

Agenda and Papers

for the

Kent Community Health NHS Foundation
Trust

Council of Governors

in Public

to be held at 1pm on

Thursday 30 May 2019

In

Clive Emson Conference Centre
Kent Event Centre
Detling
Maidstone
Kent
ME14 3JF

Contents

Agenda	Page 1
1.4 Minutes of previous meeting	Page 3
1.5 Matters Arising	Page 12
1.6 Report on Service Visits by Chair and NEDs	Page 17
1.7 Trust Quarterly Report	Page 23
2.4 Annual Report on Patient Experience and Complaints	Page 30
2.5 Quarterly Report on Patient and Public Engagement	Page 42
2.6 2019/20 Operating Plan Report	To Follow
2.7 Kent and Medway Care Record (KMCR) Update	Page 55
2.8 Quality Improvement Update	Page 59
2.9 External Audit Quality Report Review	Page 63
3.1 Nomination Committee Report	Page 79

**Meeting of the Kent Community Health NHS Foundation Trust
Council of Governors
to be held in Public at 1.00 pm on 30 May 2019
in the Clive Emson Conference Centre, Kent Event Centre, Detling, Maidstone,
Kent, ME14 3JF**

AGENDA

1. STANDARD ITEMS

1.1	Introduction by Chair	Chair	
1.2	Apologies for Absence	Chair	
1.3	Declarations of Interest	Chair	
1.4	Minutes of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 7 February 2019	Chair	Att. 1
1.5	Matters Arising of the Kent Community Health NHS Foundation Trust Council of Governors meeting	Chair	Att. 2
1.6	Chair's Report <ul style="list-style-type: none"> Report on Service Visits by the Chair and Non-Executive Directors 	Chair	Att. 3
1.7	Trust Quarterly Report <ul style="list-style-type: none"> CQC Inspection 	CEO	Att. 4

2. REPORTS TO THE COUNCIL

2.1	Governor feedback from each of the constituencies	Full Council	Verbal
2.2	Report from Communication and Engagement Committee	Chair of Committee	Verbal
2.3	Feedback from Charitable Funds Committee	Public Governor, Dover and Deal	Verbal
2.4	Annual Report on Patient Experience and Complaints	Chief Nurse (interim)	Att. 5
2.5	Quarterly Report on Patient and Public Engagement	Director of Workforce, OD and Communications	Att. 6

2.6	2019/20 Operating Plan Report	Corporate Services Director	Att. 7
2.7	Kent and Medway Care Record (KMCR) Update	Chief Executive	Att. 8
2.8	Quality Improvement Update	Deputy Medical Director	Att. 9
2.9	External Audit Quality Report Review	Grant Thornton	Att. 10

3. ITEMS FOR APPROVAL

3.1	Nomination Committee Report	Lead Governor	Att. 11
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4. PAPERS AVAILABLE FOR GOVERNORS

4.1	The following papers are shared for Governor information and are available on Flo:	For noting only
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- Digital Strategy
- Formal Board Agenda – 22 May 2019
- Confirmed Board Minutes – 27 March 2019
- Chief Executive's Report
- Quality Committee Report
- Integrated Performance Report

5. ANY OTHER BUSINESS

5.1	Any other items of business previously notified to the Chair.
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6. QUESTIONS FROM MEMBERS OF THE PUBLIC RELATING TO THE AGENDA

7 DATE AND VENUE OF NEXT MEETING

The next meeting of the Kent Community Health NHS Foundation Trust Council of Governors will take place in public at 1pm on Wednesday 31 July 2019 in the Astor Pavilion at the Kent Event Centre, Detling, Maidstone, Kent, ME14 3JF

UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust Council of Governor's Meeting
Held at 13.00 on Thursday 7th February 2019
In the Clive Emson Suite, Kent Event Centre, Kent Showground,
Detling, Maidstone, Kent, ME14 3JF

Meeting held in Public

Present:

John Goulston, Chair
 Jan Allen, Staff Governor, Corporate Services
 Sonja Bigg, Staff Governor, AHPs
 Claire Buckingham, Staff Governor, Health and Wellbeing
 Carol Coleman, Public Governor, Dover and Deal
 Jo Clifford, Public Governor, Shepway
 Ruth Davies, Public Governor, Tonbridge and Malling
 John Fletcher, Public Governor, Ashford
 John Harris, Public Governor, Sevenoaks
 Dr Amy Heskett, Staff Governor, Adult Services
 Miles Lemon, Public Governor, Swale
 Dr Susan Plummer, Appointed Governor, Universities
 Tony Quigley, Public Governor, Tunbridge Wells
 Nigel Stratton, Appointed Governor, Age UK
 Mary Straker, Public Governor, Canterbury
 Pete Sutton, Public Governor, Gravesham

In Attendance:

Paul Bentley, Chief Executive
 Peter Conway, Non-Executive Director
 Natalie Davies, Corporate Services Director
 Frances Drobniowski, Non-Executive Director
 Nigel Turner, Non-Executive Director
 Richard Field, Associate Non-Executive Director
 Steve Howe, Associate Non-Executive Director
 Louise Norris, Director of Workforce, Organisational Development and Communications
 Gerard Sammon, Director of Strategy
 Mercia Spare, Chief Nurse
 Joanne Warwick, Governor Support Officer (Minute Taker)

07/02/1 Introduction by Chair

Mr Goulston welcomed everyone present to the meeting of the Council of Governors (the Council).

Mr Goulston advised that this was a formal meeting of the Council held in

public, rather than a public meeting, and as such there would be an opportunity for questions from members of the public at the end of the meeting.

07/02/2 Apologies for Absence

Apologies were received from Avtar Sandhu (Public Governor, Dartford), John Woolgrove (Public Governor, Rest of England), David Price (Public Governor, Maidstone), Andrew Scott-Clark (Appointed Governor, Public Health), Maria-Loukia Bratsou (Staff Governor, Children's Services) and Matthew Wright (Appointed Governor, Head Teachers Association).

The meeting was quorate.

07/02/3 Declarations of Interest

No conflicts of interest were declared.

07/02/4 Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 14 November 2018

The minutes were reviewed for accuracy, and the following amendment was made:

Item 14/11/8 - Mr Harris confirmed that he had asked the question regarding the podiatry service.

With the above amendment, the Council agreed the minutes.

07/02/5 Matters Arising

The Council received the Matters Arising, and approved the closure of all items with the exception of:

Item 14/11/18 - In response to a query from Mr Fletcher regarding sickness rates, Ms Davies confirmed that at the previous meeting, Mr Fletcher had asked for an indication of the numbers of staff between the current sickness rate and the trust target of 3.9%. Ms Norris confirmed she would resend the information to Governors.

Item 14/11/18 – It was agreed that Dr Sarah Phillips would be invited to the Council meeting in May 2019.

Mr Goulston informed the Council that there would be a new standard agenda item at future Council meetings to highlight the service visits made by the Chairman and Non-Executive Directors.

Action – Mr Goulston

07/02/6 Chair's Report

Mr Goulston presented the verbal report to the Council.

Mr Goulston recently visited the One You Shop in Ashford with Mr Fletcher. He informed the Council that the shop would be moving to a new and improved location shortly.

Mr Goulston highlighted his successful visit to the School Nursing Team and Children's Therapy Team in East Sussex. Mr Goulston explained that the School Nursing team used the 'Lancaster Model' which distributed self-assessment surveys to Reception, Year 9 and Year 12 children, to support their emotional health and wellbeing. Mr Goulston also informed the Council of the new text message service.

Mr Goulston had visited the Orthotics team in Sandwich, Faversham Cottage Hospital, Queen Victoria Memorial Hospital, Hawkhurst Community Hospital and Whitstable and Tankerton Hospital.

In December, Mr Goulston and Mr Bentley attended a Chairman and Chief Executive event hosted by NHS Providers, which provided a preview of NHS plans.

Mr Goulston informed the Council that he has been asked to sit on the interview panel for the appointment of the Independent Chair of the Sustainability and Transformation Partnership (STP).

07/02/7 Trust Quarterly Report

Mr Bentley presented the report to the Council.

A strong quality position was shown through the Key Performance Indicators, with a continued reduction in falls and harms. Patient satisfaction continued to be high at 97%.

Mr Bentley reported that the focus on workforce had continued.

The financial position of the Trust remained sound. Mr Bentley added that the Board had signed off a forecast improvement in the financial control total for 2018/19 which had now been set at a £5m surplus, and indications showed that the Trust would achieve that.

Mr Bentley was pleased to report the successful launch of the Hospital@Home scheme.

In response to a question from Mr Harris, Mr Bentley confirmed that the

Hospital@home scheme and Hospital First scheme were not the same, but had the same principle of keeping patients at home. The Hospital@Home scheme had more focus on post-operative patients.

The Trust had seen an increase in demand during the winter period, and Mr Bentley commended the hard work of staff.

In response to a question from Mr Stratton, Mr Bentley agreed that in future the financial tables would be presented in a way which was easier to read.

Action – Mr Bentley

Further to a question from Ms Plummer, Ms Spare explained that a 'category 2 harm' was a low harm, which once investigated showed no lasting physical harm.

Ms Plummer requested assurance that all staff were trained appropriately in Duty of Candour. Mr Drobniewski confirmed that specific training was provided. To provide further reassurance, Mr Turner added that as a new Non-Executive Director he had received his training. Ms Norris stated that all new staff received Duty of Candour training during their induction, along with future training during team meetings.

In response to a question from Mr Fletcher, Ms Norris confirmed that the Trust had tendered for an academic partner to run the Nursing Academy. Ms Norris added that that the academy would be running two programmes; a 4 year degree programme to become a registered degree nurse and a 2 year programme to become a registered nurse associate. Both courses were fully accredited by the Open University.

07/02/8 Outcome of Elections of Public Governors

Ms Davies presented the report to the Council.

Ms Davies welcomed four new governors, Miles Lemon (Public Governor, Swale), Tony Quigley (Public Governor, Tunbridge Wells), Ruth Davies (Public Governor, Tonbridge and Malling) and John Woolgrove (Public Governor, Rest of England).

Ms Davies thanked Anthony Moore for his 3 years' service as Public Governor for Rest of England.

Further to a question from Mr Sutton, Mr Goulston confirmed he had sent a letter of thanks to Anthony Moore.

Ms Davies confirmed that the elections were carried out by the independent election body, Electoral Reform Service and highlighted that the New Governor Induction would take place on 15 February 2019.

Mr Fletcher questioned why there had been such a low response to the elections. Ms Coleman responded that this matter would be discussed in detail at the Communications and Engagement Committee meeting, which was due to take place following the Council Meeting.

Mr Goulston suggested that this could also be raised at the Governor Development Day on 4 April 2019. Peter Horn, Chair from Sussex Community NHS Foundation Trust would be in attendance and could share his perspective from another Trust.

07/02/9 Governor Feedback from each of the Constituencies

Mr Fletcher continued to write articles for parish magazines. Mr Fletcher reported that the One You Shop in Ashford had continued to be successful with a record number of visitors of approximately 290 during January 2019.

