Kent Community Health
NHS Foundation Trust

Kent Community Health NHS Trust operating plan 2019/20

we care

Link to the emerging sustainability and transformation partnership (STP)

Much of what we will be doing in 2019/20 in relation to the Kent and Medway STP will span three key areas:

- Continue to provide leadership and support across its key functions.
- Progress co-creation and implementation of existing and new transformation schemes.
- Influence the future shape of the system architecture and creation of an integrated care system.

We are already strongly aligned to the STP's direction and our strategies and priorities are consistent with it. For example, we have already been co-creating better integrated and more collaborative care models for people and are actively involved in partnering and providing leadership to local care and frailty services.

Plans for 2019/20 include one of the trust's clinicians taking a lead role in creating east Kent's new frailty network, which will be developing frailty nurses to support a community geriatric assessment and further improve links with general practice and acute frailty units.

We will be in the vanguard of developing local care across the STP and will continue to develop services to improve patient outcomes, including the further rollout of Hospital@home and rapid transfer services, supporting patients to leave hospital at the earliest opportunity.

Having previously embedded the prevention of ill health as part of our strategy and one of its four key goals, we are well positioned to continue to implement the next wave of changes.

We will continue its formal partnership with Kent County Council to support transformation of public health and prevention services.

We will offer to assist the STP in securing further investments that will benefit the wider system, such as working to support one shared record of care with other organisations.

We will play a full part during 2019/20 in developing the east Kent pre-consultation business case (PCBC) and outcomes of the stroke review, which are both led through the STP, but will mean the need for the further expansion of community-based local care schemes.

We will be working with Kent and Medway STP about the future of its integrated care system and required changes, given its alignment to the development of an integrated care system.

Proposed STP changes in 2019/20 include development of integrated care partnerships (ICPs). We will bring expertise and learning from different ICPs, one example is the use of the aligned incentive contracting methodology.

Other specific changes will be further development of primary care networks and new funding models to back them, which will be supported by our scale and range of offerings, meaning we will play a key role in supporting their development and exploring innovations, such as new models of care for long-term conditions, evidence-based pathways, the introduction of new roles and more modern ways of working.

While we will produce local plans for implementing commitments in 2019/20, we will also be working closely with the STP in the early part of the year to on the NHS Long Term Plan's national implementation programme.

Our priorities provide the staff focus for the work with the STP. Following consultation, our priorities for 2019/20 were agreed by the Board and are:

- **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.

Approach to quality planning

Quality improvement, leadership and governance

In autumn 2017, we launched a new quality strategy with plans to implement a trust-wide programme of quality improvement training and a shift in culture from predominantly assurance-driven quality improvement to a combined approach that allows quality improvement, quality assurance and quality control to work together.

Central to this is engaging frontline staff, carers and service users to identify areas for improvement and access appropriate evidence-based quality improvement approaches to deliver and measure improvement. The strategy places greater emphasis on leadership and governance structures for quality assurance and improvement.

There are agreed organisational KPIs for delivery of the programme, which are based on the number of staff trained in both fundamentals and practitioner levels by November 2019. The target for practitioner training is for 50 people to complete the full five-day course.

The last comprehensive CQC inspection took place in June 2014, where we were rated as good. The trust is registered with the CQC without condition. A provider information request was received in January 2019 and the trust will be inspected in quarter one in 2019/20. Our ambition is to be rated as outstanding overall by 2023.

Our approach to quality remains ambitious. We have a programme of service quality review, called We care visits. The review is assessed against the CQC key lines of enquiry for safe, effective, caring, responsive and well led domains.

Quality Risks are assessed at every level and monitored through local and corporate risk registers and, where appropriate, included on the Board assurance framework. The top three service level risks are reported and discussed through the patient safety and clinical risk group, which reports to the Quality Committee.

Quality is reviewed as an integral part of the core function of other Board committees, such as Strategic Workforce Committee and Finance Business and Investment Committee.

Areas of focus for quality improvement

The quality priorities for 2019/20 were consulted upon and 86 per cent supported areas identified as potential priorities:

- **Improving the safety of the people we care for**
  Implement an early warning system and escalation process that prevents harm and promotes agreed outcomes and wellbeing.

