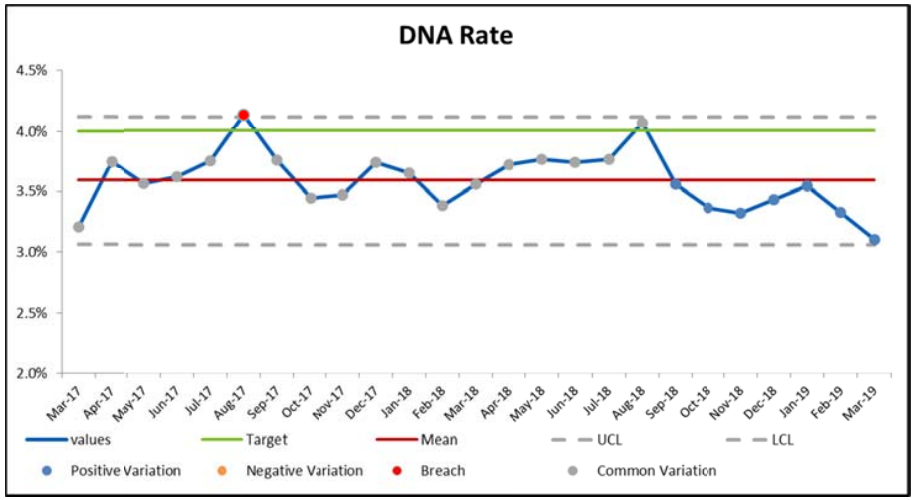
The following charts show the monthly activity against target for Long Term Conditions, Intermediate Care Services and Specialist and Elective Services, with both Long Term Conditions and Specialist and Elective services showing an improvement in M12. Long Term Conditions and SES Services are both experiencing periods of normal variation; with the biggest concern is ICT/Rapid Response which has experienced lower than average levels in the last 9 months. One of the main reasons for this is due to the large variances experienced in Ashford and South Kent Coast. While there have been staffing shortages, there has been a reduction in activity this year due to the extended hours introduced in Long Term Conditions that has resulted in a portion of activity now been captured within that service rather than Rapids (hence the increase in LTC activity against plan), as well as a reduced bed base in Westview and Westbrook House. This has been addressed through the activity plans for next year in East Kent





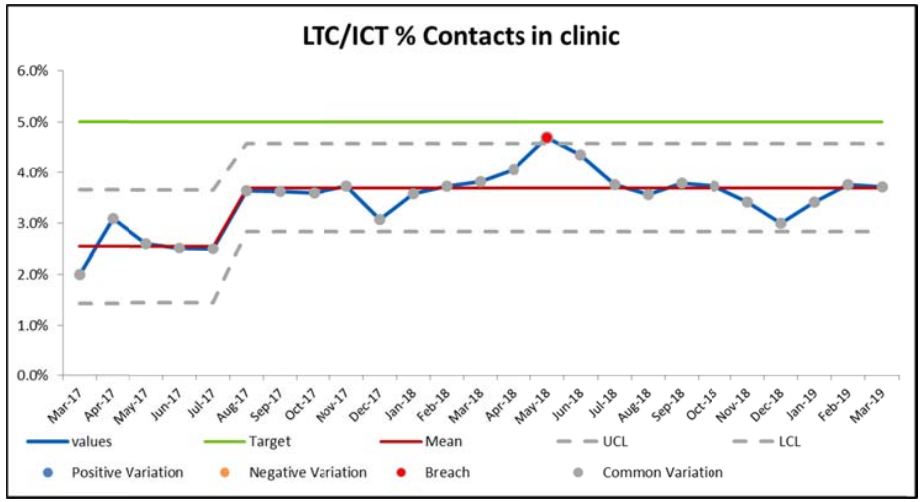


5.2.2 DNA rates



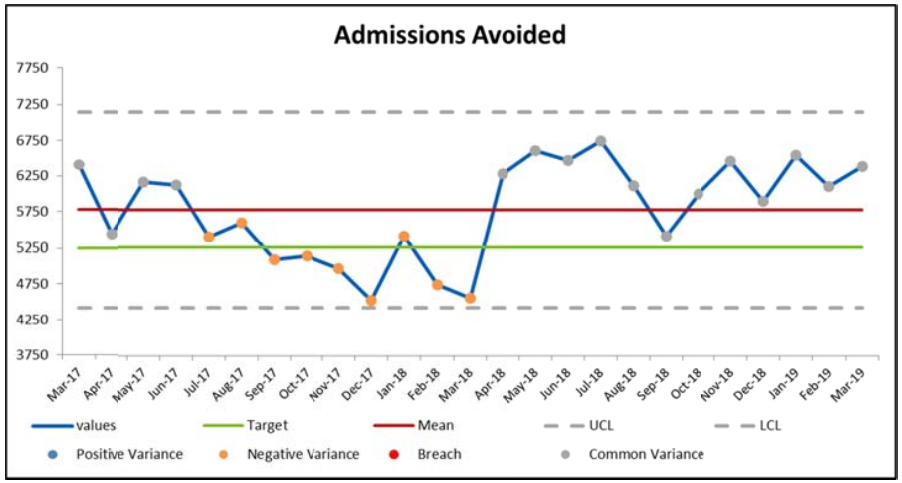
DNA rates continue to fall below the target of 5%, although are significantly higher within some services, particularly children's therapies. This KPI is now experiencing special cause variation with the last 7 months now performing below the mean, with the target close to the upper control limit indicating that it is unlikely that levels would increase above target. The special cause causing the reduction is attributed to work within Children's services to reduce DNA rates that would otherwise be impacting access and KPI targets within those services.

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 from August 2017, we are currently unlikely to achieve this target without some form of process change or re-evaluating the target. The above chart shows that the current upper control limit is around 4.6% which would suggest reaching 5% is unachievable in the current environment, so is being looked at as part of the KPI review taking place for 2019/20 reporting and will be revised

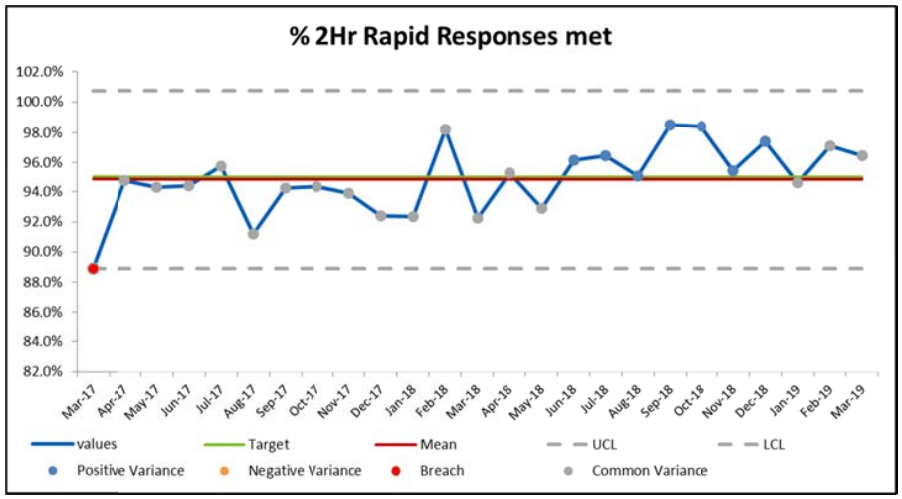
5.2.4 Admissions Avoided



There have been a higher level of admissions avoided in the last 12 months, although the above chart indicates that performance is still variable month to month with a high level of volatility, resulting in a broad range between the upper and lower control limits. Year to date performance against target is favourable, although with performance being variable, achieving the target monthly is not always guaranteed. The target is being reviewed for 2019-20

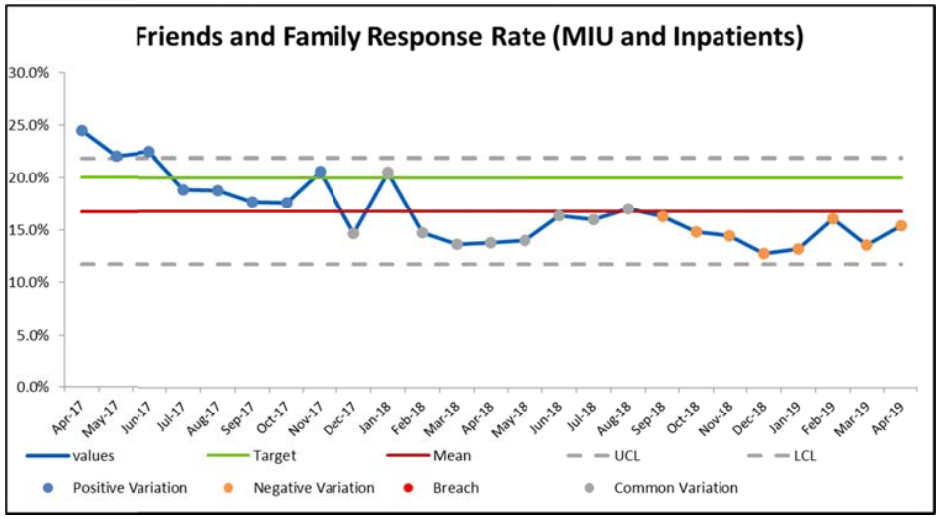
5.2.5 Rapid Response referrals seen within 2 hours

While the mean level of performance is currently sitting marginally below the target level of 95%, performance since May 2018 has generally improved with M12 at over 96%. If this continues the mean should increase, although given the volatility and the high 95% target, it's unlikely the control limits will fully move above the target level in the near future to give full assurance of continual achievement.



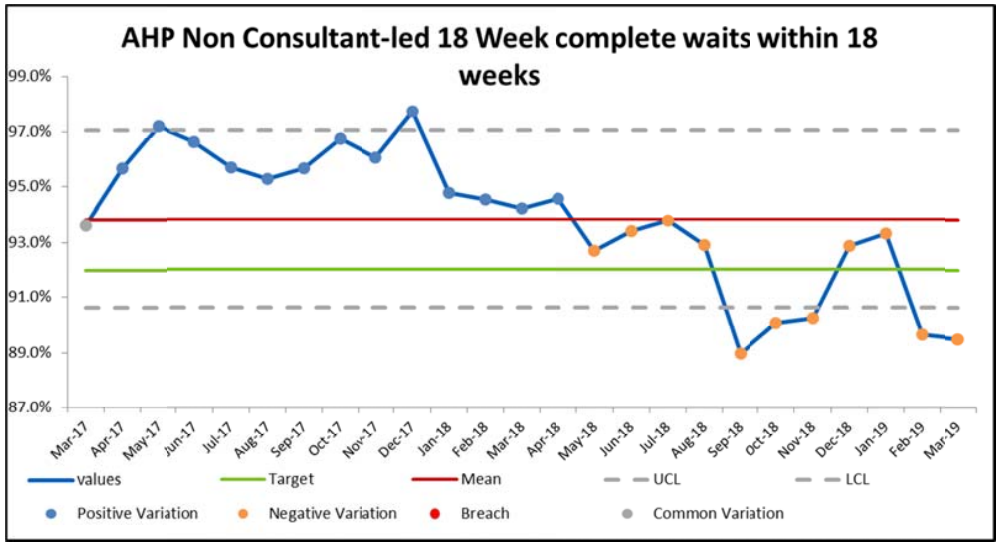
5.2.6 Friends and Family Test (Patients surveyed for MIUs & Community Hospitals) - Response Rate

While the level of performance has shown a period of adverse variation with the last 8 months performing below the mean, there was a sign of improvement with M1 experiencing an increased number of surveys. The decline has been evident across most MIU sites, most notably Sheppey, Sittingbourne and Sevenoaks. Patients are asked to complete the surveys before they leave but once they have been seen the uptake is difficult to achieve. Occasionally patients complete the surveys whilst they are in the waiting room but this is not a reflection of their visit just the booking in process. Emailing the link to the survey has been trialled but this has not worked. Receptionists will further encourage patients to complete it.



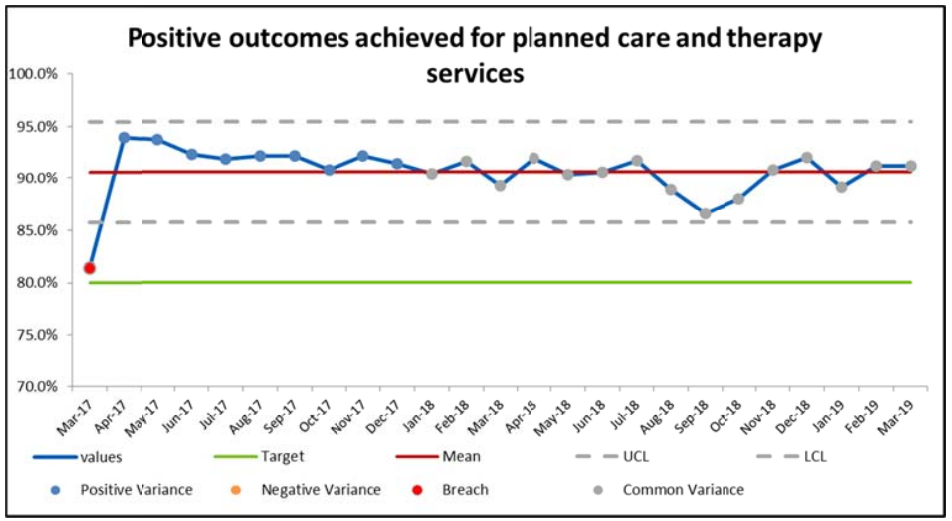
5.3 Assurance on Local Wait Times

Waiting times for all non consultant-led AHP services are still within a period of special cause variation with the last 11 months' performance being below the mean, with M12 falling below the target level of 92%. The special cause variation in completed wait performance is a result of a mixture of 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 and as a result performance is forecast to improve into 2019-20. With a greater focus on clearing long waits, a higher proportion of completed waits is experienced.



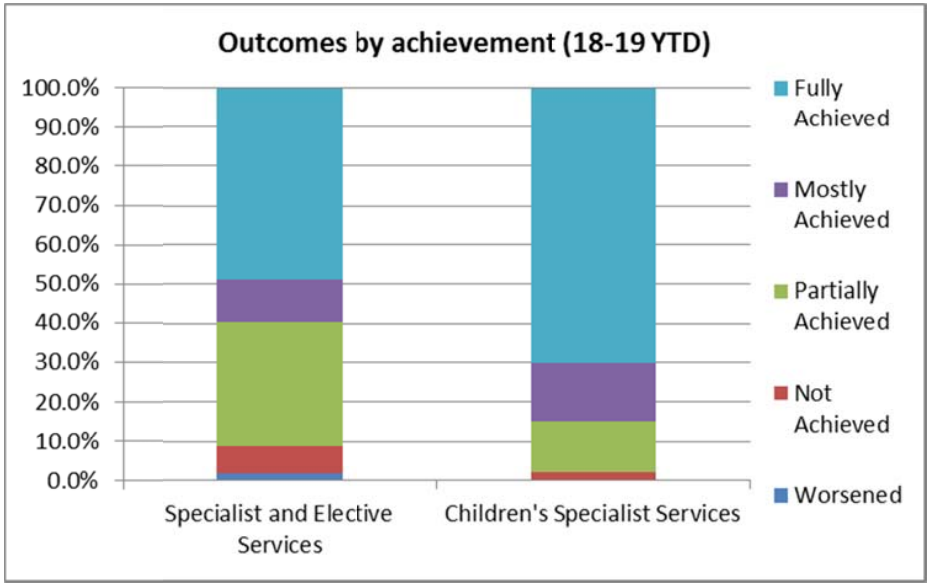
5.4 Outcomes

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 below showing no special cause variation in recent months. The below 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.



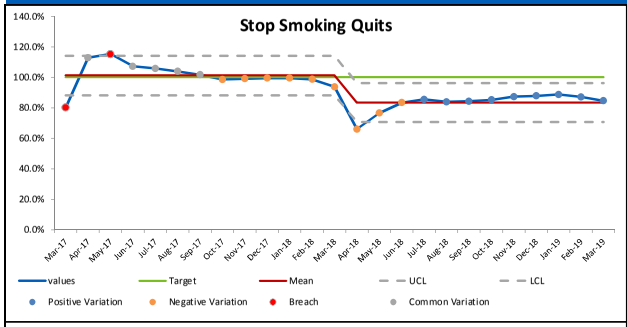
The following table and chart shows the proportion of the grading of each outcome for the year to date, split by service type for further detail on outcomes. Each outcome will be specific to the patient and will be personalised, therefore not allowing further detail to be summarised.