Ms Bigg and Ms Plummer had two successful meetings with Mr Goulston. Ms Bigg expressed her welcome to the new Governors.

Ms Allen and Ms Fuller were working on a Governor Blog, and Ms Allen confirmed that a draft would be sent to all governors before being uploaded to Flo.

Ms Buckingham had attended the Staff Health and Wellbeing Steering Group.

Ms Coleman had attended an East Kent Clinical Commissioning Group (CCG) meeting. Following a conversation with the Chief Pharmacist of Boots, it was agreed that they would investigate issues regarding short dated drugs. Ms Coleman reported that she had attended a forum regarding Patient Participation and a community event at Dover Library.

Ms Coleman invited the new governors to observe the Communications and Engagement Committee meeting.

Dr Heskett reported that educational purpose multi-disciplinary groups within West Kent had been set up and had attracted General Practitioners (GPs) and members of the acute trusts.

Mr Stratton had attended the Finance, Business and Investment Committee meeting in November 2018.

Mr Sutton confirmed that he had circulated his quarterly report to Gravesham members. Mr Sutton reported that he has been unsuccessful in obtaining information from the CCG regarding the plans for the local Walk-In Centre and MIU. Mr Bentley agreed to investigate.

Action – Mr Bentley

Ms Plummer was delighted to report that the Kent and Medway Medical School had successfully passed through stage 3 of the General Medical Council approval process, meaning that the school was on track to be ready to operate from 2020. Ms Plummer explained that in years 1 and 2, undergraduates would study a practice based module, with 1 day per week in community and primary care practice.

Mr Harris reported that he had attended 8 meetings, with issues raised such as patient care out of hours, concerns regarding recruitment of GPs and closed lists within local practices. Mr Harris was impressed by the epilepsy service in Sevenoaks.

07/02/10 Strategic Update

Mr Sammon explained that the NHS Long Term Plan was aligned with the strategic direction of the NHS, and added that the Trust was engaged with proposed systems and changes to the health and social care landscape.

Mr Goulston added that the Board was content to accept the proposed control total from NHS Improvement, which was agreed to be set at a surplus of £2.2m for the 2019/20 financial year.

Ms Spare provided an overview of the shortlisted quality priorities for 2019/20. Ms Spare added that the shortlist would be reduced further following feedback from patients and stakeholders.

Further to a question from Mr Harris, Ms Spare confirmed that patient feedback and engagement would be required to assist with how the Trust develops care and services locally.

Mr Quigley was concerned that some patients may not be competent using IT equipment. Mr Goulston noted the concern and agreed that this would be incorporated in the approach.

Further to a question from Mr Quigley regarding staff turnover, Ms Norris stated that the staff turnover target was 16.3% but the aspirational aim was to reach 12%.

Regarding the NEWS 2 score, Dr Heskett asked if there would be community based training specifically, as many patients at home would score highly but would not be suitable for hospital. Ms Spare confirmed that the training had been adapted for community based patients.

Mr Fletcher expressed his concern that there was not enough information in the report for NEDs to hold the board to account. Mr Goulston agreed, suggesting there needed to be a way of measuring the success of the priorities. Mr Conway

added that the intention was to create SMART objectives and encouraged Governors to read the Integrated Performance Report which was an effective way of monitoring performance. Mr Conway reassured the Council that NEDs required measurable data around the priorities.

Following a question from Ms Ruth Davies regarding staff retention, Ms Norris explained that the 'Big listen' took place in 2018 which asked staff what they liked about working for the Trust and what needed to be improved. Ms Norris explained that there had been a huge response, and an action plan had been put into place.

Regarding an update on the visit from the Care Quality Commission, Mr Bentley informed the Council that on 2 January 2019 the Trust received formal notification that within 6 months, the Trust would have a Well Led Review. The visit from the CQC would be unannounced but the Trust was planning for March or April 2019. Mr Bentley added that it was likely that governors would be invited to attend a focus group with the CQC.

07/02/11 Feedback from Communications and Engagement Committee

Ms Coleman was pleased to report that the Annual General Meeting and "Lets Discuss Dementia" events had been successful with good attendance from members and the general public.

Ms Coleman reiterated that the governor election process would be reviewed at the Communications and Engagement Committee meeting.

07/02/12 Feedback from Charitable Funds Committee

Ms Coleman reported that work on the Heron Ward at the Queen Victoria Memorial Hospital was partly funded by the Mermikides Trust in Herne Bay.

The Bow Road fund use had been difficult to disperse due to its particular restrictions, but Ms Coleman was pleased to report that a pilot project in conjunction with the Heart of Kent Hospice had been funded.

Regarding donations, an envelope collection was suggested as an alternative which would reduce security issues.

In response to a question from Ms Clifford regarding use of funds for the implementation of the ramp at Deal Hospital. Ms Coleman responded that this had already been explored by the Trust, and the building provider had rejected their offer of payment.

07/02/13 Quarterly Report on Patient Experience

Ms Spare presented the quarterly report to the Council highlighting key points.

In response to a query from Mr Quigley, Ms Spare confirmed that the blue line presented on the graphs showed the actual figure. Ms Davies added that anything between the Upper Control Limit (UCL) and the Lower Control Limit (LCL) was considered to be a normal variation and suggested the Council received training akin to that which the Board had received on the new run charts. This was supported.

Action - Ms Davies

In response to a question from Ms Straker regarding the type of complaints, Ms Spare confirmed that only formal complaints were recorded. She added that some suggestions for improvement or where the person wanted to make an informal complaint were managed through the Patient Advice and Liaison Service (PALS).

In response to a question from Mr Fletcher, Ms Spare stated that although patient satisfaction levels remained very high, the Trust would continue to strive to make it right for every patient. Ms Spare added that the Trust collates patient feedback 4 times per year for reporting purposes.

In response to a question from Dr Heskett regarding patient complaints and reassurance that staff are being supported, Ms Spare stated that the complaints team adhere to a no-blame policy, providing support to staff and ensuring that lessons are learnt.

07/02/14 Quarterly Report on Patient and Public Engagement

Ms Norris presented the quarterly report to the Council highlighting key points.

Ms Norris highlighted that governors would be invited to undertake training if they wished to participate in PLACE visits and that 4,020 emails were received from public members regarding the flu campaign.

Ms Norris reported that regrettably there had been a net loss in membership recruitment.

07/02/15 Preparedness for Brexit Report

Ms Davies presented the report to the Council.

Ms Davies explained that a significant amount of work was ongoing, and added that the Trust had a good track record of planning for both business continuity and major incidents putting the Trust in a good position to respond.

Ms Norris highlighted that the Communications Team had recently circulated a briefing to governors following the recent media coverage on Brexit.

In response to a question from Mr Lemon regarding travel issues, Mr Conway provided assurance that all high risk issues would be scrutinised by the Audit and Risk Committee at its next meeting.

07/02/16 Nominations Committee Report

Ms Bigg presented the report to the Council for approval.

Following consideration, the Council approved the recommendations of the Committee as follows:

- Amendments to the Terms of Reference.
- The appraisal process for the Chair and NEDs.
- The re-appointment of Bridget Skelton as Non-executive Director.
- The re-appointment of Bridget Skelton as Senior Independent Director.
- The appointment of Mr Peter Conway as Deputy Chair.
- The appointment of Mr Howe and Mr Richard Field as Non-Executive Director Designates at the same remuneration but no voting rights until April 2019.
- The appointment of Mr Martin Cook and Prof. Drobniewski as Non-Executive Directors from 1 February 2019.

07/02/17 Any Other Business

Following a question from Ms Coleman, Mr Bentley agreed to investigate whether Treat Me Well folders had been distributed within community hospitals for patients with learning disabilities.

Action – Mr Bentley

Following a question from Ms Coleman, Ms Davies confirmed that the Governors Terms of Office would be circulated.

Action – Ms Davies

14/11/16 Questions from members of the public

No questions were asked.

14/11/17 Date and Time of Next Meeting – 30 May 2019, at 1pm in the Astor Pavilion, Kent Event Centre, Detling, Maidstone.

The meeting closed at 2.50pm.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETINGS
OPEN ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
14 Nov 2018	14/11/18 – Trust Quarterly Report	To confirm to Mr Fletcher the numbers of staff between the current sickness rate against the Trust target of 3.9%.	Ms Norris	7/2/19 - Information be re-sent. 30/5/19 – Information shared with Mr Fletcher. Proposed closure.
14 Nov 2018	14/11/18 – Trust Quarterly Report	Dr Sarah Phillips, Medical Director, to be invited to attend a future Council meeting to discuss Quality Improvement.	Ms Davies	30/5/19 – On agenda. Lisa Scobbie, Deputy Medical Director attending May Council meeting. Proposed closure.
7 Feb 2019	07/02/5 – Matters Arising	It add a new standard agenda item to highlight the service visits made by the Chairman and Non-Executive Directors.	Mr Goulston	30/5/19 – On agenda. Proposed closure.
7 Feb 2019	07/02/7 – Trust Quarterly Report	To present the financial tables under Appendix 1 in an easy to read format.	Mr Bentley	30/5/19 – Changes made. Proposed closure.

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
7 Feb 2019	07/02/19 – Governor Feedback	To obtain information from the CCG regarding the plans for the local Walk-In Centre and MIU at Gravesham.	Mr Bentley	30/5/19 - Mr Bentley contacted Dartford, Gravesham and Swale CCG as agreed. The CCG thanked Mr Bentley for the contact and confirmed more information would be produced in due course.
7 Feb 2019	07/02/13 – Quarterly Report on Patient Experience	To arrange for governors to receive training on reporting methods.	Ms Davies	30/5/19 – Added to Forward Plan for July Development Session.
7 Feb 2019	07/02/17 – Any other business	To investigate whether Treat Me Well folders had been distributed within community hospitals for patients with learning disabilities.	Mr Bentley	30/5/19 – The trust routinely uses a Hospital Passport for service users with Learning Disabilities. The passport contains details of their condition, their communication needs and how they should be supported whilst in hospital. The service user will take this into hospital with them.

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
7 Feb 2019	07/02/17 – Any other business	To circulate Governors Terms of Office	Ms Davies	30/5/19 – Terms of Office circulated. Proposed closure.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETINGS
CLOSED ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
14 Nov 2018	14/11/6 - Matters Arising	To bring the paper on Brexit to the next Council meeting.	Ms Allen	7/2/19 - Discussed at February meeting. Closed.
14 Nov 2018	14/11/18 - Trust Quarterly Report	The financial position to be written as a narrative in the main report, with the table included as an appendix.	Mr Bentley	7/2/19 - Changes reflected in report. Closed.
14 Nov 2018	14/11/19 - Governor Feedback	A structure of services to be shared with all Governors.	Ms Davies	7/2/19 - Services brochure emailed to all governors. Closed.
14 Nov 2018	14/11/19 - Governor Feedback	To raise the matter of the potential increase of RTT resources by 36 wte staff at the A&E delivery board.	Mr Bentley	7/2/19 - Mr Bentley added that the A&E Delivery Board for East Kent was supportive of the Integrated Discharge Team (IDT). Closed.
14 Nov 2018	14/11/14 - Election of Public Governors	To look into whether the date for publication of notice of elections could be brought forward.	Ms Fuller	7/2/19 - Unfortunately, the date could not be moved. Closed.