- **Improving clinical effectiveness**
  Use research and quality improvement methodologies to provide an evidence-based approach to improve our care and services.

- **Improve the experience of the people we care for**
  Develop and deliver services and pathways in collaboration with people and carers at all stages of their journey.

- **Improving the experience of our people**
  Enable and empower our people to maintain personal and team wellbeing.

The top three quality risks for the organisation are: Maintaining safer staffing, reducing pressure ulcers and medicines incidents.

Safe staffing

- Safe staffing is monitored daily and managed at operational level. When there is concern about the number of staff or skill mix, this is escalated and action taken to mitigate risk, which would include employing temporary staff, moving staff between teams, prioritising workload and, as a final resort, temporary closure of beds.
- Any potential risk to quality and/or harm is recorded for triangulation and examined to ensure there is no causal relationship. Using national tools for acute settings as a baseline, we developed a bespoke tool to calculate appropriate safe staffing levels in our community hospital wards.
- We developed tools and a methodology to include therapists and community nursing teams in our six-monthly safer staffing reviews.

Pressure ulcers

- We established senior leads for pressure damage and have a strong safety culture in place with an aspiration for year-on-year reductions in avoidable harms.
- All new incidences are reviewed at our safe care meetings. Reports on harms are reported to the Quality Committee and the Board.
- Any pressure ulcer, attributable to KCHFT, is treated as a serious incident and investigated. The Tissue Viability Team reviews all harm associated with pressure damage. A pressure ulcer innovation network includes operational staff.
- We implemented an electronic system for supporting management and promotion of wound healing called Wound Matrix. This has supported a 20 per cent improvement in healing of chronic wounds.

Medication safety

- We have a focus on the safe and proper use of medicines, which resulted in a downward trajectory of medicine-related incidents in the past 12 months.
- All incidents are logged on Datix, investigated and reported via the Safe-med Group and Clinical Effectiveness Group.
- There is a programme of deep dives for specific medications and we have an audit programme across the organisation and a peer checking process.

National clinical audits

- We developed a strong Research and Audit Team, which ensures compliance with appropriate national clinical audits. It monitors progress and delivery against national timescales, and is increasing engagement in patients who can be involved.

Falls

- We established senior leads for falls and delivered more than 10 per cent reduction in the past 12 months, with aspiration for a year-on-year reduction.
- All new incidences are reviewed at our safe care meetings. Reports on harms are reported to the Quality Committee and the Board.

Seven-day services

- We integrated out-of-hours services with day services to ensure seamless handover and provide a rapid response service and clinics at weekends, for example physiotherapy, as well as additional therapy services to community hospitals.
- Together with partners - IC24 and Maidstone and Tunbridge Wells hospitals – we deliver home treatment services in west Kent.
- We are exploring use of minor injury units to deliver planned care, such as wound management to support primary care.

Mortality reviews and serious incidents

- Mortality in community hospitals is overseen by the Mortality Review Group.
- We implemented a new medical model and invested in community geriatricians.
- All inpatient deaths, expected and unexpected, are reviewed by a multi-disciplinary team followed by scrutiny from the medical director and chief nurse.

Serious incidents

- Serious incident are reviewed at weekly patient safety summits and individual serious incidents are reviewed by a multi-disciplinary team.
- The clinical team with the serious incident present the report and establish the three most important areas for learning, cascaded to clinical teams via the services' governance meetings and intranet. A serious incident report is presented to the Quality Committee and the Board.

Anti-microbial resistance

- Our infection prevention and control (IPC) governance process led by our assistant director of IPC. At the Infection Prevention and Control Committee, incidents and outbreaks are reviewed for lessons learned.
- We have a trust-wide antimicrobial group.