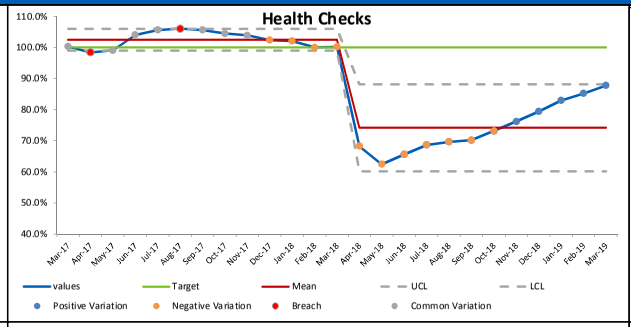
	Specialist and Elective Services	Children's Specialist Services
Worsened	2.0%	0.0%
Not Achieved	6.9%	2.3%
Partially Achieved	31.4%	13.1%
Mostly Achieved	10.6%	14.4%
Fully Achieved	49.1%	70.3%

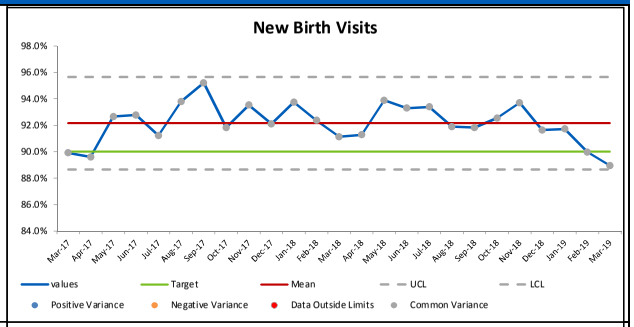


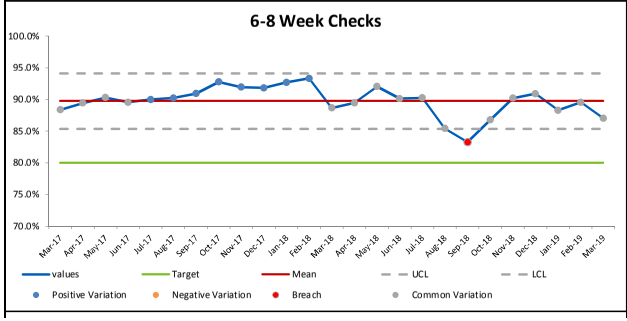
Appendix - Scorecard SPC Charts

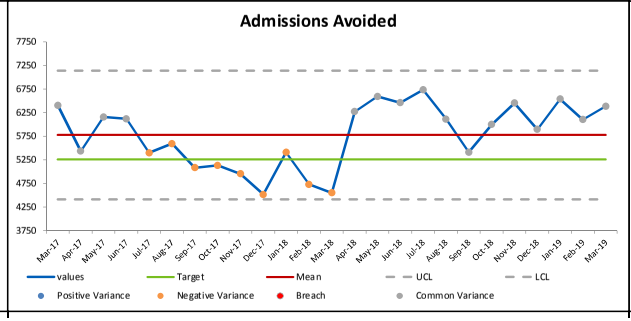
1. Prevent Ill Health

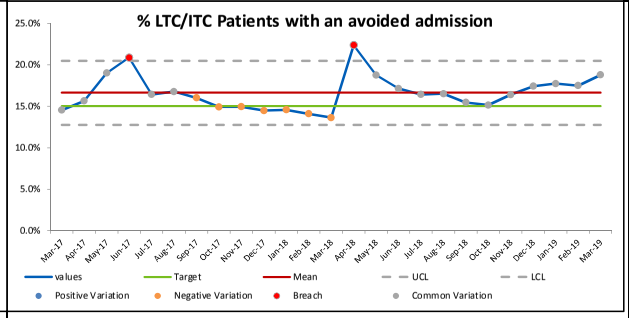






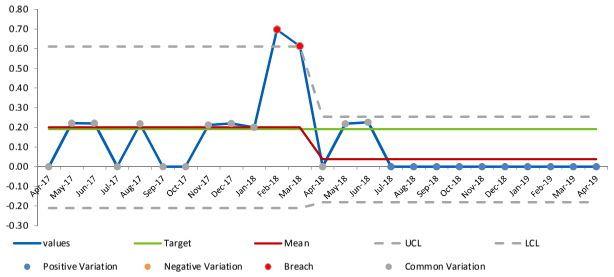




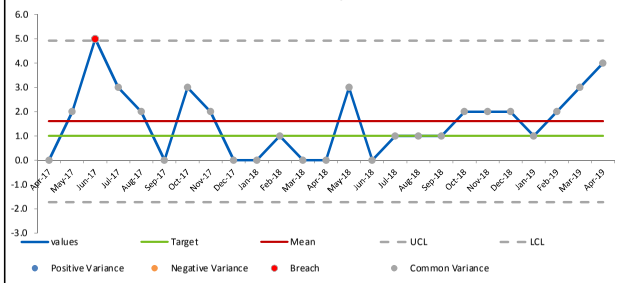


2. Deliver high-quality care at home and in the community

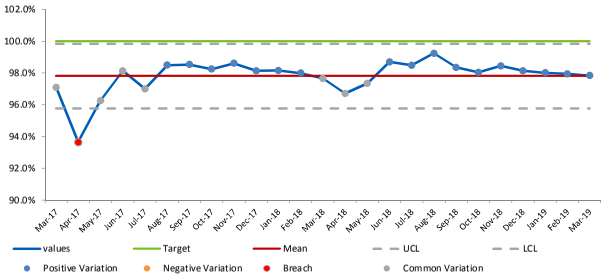
Moderate and Severe falls per 1,000 bed days



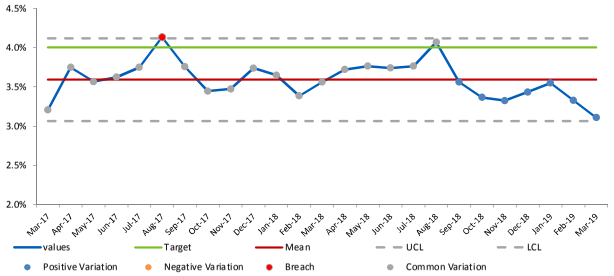
Pressure Ulcers (Lapses in Care)



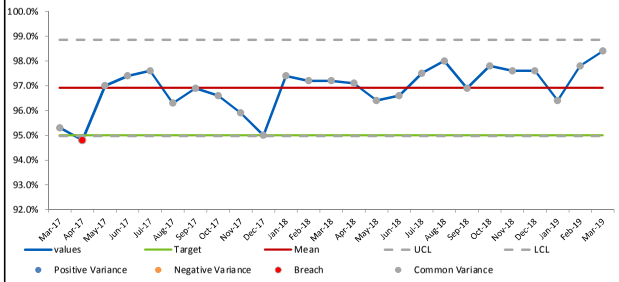
Contractual activity against target



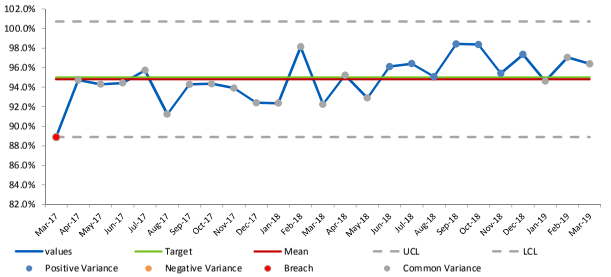
DNA Rate



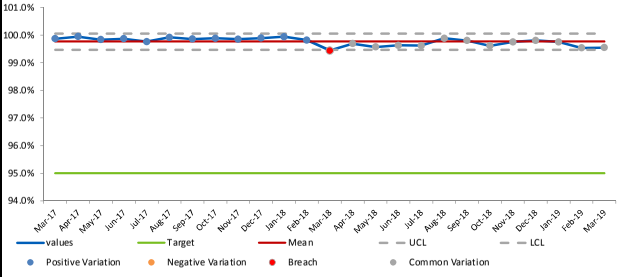
LTC/ICT Response Times Being Met



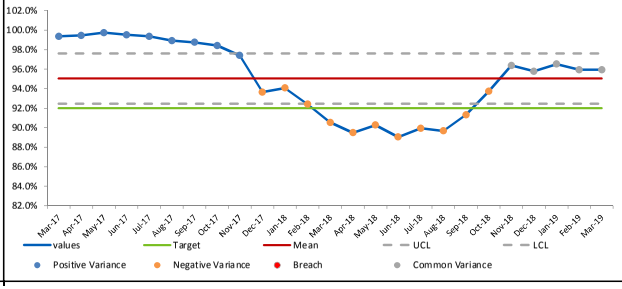
% 2Hr Rapid Responses met



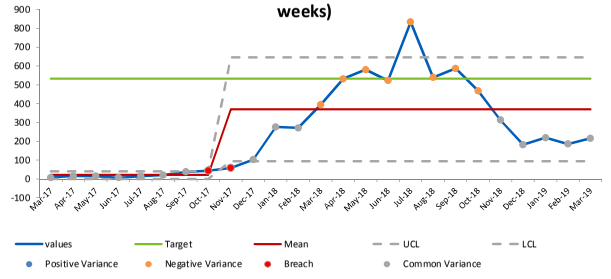
MIU 4Hr Target



Consultant-Led RTT Incomplete Waits

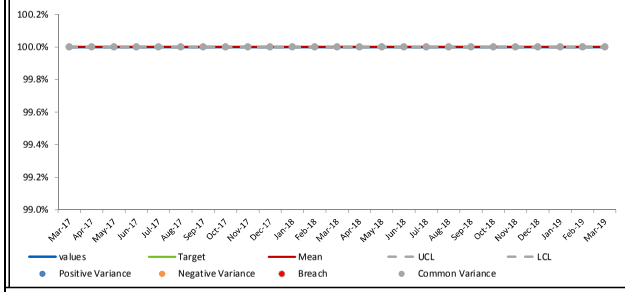


Consultant-Led RTT Incomplete Waits (waiting list size >18 weeks)

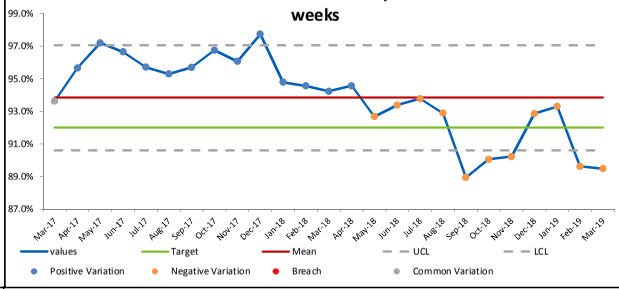


2. Deliver high-quality care at home and in the community

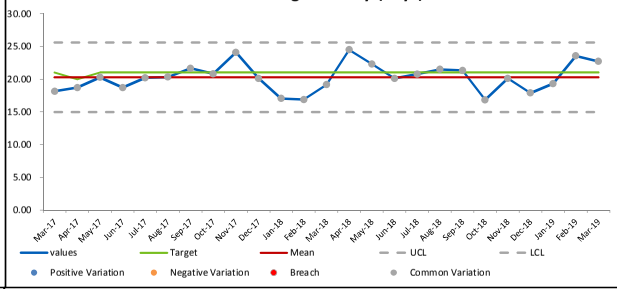
GUM Access within 48Hrs



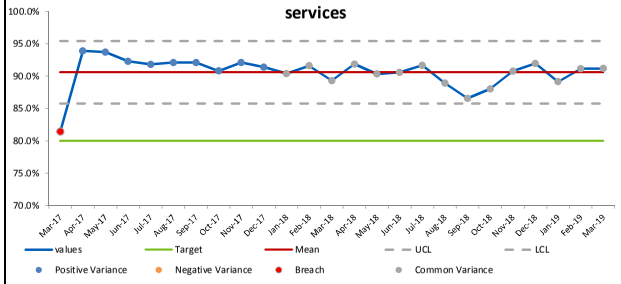
AHP Non Consultant-led 18 Week complete waits within 18 weeks



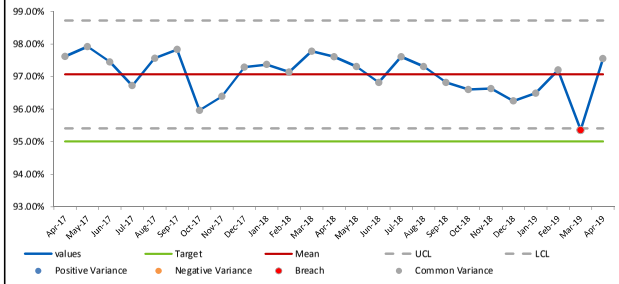
Median length of stay (days)



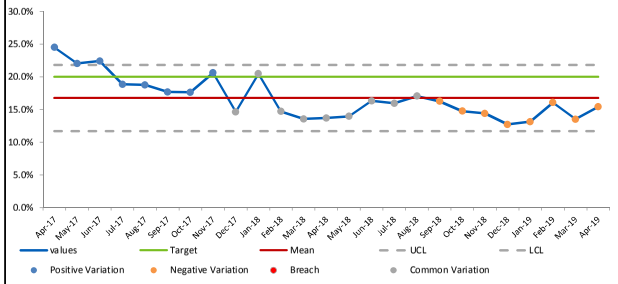
Positive outcomes achieved for planned care and therapy services



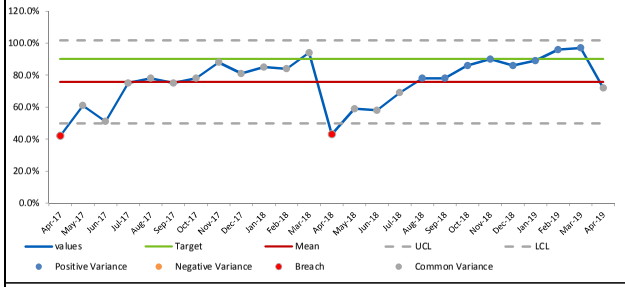
Percentage of patients who would recommend our services



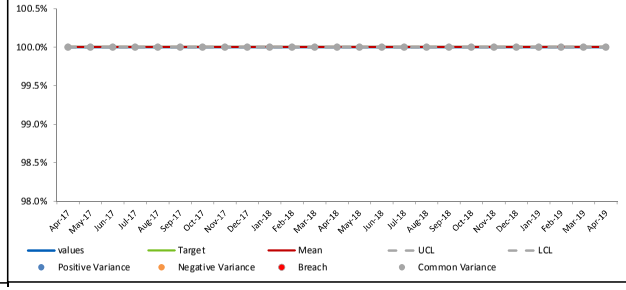
Friends and Family Response Rate (MIU and Inpatients)



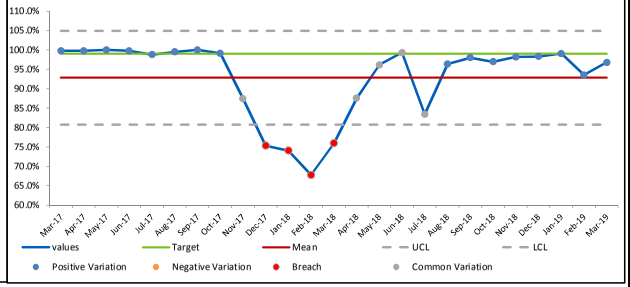
Clinical Audit Implementations by deadline



NICE guidance reviewed within timescales

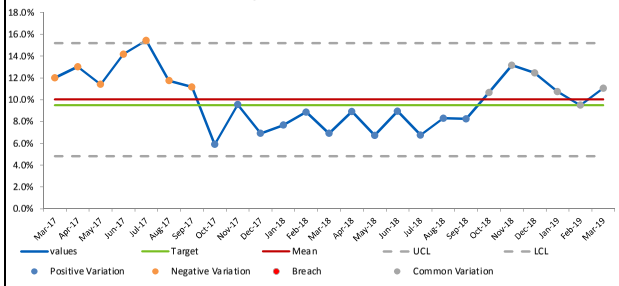


6 week Diagnostics

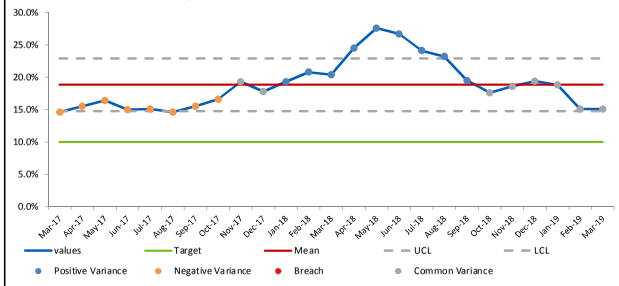


3. Integrate Services

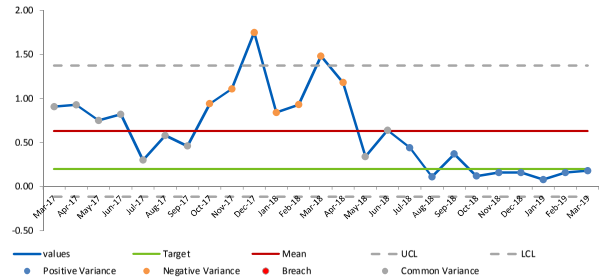
Delayed Transfers of Care



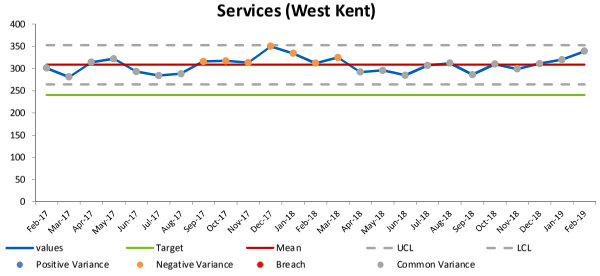
Percentage of ICT/LTC Referrals from within KCHFT



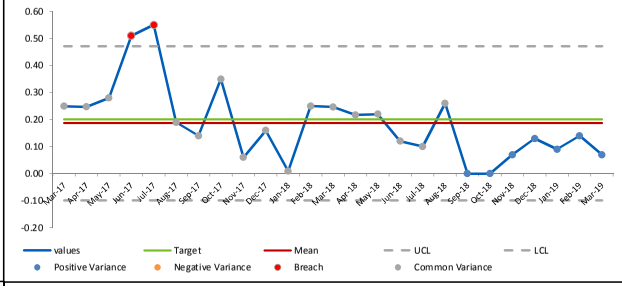
Excess Bed Days - West Kent



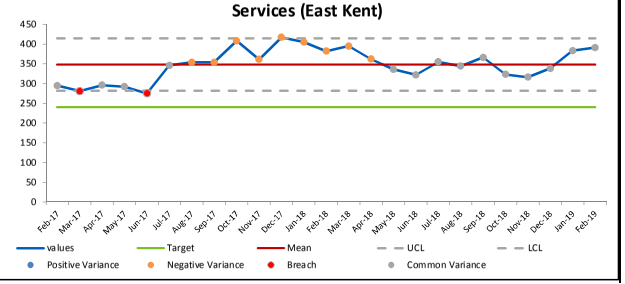
Average wait time (minutes) for Accident and Emergency Services (West Kent)



Excess Bed Days - East Kent

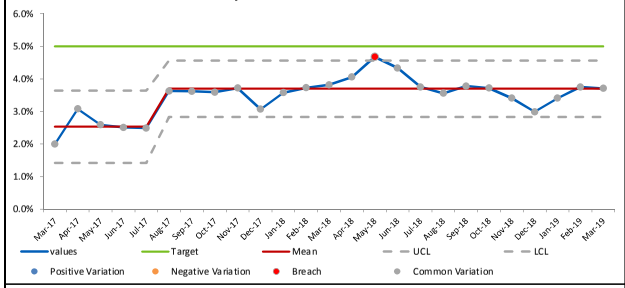


Average wait time (minutes) for Accident and Emergency Services (East Kent)