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
14 Nov 2018	14/11/15 - Any Other Business	To escalate the issues at Victoria Memorial Hospital in Deal. No disabled access ramp at the main entrance and the temporary hand written signs to direct patients to the new MIU facility.	Ms Davies	7/2/19 - NHSPS informed KCHFT that they are meeting legal requirements with regards to the building. Closed.
27 July 2018	27/07/25 - Trust Quarterly Report	It was agreed that the graph on Friends and Family feedback would include the comparison with other trusts to give context.	Ms Carruth	14/11/18 - Will be included in future reports to the Council. Closed
27 July 2018	27/07/30 - Quarterly Report on Public Engagement	Mr Price commented that they had been seeking the breakdown of membership by age, sex, ethnicity for some time and he was not aware it had been received. He received assurance that they had now been sent out and he highlighted the importance of being able to compare engagement across the whole population. It was agreed that this would be provided.	Ms Norris	14/11/18 - Membership Data sent to Governor Support Office before each meeting. Data is then circulated to all Governors. Closed
9 May 2018	08/05/11 – Quality Report on Patient Experience	Regarding the complaints recorded concerning the lack of night cover within the Rapid Response Team, Ms Heskett asked if the effect on patient experience was being captured and whether there would be an opportunity to present case studies to the End of Life Strategy Group, to see how overnight work is structured going forward.	Ms Strowman	27/07/18 - The EOL Nurse Consultant is undertaking a review of the incidents of concern regarding patient experience at night and this will include recommendations on appropriate actions. Closed



Title of Meeting	Council of Governors
Date of Meeting:	30 May 2019
Agenda Item:	1.6
Subject:	Service Visits by the Chair and Non-Executive Directors
Presenting Officer:	John Goulston, Chair

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	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
John Goulston (continued)		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 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

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
Bridget Skelton			<p>20th February – Audit & Risk Committee</p> <p>21st February – Niche Training - CQC</p> <p>28th February - joint Management /board meeting.</p> <p>6th March - Meeting Director HR/OD</p> <p>12th March - Seniors Leaders meeting</p> <p>27th March – Finance Business Investment Committee</p> <p>28th March – NED only Meeting</p> <p>28th March – KCHFT Board Meeting</p> <p>28th March – Meeting with CEO</p> <p>4th April – Governors' Development Day</p> <p>8th April – Appraisal of Chair KCHFT</p> <p>8th April – Feedback from CQC</p> <p>25th April - Meeting Director HR/OD</p> <p>25th April - KCHFT Board Meeting</p> <p>9th May - CQC inspection interview</p> <p>13th May - Nominations Committee</p> <p>15th May - Audit and Risk Committee</p> <p>15th May - Strategic Workforce Committee</p> <p>16th May - Time to Change Conference</p> <p>20th May - Meeting Director HR/OD</p> <p>23rd May - KCHFT Board meeting</p>

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
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. 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 – Supplier demonstration day. 15th March – CIS Replacement scoring moderation day 2nd April - RTOC service to two teams at QEQM and William Harvey 13th May - We care visit to Westbrook intermediate care centre		15th February - Well-led for the future: development for NHS Board Members 21st February – Meeting with Niche 27 February – Chaired FBI Committee 28th February – Board 27 March – Chaired FBI 28 March – Board 16 April – Quality Committee 24 April – Chaired FBI

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
Martin Cook (continued)			25 April – Board 28th April – CQC well led interview 22 May – Chaired FBI 23 May – Board 23 May – Remuneration Committee
Jen Tippen			21st February - Meeting with Niche (Emma & Kate) 27th February - Finance, Business and Investment Committee 28th February - joint 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

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
Professor Francis Drobniowski			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 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

Title of Meeting	Council of Governors
Date of Meeting:	30 May 2019
Agenda Item:	1.7
Subject:	Trust Quarterly Report
Presenting Officer:	Paul Bentley, Chief Executive

1. Performance

1.1 Quality

The quality of care for the people we serve as measured by the Quality indicators continue to report a strong position and provide assurance that we are delivering high quality care.

Patient experience continues to be high with 97.6% of patients asked saying they would recommend the care that they receive and 97.3% saying they were satisfied with care.

The care we provide for the people we serve is only possible because of the staff team members we employ so there is always scrutiny on the key workforce metrics, two of the metrics are worthy of mention. Turnover levels whilst experiencing common cause variation is failing to meet our target, albeit the absolute level of turnover is continuing to see a downward trend towards 17% in April, largely impacted by the successful implementation of the BIG Listen and other staff engagement initiatives. Our vacancy rate increased in March to 9.7% in April following a period of sustained improvement.

Sickness absence was at 3.85% in April. It has been recommended that the target should be revised to 4.2% from 3.9%, which means that the new target would sit centrally within the lower and upper control limits, and still mean we have one of the lowest levels of sickness absence across the community trusts in England..

1.2 Financial Position

The Trust continues to deliver a strong financial position as shown in the tables in Appendix 1. The CIP indicator is behind plan at the start of the year however this follows the pattern of previous years where the savings are realised during the year. All other financial measures remain green. We have a strong cash position and maintain the strongest rating for how the Trust uses its resources from our regulator.

2. Patients

2.1 Quality Improvement Programme

Uptake of QSIR Practitioner has been very encouraging. 66 individuals, including colleagues from the Sustainability and Transformation Partnership (STP) have

completed the full 5 days over 2 cohorts, with another full cohort of 50 due to start in May 2019. These Practitioners will now deliver a full QI project over the next 12 months. We have partnered with East London Foundation Trust to deliver 4 initial QI one day packages. 56 people attended over the first two sessions and all rated the sessions as either 'good' or 'very good', and we are delighted that this included a patient representative. 2 more courses are planned for Dental services in London and our team members in the East Sussex area before delivery passes to our internal team. QI Fundamentals is open to interested patients and carers. Our patient engagement team is working on promoting this further.

Now that the QI training programme is well underway, the focus on ensuring tangible outcomes and improvements for patients, service users, carers and colleagues, will take an even more central position. A QI conference is planned for 15th July to showcase QI work in progress and offer all an opportunity to find out more about the QI programme.

2.2 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.

2.3 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.

2.4 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.

3. Our people

3.1 Care Quality Commission Inspection

The unannounced inspection of our core services took place during the first week of April. A team of CQC inspectors visited a range of locations and services focusing on urgent care, dental and end of life services. The inspectors thanked the trust for the welcome they received and praised the openness and pride staff displayed in the services they provided.

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.

3.2 Strategic and Quality Priorities

As Governors will remember, at the last meeting we discussed the proposed Strategic and Quality Priorities and following further engagement with staff at the Leaders Conference on 12 March, the Board approved the priorities.

Our strategic priorities for 2019/20 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.
- **Joined-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 quality priorities for 2019/20 are:

- **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 QI 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.

3.3 Staff Survey

We had a really pleasing set of results from the staff survey; we have taken some positive steps in the right direction, particularly improving our staff engagement. It is encouraging that we improved in five themes, staff engagement, equality, diversity and inclusion, support from immediate managers, our safety culture and making sure there is a safe environment for staff to work in. We have more to do, but the feedback shows a strong step in the right direction.

3.4 Launch of the Staff Awards

This year's 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.

3.5 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.

4. Partnerships

4.1 Bringing Buurtzorg to Kent

Around 70 people attended an engagement event at Repton Community Centre in Charing on 13 March to find out more about how our Buurtzorg-style team in Edenbridge is operating, and about our plans for a new team in Charing, east Kent.

There were presentations from Public World, and most importantly from our two nurses in The Edenbridge Team – Sue Griffin and Wendy Bennett, who so eloquently described the benefits of self-managing teams for patients and colleagues.

Following this, 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.

4.2 Dementia – our Members event and Action Week

More than 100 people came together in Canterbury on 9 March to discuss dementia. The event held in partnership with East Kent Hospitals University NHS Foundation Trust (EKHUFT), included stalls and presentations from experts from trusts, charities and voluntary organisations.

There was a busy dementia café, staffed by the students from The Oasis Academy, Isle of Sheppey, Chris Norris, a member of the Kent and Medway Partnership Trust

dementia envoy gave an inspiring speech about his experience of living with dementia and everyone who attended left as a Dementia Friend. Members of the public fed back to say the event had helped to dispel their fears around dementia and given them an opportunity to learn more about the support available.

Dementia action week is being held between 20-28 May with a range of events across the county, these include training and awareness sessions, demonstrating age simulation suits, reminiscence tables and a movie afternoon.

4.3 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

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
<p>The Trust achieved a surplus of £216 to the end of April.</p> <p>Pay has underspent by £608k, and non-pay and depreciation/interest have overspent by £92k and £8k respectively.</p> <p>Income has under-recovered by £478k.</p> <p>The forecast is to deliver a surplus of £2,350k which is in line with the plan for the year.</p>			

Cash and Cash Equivalents		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	24,130	29,660	-5,530
Year End Forecast £k		28,712	
<p>Cash and Cash Equivalents as at M1 close stands at £24,130k, equivalent to 39 days operating expenditure.</p> <p>The Trust recorded the following YTD sector payment statistics</p> <p>97% for volume and 93% for value.</p>			

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

Capital Expenditure		Rag rating: Green	
	Actual/Forecast	Plan	Variance
YTD Expenditure £k	132	169	37
Year End Forecast £k	7,654	7,654	0
<p>Capital Expenditure year to date is £132k, representing 78% of the YTD plan.</p> <p>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 resubmitted to NHSI on 15 May 2019. The agreed net reduction takes into account of the removal of the KMCR project and adding in the Agresso upgrade project.</p>			

CIP		Rag rating: Red	
	Actual	Plan	Variance
Year to Date £k	231	438	-207
Year End Forecast £k	5,299	5,299	0
<p>The Trust achieved CIPs of £231k to the end of April against a plan of £438k, which is £207k behind target.</p> <p>53% of the total annual CIP target has been removed from budgets at month one.</p> <p>The Trust is forecasting to achieve the full plan of £5,299k by the end of the year.</p>			

Agency Trajectories		Rag rating: Green	
	M1		
	Actual	Trajectory	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.			