Infection prevention and control

- We continue to be part of a system-wide Health Care Associated Infection Group with acute colleagues. We are talking to partners about surveillance and the role for community providers which do not accommodate on-site labs.
- We also have a Catheter Associated Urinary Tract Infection Group (CAUTI), where we are looking at taking urine specimens in the community before prescribing.
- We are using catheter care bundle documentation, piloting this in the community.
- The team identifies if/where KCHFT contributed to care in every Gram-negative bloodstream infection and identifies learning to be shared. Reports are shared with the Quality Committee and Board.

Sepsis

- Training focuses on recognition and immediate management of suspected sepsis and is underpinned by easy to follow algorithms for staff.

- We are now focusing on supporting staff to recognise potential sepsis in patients with learning disability where presentation may not be as evident.
- Sepsis information is now included in the child health red book.
- In 2019/20 further roll out and embedding of NEWS 2 will be a quality priority.

Patient experience

- We are reviewing how we manage and maximise learning from patient experience data and from complaints.
- Our Patient Experience group is being reviewed to increase patient participation.
- We want more than 96 per cent of patients to recommend our services.

End of Life care

- In 2014, the Care Quality Commission (CQC) rated us as good overall, but said end of life carer required improvement.
- Since 2014, we have refreshed our end of life care strategy and implemented initiatives including personalised care planning, end of life champions and worked with local pharmacies to ensure access to medicine boxes out-of-hours.
- In the next 12 months, we will be working to embed personalised care planning and delivery of our six end of life goals.

CQUINs

- We will review the national CQUINs, once published. We have a strong track record of achievement of 80 to 90 per cent.

Summary of quality impact assessment process and oversight of implementation

We measure the quality impact of cost improvement plans (CIPs) on patient safety, clinical effectiveness, patient experience and staff experience.

CIPs are developed as part of business planning in each service and quality impact assessments (QIA) are completed. The schemes must be signed off at Board level.

Quality Committee non-executives directors do deep dives into identified schemes, where the risk is noted to be higher and the CIP delivered in full or part. This provides additional scrutiny and assurance for the Board on the process and governance of CIPs.

Triangulation

We developed a statistical process chart driven integrated performance report that presents performance against key performance indicators (KPIs) from quality, activity (including productivity), workforce and finance for each service.

Locally, where KPIs and soft intelligence suggest concerns, deep dives and support from corporate quality teams are initiated. We care reviews also provide further information.

Approach to workforce planning

Our people strategy outlines the aims and intentions about how we will recruit, retain and engage staff as partners to unlock their potential, to fully support and realise the achievement of our five-year strategy and the STP across the Kent and Medway health and care economy.

In common with many other organisations, we have significant nursing retention and recruitment challenges. In 2018, we took part in the NHSI retention programme and also held the BIG Listen, where we asked staff what they liked about working for KCHFT and what we needed to improve on. We received more than 1,300 responses.

Using a quality improvement approach, we developed our aim of reducing turnover by two per cent to 16.5 per cent by June 2019. Our four key drivers are to ensure:

- technology and systems are supportive to staff
- staff feel valued and can make a difference
- targets are balanced with the right amount of patient care
- we manage change inclusively and empathetically.

We have target recruitment activity, which has achieved the vacancy target of 9.7 per cent, which now stands at 8.5 per cent. Our levels of recruitment continue to be high.

We are working collectively across the STP in partnership with other trusts.

The workforce is planned to increase by a net 199 WTEs or 4.7 per cent increase on 2018/19 outturn. This consists of recruitment activity to current vacancies and retention and increases for investments in local care and discharge services. It is offset by cost improvements and reductions from sexual health services in north Kent transferring to Maidstone hospitals as part of an agreed collaboration project.

We use e-rostering (Allocate), including a bank and agency module, to manage use of temporary staff in accordance with best practice and the new agency rules.

We developed our approach to safer staffing levels and can manage rosters against this standard and appropriately escalate exceptions. This includes balancing clinical and financial risks of using agency staff.

Our current workforce risk: The inability to appropriately recruit and retain staff could have a detrimental impact on maintaining quality of care and morale

Actions include:

- opening the Nursing Academy
- scoping an expansion of the Nursing Academy
- international recruitment
- implementing the Big Listen action plan, quality improvement strategy, staff health and wellbeing plan and our WRES.