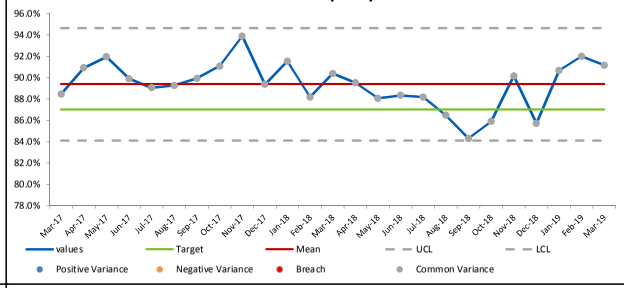


4. Develop sustainable services

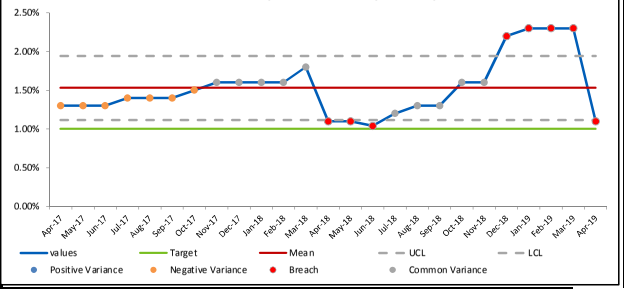
LTC/ICT % Contacts in clinic



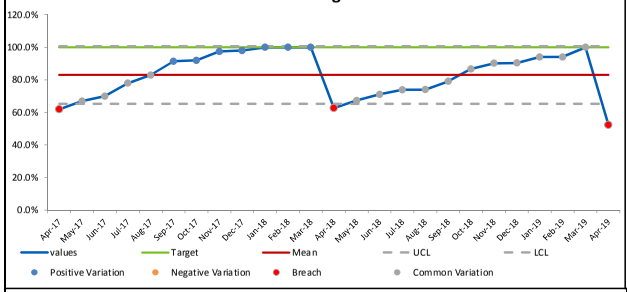
Bed Occupancy



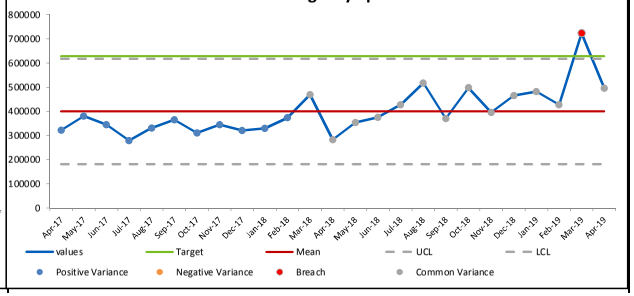
Income and Expenditure Surplus vs plan



CIP Achieved Against Plan

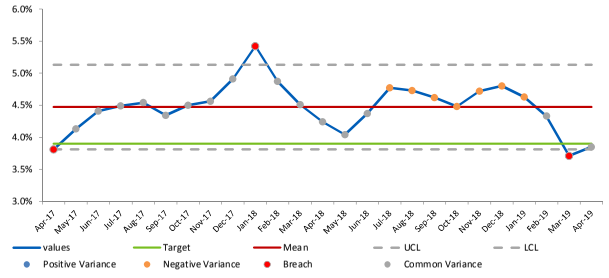


External Agency Spend

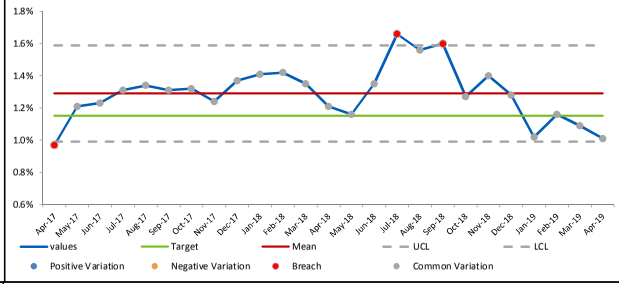


5. Be The Best Employer

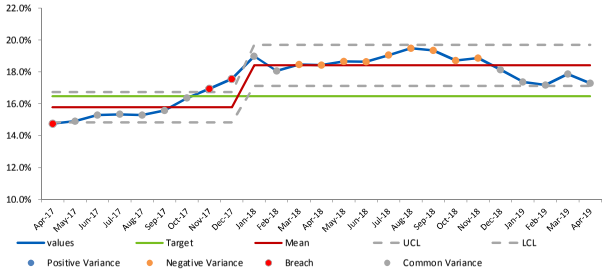
Absence



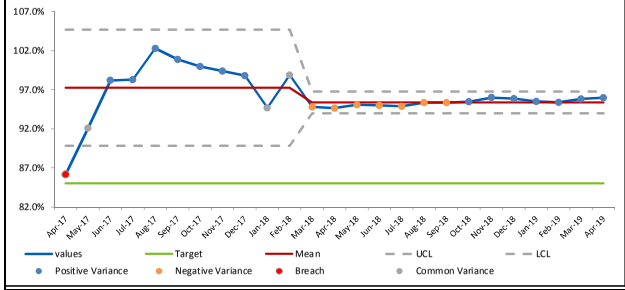
Absence (Stress)



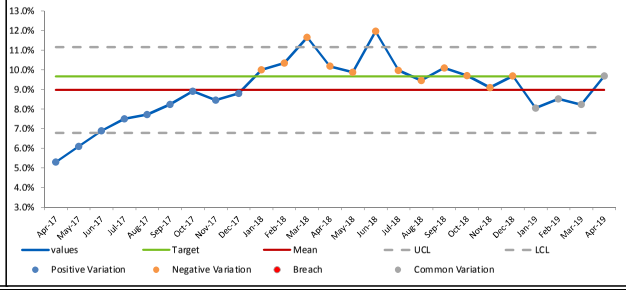
Turnover (Planned and Unplanned)



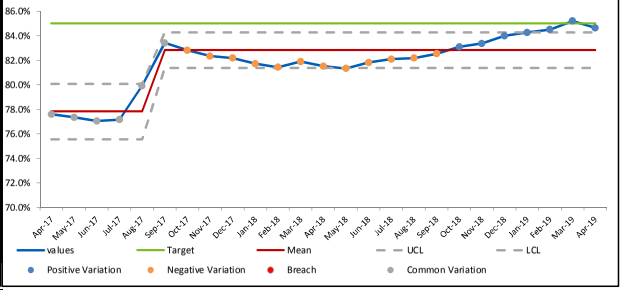
Mandatory Training Rate



Vacancy Rate



Stability



Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	2.9
Agenda Item Title:	Digital Strategy
Presenting Officer:	Gordon Flack Director of Finance

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

Report Summary

This paper is the refreshed Digital Strategy for the period 2019-2024 which has been recommended by the Management Committee for approval.

This strategy has been refreshed in line with the other strategies and in line with the Long term Plan. The high level aims are:

- **Safe** to promote and support patient safety
- **Simplified** to reduce complexity for staff and within the infrastructure
- **Secure** to maintain data and information security
- **Shared** to promote the sharing of data for patient benefit
- **Speedy** to provide rapid access to information

Underpinned by the implementation principles that:-

•**Patients:** If willing and able to do so, will be empowered by new tools to become more actively involved and engaged in their care. The patient generated data will be interpreted by algorithms enabling personalised self-management and self-care.
•**Evidence:** The introduction of any technology must be grounded in robust research evidence and a fit for purpose and ethical governance framework that patients, public and staff can all trust.
•**Releasing time to care:** Whenever possible, the adoption of technology should be used to give more time for care, creating an environment in which the patient-clinician relationship is enhanced.

Specifically there are eight objectives:
1.To review and replace core Digital applications
2.To upgrade network infrastructure
3.To refresh end user devices and operating systems
4.To seek opportunities for infrastructure technologies eg. Cloud enabled, Internet first etc.
5. Build and enhance cyber and information security
6. Work with the STP Digital on developments for the system
7. Seek opportunities to enhance quality of patient care and decrease costs with digital services
8. Develop digital capabilities for all staff.

Proposals and /or Recommendations
To approve the Digital Strategy

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
Yes ☒ No issues identified.

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Kent Community Health
NHS Foundation Trust

Digital Strategy

2019- 2024

Document Reference No.	TBC
Status	Approved
Version Number	1.0
Replacing/Superseded policy or documents	Information Management and Technology Strategy 2013-2018
Number of pages	14
Target Audience/ applicable to	All Trust staff
Author	Mark Ashby AD for ICT
Acknowledgements	Comments from Management committee and IT steering group
Contact Point for Queries	IT Department
Date Ratified	29th April 2019
Date of Implementation/distribution	7th May 2019
Circulation	Policy Dissemination / Flo
Review date	Annualy with full review April 2024
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Related Policies/Procedures

Title	Reference
• KCHFT Business Strategy. • KCHFT Estates Strategy. • KCHFT Procurement Policy. • KCHFT People Strategy. • KCHFT Quality Strategy. • KCHFT Standing Financial Instructions	Flo

Document Tracking Sheet

Version	Status	Date	Issued to/approved by	Comments / summary of changes
0.1	Draft	29/11/18	Finance and Business Support Directorate – Senior Team	Minor textural additions plus the inclusion of information from the Topol review
		19/11/18	IMT Steering Group	Textural additions and points of clarification
0.2	Draft	20/01/19	Exec Team	Outcome measures added
0.3	Draft	29/01/19	Management Committee	Extend the work plan to include exploration of Apps
0.4	Draft	29/04/19	IT Steering Group	Addition of AHP strategy reference, addition
1.0	Final	07/05/19	Trust Board	Updated strategy on a page and minor format changes

Contents

(i) Foreword

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

Our Organisational Strategy recognises the importance of providing high quality services and is central to our vision, mission and values. The Digital Strategy is fundamental in supporting our goals to empower patients in their own care, use decision support and artificial intelligence to help clinicians in applying best practice, eliminate unwarranted variation and support personalised self-management. This will have the positive effect of releasing more patient facing time for frontline staff.

As outlined in the Long Term Plan (2019) digitally-enabled care will become the mainstream across the NHS. Technology is continually opening up new possibilities for prevention, care and treatment. The practical priorities include:

- Ensure that clinicians can access and interact with patient records and care plans wherever they are.
- Use predictive techniques to support local health systems to plan care for populations.
- Use intuitive tools to capture data as a by-product of care in ways that empower clinicians and reduce the administrative burden.
- Encourage a world leading health IT industry in England with a supportive environment for software developers and innovators.

We have spent the last two years fulfilling a leadership role in the Sustainability and Transformation Partnership (STP) in the Kent and Medway health economy with the drive to local care delivered out of acute hospital settings, a greater emphasis on prevention of ill-health and a greater emphasis on supporting the workforce. Through its experienced Board and leadership team, we are building stronger relationships with new commissioning leaders, strengthening the technology capability of the Trust and driving the integration of services across the local health economy. The Digital Strategy underpins this by substantial investment in new digital tools including a new electronic patient record system to integrate with the STP Kent and Medway Care Record.

The Digital Strategy for 2019-24 is to deliver a quintuple aim:

- Safe to promote and support patient safety
- Simplified to reduce complexity for staff and within the infrastructure
- Secure to maintain data and information security
- Shared to promote the sharing of data for patient benefit
- Speedy to provide rapid access to information

We will focus on developing our digital capability to support delivery of high quality services and build our shared leadership role within the STP. It is our technical staff working closely with clinicians and other team members who will ensure we deliver our digital aims through their skill, commitment and imagination.

Gordon Flack(Director of Finance)

(ii) Organisational Strategy on a Page

NHS
Kent Community Health
NHS Foundation Trust

Our strategy

Our vision

A community that **supports each other** to **live well**.

Our mission

To **empower adults and children** to live well, to be the **best employer** and **work with our partners** as one.

Our goals

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

Our priorities for 2019/20

- **Improve quality** – innovate, improve and learn – so everyone gets the best health and wellbeing outcomes.
- **Support our people** – engage, develop and value our people so they deliver high-quality care throughout long, rewarding careers.
- **Join-up care** – progress partnerships so people feel supported by one multi-skilled team.
- **Develop our digital ways of working** – invest in technology and training to give more time to care, better access to services and the power of information to all.

Our values

Compassionate Aspirational Responsive Excellent

1 Strategic Aims

The Digital strategy's aims can be summarised as 'fives S's' as follows:-

- Safe to promote and support patient safety
- Simplified to reduce complexity for staff and within the infrastructure
- Secure to maintain data and information security
- Shared to promote the sharing of data for patient benefit
- Speedy to provide rapid access to information

Applied appropriately, digital technology has the capability to enhance many areas of patient safety and provide an environment where patient safety is paramount. This will underpin the Trust's reputation in the delivery of safe patient care and will enhance the Trust's ability to pursue additional business opportunities.

Simplified architecture and a standardised user experience will assist in staff productivity by removing more complex procedures and workarounds that exist to alleviate shortcomings in current systems. This will also allow greater flexibility as service models change and develop since staff will have a familiar look and feel to their digital experience across the Trust.

Security of data and information, especially in the cyber arena, is essential to ensure all of the Trust's digital assets are available for use in patient care. Steps have already been taken to strengthen the security regime of the Trust but there is more to do as threats develop. All organisations handling sensitive data will be required to meet minimum standards in data security in order to conduct and develop their business.

The importance of sharing data in patient care has been evident for many years in national strategy and this will be essential in the delivery of future new models of care where patient pathways extend across multiple health and care organisations. The Trust will deploy systems and services that meet NHS interoperability standards and will allow the information to follow the patient across care settings.

Clinical information must be made available in a timely manner. Systems and networks will be optimised to ensure the delivery of information to users will be as fast as possible. Management information must also be made available rapidly to allow decisions to be taken quickly. All of this will underpin the ability of the Trust to work in an agile manner to deliver current and future services.

Digital is recognised as an enabler which will underpin the delivery of the NHS Long Term Plan (NHSE, 2019) as well as the Trust's own mission. With appropriate funding and resourcing the 'five S's' philosophy can support financial viability by working "smarter not harder" and will support the delivery of sustainable services for the future.

Digital services for the purposes of this document include all of the IT infrastructure and services internally together with any interaction between the Trust and patients via their own digital devices.

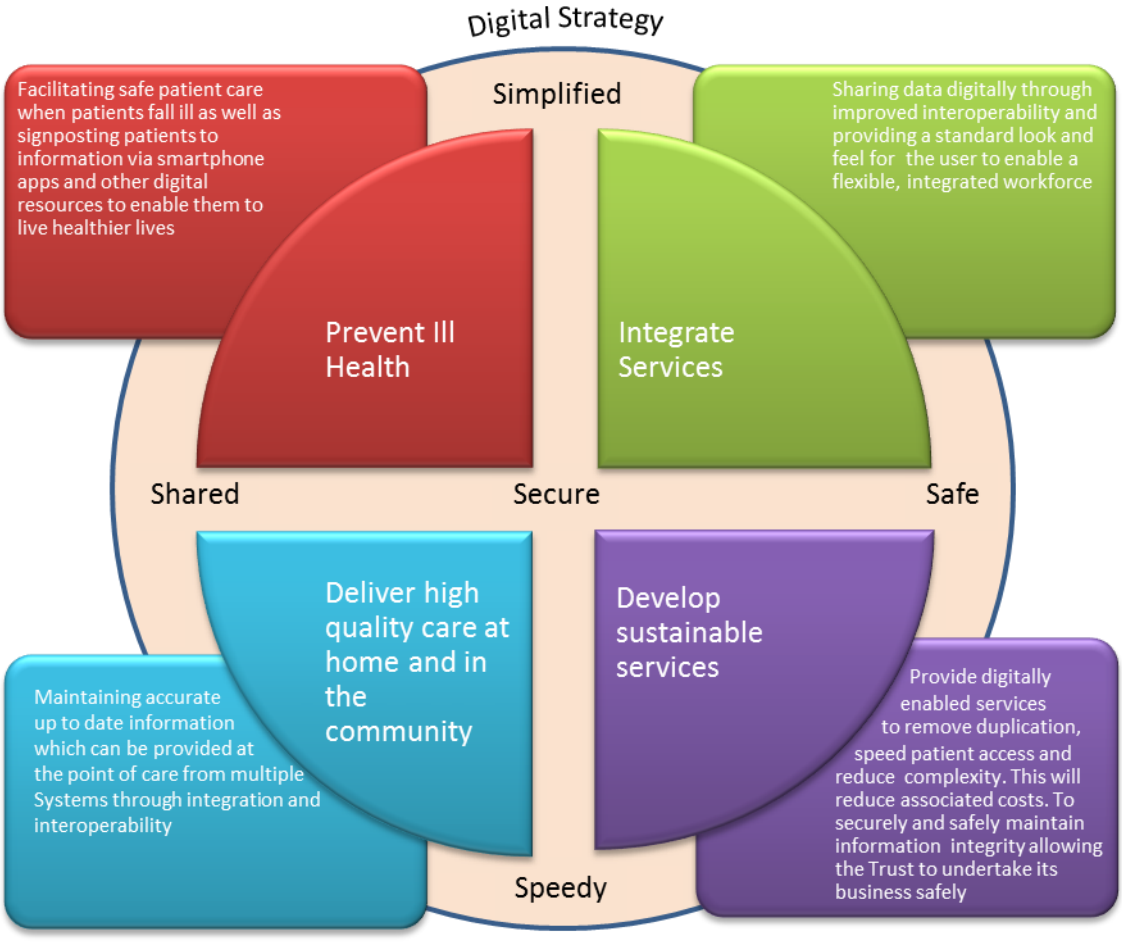
2 Alignment with Organisational Strategy

The Digital strategy is an enabler to the achievement of KCHFT's mission which involves prioritising innovation, transformation, productivity, leadership and partnership working in order to deliver sustainable services and support the organisational goals:

Strategic Goals

1. Prevent ill health
2. Integrate services
3. Deliver high quality care at home and in the community
4. Develop sustainable services

Fig 1 – Alignment of strategic goals with the Digital strategy



The Digital Strategy promotes innovation that will be the key to unlocking potential in supporting and developing services. Empowering patients in the management of their conditions through the development of self-care clinical apps and online access to clinical records for children (the online red book) are just two examples where digital is supporting the innovation of care by placing information under the patient's own control (NHSE, Harnessing Technology and Evolution, 2017)

3 Triangulation and Links

Digital services within and outside of KCHFT provide a means to deliver and enhance the day to day business activities of the Trust as well as provide support to deliver the ambitions identified in the other organisational strategies and wider regional and national programmes of work.

The most relevant links are listed below:-

1. The NHS Long Term Plan. By ensuring that the Trust Digital services support the strategic ambitions of the NHS Long Term plan and closely align with the "Digitally Enabled Care" section (chapter 5) and its timetable for delivery
2. Sustainability and Transformation Partnership (by ensuring that affordability and efficiency are considered at every level as we move to a more preventative and integrated approach with our partners in the health and care economy)
3. Sustainability and Transformation Partnership (STP) has identified a Digital work stream promoting and delivering the Local Digital Roadmap (LDR) to support the new models of care. The KCHFT Digital strategy will support this initiative as well as the productivity and local care STP work streams with digitally supported change. The first deliverable from this work stream is the Kent and Medway Care Record (KMCR) which provides an integration Health and Social Care record for the Kent citizen.
4. Supporting clinical effectiveness and evidence-based practice by ensuring that relevant digital technology is deployed to assist in particular, areas where there are limited clinical resources and to support better outcomes for patients.
5. Supporting clinical risk management and patient safety with digital technology underpinning the delivery of the GIRFT principles (getting it right first time) and assisting in minimising incidents that adversely impact patient safety.
6. Providing new platforms to support better performance monitoring through the delivery of new digital tools. This will provide dashboards at organisation, departmental and team levels as well as deliver contractual key performance indicators to demonstrate the reliability of the Trust as a provider and partner as well as support ownership and accountability across operational teams.
7. To deliver the benefits of digital technology, workforce development will need to be supported to include the necessary competencies for all KCHFT staff. Health Education England's digital literacy programme states "*Excellent digital capabilities include a positive attitude towards technology and innovation and its potential to improve care and outcomes. With improved overall digital literacy capabilities, we can all maximise that potential".*
8. Digital technology has the ability to support devolution of decision-making and accountability to the closest point to patient care across the whole organisation in line with the "People Strategy". (1c Engaging and empowering our people). Also by making the digital environment easier to use will assist with recruitment and retention (3a Recruiting and retaining).