Title of Meeting:	Council of Governors
Date of Meeting:	30 May 2019
Agenda Item:	2.5
Subject:	Patient Experience and Complaints
Presenting Officer:	Mercia Spare, Chief Nurse (Interim)

Patient Experience and Complaints Annual Report 2018/19

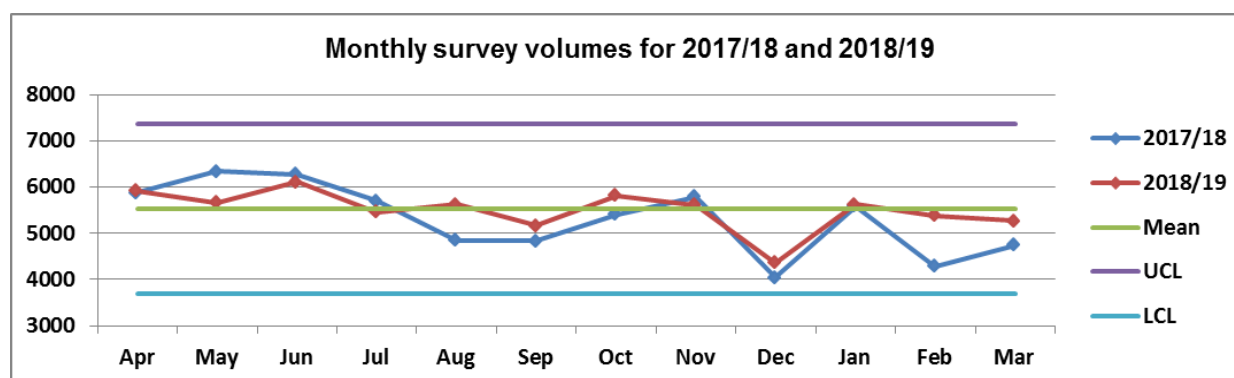
1.0 Introduction

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.

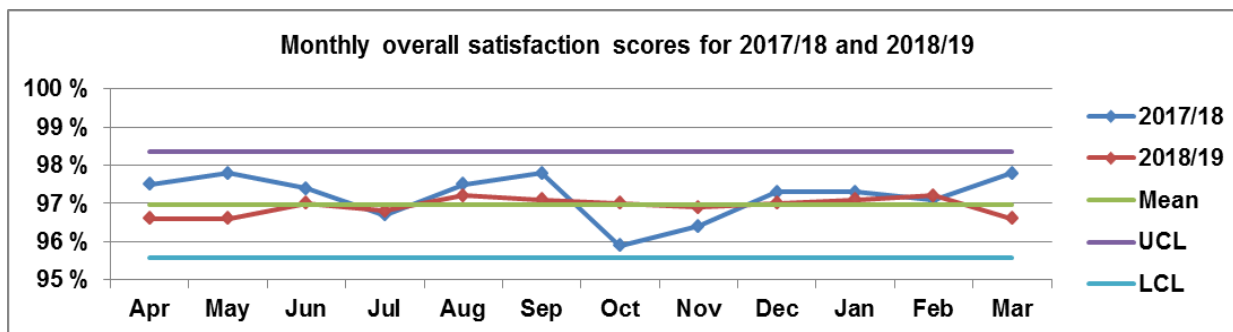
2.0 Patient Experience

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.

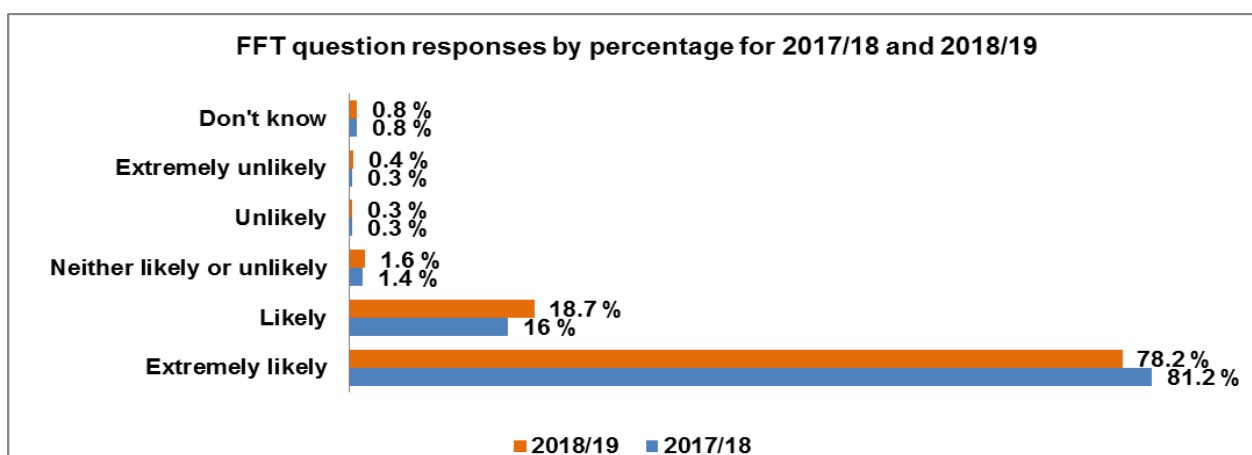


- 2.1.4 Monthly satisfaction scores for 2018/19 remained more consistent than in the previous year, with results ranging from 96.6% to 97.2%.



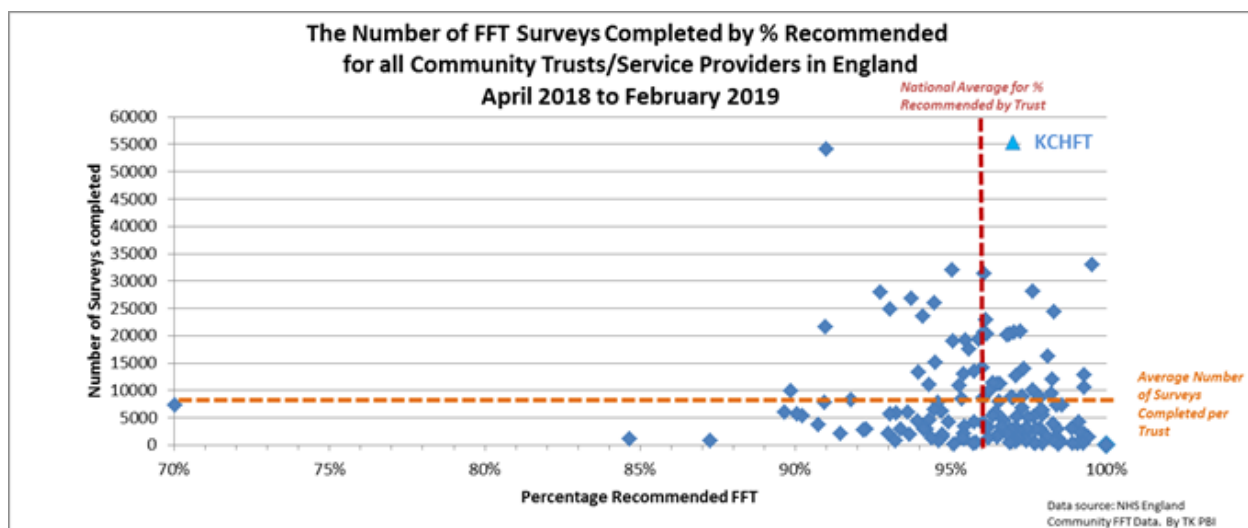
2.2 Friends and Family Test (FFT) data

- 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.

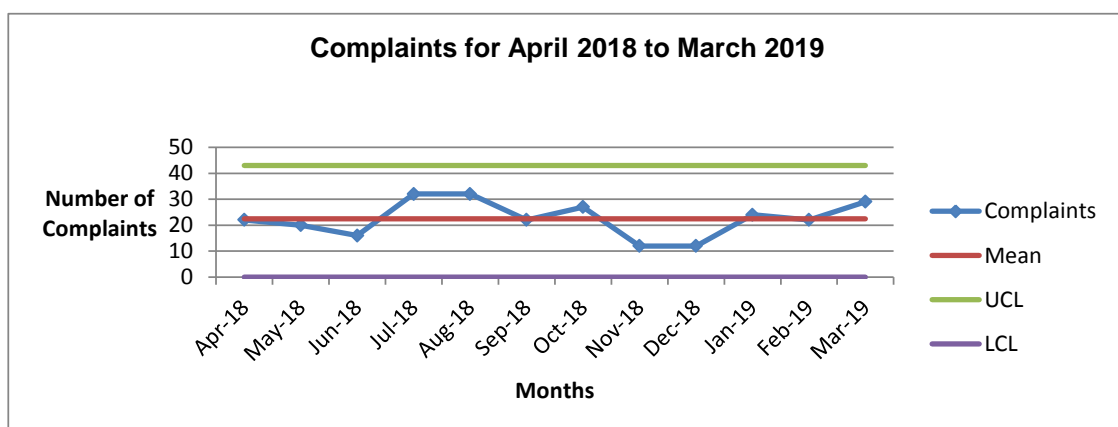
2.6 Compliments recorded on Meridian

- 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

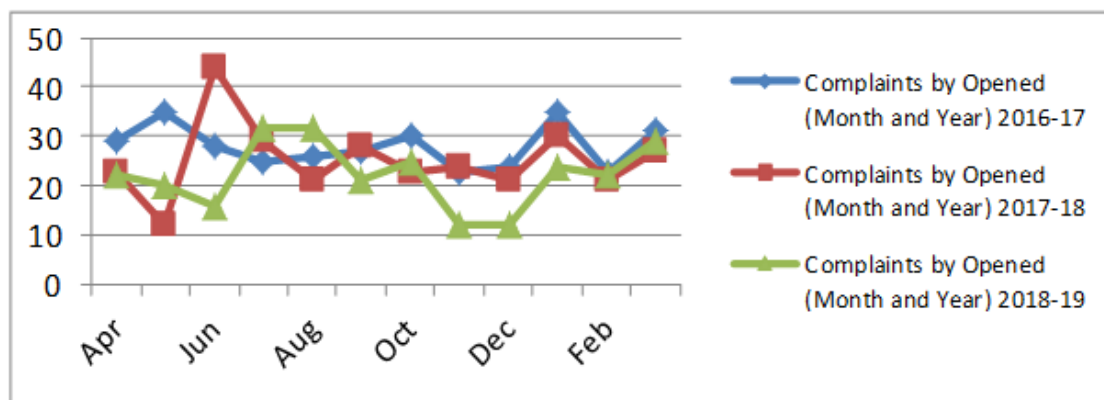
- 3.1 In 2018/2019, **267** complaints for services were received in comparison to **303** in 2017/2018 which was a **12%** reduction. This followed a reduction of **10%** on the previous year 2016/2017. However it is clear that the complexity of complaints and involvement with other organisations has 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.



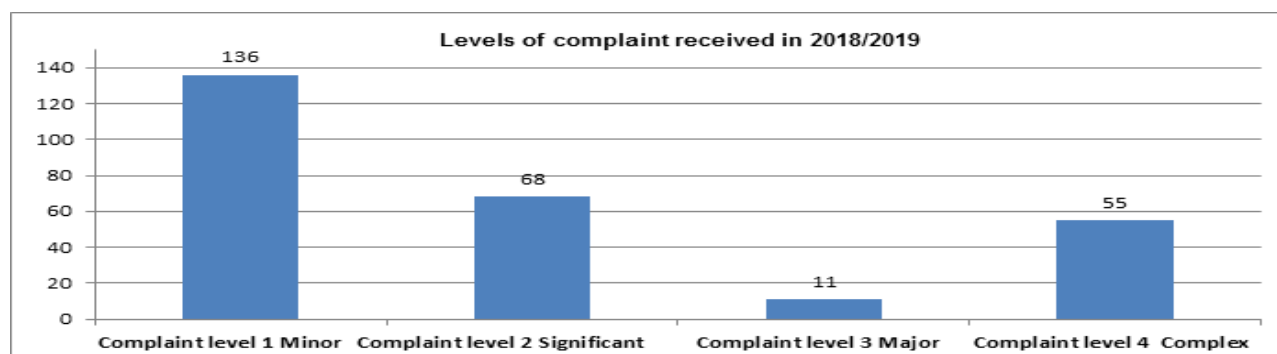
3.2 Levels of complaints

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.