Our proactive annual workforce planning process is developed from services and aggregated into an overall plan for the trust. The plan is reviewed to ensure there is sufficient staffing capacity to deliver high-quality patient care.

In addition, staffing levels are monitored daily with the option to request additional short-term resource, should the acuity and dependency of patients on the ward increase. A twice yearly review is carried out with ward matrons and therapy leads and findings are analysed and triangulated with six months of quality data

The safer staffing model is being expanded to all clinical staff from April 2019.

Approach to financial planning

Financial forecasts and modelling

We have had a strong financial position since our inception in 2011/12, when we achieved a surplus of £1.5million. A surplus of £2.2million was achieved in 2012/13 and £2.5million in 2013/14. In 2014/15 we delivered a further £2.8million surplus, £3.5million surplus in 2015/16 and £4.6million in 2016/17, including £3.2million sustainability funds and incentives.

In 2017/18, we achieved a surplus of 6.4million, including £4.3million sustainability funds and incentives and are on course to deliver £5.0million in 2018/19 (and is subject to further incentives), cumulatively £28.7million.

We have EBITDA margin below the norm with a lower asset base than most trusts given most estate is leased from NHS Property Services. Nevertheless this margin has increased each year since 2013/14. However in 2016/17 this reduced for the first time due to loss of margin on public health services and tender loss of north Kent adult community services.

Since that time underlying margins have remained small, but the headline margin is flattered by sustainability funds and incentives.

Our plan for 2019/20 delivers a £0.150million underlying surplus, representing a 0.06 per cent margin. Together with PSF funding of £2.2million, we **will exceed the control total surplus of £2.2million by £0.15million and deliver £2.35millin surplus** (1.0 per cent margin).

The drivers are:

- underlying margin reduced further with impacts of national pricing changes (£1.2million as per control total letter 15 January 2019) offset by negative incremental drift.
- non-recurrent reductions in income and vacancy levels and offsetting non-recurrent expenditure.
- volume changes with demography funded at 1.7 per cent or £2million.
- Our CIPs plan, which takes account of national priorities and which will deliver a plan of 2.2 per cent and enable the creation of an expenditure contingency reserve of 0.5 per cent, which is uncommitted.

Our financial strategy for 2019/20 is to continue to deliver services to each of our existing commissioners and to support and accelerate the development of local care across the STP.

We will respond to tenders where they support existing and developing new services aligned to the STP. We are balancing the need to reduce overheads with the need to retain capacity to improve services and effectively bid for tenders.

STATEMENT OF COMPREHENSIVE INCOME	Forecast Out-turn 2018-19 £'000	Plan 2019-20 £'000
Operating income from patient care activities	209,399	227,297
Other operating income	11,184	8,280
Total OperatingIncome	**220,583**	**235,577**
Employee expenses	(156,312)	(171,740)
Operating expenses excluding employee expenses	(57,457)	(61,285)
Total operating expenses	**(213,769)**	**(233,025)**
OPERATING SURPLUS / (DEFICIT)	**6,814**	**2,552**
Finance income	196	180
Finance expense	(1)	0
PDC dividends payable/refundable	(132)	(382)
NET FINANCE COSTS	63	(202)
Other gains/(losses) including disposal of assets	(5)	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**6,872**	**2,350**

Income

- Our income plans are based on financial offers and agreed contracts for 2019/20. We signed our contracts by 21 March deadline.
- We have contracts with Kent County Council until April 2020.
- The risk we have identified is funding flows for Agenda for Change and pensions' increases from 2018/19 and 2019/20 respectively.
- Our total planned income for 2019/20 is £235.6million and comprises £227.3million operating income from patient care activities and £8.3million other operating income.
- We have five main clinical commissioning group contracts (Ashford, Canterbury, South Kent Coast, Thanet and West Kent), which are greater than £10million with Kent County Council our largest non-NHS commissioner.
- We have worked collaboratively with all CCGs and none are imposing QIPP. The expectation is we will receive further in-year investment in service developments to support local care, particularly in east Kent where plans are yet to be finalised by commissioners.