9. All procurement and purchases to support the digital strategy will be in line with the Procurement Strategy, Statements of Internal Control and Trust Standing Financial Instructions.

10. Supporting the Estates strategy to deliver a more mobile workforce to drive transformations of care (Principle 1) and facilitating value for money through the more efficient use of estate technology enabled change (Principle 2).

4 Strategy Implementation

Digital technology has become part of the mainstream and digital skills are essential for the modern clinical workforce. For this reason, the implementation of this strategy will rely, firstly on the technical specialists to provide the necessary internal infrastructure, secondly for all Trust leaders to work to develop a "digital culture" for the organisation and most importantly, every member of staff to engage in the delivery of digital services for their area of work. Education, both formal and informal will be required in order to develop a "digital culture" for our staff, patients and service users.

Principles to be followed during strategy implementation will be:-

- **Patients:** If willing and able to do so, will be empowered by new tools to become more actively involved and engaged in their care. The patient generated data will be interpreted by algorithms enabling personalised self-management and self-care.
- **Evidence:** The introduction of any technology must be grounded in robust research evidence and a fit for purpose and ethical governance framework that patients, public and staff can all trust.
- **Releasing time to care:** Whenever possible, the adoption of technology should be used to give more time for care, creating an environment in which the patient-clinician relationship is enhanced. (Topol Review, 2018)

The additional considerations are as follows:

4.1 Ownership:

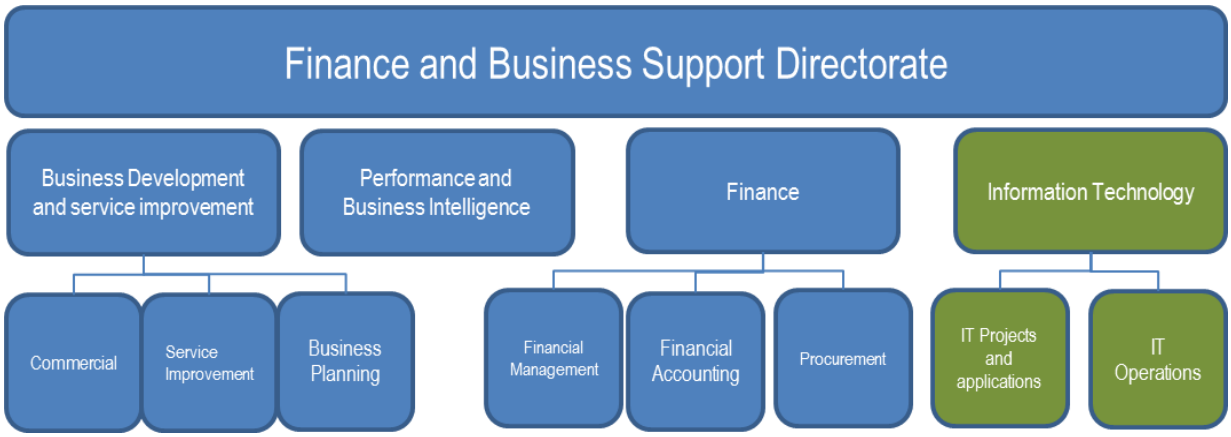
The success of this strategy will be reliant on all services taking steps to embed digital in their business as usual processes. To this end the Director of Finance will work with other directors to ensure that the Digital agenda is developed and resourced to meet actual Trust needs and priorities. The NHS ten year plan states *"In 2021/22, we will have systems that support population health management in every Integrated Care System across England, with a Chief Clinical Information Officer (CCIO) or Chief Information Officer (CIO) on the board of every local NHS organisation"* (NHS Long-term Plan, 2019) Whilst the Trust currently have a CCIO on the Board, the executive responsibility for IT currently rests with the Director of Finance. During the period encompassed by the Digital Strategy the Trust will consider its options in order to meet this milestone.

4.2 Resourcing:

Resourcing the strategy will be through a combination of the existing IT budgets delivering digitally enhanced "business as usual" services and the development of the strategic programme of work supported by specific investment cases for each major element. The organisation will also need to identify "digital champions" within the various services to act as a focal point for the delivery of the local digital agenda and ensure there is sufficient capacity to deliver what is required for the services.

4.3 Structure:

The Information Communication Technology (ICT) department resides in the Finance and Business Support Directorate which facilitates close cooperation between these corporate departments. Information received from performance and business development in particular will be of use when modifying the programme of work to deliver the Digital strategy.



4.4 Sharing Intelligence

The Trust has an IT Steering Group which is composed of senior managers from Trust services and chaired by the Director of Finance. The Assistant Director of ICT reports progress against all aspects of ICT including the Digital programme of work. In addition, information is shared at the monthly management committee meetings informally and formally reported as required.

5 Scope

As stated, digital technology is now mainstream and so the target audience for this strategy is all managers of the organisation. Additionally, an awareness of digital technology is required by all KCHFT staff and how this can be used to improve their day to day working life. This links directly to the duty to safeguard Trust assets and resources and to strive to develop better ways of working.

In addition to the IT steering group other key groups of staff will have responsibility for overseeing the development of the Digital agenda within the organisation. This includes:

- Members of the Board
- Directors and Assistant Directors
- Service Leads or Heads of Department
- Finance Business and Investment Committee
- Quality Committee
- Finance and Business Support Directorate
- External agencies and regulators (particularly NHSD and NHSI).

6 Objectives and Targets

This section describes the overarching targets for the Digital strategy over the next five years which is supplemented by a programme of work outlined in Annex 1. Given the fast moving nature of digital technology this programme of work will be kept under regular review to ensure it remains aligned with KCHFT's business objectives and that it takes account of changes and advancements in digital services.

1. To review and replace where required KCHFT core Digital applications:

   Outcome – to ensure all digital applications are up to date and fit for purpose to deliver improved patient experiences and support new models of care

2. To upgrade KCHFT's network infrastructure including wide area and local connections

   Outcome – to allow faster and more reliable connectivity for all staff to clinical and non-clinical applications. Improving efficiency and resilience

3. To refresh end user devices and operating systems to current versions

   Outcome – To protect the Trust from the risk of unsupported software and to improve the user experience when accessing their Digital applications

4. To investigate opportunities to refresh infrastructure across the five year horizon in line with national NHS strategy guidelines (i.e. Cloud enabled, Internet first etc.)

   Outcome – to provide a simplified architecture thus improving the resilience of the Trust's infrastructure and allowing new opportunities to deliver fresh Digital applications

5. Build and enhance the current level of Trust cyber and information security

   Outcome – an improved security infrastructure to ensure patient and other sensitive information remains safe and available for all staff who require legitimate access.

6. To maintain engagement with all areas of the Digital workstream for the STP

   Outcome – to ensure better health and social care information exchange by involvement in the design and implementation of the KMCR. Also to influence the development of the Digital agenda across Kent to support the KCHFT strategy

7. Investigate opportunities to deliver services digitally to enhance quality of patient care and decrease costs

   Outcome – to adopt new practice underpinned by enhanced Digital services, such as AI. This objective will deliver new ways of working and opportunities for improved patient care and reduction of cost.

8. Develop digital capabilities for all staff through engagement, training and communication. Plans to be developed and implemented

Outcome – an engaged and digitally mature workforce who will embrace the new opportunities offered by the new digital services provided through this strategic programme. This will ease future implementations and result clinically led, digitally enabled patient benefit.

Key performance indicators will be reviewed and further ones developed as the strategy is rolled out to ensure changes are having the desired effect and unintended consequences are identified and dealt with accordingly. Improvement against the national Digital Maturity Assessment metrics will also be expected and monitored to benchmark the Trust with similar organisations in England. Reporting on progress will be via the IT Steering group and the Trust Management Committee on a quarterly basis. Strategic objectives will also be translated to personal objectives for all IT (and other) staff and monitored through the normal performance appraisal system.

7 Annex 1- Digital Work Programme

	Objective	Projects	Lead(s)	Expected Outcome	Year				
					19/ 20	20/ 21	21/ 22	22/ 23	23/ 24
1	**Review and replace (where applicable) core digital applications** *(safe secure, shared)*	Procure and implement replacement for current CIS.	Director of Finance/Medical Director/AD for ICT/ CISCP Project Manager	Improved core EPR functionality to provide opportunities for system integration and reducing the bureaucratic burden on front line staff to account for no more than 10% of clinical time.	*	*			
		Procure Child Health information System (Contract cessation June 2020)	AD for ICT/Head of IT Projects	Improved system for collection of child health information		*			
		Review of existing Trust clinical systems • MIU • Lillie Sexual Health • Others Assessment for new Trust systems • Pharmacy • Bed/capacity management	AD for ICT/Head of Projects	Improved functionality and productivity for the service departments		*			
2	**To review and upgrade the KCHFT network infrastructure** *(Secure, Simplified, Speedy)*	HSCN Circuit replacement	AD for ICT/ Head of Operations/IT Infrastructure manager	Increased bandwidth (times two) to all KCHFT sites to provide a faster response time for staff	*				
		Replacement of network active equipment (core and edge switches)	AD for ICT/ Head of Operations/IT Infrastructure manager	Reduced risk of failure at sites (delivering 99.9% availability) due to aging equipment failure. Increased speed for users and increased network capacity (x2) to accommodate additional users	*				

	Objective	Projects	Lead(s)	Expected Outcome	Year				
					19/20	20/21	21/22	22/23	23/24
		Investigation and implementation of new tools to manage network traffic	AD Business Development and Service Improvement	Improved user experience through improved network management.		*			*
		Assessment of additional opportunities for Voice and data integration (VOIP)	AD for ICT/Head of Operations/Head of Projects	Reduced cost of on line calls (meeting CIP targets), simplification of infrastructure and improvement in user experience	*	*	*		
		Simplifying user login through Single Sign On or Password management solutions	Head of IT Projects/Head of IT Operations/IT Security Manager	Improved user experience through simplified login process (one touch).	*			*	
3	**To review and refresh end user devices.** *(Safe, Simplified, Secure*)	To plan and roll out Microsoft Windows 10 to all KCHFT laptops and desktop devices	AD for ICT/Head of Operations/Head of Projects	Moving the Trust to the latest version of the operating system to deliver improved user experience through enhanced functionality and security	*				
		Tablet and mobile review	AD for ICT/Head of Operations/Head of Projects	To assess user need against available end user devices (laptops/tablets/mobile phones/other) in order to increase productivity and staff user experience	*		*		*
		To keep under review the latest development of standard operating systems (Win XX?)	AD for ICT/Head of Operations/Head of Projects	To ensure the Trust infrastructure does not fall behind to an unsupported version and maintain a good user experience to deliver quality care			*	*	*
		To deliver strategy for KCHFT “standard users” an assessment of what devices are required for specific job roles	AD for ICT/Head of Operations/Head of Projects	Supporting a more efficient and flexible workforce able to deliver their services from a variety of locations	*	*		*	

	Objective	Projects	Lead(s)	Expected Outcome	Year				
					19/20	20/21	21/22	22/23	23/24
4	**To investigate opportunities to refresh infrastructure in line with national NHS strategy guidelines (i.e. Cloud enabled, Internet first etc.)** *(Safe, Simplified, Secure, Shared)*	Review and reprocure replacement Trust service desk	AD for ICT/Head of Operations/Head of Projects	Provide a replacement for the core service desk to improve user experience when logging calls		*			*
		Review the Trust server infrastructure to assess options for replacement	AD for ICT/Head of Operations/Head of Projects	A more flexible infrastructure allowing IT to be deployed more rapidly and in alternative settings to support the delivery of care			*	*	
		Assess and deliver options for delivery of software services via secure Internet services	AD for ICT/Head of Operations/Head of Projects	A more flexible infrastructure allowing IT to be deployed more rapidly and in alternative settings to support the delivery of care		*			
		Assess options for Directory Services Management	AD for ICT/Head of Operations/Head of Projects	Improved integration between core EPR with active directory (better, more secure leaver and starter management)	*			*	
		To review and replace as required remote access options	AD for ICT/Head of Operations/Head of Projects	Improved flexibility of staff to work at multiple sites to support mobile working and the estates rationalisation strategy		*		*	
5	**Build and enhance the current level of Trust cyber and information security** *(Safe, Secure)*	Review and refresh the Trust Anti-Virus software	AD for ICT/Head of Operations/Head of Projects/Trust IT Security Manager	Ensuring the Trust infrastructure is secured from virus attack		*			*
		Obtain "Cyber Essentials plus certification" (to include data mapping software and prove GDPR requirements are met)	Head of Operations/IT Security Manager	Providing the Trust users and patients with assurance that data is secured against cyber threat	*	*			
		Review of current security update/patching tools	AD for ICT/Head of	Providing the Trust users and	*	*			*

	Objective	Projects	Lead(s)	Expected Outcome	Year				
					19/20	20/21	21/22	22/23	23/24
		(incl. tablets)	Operations/Head of Projects/Trust IT Security Manager	patients with assurance that data is secured against cyber threat					
		Review and procurement of additional control software as required (i.e. Data loss prevention, Phishing platforms etc.)	AD for ICT/Head of Operations/Head of Projects/Trust IT Security Manager	Providing the Trust users and patients with assurance that data is secured against cyber threat	*	*			*
		Continuation of the data security improvement programme (including technical and operational safeguards)	AD for ICT/Head of Operations/Head of Projects/Trust IT Security Manager	Providing the Trust users and patients with assurance that data is secured against cyber threat	*	*	*	*	*
6	**To maintain engagement with all areas of the Digital workstream for the STP** *(Safe, Shared)*	Kent and Medway Care Record.	Director of Finance/AD for ICT	The delivery of a care record for all Kent residents where health and social care information is available to support the new models of care	*	*	*		
		Digital workstream engagement (including refresh of the Local Digital Roadmap)	AD for ICT	Closer co-operation with all Kent Health and Social care partners IT teams to deliver and implement the shared vision of the STP	*	*	*	*	*
7	**Investigate opportunities to deliver services digitally to enhance quality of patient care and decrease costs** *(Safe, Simplified,*	Assessing specific requirements for digitally enabled services • Digital X Ray Viewing • E Referrals • Collaboration tools • Telemedicine	AD for ICT/ All interested Heads of service	Improved delivery of care through the use of targeted, digitally enabled services	*	*	*	*	*
		Specific App development projects(s) e.g. use of a geographic information system (GIS) to deliver	AD for ICT/ All interested Heads of	The delivery of Trust services digitally to patients to improve	*	*	*	*	*

	Objective	Projects	Lead(s)	Expected Outcome	Year				
					19/20	20/21	21/22	22/23	23/24
	Speedy)	electronic maps for those staff who are mobile and a GPS service to tie into roaming staff devices.	service	efficiency and support the digital agenda					
		Map current service use of Apps and those used in similar organisations to identify opportunity and plan for adoption.	AD for ICT/ All interested Heads of service	Plan for application and rollout of useful Apps that meet Trust needs	*	*			
		Horizon Scanning (including lessons learned from Digital Exemplars)	AD for ICT/Head of IT Operations/Head of IT Projects	To learn the lessons from the NHS GDE sites and adopt and adapt where possible to support patient care and Trust business	*	*	*	*	
		Investigating opportunities for implementing Artificial Intelligence	AD for ICT/Head of IT Operations/Head of IT Projects/All interested heads of service	To use opportunities for AI to deliver routine tasks for frontline staff more efficiently		*	*	*	*
8	**Staff engagement, training and communication** *(Speedy, Simplified, Secure)*	Develop and deliver a coherent communication plan for the Digital Programme	AD for ICT/AD of Comms	A better informed workforce receptive to looking for Digitally enabled solutions to workplace issues	*	*	*	*	*
		Delivery of new training plans/models to reflect the Trust levels of Digital Maturity	Head of IT Operations/IT training Lead	A work force able to make better use of Digital services due to more higher levels of Digital skills	*	*	*	*	*
		Provide engagement sessions for all staff (especially clinicians) to actively involve them in the changes and developments that are required to deliver a Digitally enabled organisation.	AD for ICT/Head of IT Operations	A better informed workforce receptive to looking for Digitally enabled solutions to workplace issues	*	*	*	*	*

9 References and Bibliography

External references:

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- Department of Health and Social Care: (2018), The future of Healthcare: Our vision for digital, data and technology in Health Care.
- NHS (2014), Five Year Forward View. NHS England, Public Health England, TDA, Monitor, CQC.
- NHS: (2019), (The) NHS Long-term Plan. www.longtermplan.nhs.uk
- NHSE: (2019) A Digital Framework for Allied Health Professionals Internet Ref: https://www.england.nhs.uk/wp-content/uploads/2019/04/a-digital-framework-for-allied-health-professionals.pdf
- NHSE: (2017) Harnessing Technology and Innovation Internet Ref: https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/harnessing-technology-and-innovation/
- STP Local Digital Roadmap (2016) “A Digital Roadmap for Kent and Medway”
- The Topol Review (2018) Preparing the healthcare workforce to deliver the digital future (Interim report, a call for evidence)

KCHFT Internal References:

- KCHFT Business Strategy.
- KCHFT Estates Strategy.
- KCHFT Procurement Policy.
- KCHFT People Strategy.
- KCHFT Quality Strategy.
- KCHFT Standing Financial Instructions.

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	3.1
Agenda Item Title:	2018/19 Patient Experience and Complaints Annual Report
Presenting Officer:	Dr Mercia Spare, Chief Nurse (Interim)

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

Report Summary
This report outlines key areas in relation to patient experience and complaints for the year 2018/19 provides assurance to the Board that patients and carers are involved in the review of patient experience data and that learning, and changes in practice are taking place.

Proposals and /or Recommendations
To note the report.

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

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Assistant Director Patient Safety and Experience	Email: s.mitchell13@nhs.net

Kent Community Health
NHS Foundation Trust

Patient Experience and Complaints Annual Report 2018/19

1.0 Introduction

The aim of this report is to provide assurance that Kent Community Health NHS Foundation Trust collected on-going patient feedback in real time, responded to complaints and used that information to improve services. It contains details of patient and service user feedback for the period of 1 April 2018 to 31 March 2019 captured using a variety of different sources, including Meridian surveys, on-line forums such as NHS Choices and Care Opinion, contacts with our Patient, Advice & Liaison Service, compliments and complaints.