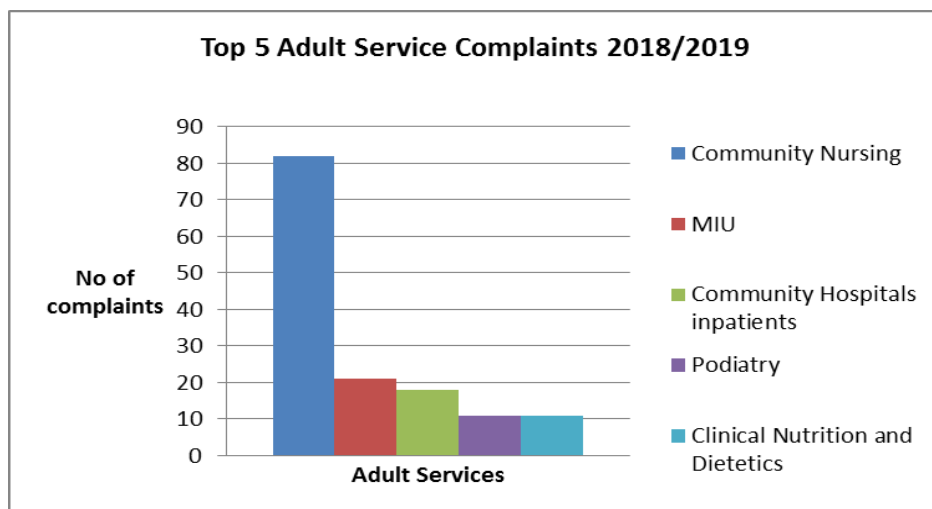
Category	Description
Level 1 Minor	It should be possible to get a quick solution and does not warrant a full complaint's investigation
Level 2 Significant	Requires contact with one or more service which involves some correspondence and an investigation to be carried out
Level 3 Major	A serious complaint 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)

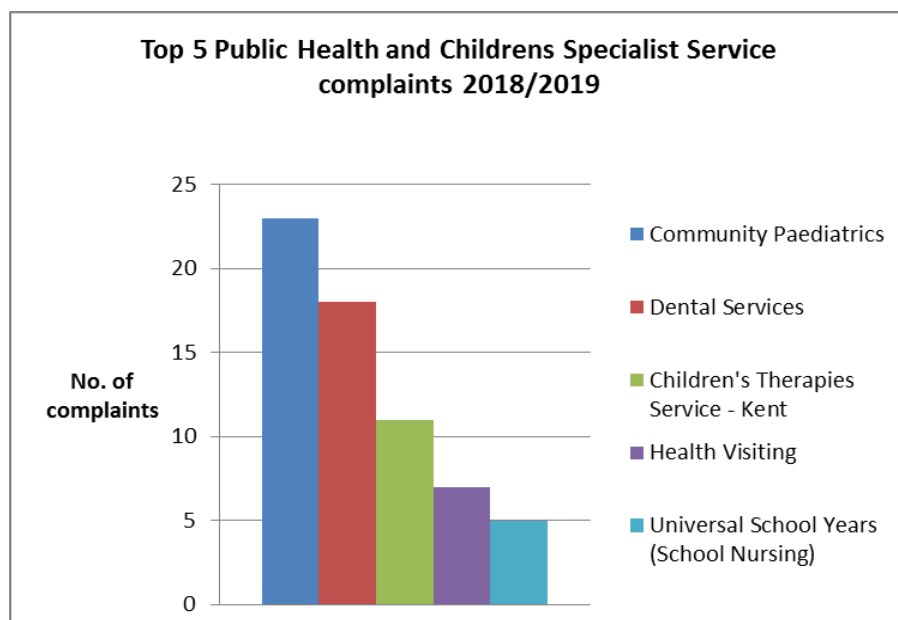
(127,184 contacts in 2018/19) with 21 and 18 respectively, which is consistent with 2017/2018.



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.

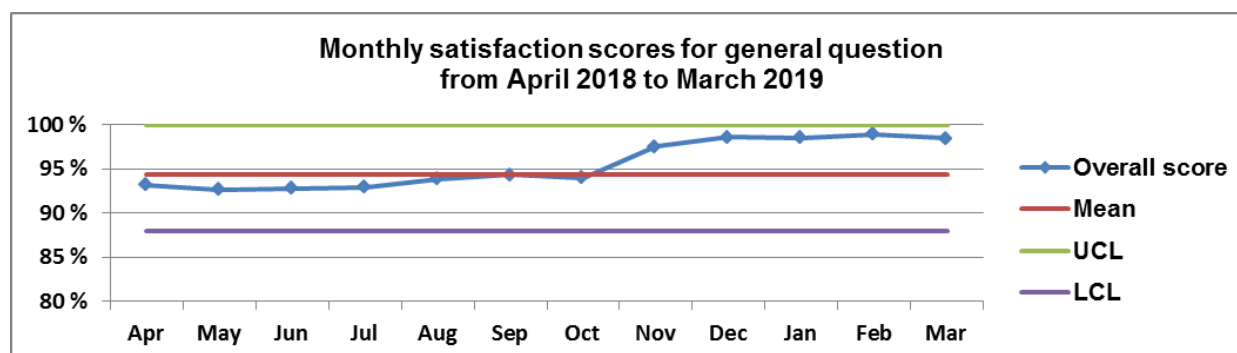
- **Clinical treatment** - Complaints that fall into this category involve aspects of clinical care provided by health professionals, medical nursing or allied health professionals. They involve complaints about the patient's diagnosis and treatment, complications that may arise either during or after 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

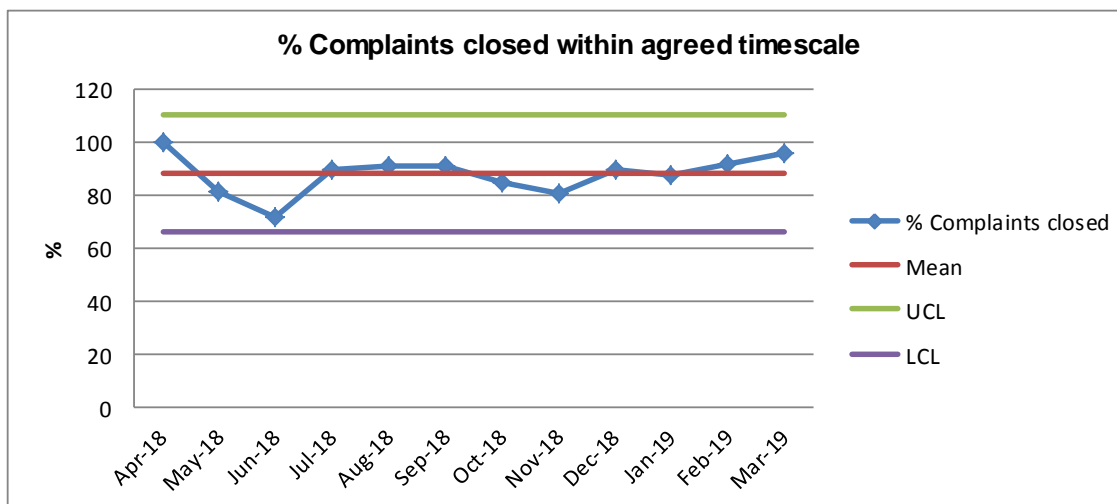
- 3.8.1 The Patient Experience Team surveys complainants to capture feedback on their experience of the complaints handling process. In 2018/19 a total of **177** surveys were sent to complainants with their complaint response as cases were closed. **22** surveys were returned, giving a response rate 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.

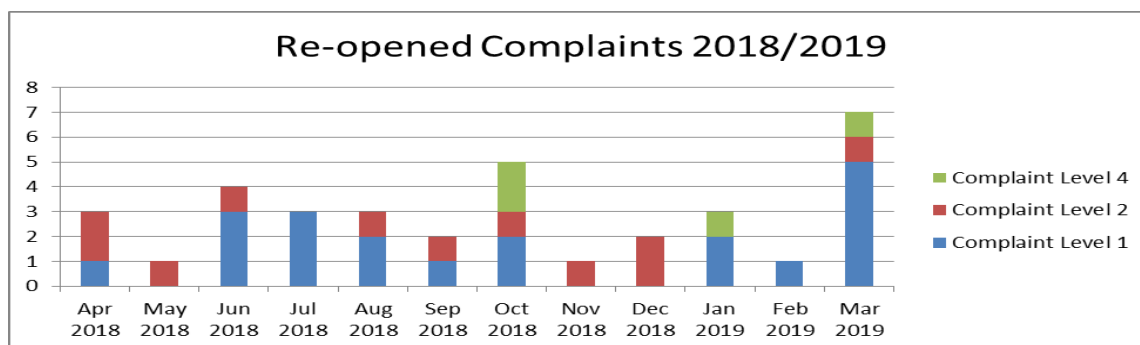


3.10.2 For the 30 complaints that did not meet our timescales, delays were related to receiving the required information and the completion of the approval process. Complainants are kept updated on any delays using their preferred method of communication. Timeframes are closely monitored and an escalation 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 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/pictorial 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/pictorial 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



Title of Meeting:	Council of Governors
Date of Meeting:	30 May 2019
Agenda Item:	2.5
Subject:	Quarterly Report on Patient and Public Engagement
Presenting Officer:	Louise Norris, Director of Workforce, OD and Communications

Engagement report – May 2019

Executive Summary

This report gives an overview of public and patient engagement, membership engagement and volunteer services 1 January to 31 March 2019.

Introduction

It provides assurance the trust is engaging with patients and the public including:

- those we find harder to reach
- ensuring everyone has a voice
- patient, carer and public involvement in service improvement.

The Communication, Engagement and Patient Experience strategy 2019 to 2021 has been updated following consultation with the trust's Patient Experience Group in March. The strategy includes measurable objectives relating to patient, carer, public and staff participation in shaping services and working towards embedding co-design principles in all that we do. Plans include working with patients and carers to develop an 'introduction to co-production and working together workshop' for staff, patients and carers, developing a toolkit to provide guidance for staff on the process for involvement, ensure patient experience feedback is acted upon at all times and increase the number of patients and carers involved in the development of services.

This report provides an update on progress against the goals and objectives.

KCHFT Engagement Team
May 2019

Communication, Engagement and Patient Experience strategy

Goal

Prevent ill health: Take every opportunity to give people and the public information that is relevant and accessible, which supports them to stay well or recover faster.