Pay expenditure

- Pay expenditure in 2019/20 is planned at £171.7million and comprises £161.0million relating to substantive staff, £5.3million relating to bank staff and £4.8million relating to agency and locum staff.

Non-pay expenditure

- Non-pay operating expenditure is planned at £61.3million. This includes inflation of £1.1million.

Efficiency savings for 2019/20

We have a robust business planning process. Monitoring takes place with assurance reports to the Finance, Business and Investment Committee, triangulated at the quality and workforce committees, which review impacts of the programme.

We were part of the cohort engaged with Lord Carter reviewing mental health and community trusts and have been talking to the NHSI team on application of GIRFT in the community.

We use benchmarks from national reference costs, benchmarking clubs and the Model Community Services, as well as internal geographical comparisons to understand and investigate variation.

Planned CIPs for 2019/20 total £5.3million, 2.2% of operating expenses, of which £2.8million are pay CIPs and £2.2million are non-pay CIPs with £0.3million unidentified.

The CIPs are risk rated with £3.9million in low or medium risk and £1.4million high-risk. The overall programme has £1.8million fully developed, £2.2m of plans in progress, £1.0million of schemes identified as opportunities and £0.3million unidentified schemes. All are recurrent.

This plan exceeds the national 1.1 per cent target and the additional 0.3 per cent required from the NHSI review of the Trust's adjusted baseline and in setting the Trust's control total. The plan enables the creation of a risk contingency reserve.

We carried out a review of corporate opportunities against the Lord Carter recommendations.

Management Committee decided to increase all corporate and estates' targets to three per cent and added additional targets for IT (six per cent or £400k), HR (payroll and communications 3.1 per cent or £150k) and estates (0.3 per cent or £65k) and enabling a lower target of 2.0 per cent for clinical operational services.

In total, corporate and estates services are targeted with £1.4million (26%) of our efficiency target of £5.3million. Recognising the multi-year nature of estates programmes of work, £350k of the programme is the balance to full year effects of 2018/19 schemes

Other areas of focus were pharmacy. KCHFT's Pharmacy Team's main functions are to support patients, carers, and health/social care staff to choose, prescribe and monitor clinical outcomes to drive optimal use of medicines. Manual screening of Epact and invoice data realised savings of £75k during 2018/19.

Use of the IT tool Refine/define is expected to realise much greater savings, not only through supply anomalies, but also by product selection of at least £200k.

We are working with the STP on joint procurement for ancillary plastics associated with enteral feeding and this should deliver a sizable saving of £200k.

Contingency
Our plan includes a contingency of £1.2million, representing 0.5 per cent of income, to allow for unforeseen expenditure and unforeseen reductions in income including CQUIN.

Sensitivity analysis
The main risk for 2019/20 is the unfunded pay inflation and possible pension on the public health grant services of £2.5million. National announcements suggest the pension costs and AfC will be covered centrally during 2019/20 but will be a partial pressure in 2020/21 for the public health grant.

Agency rules

Planned agency costs and locum costs of £4.8million are within the cap level of £7.5million. This represents maintaining the reduction of £0.3million, six per cent in locum and agency costs from 2018/19 levels supported by the national application of agency rules.

We use e-rostering (Allocate), including a bank and agency module, to manage use of temporary staff. Specific supply actions to minimize agency use are expansion of the staff bank and planned recruitment. We are also working with STP partners in adhering to the agency rules, which is collectively monitored.

Capital planning

Our capital plan for 2019/20 is £2.7million, comprising, £1.5million for estates' developments and maintenance, £5.6million for IT rolling replacement and developments and £0.6million for dental developments and minor schemes.

No external borrowing is required to fund the programme with £3.3million depreciation and amortisation and £4.4million cash reserves.

Capital programme

We are replacing our electronic patient record system as the current system is end of life. This will enable further efficiency and reduction in administrative burden on clinicians.

We are evaluating tenders following a framework procurement process and will select a supplier by May 2019. A full business case has been approved by the Board with a capital spend of around £3.4million in 2019.