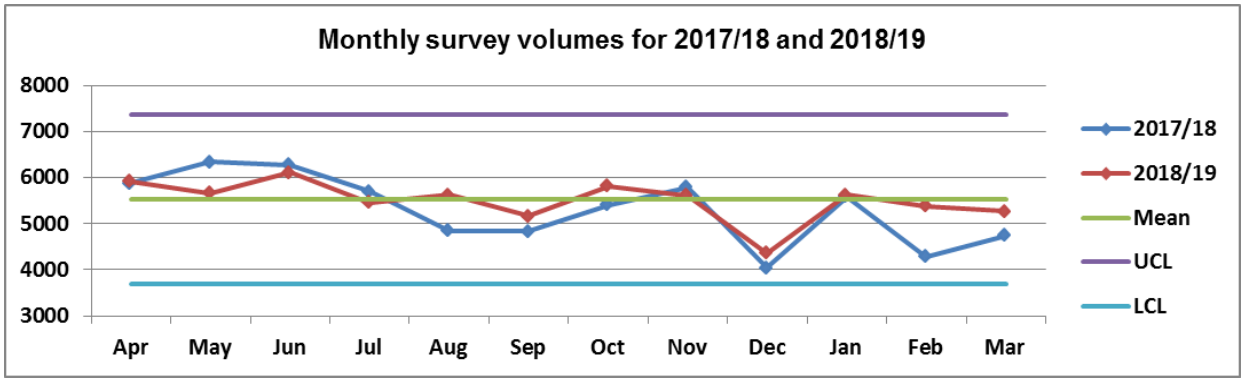
2.0 Patient Experience

2.1 Meridian data survey volumes and satisfaction scores

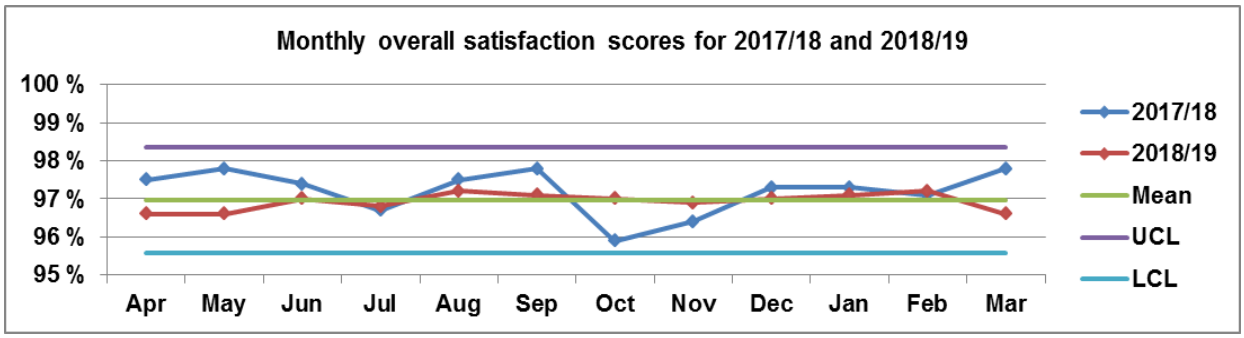
2.1.1 A total of **66,085** surveys were completed by patients, relatives and carers with a combined satisfaction score of **96.9%**.

2.1.2 There was an increase in survey volumes when compared with 2017/18 (63,731) with a similar overall satisfaction score of **96.8%.**

2.1.3 Survey volumes for 2018/19 generally followed the trend seen in 2017/2018 with the exception of a slight decrease in May 2018 and an increase in August 2018, February and March 2019. The decrease in December for both years is a usual trend due to the Christmas period.



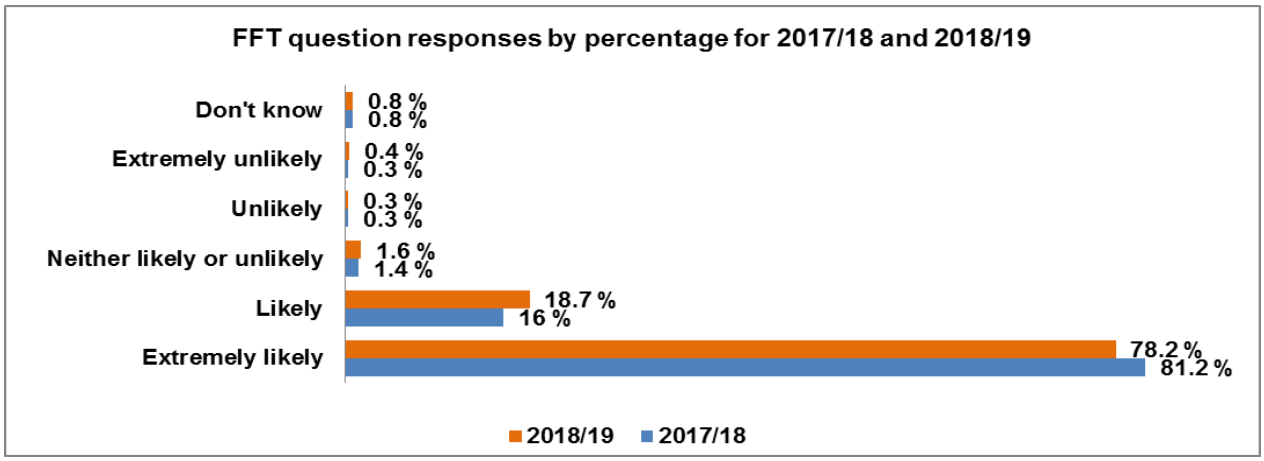
2.1.4 Monthly satisfaction scores for 2018/19 remained more consistent than in the previous year, with results ranging from 96.6% to 97.2%.



2.2 Friends and Family Test (FFT) data

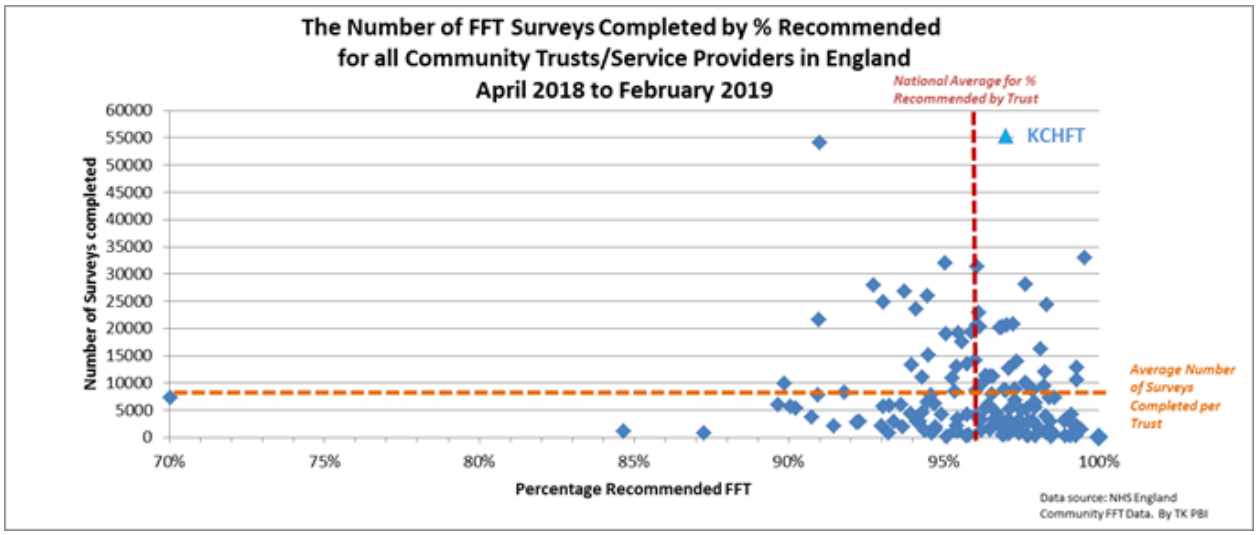
2.2.1 **64,638** people answered the FFT question in 2018/19 which was an increase on 2017/18 (59,144). The score for 2018/19 demonstrated a positive recommend rate of **96.9%**, which was marginally lower than 2017/18 (97.2%).

2.2.2 All surveys with an unlikely or extremely unlikely response to the FFT question were included in reporting and teams continue to take action and make improvements in response to negative feedback. Of the 5,494 additional surveys completed in 2018/19, 3% fewer patients decided to choose the 'extremely likely' option. An additional 2.7% of patients choosing the 'likely' answer option.



2.3 National FFT datasets from April 2018 to February 2019

2.3.1 As of 11 April 2019 the latest national datasets published run to February 2019. Therefore analysis for the 2018/19 year currently includes data from April 2018 through to February 2019. KCHFT has completed 55,405 FFT responses from April 2018 to February 2019. This is the highest of all the service providers that feature on the national community health datasets. As the scatter graph below shows KCHFT's percentage (97%) recommend for the FFT is above the national average (96%) for the April to February period and at the top of the upper quartile for surveys completed.



2.3.2 Most of the service providers that fall in the upper quartile for percentage recommended fall in the lowest quartile for surveys completed. There are 5 service providers with a percentage score over 99.5% and 4 of these are among the lowest 5 for numbers of responses.

2.4 Patient Advice & Liaison Service (PALS) enquiries

2.4.1 The role of PALS is to be the first point of contact for the public, patients and their families/carers should they have a problem or need information. The team guides people in the right direction by signposting them to services and providing contact details. They liaise with staff and managers to help patients and relatives find a quick resolution to any problems they are experiencing or concerns they may have. More involved concerns or complaints are promptly escalated to the Patient Experience Team for logging and investigation.

2.4.2 The PALS team took a total of **6,308** calls during 2018/2019, less than in 2017/18 (6,871). Calls received were requests for telephone numbers, appointments and signposting.

2.4.3 The main issue that handled during 2018/19 was for patients wishing to contact the Podiatry Service. In September 2017 the service changed their appointment booking process and PALS received many calls from patients who were unhappy that they could not access the admin hub, leading to delays in their appointments/care. Following a spike of calls to PALS in Q1 2018/2019, the following improvements were made:

- The service successfully recruited admin staff trained specifically for the role.
- The network issues on the Queen Victoria Memorial Hospital site in Herne Bay were addressed which increased connectivity speed and improved the volume of calls able to be handled.
- Patients not getting through to the team first time have the option of leaving a voice message.

These actions significantly improved the accessibility to the service and all calls are responded to within 24 hours. A subsequent non-executive director led deep dive provided further assurance that accessibility to the service had improved.

2.4.4 An identified theme has been patients making calls to PALS thinking they were contacting services directly. This was due to patients misreading information on service appointment letters. These templates were amended by the Communications Team to prevent future problems and numbers of calls have gradually decreased.

2.4.5 PALS also received calls regarding long waiting times for follow-up appointments with the Community Paediatric service and missed or delayed community nursing visits.

- The Community Paediatric service is working to allocate all new referrals meeting the criteria to an autism assessment within 9 to 12 months of referral. This ensures children receive a diagnosis within a consistent timeframe and enables the service to be clear from the outset about waiting times for this specialist assessment.
- Concerns raised regarding missed or delayed community nursing visits are addressed and shared with the teams to prevent similar problems from happening again. Staff in Thanet are working on a project to implement a new local referral unit process to ensure visits are allocated effectively and not missed.

2.5 Patient reviews received during 2018/9 via sources other than Meridian surveys

2.5.1 146 reviews were received using on-line forums such as NHS Choices and Care Opinion, the patient experience team generic email and social media. 74% were positive, 18% were negative and 8% were mixed.

2.5.2 The main positive themes related to care and compassion, communication, staff attitude and waiting times. Similarly negative themes related to communication, staff attitude and waiting times.

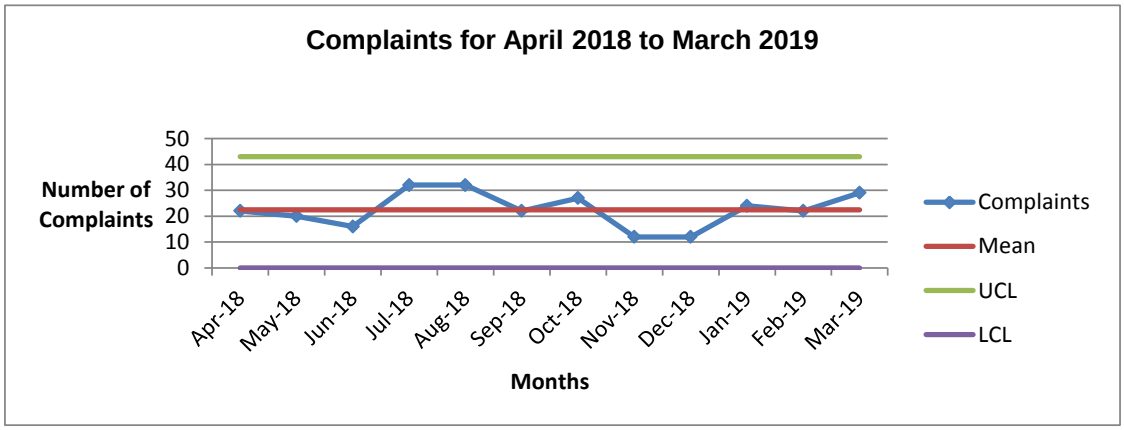
2.6 Compliments recorded on Meridian

2.6.1 Two tools were built in 2018/19 for staff to use to record any compliments they receive. This has worked well with **1,679** compliments being logged from patients/carers/families mainly thanking staff for their kindness and the quality of care received. **107** compliments were also logged from external providers/other organisations. These compliments include positive feedback from school staff and social services regarding their positive interactions and joint working with KCHFT staff.

3.0 Complaints received in 2018/19

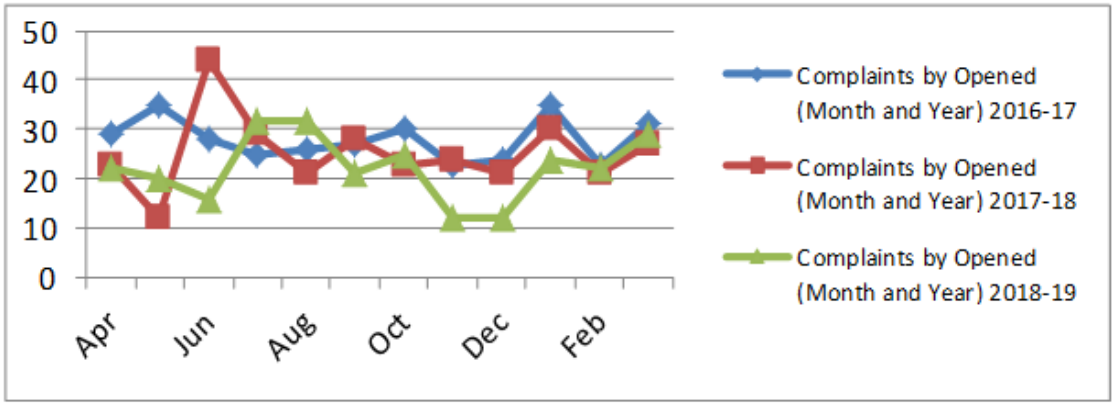
3.1 In 2018/2019, **267** complaints for services were received in comparison to **303** in 2017/2018 which was a **12%** reduction. This followed a reduction of **10%** on the previous year 2016/2017. However it is clear that the complexity of complaints and involvement with other organisations has increased, as 30 (23%) of cases over the last 6 months included liaising with other organisations. This was an increase from 25 (17.5%) of cases in the previous 6 months.

3.1.1 The following graph shows the numbers of complaints received in 2018/2019 which are variable each month.



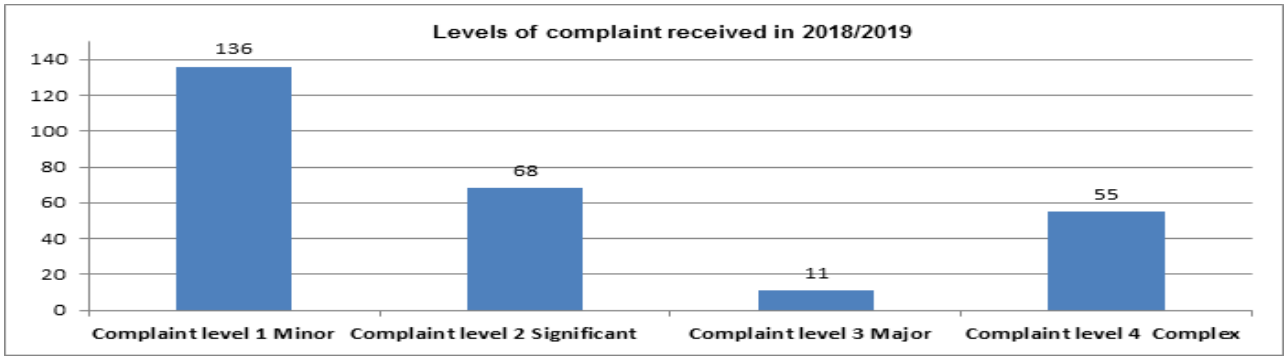
3.2 Levels of complaints

3.1.2 The following graph shows levels 1 to 4 complaints received by month for the last 3 years.



April to March 2016/17 Total 336	**April to March 2017/18 Total 303**	**April to March 2018/19 Total 267**
Average 28 per month	**Average 25 per month**	**Average 22 per month**

3.2.1 Complaints are logged under levels determined by the nature and complexity of the complaint following the Trust's Customer Care (Complaints) policy.



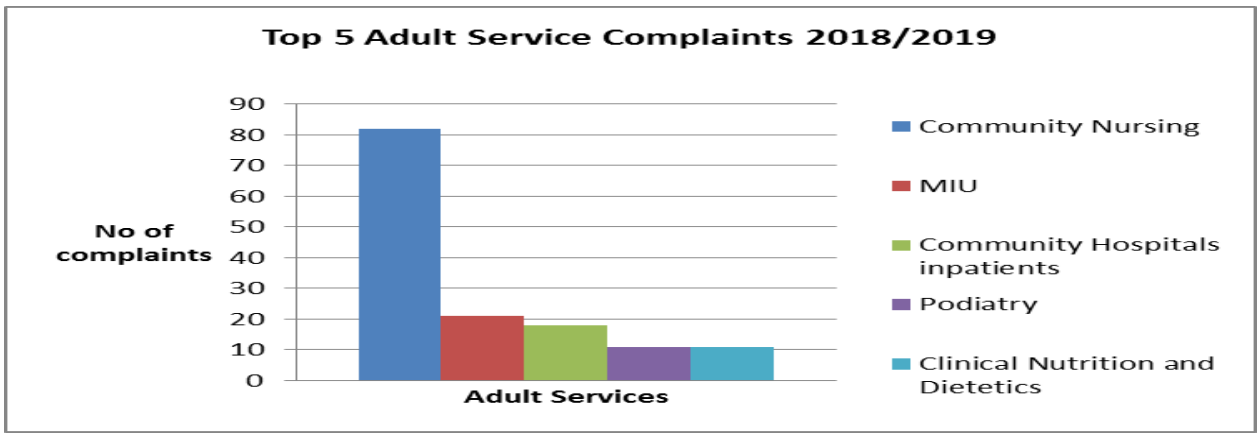
Category	Description
Level 1 Minor	It should be possible to get a quick solution and does not warrant a full complaint's investigation
Level 2 Significant	Requires contact with one or more service which involves some correspondence and an investigation to be carried out
Level 3 Major	A serious complaint that may involve more than one provider and requires a full investigation.
Level 4 Complex	A serious complaint involving more than one provider (multi-agency).