Objective

Ensure patient information is accessible and conforms to AIS national standards throughout and that services are supported to communicate effectively with patients and carers, with additional needs.

Tasks and progress

Develop new specification for interpreting and translation services. Carry out tender and award new contract by June 2019.

Tender carried out in autumn 2018. Assessment of bids delayed due to resourcing issues in Procurement Team and other tenders taking priority. Tender was in partnership with Maidstone and Tunbridge Wells NHS Trust. Bids have now been rated and we are due to meet with provider(s) shortly.

Top 10 languages requested for face-to-face and telephone interpreting provided by our prime supplier from January to March 2019:

	Face to Face interpreting		Telephone interpreting
	Languages: (1) being the highest in demand		Languages: (1) being the highest in demand
(1)	Bengali	(1)	Slovak
(2)	Slovak	(2)	Romanian
(3)	Romanian	(3)	Polish
(4)	Polish	(4)	Nepalese
(5)	Turkish	(5)	Turkish
(6)	Russian	(6)	Bulgarian
(7)	Punjabi, Eastern (India)	(7)	Albanian
(8)	Lithuanian	(8)	Chinese Mandarin
(9)	Arabic	(9)	Arabic
(10)	Nepalese	(10)	Czech

Bookings made with prime supplier for face-to-face interpreting

Jan -19	301
Feb -19	287
Mar -19	310

Bookings made with prime supplier for telephone interpreting	
Jan -19	60
Feb -19	65
Mar- 19	57

Develop public website to improve navigation and patient information for key services.

389 public members emailed asking them to feedback on the new public website homepage to ensure it is easy to understand and find information. 26.7 per cent open rate, 18 responses received acted upon.
Old news stories are down to the site being our staging site and not a live version. We agree that the search could be made more prominent on the homepage. We will work with our developers to achieve this.

Work with NHS and voluntary organisations, services and community to improve access to services for people with a disability, sensory loss or impairment.

Roger Pens and Sonidos hearing devices to support patients, parents and carers who are hard of hearing were recently used at the 'Let's Talk Dementia' event in Canterbury. Feedback received was positive. The Roger Pen has also been used for training to support a member of staff who is hard of hearing and recently demonstrated to John Fletcher, Ashford Public Governor.

We have identified two apps to help people with hearing and speech impairments to communicate with anyone over the phone using a confidential Relay Assistant service. These apps - NGT (Next Generation Text) and Padius, will be tested involving the deaf community. A project plan has been devised and dates proposed to test both apps are underway. This is due to be launched in July 2019.

Feedback from the deaf community tells us that they find it difficult to obtain information on how to manage diabetes. Discussions held with the Diabetes Education Nursing Team has resulted in plans to hold additional Diabetes Education Revision in East Kent (DEREK) courses specifically for the deaf community.

Additional tasks and progress

Test our Easy Read advice sheets with people with mild to moderate learning disabilities from East Kent Mencap.

This quarter we tested and/or revised the following leaflets.

- Tooth Extraction
- Looking after your teeth and gums
- Meningitis (MenACWY)
- Tetanus diphtheria and polio (TdIPV)

Monitor uptake of AIS E-Learning and logging of AIS needs on CIS.

AIS E-Learning: A total of 447 staff have completed AIS E-Learning (figures from October 2016 to 1 April 2019). 21 staff completed E-Learning in the period January to March 2019

AIS recorded on CIS – figures only available for 2018:

- Quarter 1: April - June 2018 Patients = 1596 Carers = 318
- Quarter 2: July - Sept 2018 Patients = 1624 Carers = 266

Browsealoud statistics

The Browsealoud tool on our public website provides support with speech, reading and translation when accessing information on our website. This is free to use and available to everyone. During the last quarter the toolbar has been accessed by public and patients as follows:

	Speech	Toolbar	Simplify	Translate	Text magnifier	MP3	Settings
Jan	586	567	10	8	7	2	1
Feb	335	509	1	12	0	1	0
March	704	472	4	19	6	2	2

Goal	Deliver high-quality care: Establish a culture of co-production to ensure a range of voices help shape the development of high-quality services.
Objective	<p>Establish a culture of listening to and involving patients and carers as equal partners in shared decision making. Embed the principle of co-design across the trust.</p> <p>All KCHFT services are able to easily access patient representatives for feedback and co-design purposes.</p>

Tasks and progress

We will plan and deliver a recruitment drive to increase the number of patients and carers involved in the development of our services year-on-year during the lifetime of this strategy.

The number of internal groups with patient and public representation includes the Trust Patient Experience Group, Medicines Management Governance Group, Mortality Surveillance Group, East Kent Quality Improvement Programme Board, Sexual Health Patient Advisory Group and the Research and Development Governance Group.

Sharon Picken, Engagement Manager, has met with the Clinical Resource Manager, Community Hospitals in East Kent and the East Kent Matron Team to discuss the reinstatement of the PEG's across East Kent. The Matron Team was very keen to re-establish the groups but cited on-going capacity issues as a barrier to moving forward. Sharon Picken will be supporting the development of the new agenda and giving support to the on-going meetings to ensure they are able to continue. New dates for the East Kent PEGs are being arranged for May and June 2019

In west Kent Hawkhurst PEG continues to meet regularly on a quarterly basis. Sharon Picken attended the meeting in March, which was attended by the League of Friends, Hospital Volunteer Manager, a volunteer, a patient representative, a Patient Experience Team and an Engagement Team representative. Notable outcomes from the meeting:

- Acknowledgement was made to the League of Friends, which has been regular attendees of the meeting, and has raised £350 to the Hospital to purchase headphones for patients.
- Confirmation of patient and family involvement in patient care plans
- Forget Me Not surveys being used in the hospital with a good response
- Positive feedback from patients stating that they continued to be treated with dignity and respect from staff and felt involved in their care.

The remaining PEGs in west Kent have not taken place. Again this is due to capacity within the teams, staff leaving and lack of dedicated administrative support. This information has been taken to the Clinical Resources Manager for west Kent and will be reported to trust PEG.

The Kent and Medway Sexual Health Patient Advisory group continues to meet quarterly in Chatham and Ashford. Notable outcomes from the meetings:

- Presentation on ME1 Sauna
- Presentation on Chemsex
- Provider stakeholder feedback and involvement opportunities.

We will review and reshape the current system for patient engagement – PAGs, PENs etc – to ensure appropriate membership and consistency and that all services are able to easily and effectively engage with patients and the public in a meaningful way.

The number of Patient Engagement Network (PEN) members at end of March is 46 – which is an increase of three members since the previous report. However, not all of these are active and we are in the process of contacting them to ask if they wish to get actively involved.

We will co-design and deliver, with patients and carers, an “introduction to co-production and working together” workshop and toolkit for staff, patients and carers, to embed the principles and ethos of co-production and design; introducing the toolkit across the trust and to raise awareness of the Engagement Team and its role and function.

A group of patients and staff met in March to begin the development of the workshop. A draft agenda for the workshop has been developed, which will include:

- Why we involve patients
- The purpose and process of involvement
- Barriers and how to overcome them
- Good practice examples of involvement from staff and patients.

The workshop will also act as a toolkit that will be available to staff to support their on-going work to ensure they are using patient views and experiences to inform service design and developments.

We will co-develop patient and carer engagement champion roles, to support and increase patient and carer participation across the trust.

We are looking to our PEN members to develop their role as our first engagement champions. Following feedback from PEN members we have scheduled quarterly informal meetings of the PEN through 2019 and the first meeting was in February 2019. Notable outcomes:

- PEN members would like a regular speaker to attend future meetings
- PEN members would like to be involved in the development of co-design training for KCHFT staff to support patient involvement
- PEN members would like to find out more about opportunities to be involved in the development of Trust initiatives
- It was agreed that PEN members would have the opportunity to feedback on their involvement at each meeting.

We will promote understanding of why equality monitoring helps us to deliver patient-centred care by working with IT and the Electronic Patient Record (EPR) Action group to include mandatory monitoring questions and by an internal communications campaign.

On-going liaison with CIS team and IT. Assurance provided that equality monitoring questions will be included in new EPR.

Goal

Integrate services: Support a climate for change by building relationships and mechanisms to support partnerships and system transformation.

Objective

Ensure KCHFT colleagues and its patients' voices are heard and demonstrate how their feedback shapes the future of the STP.

Tasks and progress

Promote individual elements of the STP, such as stroke consultation, as they emerge from the partnership.

2,506 public members emailed about east Kent urgent care events, 7.6 per cent open rate, unknown attendance rate as held by STP team.

4,003 public members emailed about stroke final announcement. 7.9 per cent open rate. Responses received forwarded to STP communications and engagement team.

Supported to advise public members outside of east Kent of the proposals for potential changes to local care and hospital services. 2,132 public members emailed, 8.2 per cent open rate, no responses received to engagement team.

4,222 public members emailed with information about the NHS long-term plan and what it means for Kent and Medway. 8.3 per cent open rate, responses forwarded to STP communications team.

Goal	Develop sustainable services: Ensure our colleagues, patients and the public are kept informed, involved and feel valued.
	Enhance the trust as a place to work.
Objective	Increase year-on year the number of patients and public who say they feel informed, involved and valued.

Tasks and progress

Increase partnership working with our stakeholders and partner organisations, so we can promote opportunities to work together to improve services, for example events.

Let's Discuss Dementia event was held in partnership with East Kent Hospitals NHS foundation Trust and involved voluntary sector representatives from Age UK, Alzheimer's society, INVOLVE, Carers' Support as well as the Oasis Academy and Healthwatch Kent.

Provide the opportunity for our public members to regularly meet to share experiences, identify opportunities and to promote their work.

All public members were invited via post and email to attend the Let's Discuss Dementia event held on Saturday, 9 March. All staff members were invited to attend via flomail and flo. 130 people attended which included public member and members of the public, voluntary sector stakeholders and KCHFT and EKHUFT colleagues. 94 per cent of attendees rated the event as very good or good.

The trust's public membership at 31 March 2019 was 8,186. Of the membership:

- 717 are from Black, Asian or minority ethnic communities
- 251 are aged 21 or under
- 880 are aged over 75.

632 public members were invited to attend spring COG meeting. Adverts also placed for members of the public via networks and on social media platforms at INVOLVE, Healthwatch Kent, Kent CAN and Kent Carers Matter.

4,185 public members were emailed the Spring Community Health Magazine.

Build on existing ways for patients and carers to give feedback by developing an online form on the Trust's public website.

The Patient Experience Team has designed an online form and this is now on the public website.

Redesign the Carers Survey with input from carers.
Joint work with Patient Experience Team. Initial contact made with carers organisation.
Increase representation from carers and representatives from Carers' organisations on KCHFT's Patient Experience Group and local PEGs.
Carers organisation on trust Patient Experience Group. Carers organisation attended the Let's Discuss Dementia event.
Promote the Trust's Commitment to Carers and Carers Week in the Summer 2019 Community Health magazine and via social media and a screensaver.
To be carried out in June 2019.

Membership strategy

Objective

To increase public membership levels by 2 per cent (157 new members – with a stretch target of 5 per cent) and ensure our membership reflects the population that we serve.