We are proposing to invest up to £5million over two years in the Kent and Medway Care Record, a STP project to deliver linked care records. This project is aligned to the STP strategy of local care, which is also a trust goal but will not incur significant expenditure until 2020-21.

We are continuing to refresh our IT estate and following achieving Cyber Essentials accreditation, are now working towards Essentials Plus and investments of £0.4million to provide improved server and device patching and an additional layer of threat protection within our network to ensure no cross infection from other parties.

We are implementing a single sign-on system at a cost of £0.3million, making a more secure network and saving clinicians and other users' time when using multiple IT systems.

Estates investment is modest as NHS Property Services is our landlord in the vast majority of the estate. We are working closely with the STP to release properties by reducing the footprint of services and enabling NHS Property services to dispose of sites to meet the STP disposals target. This rationalisation is also providing 14 per cent of the trust's CIPs.

Other estates projects include energy efficiency schemes, such as solar panels and other leasehold improvements.

Financial sustainability risk rating (FSR)
We have a planned FSR rating of one, comprising a capital service cover rating of one, a liquidity rating of one and I&E margin of one, a variance from control total rating of one and an agency rating of one.

Our approach to activity planning

We developed capacity tools for each service and efficiency plans, ensuring workforce, activity and finance remain aligned. Going into 2019/20, we plan to look at more automated processes to map team capacity and activity on a weekly basis.

We have worked with our partners in designing community services that will deliver the strategy to reduce acute admissions and deliver length of stay improvements.

Our action plans across all areas are more robust and closely linked to contemporary demand and capacity levels. Activity plans in some areas will be developed to take into account working across geographical areas to allow more flexing of workforce to meet demand.

No national activity templates are required for community trusts however we will ensure it has sufficient activity commissioned to meet our local and national targets.

Draft activity plan

Service Area	Plan Coverage	18/19 Plan	18/19 FOT	19/20 Plan	YOY % Change
Children's Specialist	Commissioned Existing	136,825	137,594	137,542	0.52%
East Kent adults	Commissioned Existing	632,323	604,247	645,229	2.00%
West Kent Adults	Commissioned Existing	271,691	275,348	281,254	3.50%
Adult Specialist Services	Commissioned Existing	268,556	250,159	254,221	-5.30%

The principle driver for the reduction in the specialist services plan is the reduction in podiatry activity reflecting the commissioner model of care.

National performance targets

We have a good track record in meeting national performance targets, although much of our services do not fall within scope.

Membership and elections

Our Council of Governors forms an integral part of the governance structure and is the 'voice' of local people, setting the direction for the future of our services, based on members' views. Governors can and do attend Board meetings.

Governor development

Governor development sessions were held as part of each of the four formal council meetings. In addition, separate development meetings were held in 2017 and 2018 and two full days are planned for 2019.

Service visits are arranged in all public constituencies to ensure governors observe and understand service provision in action and regular meetings are arranged between the relevant governors and the senior operational managers. Governors are also encouraged to attend NHS Providers' training or conferences.

Membership and population engagement

We want our members to have real involvement with us, so they can influence the way our services are provided. As a key link to the community we serve, our governors and members provide some checks and balances to make sure we deliver safe, effective and high-quality healthcare. We have objectives in membership strategy so our members are fully informed and involved.

1. Provide members with accurate information about our services and how to improve their own health and wellbeing.
2. Increase opportunities for membership to feedback on our services and ensure these are fed into service design and improvement.
3. Increase membership levels by two per cent year-on-year (with a stretch target of five per cent) and ensure our membership reflects the population that we serve.
4. Ensure members know who their local governor is and how to contact them.

Governors have the opportunity to engage with members and the wider public including attending community events in their constituencies taking part in visits and attending trust and stakeholder events and the annual members' meeting.

There is a Communications and Engagement Committee, established as a sub-group of the council, which reviews the membership strategy and its implementation. This group assesses membership profile and agrees actions to address any weaknesses in representation.

The latest report on membership (February 2019) shows over representation of older people and while the membership profile of the older person fits with our services, work is continuing to increase representation of young people and engaging with younger people.