3.3 Complaints in adult services

3.3.1 Numbers of complaints for adult services for 2018/19 are shown in the chart below.

- Community nursing services continue to have the largest number of complaints increasing from 63 in 2017/2018 to 82 in 2018/2019. This service have the highest number of patient contacts (623,506), making a complaint to contact percentage of 0.013%.

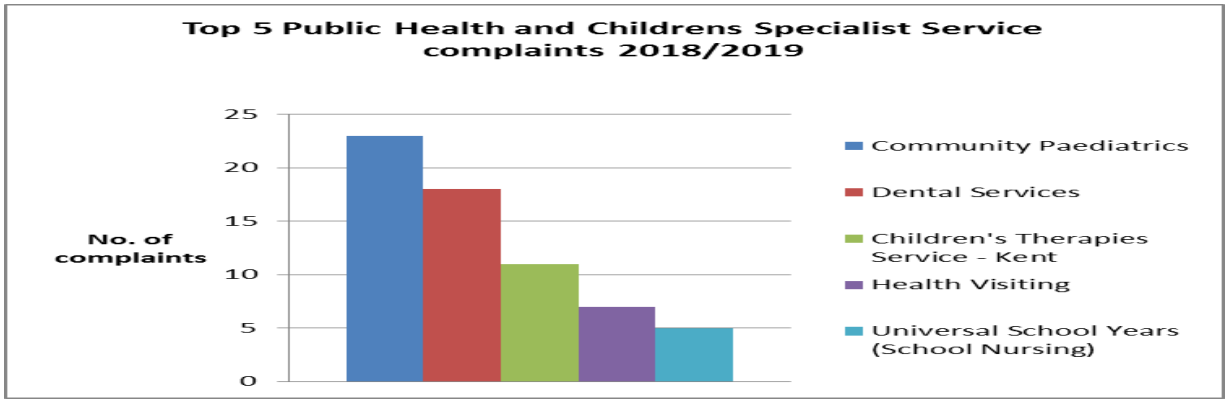
- The other two services receiving the highest numbers of complaints are community hospital inpatients (53,410 bed days in 2018/19) and the minor injury units (MIUs) (127,184 contacts in 2018/19) with 21 and 18 respectively, which is consistent with 2017/2018.



3.4 Complaints in Public Health and Children's' Specialist Services and Dental Services

3.4.1 Numbers of complaints for children's and dental services for 2018/19 are shown in the following chart:

- Community Paediatrics had the highest number of complaints for 2018/2019 with 23, an increase of 6 when compared to 2017/2018 (complaints to contacts percentage of 0.195%.
- Dental saw a reduction from 30 complaints in 2017/2018 to 18 in 2018/2019 (complaints to contacts percentage of 0.015%).
- The Health Visiting service also saw more than a 50% drop in formal complaints from 16 in 2017/2018 to 7 in 2018/19 (complaints to contacts percentage of 0.002%).
- Other services remained fairly consistent.



3.5 Themes and trends by subject

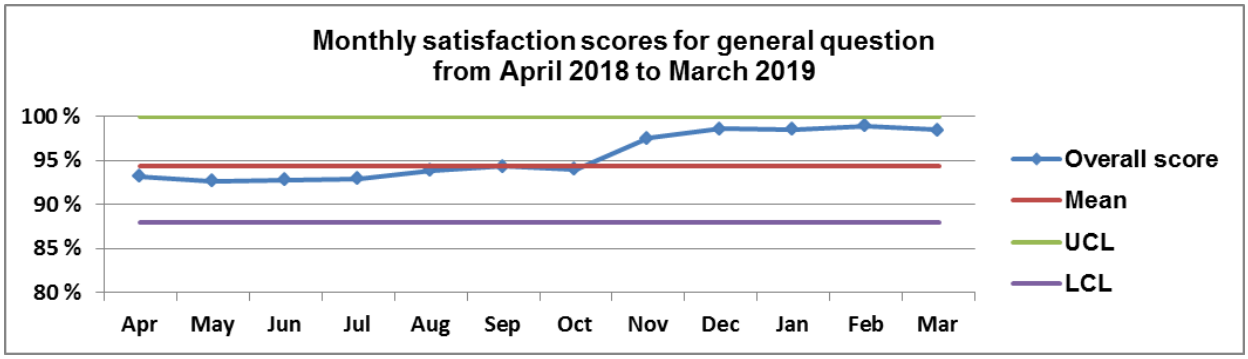
3.5.1 The top 3 themes of complaints remained the same as in 2017/18 with clinical treatment as the most common, followed by communications, appointments, access to treatment and staff.

- **Clinical treatment** - Complaints that fall into this category involve aspects of clinical care provided by health professionals, medical nursing or allied health professionals. They involve complaints about the patient's diagnosis and treatment, complications that may arise either during or after treatment, patient falls, nutrition and hydration, infection control measures, hygiene and pressure area care.
- **Communications -** Complaints are received which relate to communication across all services between hospitals, GPs, patients, staff and carers.
- **Appointments including delays and cancellations -** This category includes appointments including delays and cancellations and waiting times. For example waiting times to be seen by chronic pain service and cancellations made by the dental service, waiting times for equipment for children, delays and difficulties in getting podiatry and dental appointments, delays in receiving speech and language therapy.

3.6 Complaints Handling

3.6.1 **General question on surveys relating to complaints handling**
During 2018/19, **42,747** people answered the survey question 'If you recently raised a concern or complaint directly with this service, do you feel it was responded to and acted upon?' with a satisfaction score of **97.2%**. This was a higher score than in 2017/18 (92.89%) when less people answered this question (36,950).

3.6.2 Following a lower than mean score in Q1 and Q2 of 2018/19, results for this question increased in Q3 and were sustained in Q4. It is anticipated that the introduction of the e-learning complaints handling training for all staff, in addition to the face to face training package, has helped to support staff throughout the complaints process.



3.7 Complaints training for staff

3.7.1 During 2018/19, 31 staff attended the complaints handling, face to face, half day training intended for investigators, team leaders and managers delivered by the senior complaints officer.

3.7.2 A total of 169 staff undertook the newly developed complaints handling level 1 e-learning training designed for all staff to give them an overview of the trust's complaints procedure and what to do if they are contacted by a patient, relative or member of the public wishing to raise a concern. This is not mandatory but completion is actively encouraged. It is a requirement of staff to complete this e-learning prior to attending the face to face complaints handling training. Staff will continue to be encouraged to undertake complaints handling training through 2019/2020.

3.8 Feedback from complaints survey

3.8.1 The Patient Experience Team surveys complainants to capture feedback on their experience of the complaints handling process. In 2018/19 a total of **177** surveys were sent to complainants with their complaint response as cases were closed. **22** surveys were returned, giving a response rate of **12.5%**. Feedback gathered by this survey was mixed as complainants continue to find it difficult to separate the outcome of their complaint from the way it has been handled by the team. This has been discussed at the Kent and Medway NHS Complaints Managers Network and is a common problem across organisations. Further contact was made with complainants that requested it, either by the service or the Patient Experience Manager. Feedback from complainants has indicated that face to face meetings is beneficial to help resolve any complaints and to provide a more compassionate response. This practice is actively encouraged by the Patient Experience Team on behalf of the trust for all services investigating complaints.

3.9 Audit of complaints management

3.9.1 In July 2018 the Patient Experience Team completed an audit of complaints handled during the previous financial year to provide assurance that the complaints handling process is of a high standard and to evidence compliance with the KCHFT Customer Care (complaints) policy. The audit was also undertaken to test assurance with the Care Quality Commission (CQC) Responsive domain.

3.9.2 This was the first KCHFT complaints audit and is to be repeated on an annual basis. 10% (31 cases) of level 1 to 4 closed complaints responded to during the previous financial year were audited by peer review.

3.9.3 The audit identified a high number of areas of good practice. For example:

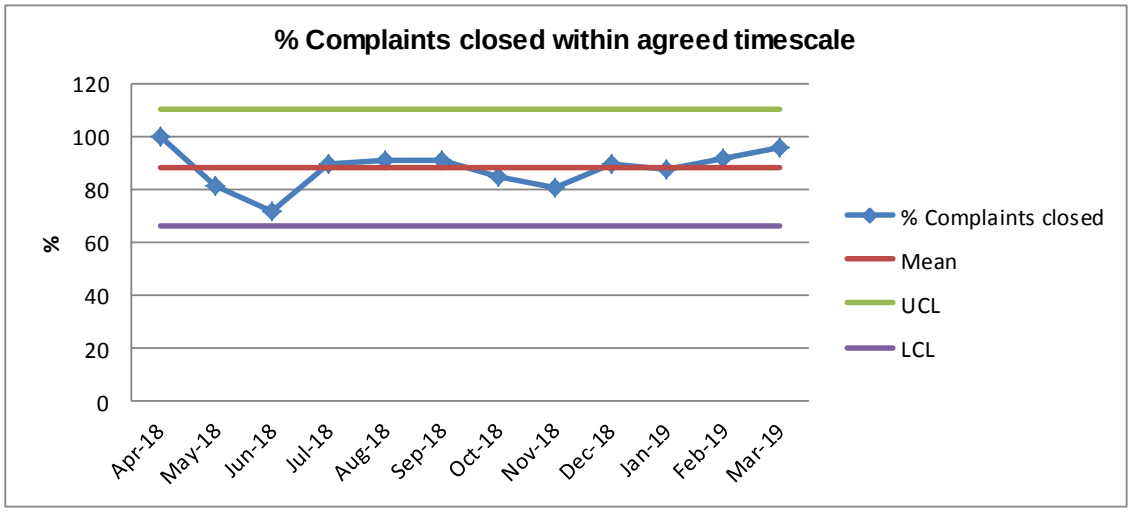
- 100% of complaints were acknowledged within 3 working days
- 100% of level 4 complaints (KCHFT leading) were responded to within 60 working days
- In 100% of cases, all elements of the complaint had been investigated and responded to

3.9.4 Recommendations and actions from the audit were as follows:

- Continue to encourage all services to seek assistance when comments/concerns are handled locally.
- Continue to ensure that complaints are formally logged to ensure that a full investigation is completed and response letters are quality assured following the approval process.
- The Patient Experience Team to continue to identify appropriate actions and areas for improvements resulting from complaints' investigations to facilitate shared learning across KCHFT.
- Complaints officers to work together to standardise the method of recording complaints on Datix to ensure uniformity. A document outlining the standards has been created.

3.10 Closed Complaints

3.10.1 During 2018/2019, 271 complaints were closed and of those 241 (88.9%) were closed within the agreed timeframe.

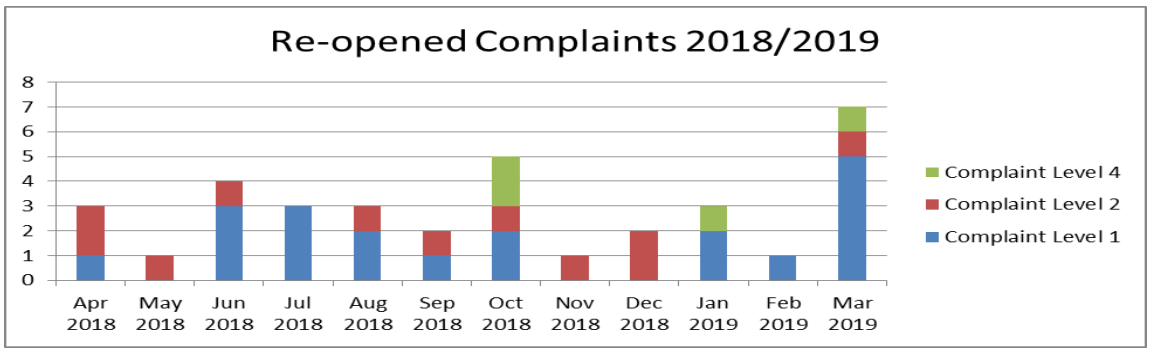


3.10.2 For the 30 complaints that did not meet our timescales, delays were related to receiving the required information and the completion of the approval process. Complainants are kept updated on any delays using their preferred method of communication. Timeframes are closely monitored and an escalation process forms part of the standard operating procedure which details the trust's complaints handling process.

3.11.2 This remains a focus for 2019/2020 through early resolution meetings with complainants, embedding of complaints training throughout the organisation and a review of the process.

3.11 Re-opened complaints 2018/2019

3.11.1 The team monitors the number of re-opened complaints. 35 (12%) complaints re-opened in 2018/2019 which was a reduction on 43 in 2017/2018. 33% (12) re-opened complaints were for children's services regarding service provision and 22% (8) were for community nursing services and mainly related to communication issues. The remaining 15 reopened cases were for a variety of services. The graph below demonstrates that re-opening is most common in level 1 complaints with 20 cases re-opened are are generally due to mis-communications in the initial response. Level 1 complaints are those which are anticipated to be resolved quickly by the services with support from the Patient Experience Team. There were also 11 level 2 complaints re-opened and 4 level 4.



3.12 Benchmarking against other providers

3.12.1 KCHFT is benchmarked against other community trusts via the Benchmarking Network. KCHFT is below the average number of formal complaints per 1,000 WTE staff members (highlighted in orange below).

3.13 Parliamentary and Health Service Ombudsman (PHSO) cases

3.13.1 8 cases were opened by the ombudsman in 2018/2019.

- 4 were opened for enquiry and closed with no investigation undertaken.
- 1 was opened and closed as not upheld.
- 1 was opened and closed after investigation as partially upheld.
- 2 remain open, 1 as an enquiry and 1 as under investigation.

3.13.2 The partially upheld case was from 2015 when a root cause analysis was completed at the time. Although the PHSO was assured by the changes and learning from this case they felt that these had not been clearly communicated to the complainant. They recommended that KCHFT wrote to apologise and to share the learning from the case. The PHSO was subsequently satisfied that their recommendations were complied with.

4.0 Learning from patient feedback

The Patient Experience Team continues to monitor improvements made by services as a result of patient feedback. In total 108 actions were recorded by the team, 63 resulting from complaints,

27 from feedback received via Meridian surveys and 18 from other sources. 55 of these actions were uploaded on the KCHFT public website as examples of 'You said …. We did……'.

4.1 Improvements made as a result of feedback from complaints during 2018/19 include:

- Dover/Deal Community Nurses: A family member complained that the patient had not received a visit following an urgent referral from the GP. The process was reviewed and telephone referrals are now processed by the local referral unit and followed up with notes being added to the electronic notes system (CIS) to avoid any miscommunication.
- East Canterbury Community Nurses: A patient complained that no contact had been made by the service after a GP referral requesting a repeat continence assessment. A scoping exercise into management of continence assessments was undertaken. The service now holds continence clinics for non-housebound patients to avoid unnecessary delays.
- Children's Speech and Language Therapy: A parent complained that following their child's paediatric dietetic consultation, no prescription letter request was sent to the GP for calorie supplements. The service now ensures that administration is completed on the same day by seeing fewer children but holding clinics more frequently. A standard operating procedure was created to include the new process re GP prescription requests.
- Dental Service, Hainault Health Centre: Patients were not always receiving notification of cancelled or changes to their appointments. Their system was updated so a text message is sent to patients when an appointment is cancelled or changed.

4.2 A selection of improvements made as a result of feedback captured by patient experience surveys is shown below:

- Hawkhurst Community Hospital: Feedback was received from patients regarding disturbance caused by TV noise from single rooms. The League of Friends installed headphones for use with televisions in all side rooms. Patients also reported disturbance on the ward due to the loud noise made by falls' sensor alarms. Existing alarms were reviewed and a new system installed which alerts staff at the nurses' station when chair or bed sensor alarms are activated.
- Postural Stability service: When attending a group exercise class, patients with a hearing impairment said they found it difficult to hear the presenter. The service tested various types of equipment with patients and found the Roger Pen the most effective. This equipment is now available for patients attending group sessions.
- Health Checks: A patient arrived for an appointment on time and had to leave without being seen due to the advisor not being available. In the event of advisor having to leave the clinic rooms, a clear sign is now being displayed on the doors with contact details for the advisor.
- Health Visiting Service: Some mothers asked for more advice on food intolerance and reflux. The health visitors have been trained by a dietitian to be able to provide support. Information has also been added to the Red Book signposting where more specialist breastfeeding advice can be obtained.

5.0 Key quality improvements during 2018/19

5.1 The new method of using Meridian for staff to record **compliments** received from patients/relatives/carers and other external providers is working well. A wide variety of services have recorded compliments since the system went live in March 2018. All staff with a Meridian Desktop login has access to this data to facilitate reporting and sharing with colleagues at team meetings etc.

5.2 A member of the Patient Experience Team is attending **local patient experience group meetings** held by services to develop discussions on patient feedback and quality improvement.

5.3 The Patient Experience Team has produced flowchart guidance for new staff to be given as part of their **local induction pack**. These cover key information about both the Meridian surveys and

the complaints handling process. This is available for new and existing staff to view and print from the Patient Experience Team's pages on flo.

5.4 Patient Advice and Liaison Service (PALS) – Following feedback from patients and carers the name changed from the Customer Care Team to PALS. All the alternative formats of the **PALS leaflet** are available on the Trust's website and paper copies of the leaflet are available for services in paper format.

5.5 **Community Learning Disability Service:** A short audio/pictoral survey for use at every intervention was developed and rolled out at the end of November 2018 and is going well with a total of 160 completed up to 31.03.19. These surveys have an overall satisfaction score of 99.2%. The overall scores were 99.4% for the question 'Did we help you today?', 100% for 'Were you happy with what we did?' and 98.1% for 'Would you like us to come back?'.