We actively encouraged attendees of the Let's Discuss Dementia event, who were not already public members, to sign-up and supplied staff attending events with membership materials. The online public membership form remains on the front page of the public website and a joining button has been added to Facebook.

Month	Joiners	Leavers*	Net	Cumulative
January 2019	21	6	15	8,149
February 2019	37	4	33	8,182
March 2019	11	7	4	8,186

**Leavers include public members who have requested to be removed from the database and deceased members.*

Objective

To provide members with accurate information about our services and how to improve their own health and wellbeing.

4,222 public members emailed with information on how to stay well during winter. 7.2 per cent open rate, no responses to engagement team.

4,259 public members emailed and advised our school immunisation service were holding free flu clinics for school children in reception year to year five. Open rate of 6.8 per cent and no questions or response to the engagement team.

Objective

To ensure members know who their local governor is, what they do/their role and why and how to contact them.

1,061 public members in Gravesham, Dover, Sevenoaks and Ashford emailed with contact details for the governor support team provided for replies. Open rates of 9.8 per cent for Dover, 14.1 per cent for Gravesham, 10.3 per cent for Sevenoaks and 6.8 per cent for Ashford. No replies received to the engagement team.

Objective

Increase opportunities for members to feedback on service improvements.

251 public members emailed inviting them to join our PEN. 37.8 per cent open rate, eight responses received and an increase to the numbers of PEN.

3,819 public members emailed inviting them to feedback on a draft re-design of patient information leaflets for community hospitals. 17.9 per cent open rate and responses received which resulted in the following changes being made:

- Wording relating to parking options added
- Outpatients appointments information added
- GDPR information added
- Added to the leaflet title that it's aimed at patients staying on the ward.

Volunteer strategy

Goal

To increase the number of volunteers in key services to enhance patient and staff experience.

Tasks and progress

To identify and target services where there is the greatest need for volunteers; increasing the number of volunteers who provide key roles like 'meet and greet' and dementia volunteers and developing new volunteering roles, for example, for the trust's charity i care and mystery shoppers

Increase in 'meet and greet' volunteers from 4 (2018) to 17 (April 19) – target is 20.

Initial discussion with Health Visiting service leads about recruiting volunteers to contact families to give feedback. Will be starting on this once the service recruits to a manager post with engagement as part of their role.

Recruit volunteers for new services or geographies and increase the number of volunteering hours (2% increase year on year in volunteer hours).

January – March 2019:

Total volunteer hours 4,862 (4,584 previous quarter), but this does not include hours for the health walkers. We have recently added 249 health walkers to the MES database and they average two hours each a week. Number of active volunteers 435 (300 previous quarter).

Approximately 150 volunteers transferred to the respective Leagues of Friends. To protect the integrity of the trust, ID badges and DBS application will continue to be supported by Voluntary Services. Consent from volunteers for documentation and information to be transferred was obtained by Volunteer Services under Data Protection rules and full transfer completed by end April 2019. We have ensured the continuation of service of a hospital shop for patients, clients and families visiting these hospitals.

Goal	To support, train, engage and retain volunteers so they have a positive experience of volunteering with us.
Tasks and progress	
Provide a range of high-quality information about their role; what is expected of them and where they can find out more. Offer training opportunities that develop our volunteers. Act upon volunteer feedback to improve their volunteering experience and satisfaction and develop a reward and recognition scheme for volunteers.	
500 invitations were sent to the Volunteer Get Together at Gravesham Community Hospital (includes League of Friends volunteers) plus invitation to Governors. Only volunteers from the Gravesham site attended but were pleased to share their experiences and get to know volunteers from other services. Further events with volunteers and patient engagement volunteers planned for Spring 2019.	
Approximately 90 peer support volunteers transferred to KCHFT from KCC. Peer Support volunteers, now to be called breast feeding volunteers, will be incorporated into voluntary services and added on to the MES database and will be part of the Trust's volunteer services. They will be included in all events, newsletters and news items. From February a new cohort of breast feeding volunteers for Thanet and Ashford are being recruited and trained by Infant Feeding Coordinators with recruitment and admin support from voluntary services to complete application, ID badge and DBS checks at enhanced level. Further cohorts will be recruited in Dartford and Tunbridge Wells for June 2019.	
Since January 2019, volunteers attended Deaf Awareness training and 19 volunteers have attended WRAP / Prevent training	
Provide regular updates to volunteers on the trust and the added value their volunteering brings and support staff to effectively involve volunteers.	
500 people sent the Winter Volunteer Newsletter via MES and post. Mentioned in flomail and on flo, distributed via paper copies and email to all volunteers and league of friends' colleagues, plus supervisors and staff.	
Volunteer Services has provided support to the Infant Feeding Programme Manager in all aspect of the transfer of volunteers from KCC to KCHFT including induction sessions for volunteers, ID / DBS checks and advising on the Trust's Volunteer Policy.	

Goal	To establish a reputation for excellence in volunteering and explore partnership roles to ensure we achieve a more diverse pool of volunteers who better reflect our population
Tasks and progress	
Communicate the quality and impact of volunteering at KCHFT and the difference it makes	
Regular promotion on Facebook – for example the benefits of ‘twiddlemuffs’ knitted by volunteers and used for patients with dementia in community hospitals.	
Revamp (Recognition of Excellent Volunteer and Management Practice) accreditation was gained and the logo added to the volunteer pages on the website.	
Make it easy to access volunteering opportunities at KCHFT; increase the volume and diversity of our volunteer team through targeted recruitment campaigns; explore partnerships to grow the volunteer base in health and social care	
Volunteering Services pages on KCHFT website have been updated and new volunteering opportunities are added regularly (vacancies in eight services currently). We’ve also successfully used to Facebook to advertise volunteering vacancies.	
The Volunteer Services Manager has attended Helpforce (the national NHS volunteering organisation) events to network and see what other NHS trusts are doing to grow volunteering.	

Title of Meeting	Council of Governors
Date of Meeting:	30 May 2019
Agenda Item:	2.7
Subject:	Kent and Medway Care Record (KMCR) Update
Presenting Officer:	Paul Bentley, Chief Executive

Kent and Medway Care Record (KMCR) Update

1. Situation

- 1.1 The Trust has signed up to the development of the Kent Care Record as part of the STP digital stream of work. It is envisaged this system will provide all clinicians with a near live summary patient record cross cutting all services and providers in Kent and Medway through interfaces with existing core systems.
- 1.2 This project has reached procurement stage with commissioners picking up the cost of the project so far.
- 1.3 The Trust's Medical Director is the clinical lead on this project and the Finance Director is the nominated finance lead.
- 1.4 The Trust has agreed to act as the lead contracting authority for the commissioners in the process. The discussions on the precise role the Trust plays is still under discussion as part of a draft collaborative agreement.
- 1.5 There is an emerging risk in the national capital regime for Foundation Trusts.

2. Background

- 2.1 The IT arrangements in Kent and Medway like other parts of the country are fragmented with systems predominantly on an organisation basis with limited sharing between providers.
- 2.2 The STP new clinical model 'Local Care' determined the need as a prerequisite data sharing across the NHS and Social Care system at an individual clinician level.
- 2.3 The STP Digital group was tasked with working on a Kent and Medway solution and have access to a national funding stream for IT development across STPs.
- 2.4 Access to capital monies through this national fund requires a number of hurdles to be passed, it is only available to providers and has been subject to a number of delays in announcements and availability as the national financial picture changes.

- 2.5 Some providers are less committed to the KMCR project and see their local systems being good enough for their purposes and thus a distributed funding proposal for trusts under financial strain is a risk to the project.
- 2.6 For tendering there is a need for a contracting authority.

3. Assessment

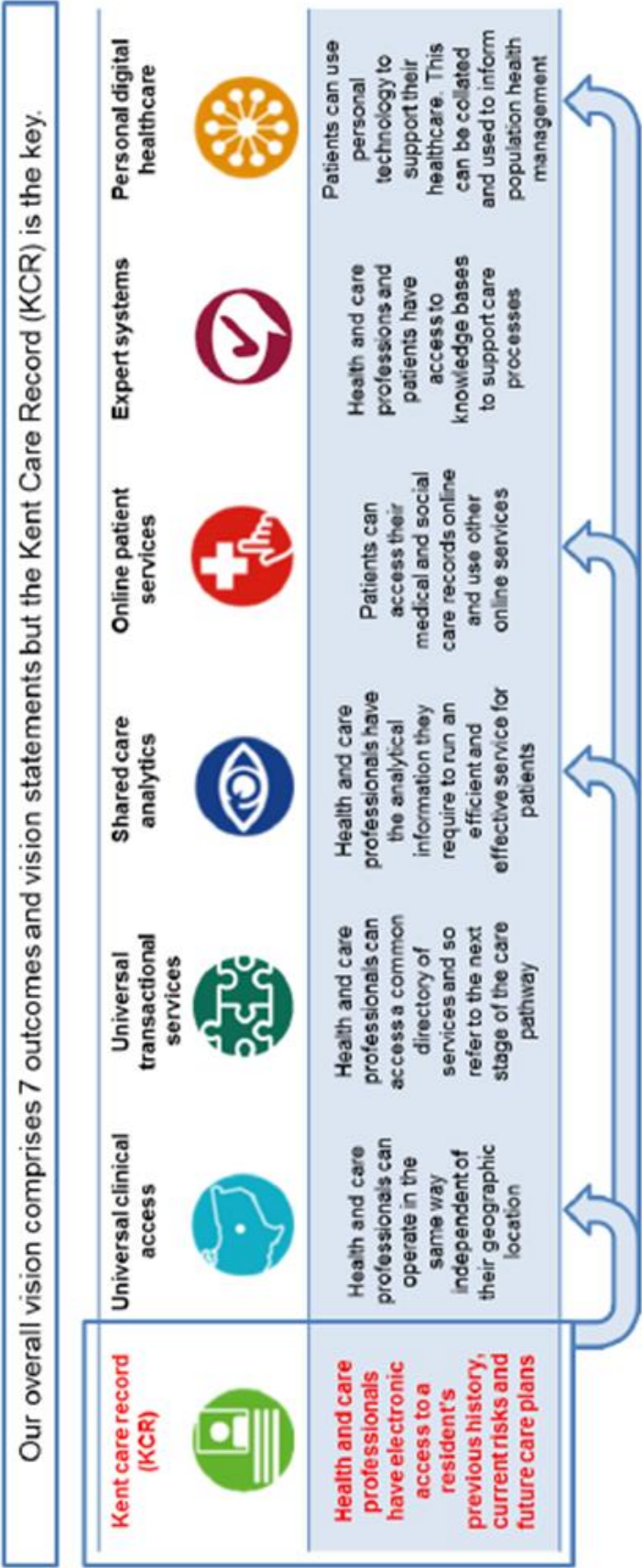
- 3.1 The Trust proposed the following:-
 - 3.1.1 KCHFT act as the contracting authority on behalf of K&M on the basis there is a clear funding model and commitment from all partners. This is proceeding and the contract documentation has been issued to suppliers in a formal tendering arrangement with the Trust named as the contracting authority and lead commissioner with the CCGs and LAs named as co commissioners.
 - 3.1.2 The simplest model proposed is that the commissioners fund the revenue costs of the business case as a first call on growth monies and that providers are formally required to use the KMCR system as part of a contractual requirement.
 - 3.1.3 Furthermore providers and commissioners will be required to agree efficiency benefits identified in the business case.
 - 3.1.4 As KCHFT has been in marginal surplus for eight years and gained from recent NHSI incentive schemes has a reasonable cash position. KCHFT has provided £2.5m in its 2020-21 capital plan.
 - 3.1.5 This proposal is made on the basis that the related capital charges (depreciation and public dividend (3.5%)), is funded by commissioners i.e. pay back over the life of the project. This is linked to agreement under 3.1.2 above.
- 3.2 The Lead Commissioner role subject to agreement will place obligations on to the Trust in coordinating the contractual management of the supplier and change control processes. This will require a contract and IT technical resource and the KCHFT team are currently scoping this as part of finalising the collaborative agreement. The Trust expectation is this is funded by commissioners.
- 3.3 The ongoing governance structure for the management and development of the system will require input with the Trust being a key partner in this arrangement and require management time. The scope of this will need to be clear in the collaborative agreement.
- 3.4 The scale of the capital investment is currently estimated at £5m (over two years) with ongoing costs of circa £2.5m per annum. This estimate will change following tendering and is more than likely to be less than this headline based on recent procurements elsewhere.
- 3.5 The national consultation on legislative changes propose controlling foundation trust capital expenditure removing the discretion the Trust has in setting the scale of its own capital plan. This is a risk beyond 2020-21 subject to the timing and detail of any legislation. The mitigation is to get this project cemented in STP plans.