5.6 The **Forget Me Not Patient Feedback form** for patients with a confirmed diagnosis of dementia or those with a cognitive impairment was piloted in Hawkhurst and Faversham community hospitals and rolled out across all community hospitals in January 2019. As at 31.03.19 a total of 143 surveys had been completed with an overall satisfaction score of 85.8%. The introduction of the survey was overseen by the two specialist nurses for dementia and the dementia link workers are assisting the patients to complete the forms. The dementia link workers have received support and guidance from the specialist dementia nurses and their matrons/managers.

5.6.1 As from 15 January 2019, a Client Experience feedback form was also introduced at Edenbridge Day Hospital. The health activities assistant, who is also the dementia link worker, has undertaken to complete the survey with clients who attend and this survey is planned to be repeated every 6 months to review their experience.

5.7 **Dental Services:** An easy read/pictoral survey was introduced during December 2018. It is available in paper format and via the public website. This survey is targeted for completion by patients with learning disabilities and those for whom English is not their first language. The Immigration Removal Centres and London clinics will gain valuable feedback using this survey as they treat patients from diverse cultures. A total of 1,655 surveys were completed by patients accessing 21 dental clinics from 1.12.18 to 31.3.19 with an overall satisfaction score of 99.6%.

6.0 Summary

6.1. The trust has seen an increase in survey volumes in 2018/19 and satisfaction scores remain high. Services continue to use the feedback from their patients to improve the delivery of care provided. Services are developing new and different ways of capturing feedback are continually being developed to meet the needs of the patients accessing the wide range of services provided by the trust. Texting is to be trialled as an additional option for patients to give their feedback in 2019/20.

6.2. The introduction of complaints training and updated guidance has received excellent feedback and has supported staff across the organisation to resolve complaints in a compassionate and more timely manner. This work will continue throughout 2019/2020 to further improve the quality of complaints management.

Name: Sue Mitchell
Role: AD Patient Safety & Experience
10 May 2019

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	3.2
Agenda Item Title:	Learning From Deaths Report
Presenting Officer:	Dr Sarah Phillips, Medical Director

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

Report Summary

In line with National guidance on learning from deaths KCHFT collects and publishes mortality data and learning points quarterly via a paper to Quality Committee and Public Board. This data includes the total number of the Trust's inpatient deaths and those deaths that the Trust has subjected to case record review. Of those deaths reviewed, the Trust must 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 and Responding to Deaths Policy was developed following 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 a learning disability. A sample deaths under the care of our community teams has also been added to the scope from November 2018.

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

Following scrutiny at Quality Committee, the Board is asked to note that patients who die with learning disabilities and those that die in the community (not inpatients) are generally all receiving multiagency support. For example patients on the community nurse case load may also have been receiving care from their GP or been recently discharged from hospital. Most deaths of patients with learning disabilities occur in acute hospitals. In all cases when deaths are received by KCHFT all care provided by KCHFT is scrutinized and any learning for other organisations is shared. There are also discussions taking place about how to continuously improve this sharing. E.g. at regional level.

The committee is asked to note that from February 2019, Mortality Surveillance Group meetings have been reduced from monthly to bi-monthly. This was felt to be appropriate as process changes are significantly less now that procedures are becoming more deeply embedded across the Trust. It is also hoped that less frequent meetings will encourage higher attendance rates.

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 oversight of mortality review processes and awareness of the learning that emerges from reviews that drive improvements in care. The focus of trust mortality review is on quality improvement and sharing meaningful learning.

Proposals and /or Recommendations
For assurance.

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

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Medical Director	Email: sarahphillips4@nhs.net

Kent Community Health NHS Foundation Trust

LEARNING FROM DEATHS REPORT (JANUARY TO MARCH 2019)

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 those deaths reviewed, the Trust must provide estimates of how many deaths were judged more likely than not to have been due to problems in care.

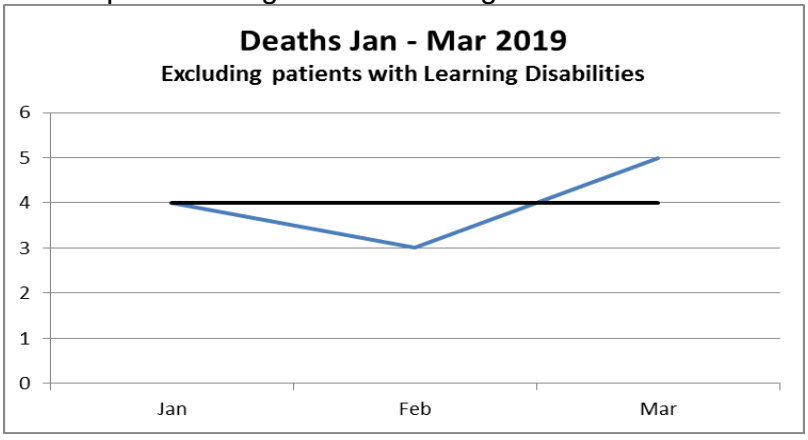
2. March Dashboard

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
5		3	4*		1	0	0
This Quarter (QTD)		Last Quarter	This Quarter (QTD)		Last Quarter	This Quarter (QTD)	Last Quarter
11		13	13		11	0	0
This Year (YTD)		Last Year	This Year (YTD)		Last Year	This Year (YTD)	Last Year
11		66	13		66	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 inpatient deaths in community hospitals per month this quarter along with the average.



3. **Learning from Mortality Reviews**

3.1 The tables below outline key areas of good practice along with areas for learning identified in reviews completed this quarter, along with the actions taken. These are also reviewed in the monthly Mortality Surveillance Group (MSG).

3.2 All areas of good practice and areas for learning are reported at monthly matrons' meetings in the East and West and wider dissemination to all ward staff is encouraged. A monthly report is also reviewed at the End of Life QI Group.

<table>
<tr><th colspan="2">Areas of Good Practice aligned to the
Five Priorities for Care of the Dying Person</th></tr>
<tr><th>Recognise</th><th>Involve</th></tr>
<tr><td>- All medications were written up and ward staff were prepared for an end of life patient – QVMH

- Medication was reviewed and end of life recognised – Faversham

- Advance care plan and ceilings of treatment documented early – QVMH

- Anticipatory care plan and advance care plan in place. Ceilings of care in terms of use of IV fluids and transfer to acute was clearly documented and there was a further review of ceilings of care as the patient deteriorated – Whitstable & Tankerton

Support

- Good feedback received from the family that they were happy with the care and support received – QVMH

- Documentation of communication with patient's wife; notes confirm that she was made welcome to stay overnight – QVMH

- Comment recorded from patient's</td><td>- Thorough documentation that the patient and family were involved with decision making, such as the decision to stop rehab – Sevenoaks

- Good documentation that patient understood risks of aspiration pneumonia if drinking un-thickened fluids but was choosing to take the risk, demonstrating respect for the patient's wishes – QVMH

- Good documentation of discussion about patient's wishes after out of hours doctor visited; patient remained on Heron Ward as he did not wish to be transferred to the acute – QVMH

- Very person-centred care shown, e.g. patient was given analgesia just before lunchtime and it was noted that she was happy to remain in bed to eat until afterwards when she could be helped to get up once it had taken effect – Faversham

- Detailed notes on CIS confirm the patient's wishes including details of his desired funeral</td></tr>
</table>

daughter that she was very happy with the care her mother received – Whitstable & Tankerton	arrangements – QVMH - It was documented that it was the patient's choice to die in hospital – Deal - This is Me completed by friend of the patient showing a holistic approach. Significant evidence of recognising the patient's needs and wishes, including support for vegan dietary choices and trying to arrange contact with sister (who was an inpatient at QEQM). Clearly documented when patient did not want to eat or drink, evidencing respect for her wishes – Whitstable & Tankerton - Clear evidence of involvement shown by documentation of attempt to initiate conversation about advance care planning with the patient – Whitstable & Tankerton - The dietician review provided a clear plan including patient preferences and eating for enjoyment, showing excellent person-centred care – Whitstable & Tankerton - Clear documentation of effort to involve the family in the decision process as deterioration continued, including exploration of religious and spiritual needs – Whitstable & Tankerton
Plan & Do - Very good examples of detailed care planning with clear actions, particularly around care of sacral wound – Sevenoaks - Evidence of clear documentation with initial assessments clearly dated, signed and fully completed,	**Communicate** - Good evidence of communication with family that the patient was expected to deteriorate – Sevenoaks - Excellent detail on CIS around discussions with the patient re end of life which was professionally

and very detailed records on CIS about daily care of patient - QVMH - Pressure ulcer identified promptly on admission and reported on Datix – QVMH - Prompt, thorough clerking and clear notes around the aim of admission. Appropriate medication written up - Faversham - Initial assessments completed thoroughly and an individualised plan of care in place. Good detail in notes around reason for admission - QVMH - All end of life documentation and personalised care plan in place. MCA, Consent and Safeguarding assessments thoroughly completed and very good examples of nursing documentation, such as a detailed rationale for why the decision was made to call an ambulance - Deal - Thorough assessments completed on admission. Death was verified on the ward so there was no need for a GP visit – Deal - Efficient handling of the situation when a drug chart from A + E was not transferred over with the patient; staff promptly chased the acute and received it by email shortly after – Whitstable & Tankerton - Prompt clerking on admission with appropriate referrals. Assessments all completed promptly and thoroughly. Clear documentation of board rounds showing safeguarding and dietician input – Whitstable & Tankerton	and clearly written with strong evidence that the patient's wishes were being listened to and respected – QVMH - Good documentation of discussions with the patient and family around being at end of life, evidencing that the patient was aware of the situation and agreed that she was in her final days - Faversham - Excellent example of communication documented with the patient's daughter around nutrition and hydration, and understanding the patient was at end of life. Very detailed conversation in line with best practice – Deal - Very good documentation of communication with case manager as well as contact with the patient's sister and friend – Whitstable & Tankerton

- Assessment of the patient's needs regarding pain and discomfort throughout. Skin, diet and bowel records very well documented on CIS – Whitstable & Tankerton	

Themes for Learning	Comments/Actions
Transfers of Care - In one case handover information from the acute was not clear as to any ongoing or resolved issues with vomiting and nausea. - In one case, there was a discrepancy of documentation; the acute handover notes stated the patient had a pacemaker but there was no evidence that this was the case, or any mention of it in the GP medical record.	- Staff have been reminded that all Transfer of Care issues should be reported on Datix. These issues are then taken forward with the acute by the Assistant Director for Patient Safety and Experience as part of the Transfers of Care Task & Finish Group.
Documentation - In some cases, written care plans do not consistently translate into day-to-day action, and end of life care plans/advance care plans are not always in place.	- Feedback from mortality reviews around quality of care plans has been sent to the Assistant Director for Clinical Governance and a wider piece of work around care plans is ongoing, with a report due to be discussed at Clinical Effectiveness Group on 25th March.
- In one case, documentation on CIS after death could have been more detailed including support offered to family.	- Feedback has been sent to the ward matron for sharing with staff and has been included in the monthly report of learning from mortality reviews which goes to the East and West Matrons' Meetings as well as the End of Life QI Group.
- In one case, an MCA should have	- Training around Lasting Power of

been documented as the patient did not have capacity. In some cases, the advance decision and welfare attorney section on DNA CPR forms are left blank, and there is a lack of confidence and clarity around Lasting Power of Attorney.	Attorney is planned for staff at community hospitals, to clarify the difference between LPAs for health and finances and the importance of documenting they have been verified. The Lead Practitioner for Palliative and End of Life Care, and the Head of Quality, Governance and Professional Standards for East Kent will take this forward.
- At Deal Hospital, medical documentation printed from the 'Dragon' dictation machine is unsigned, undated and stuck loosely into the paper notes, at risk of falling out.	- The Medical Director has discussed concerns around medical record keeping with the Strategic Delivery Manager for Urgent Care in the East to take forward.
- In one case, suction was given on the day of death and the day before but there was no documentation as to why this decision was made with regard to the patient's best interests, as glycopyrronium had not been administered.	- Feedback has been sent to the ward matron for sharing with staff and has been included in the monthly report of learning from mortality reviews which goes to the East and West Matrons' Meetings as well as the End of Life QI Group.
- In one case, there was a lack of awareness around what to do when a patient dies with no known next of kin leading to a delay in collection of the body.	- Legal are assisting with producing written guidance to be circulated to community hospitals for clarity This guidance will also be added to the Care After Death policy for future reference.
Recognition	
- In some cases, recognition of end of life could have been earlier and there are missed opportunities to start end of life care planning. There is sometimes little evidence of linking care to the Five Priorities for Care of the Dying Person.	- Monthly feedback submitted to Matrons' Meetings and the End of Life QI Group is now broken down into categories to reflect the Five Priorities; this should make staff more aware of the importance of Recognise, Involve, Plan & Do, Communicate and Support. The Lead Practitioner for Palliative and End of Life Care and the Nurse Consultant for End of Life Care are working to encourage earlier recognition across the Trust.

3.3 Although the Trust is only required to review inpatient deaths in community hospitals and there is no national mandate to review deaths in the community, a process has begun which aims to sample one to two deaths per month from across East and West community teams to incorporate into the existing mortality review process, subject to capacity of the review teams. Deaths are selected by team leaders who identify cases for review where there may be particularly rich learning, such as where there were problems or if something went well despite challenges.

3.4 For assurance, there are processes in place to liaise with PALs, SI and Safeguarding teams so that all deaths where a complaint or concern has been raised will be reviewed, even if not normally in scope. Deaths going through the SI process may not be re-reviewed to avoid duplication, if the RCA already identifies detailed learning. Cases deemed not to be SIs and not subject to an RCA will undergo a mortality review to ensure no learning is missed.

3.5 The tables below outline areas of good practice and areas for improvement identified from the three sample community reviews completed this quarter.

Areas of Good Practice	Areas for Learning
Hawkhurst Hospital *(flagged for review as patient died at home on day of discharge)* - All assessments carried out and well documented in a timely manner. Excellent documentation of difficult conversations regarding capacity and encouraging patient to stay in hospital. Good use of safeguarding team for advice.	- Lack of documented conversations about end of life or DNA CPR.
Ashford Community Nursing *(flagged for review as complaint received)* - Good documentation throughout and assessments completed thoroughly including End of Life assessment. Good evidence that team tried to meet all the patient's requests and needs. It was good practice to visit in pairs after a complaint was made as it was noted that one nurse felt intimidated. Good care given despite challenging circumstances. The complaint was responded to appropriately and thoroughly.	- No further areas for learning identified from the mortality review. The response to the complaint had already identified that the Local Clinical Resource Manager in Ashford would address communication styles with the team. Additionally it advised that a new ordering system had been implemented since the concerns were raised (the Online Non-Prescription Ordering Service – ONPOS) which has improved the efficiency

	of the process for ordering dressings, allowing a designated chemist to deliver dressings to nurses within 72 hours. It is hoped this will be rolled out to other areas soon.
Wateringbury and Paddock Wood Community Nursing - On several occasions, the patient's husband forgot to collect medication but the team did everything possible to contact the dispensing practice and help with collection. Issues were pre-empted and there were regular reviews of medication needs and appropriate increases and reductions in pain medication dosage, all thoroughly documented. The family were present during each visit and were given information about where to seek further advice if needed. No gaps in care provision despite the need to transfer care from Paddock Wood to Wateringbury team due to capacity issues, which was done efficiently and did not result in undue delay. Good liaison with the GP and Hospice doctor.	- No areas for learning identified.

4. **Mortality Surveillance Group Meeting Frequency**

4.1 The committee is asked to note that from February 2019, Mortality Surveillance Group meetings have reduced from monthly to bi-monthly. This was felt to be appropriate as process changes are significantly less now that procedures are becoming more deeply embedded across the Trust. Additionally, it is hoped that less frequent meetings will encourage higher attendance rates.

5. **Cross-organisational working**

5.1 A data sharing agreement with EKHUFT is in progress which would support the future exchange of information for mortality reviews of mutual patients

5.2 Discussions have taken place with the Interim Head of Patient Safety at KMPT and it has been agreed that we will share learning if either trust identifies a mutual patient during mortality review. This will help us to meet our obligation to ensure that the deaths of any patients with serious mental illness are reviewed.

6. Learning Disability (LD) Mortality Review Process Update

6.1 A separate report is provided by the Learning Disability service which is embedded below.

Learning Disability review report Jan-Ma

Sarah Phillips
Medical Director
April 2019

Learning Disability Service – Q4 Mortality Review Report

There have been 97 reported deaths within the CLDT from April 2017 March 2019.

Between January and March 2019 there have been 8 reported deaths.

Month	Number
October	10
November	7
December	5
January	1
February	5
March	2

There were no Serious Incidents or any deaths attributable to the service.

Learning Disability mortality review meetings.

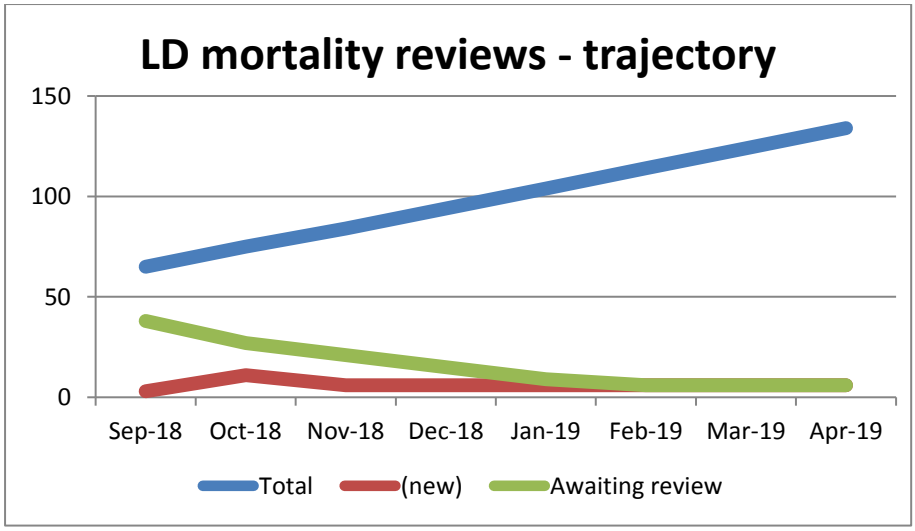
There have been 5 multi-professional meetings during January to March 2019. At the meetings enhanced reviews are discussed in detail from a MDT perspective. Outside of these meetings Mandy Setterfield (Specialist Practitioner) continues working on gathering information and completing standard reviews based upon the review criteria.

Table 2 below shows the number of reviews completed and pending overall;

Completed reviews	Enhanced	Standard
93	22	71
Pending	2	1
TBC	1	0

The 3 pending reviews require more information from the coroner or datix requires more explanation and or further explanation around the person's death.

The progress to date has been good. The review process is on track to meet the anticipated trajectory by April 2019



Learning and Findings from the reviews from KCHFT perspective

- Initial findings indicate that causes of death are similar to those reported nationally (e.g. respiratory, circulatory disorders and cancer).

- The majority of service users were on end of life care.
- There were no avoidable/preventable deaths (from KCHFT perspective) or Serious Incidents (the LeDeR reviews will picks up learning from other pathways).
- Highlighted good practice around EOL pathway, anticipatory care planning and joint working with GP's, Hospice etc.
- Practitioners who attend the LD mortality review meetings have given very positive feedback.
- We have seen an improvement in quality of Datix reporting since the process was introduced.

- Outside of KCHT, through the reviews there remains an issue with End of Life medication being prescribed to late or not at all even when EOL plans and anticipatory care plans are in place. Another area is Do Not Resuscitate, best interest process is not being followed and clinical reason not being used as the decision for the DNACPR. These concerns were due to be feedback to the Kent and Medway LeDer steering group in January this meeting was cancelled so will be feedback in April and picked up there as an action.

Table 3 shows number of deaths and Cause of Death.

Cause of Death	Number of deaths
Pneumonia/bronchial, chest infections etc.	23
Cancer (various)	15
Aspirational Pneumonia	11
Heart Failure	9
Kidney failure	5
Sepsis	10
Sudden death in epilepsy	1
Pulmonary embolism	1
Anaphylactic shock due to medication	1

We are awaiting the coroner's findings for five deaths.

Table 4 identifies ages and number of deaths in age bracket.

Age	Deaths
18 - 29	2
30 - 40	2
40 - 50	7
50 - 60	18
60 - 70	22
70 - 80	28
80 – 90 +	10

Awaiting confirmation of 7 people's Date of Birth.

Mandy Setterfield Specialist Practitioner
Mark Anderson Dept. Head of service
17th March 2019

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	3.3
Agenda Item Title:	Freedom To Speak Up (FTSU) Report
Presenting Officer:	Natalie Davies, Corporate Services Director

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

Report Summary
The report provides a summary of concerns raised by staff between 1 January 2019 and 1 May 2019.

Proposals and /or Recommendations
To note the report.

Relevant Legislation and Source Documents
Freedom To Speak Up Policy
Has an Equality Analysis (EA) been completed?
No ☒ High level position described.

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Kent Community Health
NHS Foundation Trust

FREEDOM TO SPEAK UP GUARDIAN REPORT

1. Introduction

1.1 There are now more than 570 Freedom to Speak Up Guardians and Ambassadors across NHS organisations in England. Some of these are full-time posts, some part-time and some are added to people's day job. In the period up to March 2018, they had dealt with over 3,000 concerns, 1,240 of which related to patient safety issues and over 60 per cent related to unacceptable behaviour, including alleged bullying and harassment[1].

1.2 Sir Robert Francis QC has urged NHS Boards and managers to welcome staff raising concerns (whistleblowing), in the same way as staff are encouraged to report incidents. Kent Community Health NHS Foundation Trust's (KCHFT) policy is in line with the national Freedom to Speak Up (Whisteblowing) policy. This says that staff should initially try to raise concerns with their manager or a more senior manager, but if this does not lead to satisfactory action (for example an investigation) or if the staff member feels more comfortable for whatever reason, they can contact the Freedom to Speak Up Guardian for advice and support. It is all in support of creating a more open culture that puts patient and staff safety at the heart of what we do.

1.3 No-one should experience discrimination or be victimised for speaking up, but we know fear of this can prevent staff from doing so. Those who raise concerns via the Freedom to Speak Up process can expect to receive support and advice from the Trust's Freedom to Speak Up Guardian, as will managers with whom the concerns are raised. The role of the Freedom to Speak Up Guardian is to be impartial and ensure that a fair and timely investigation into concerns takes place and that outcomes, actions and learning are shared.

1.4 This report covers the period 1 January 2018 to 1 May 2019.

2. Summary of cases

2.1 12 cases have been opened during the period of 1 January to 1 May 2018, this compares to 4 in the previous report. One of these is a collective of 9 members of staff, who whilst part of one case have also sort individual support. Of these cases 2 remain open and staff members are being supported to take the issues forward. A summary of the categories covered is below:

[1] Source: National Office of the Freedom to Speak Up Guardian

- Attitude and behaviour of managers – alleged bullying culture
- Patient safety

2.2 Within the data submitted 0 cases were raised by staff members going through either the Capability or Disciplinary process. This is a change on the previous reporting period.

2.3 A 3 month follow up of the situation is now being offered by the FTSU Guardian to establish that any changes that have been put into place are sustainable.

2.4 It remains difficult to obtain written feedback and the 3 month review has encouraged staff members to reflect on their experience of speaking up.

3. Fostering a culture of openness

3.1 The number of FTSU champions within the Trust has reduced from 16 to 14 with champions leaving the Trust.

3.2 Following the publication of FTSU details within FLOMail 4 members of staff across the Trust have expressed interest in becoming champions. A small upskilling session is to take place within June to ensure that they have the confidence to undertake the role.

3.4 The We Care reviews highlighted that some staff members are not aware of the FTSU Guardian or Ambassadors roles or how to access the service. This has and is being addressed through attendance at team meetings. The yearly We Care programme is underway and FTSU understanding is being looked at to ensure that the work undertake to highlight the role has become embedded.

3.5 The recommendations and action plan shared at the previous meeting is currently underway and an update will be provided in the next report.

3. Forward Plan

- To continue to implement the action plan that was shared via the previous report.
- A FTSU away day for ambassadors to be developed to ensure that the ambassador role is embedded within services.

4. Recommendation

The Board is asked to note the report.

Sarajane Poole
Freedom to Speak Up Guardian
May 2019

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	23 May 2019
Agenda Number:	3.4
Agenda Item Title:	Emergency Planning and Business Continuity Annual Report
Presenting Officer:	Natalie Davies, Corporate Services Director

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

Report Summary

This report is to provide assurance to the Board that plans and systems are in place to meet the Trust's obligations with respect Emergency Preparedness, Resilience and Response and relevant statutory obligations under the Civil Contingencies Act 2004. The report sets out the Trusts state of readiness to respond to major incidents and disruptive events that impact on the delivery of services and performance.

Proposals and /or Recommendations

The Board receives assurance of KCHFT state of preparedness.

Relevant Legislation and Source Documents

Has an Equality Analysis (EA) been completed?

No ☒

High level position described and no decisions required.

Jan Allen, Head of Emergency Preparedness, Resilience and Response	Tel: 07769 931666
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Kent Community Health NHS
NHS Foundation Trust

EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR)

ANNUAL REPORT APRIL 2018 – MARCH 2019

1. Introduction

This report describes the work undertaken in 2018/19 on the Trust's emergency preparedness in order to meet the requirements of the Civil Contingencies Act (CCA) 2004 and the NHS England Emergency Preparedness Framework 2015

The Trust has a mature suite of plans to deal with Major Incidents and Business Continuity issues. These conform to the CCA (2004) and current NHS guidance. All plans have been developed in consultation with partner organisations to ensure cohesion with their plans.

The report covers the following;

- The training and exercising programme delivered
- The continuing development of the emergency planning arrangements
- A summary of incidents the Trust has responded to

2. Risk Assessment

The CCA (2004) places a legal duty on responders to undertake risk assessments and publish risks in a Community Risk Register. The purpose of the Community Risk Register is to reassure the community that the risk of potential hazards has been assessed, that preparations are undertaken and that response plans exist. Those standing risks currently identified on the Kent Community Risk Register include;

- Influenza-type disease (pandemic)
- Flooding
- Severe Weather
- EU Exit

As a result of risk assessments with internal services there has been progress made across services in pursuing the necessary actions to control and mitigate the risks. The Head of EPRR and the Resilience Officer have developed a close working relationship with services and assisted in the development of service level business continuity plans including detailed information on the Recovery Time Objectives and the Maximum Tolerable Period of Disruption for Information Technology across services.

Within this reporting period the Trust has met four times at the combined On Call/EPRR meeting. Attendance by relevant managers/staff at these meetings has improved throughout 2018 -19, senior management support is in place to ensure appropriate attendance at these meetings.

3. Compliance

EPRR remains a key priority for the NHS and forms part of the NHS Commissioning Board Framework (Everyone Counts; Planning for Patients), the NHS Standard

Contract and the NHS Commissioning Board Emergency Planning Framework (2015).

A set of core standards for EPRR have been in place since April 2013. All organisations who receive NHS funding are asked to carry out a self- assessment against the NHS Standards for EPRR. KCHFT completed this exercise in August and NHS England agreed with KCHFT's assessment that it was successful in meeting all of the requirements for rewarding 'substantial compliance' consistent with last year's assessment.

4. Partnership working

The Trust works in collaboration with a range of partner agencies through formal standing meetings and ad hoc arrangements. Formal committees of which the Trust is a member include the Kent and Medway Local Health Resilience Partnership (LHRP). The purpose of this group is to ensure that effective and coordinated arrangements are in place for NHS emergency preparedness and response in accordance with national policy and direction from NHS England – South, South East.

The LHRP work plan is delivered by the Trust as required. An area of responsibility agreed at the LHRP for the Emergency Preparedness leads across the county is accountability to the local authorities for the medical risk assessment of community events taking place; the Head of EPRR is responsible for the Dover authority.

4.1 Student Placement

The EPRR team facilitated a university student placement in June 2018; the student who was approaching her third year of her university course is considering a career in EPRR

5. Planning

5.1 Major Incident Plan

The Major Incident Plan is reviewed annually to ensure it continues to accurately reflect the role of the Trust in a major incident and how this role fits with the plans of other NHS organisations and the emergency services. The Major Incident Plan was reviewed in August 2018 and ratified by the Corporate Assurance Risk Management Committee on behalf of the Executive Management Team

5.2 Emergency Resilience and Business Continuity Policy

The Emergency Resilience and Business Continuity Policy outline's how the Trust will continue to discharge core functions in the event of disruption to business operations. Each service has its own Business Continuity Plan which is reviewed annually. There is a rolling programme of review and work completed with the Minor Injury Units and the Community Teams and Hospitals.

5.3 Heatwave Plan

The Heatwave Plan for the Trust was updated as required for 2018. The Trust received health watch alerts for the period 1 June - 15th September 2018 and remained at Level 1 preparedness throughout this period. The plan allows for escalation of operational services, and specific actions would be implemented to safeguard patients and staff as necessary.

5.4 Lockdown Policy

The trust is required to have lockdown plans for appropriate sites, such as the Community Hospitals. The Head of EPRR has developed a Lockdown policy and working collaboratively with the Head of Health, Safety and Security to embed this in to the Trust. The Trusts seven Minor Injuries Units are located on National Health Service Property Services (NHSPS) sites, the aim of each of these is to develop and embed multi occupancy Lockdown Plans, this has proved challenging with lack of engagement from NHSPS.

5.5 EU Exit Planning

In preparation for an exit from the European Union (EU) the Trust commenced planning in accordance with the EU Exit Operational Readiness Guidance, the guidance summarised the Government's contingency planning and covered all actions that health and adult social care organisations had to prepare for.
In accordance with the guidance and in partnership with multiagency partners the Trust has prepared extensively for an EU Exit, this has included a significant focus on the following;

• supply of medicines and vaccines;

• supply of medical devices and clinical consumables;

• supply of non-clinical consumables, goods and services;

• workforce;

• reciprocal healthcare;

• research and clinical trials; and

• data sharing, processing and access.

The Trust was represented at a large number of exercises and meetings set up in anticipation of the UK's exit from the European Union. Lessons identified and planning required was discussed at the Trust EU Exit exercise facilitated by the Head of Emergency Preparedness Resilience and Response. The exercise allowed these discussions to assist in the formulation of the Trust operational EU Exit plan
Strategic meetings took place by weekly, nine work streams reported directly into the strategic meeting.
As part of workforce planning Vismo is currently being implemented, this software allows the strategic managers a visual representation of the location of staffs home addresses, and identification of individual staff member's skills, these may be required to support the delivery of care of Tier One services if the Trust were to instigate locality management.

6. Training and Exercising

In order to comply with our obligations the Trust must undertake a number of emergency preparedness activities; these include a robust training programme facilitated by the Head of EPRR, in the current year the Kent Resilience Forum (KRF) facilitated the annual seminar with a focus on response on Recovery of services

following major incident. KCHFT was widely represented with attendance from senior managers.
A rolling programme of exercises designed to test and develop our plans are undertaken. These are:

- a communication test every six months
- a desktop exercise once a year
- a major live exercise every three years
- Command Post exercise every 3 years

6.1 Training

Extensive training is delivered to staff throughout the reporting period, this includes the following;

The Head of EPRR in partnership with the Emergency Planning Officer from Maidstone and Tunbridge Wells NHS Trust facilitated training for staff employed in the Minor Injuries Unit (MIUs) on the management of a patient presenting with a possible radiation injury, This training has been cascaded to staff working in the MIU departments.

Within this reporting period KCHFT IT staffs have undertaken business continuity awareness training, focusing their awareness of incidents relevant to their service and the command and control processes in place.

Media training was provided to the Trust on call Directors on 10th September 2018; this was delivered by staff from Meridian Studios. Attendees commented on the positive content of the training and skills gained being used in other areas.

6.2 Exercises

Multiple exercises have taken place throughout the reporting period involving staff from differing services, the exercise include the following;

A walk through Lockdown exercise took place at the Sittingbourne Minor Injuries Unit on Friday 6th July, the learning identified from the exercise has been used to develop the Trust Lockdown plan

An entire no notice water failure exercise took place at Hawkhurst Hospital on Tuesday 11th September, this exercise was facilitated in partnership with South East Water. Staff were professional and responsive in their response, lessons identified were discussed at the internal Trust debrief facilitated by the Head of EPRR

. A multiagency evacuation exercise took place on the 30th November; the location of the Rest Centre was Edenbridge Leisure Centre. Staff from KCHFT participated, assessing and treating 21 volunteer patients, lessons were identified and all agreed the exercise was a valuable experience.

Skype for Business has been communicated to staff, the EPRR Team in partnership with IT facilitated a live no notice exercise on February 25th, lessons identified highlighted a lack of understanding for some staff on the process, further testing of the system and staffs understanding of Skype for Business are planned for 2019.

The Trust has therefore exceeded these requirements in 2018/19.

7. Incidents

Throughout the year there have been a number of incidents across the Trust which has involved implementation of Service Level Business Continuity arrangements.

Examples of incidents are documented below;

The fire alarms at Sittingbourne Hospital were active on July 10th, following on from this incident a debrief took place involving staff from Virgin Health Care, KCHFT, and NHSPS. Challenges remain for multi-agency occupied sites, these are being discussed with partners from other agencies, and an exercise is currently being planned for Sittingbourne Hospital to test planning assumptions.

A Trust wide IT failure 3rd September resulted in activation of business continuity arrangements, no known harm occurred to patients. A report was developed by the IT department detailing the incident and actions taken.

The Trust has been fully engaged in the activation of the Local Health Resilience Partnership Outbreak Policy.

On Friday 27th April 2018 Head of EPRR for KCHFT received an email from Public Health England (PHE) informing of individual with Hepatitis A at a hotel in the Canterbury area. Within three days 85 individual working at the hotel received vaccinations, this was provided by 3 vaccinators from KCHFT.

At the end of 2018 and within the first three months of 2019 the Trust again provided an immediate responded to three further outbreaks, a fruit farm in Faversham, a school in Dartford and a care home in Tonbridge, the interpreter service provided support to KCHFT staff at the fruit farm incident.

A fire broke out in a supermarket in Folkestone on the 22nd November resulting in an impact on staff working in the area; a command centre was implemented by the Kent Resilience Team led by Kent Fire and Rescue.

March 2019 - Sittingbourne Minor Injuries Unit reported a potential Chemical incident, a patient presented with unexplained symptoms; staff immediately recognised the patient presentation as a potential contamination and evoked the Chemical exposure plan. Command and Control was managed by the strategic manager for the Minor Injuries Units in the North of the county

8. Summary

The Trust continued to develop its resilience arrangements throughout 2018/19 in 2019/20 this work will continue, ensuring the Trust maintains the ability to respond to emergencies and business continuity incidents.

Lessons learned and good practice have been identified and shared amongst staff. On-going embedding of the EPRR arrangements remains a key priority.

The focus for the continued development of the service in 2019/20 will be;

- To maintain compliance with the EPRR requirements
- To continue the planned works in respect of Lockdown
- To facilitate exercises for Clinical and Non Clinical Services

The Board is asked to note the progress of the service in 2018/19 and endorse the continued development of the service for 2019/20.

Jan Allen
Head of Emergency Preparedness, Resilience and Response
10.05.2019

Kent Community Health
NHS Foundation Trust

Meeting of the Kent Community Health NHS Foundation Trust Board to be held at 10am on Thursday 23 May 2019 in the Rooms 6 and 7,Kent Community Health NHS Foundation Trust offices, Trinity House,110-120 Upper Pemberton, Ashford Kent TN25 4AZ

This meeting will be held in Public

AGENDA

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 28 March 2019	Trust Chair	Page 4
1.5	To receive Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 28 March 2019	Trust Chair	Page 15
1.6	To receive the Trust Chair's Report	Trust Chair	Page 19
1.7	To receive the Chief Executive's Report	Chief Executive	Page 26
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	Page 30

	Board Committee Reports		
2.3	To receive the Quality Committee Chair's Assurance Report	Chair of Quality Committee	Page 37
2.4	To receive the Strategic Workforce Committee Chair's Assurance Report	Chair of Strategic Workforce Committee	Page 46
2.5	To receive the Finance, Business and Investment Committee Chair's Assurance Report	Chair of Finance, Business and Investment Committee	Page58
2.6	To receive the Audit and Risk Committee Chair's Assurance Report	Chair of Audit and Risk Committee	Page 71
2.7	To approve the 2018/19 Annual Report and Accounts (i) 2018/19 Annual Quality Report	Director of Finance Chief Nurse (Interim)	Page
2.8	To receive the Integrated Performance Report	Director of Finance/Executive Directors	Page 74
2.9	To Approve the Digital Strategy	Director of Finance	Page 120
3.	**REPORTS TO THE BOARD**		
3.1	To receive the Patient Experience and Complaints Report	Chief Nurse (Interim)	Page 140
3.2	To receive the Learning From Deaths Report	Medical Director	Page 152
3.3	To receive the Freedom To Speak Up Report	Corporate Services Director	Page 165
3.4	To receive the Emergency Planning and Business Continuity Annual Report	Corporate Services Director	Page 168
4.	**ANY OTHER BUSINESS**		
	To consider any other items of business previously notified to the Trust Chair	Trust Chair	

Kent Community Health
NHS Foundation Trust

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

6. DATE AND VENUE OF NEXT MEETING

Thursday 25 July 2019
Suite 1, The Orchards, New Road, East Malling, West Malling Kent ME19 6BJ