4. Recommendation

4.1 To note the updated position.

Gordon Flack
Director of Finance
22 May 2019

Envisaged Benefits for the Kent Care Record



The following link describes a similar project in Liverpool and the benefits that have been noted.

<https://www.youtube.com/watch?v=sD4QiqulZiw>



Kent Community Health

NHS Foundation Trust

Committee / Meeting Title:	Council of Governors
Date of Meeting:	30 May 2019
Agenda Item:	2.8
Subject:	Quality Improvement Update
Presenting Officer:	Lisa Scobbie, Deputy Medical Director

1. Introduction

This paper is to update the Council of Governors on Quality Improvement (QI) within the Trust. The report will give an update on QI training, communications work that is being done, QI projects and the governance process for QI.

2. Detail of the report

QI implementation commenced in October 2018 when the QI website and training programme were launched at the Senior and Team Leaders conferences. Since the launch of QI interest has continued to grow.

Training

At the beginning of QI implementation the organisation committed to training colleagues with a range of options, the two most accessible routes being a 1 day basic QI fundamentals course and the 5 day national QSIR Practitioner course which our central QI team of 8 people are accredited to deliver internally.

Uptake of QSIR Practitioner has been very encouraging. 67 individuals, including colleagues from the STP & CCGs have completed the full 5 days over 2 cohorts. Another full cohort of 50 has just started including more colleagues from CCGs and the acute trusts. We also have another 50 place cohort starting in September 2019 and a further 3 cohorts planned for 2020. The challenge for these Practitioners is now to deliver a full QI project over the next 12 months.

We partnered with East London Foundation Trust to deliver 4 initial QI one day packages, 111 people attended over four sessions and 98% rated the sessions as either 'good' or 'very good', and we are delighted that this included a patient representative. We have now developed our own one day QI course based on material from both East London Foundation Trust and NHS Improvement. This course has been delivered once to 35 people including 2 patient representatives and 97% of attendees rated the course as good or very good. A further 4 sessions are planned by December 2019.

Additionally East London Foundation Trust delivered training to 21 Directors and Assistant Directors to give them the knowledge to become sponsors for QI projects.

Communications

We have a public facing website with case studies of QI projects and useful tools for completing QI projects. The website is currently being completely redesigned to include more content which is relevant for both members of staff and the public and to also make the webpage easier to navigate.

More QI case studies are currently being written by the communications team and those which have been completed are being uploaded to the QI section of Flo.

We are holding a QI conference on the 15th July and we currently have over 260 people signed up to attend including KCHFT staff, colleagues from partner organisations, patient representatives and public members. The conference will be an excellent opportunity to showcase our progress in QI and on-going QI projects.

Projects

We currently have 76 projects registered on LifeQI, our online system for recording and tracking QI projects. We have asked that the basic information for each on-going project is registered on LifeQI. This information includes the aim of the project, the rationale for the project, which of the Trust's strategic aims this project links to and a brief overview of the proposed project.

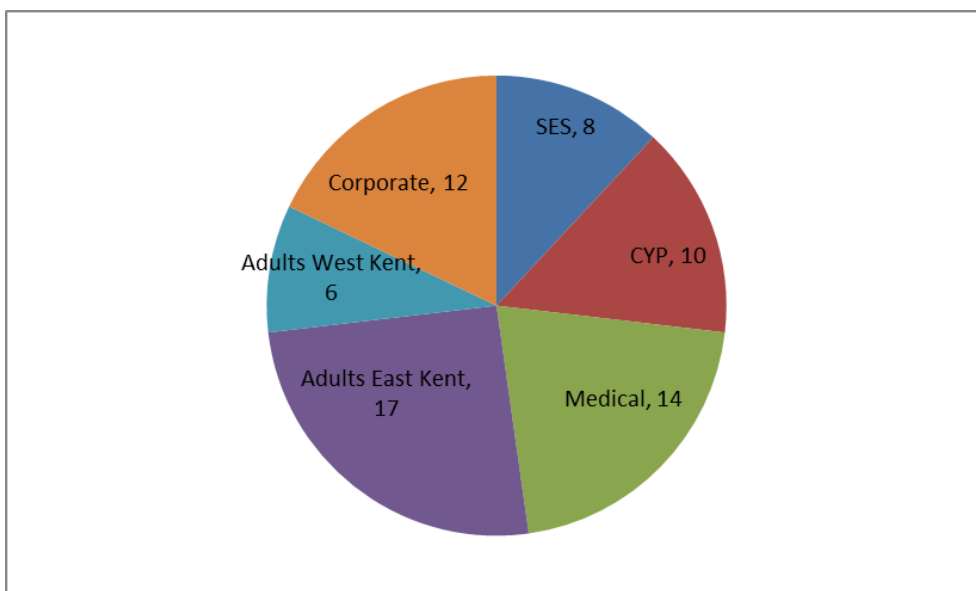


Figure 1- QI projects registered on LifeQI by directorate May 2019

We expect the number of QI projects will continue to grow as one of the requirements for our QSIR Practitioner course is that attendees complete at least one QI project within 12 months of finishing the programme.

Governance

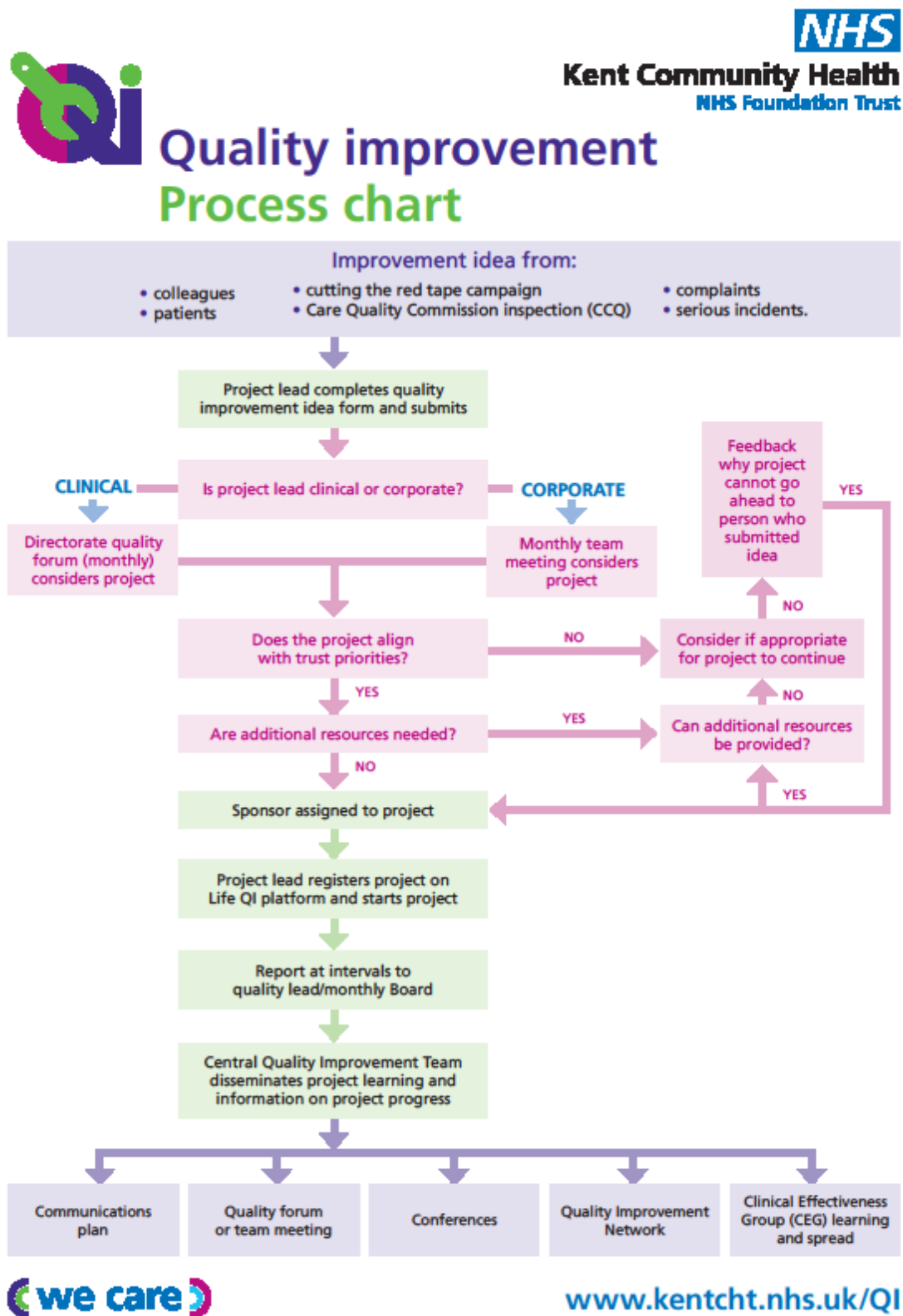
Please see appendix 1 for the governance process for QI projects. The governance process shows where ideas for projects may come from, what happens to the project ideas once they have been received and how project information and learning is shared.

The Quality Strategy Implementation Group (QSIG) meets monthly to discuss QI and gives quarterly updates to the Management Committee and Clinical Effectiveness Group (CEG).

Heads of Quality in each operational directorate are establishing local QI forums to monitor on-going projects and assess project ideas.

Chris Ilett
QI Support Coordinator
22/05/2019

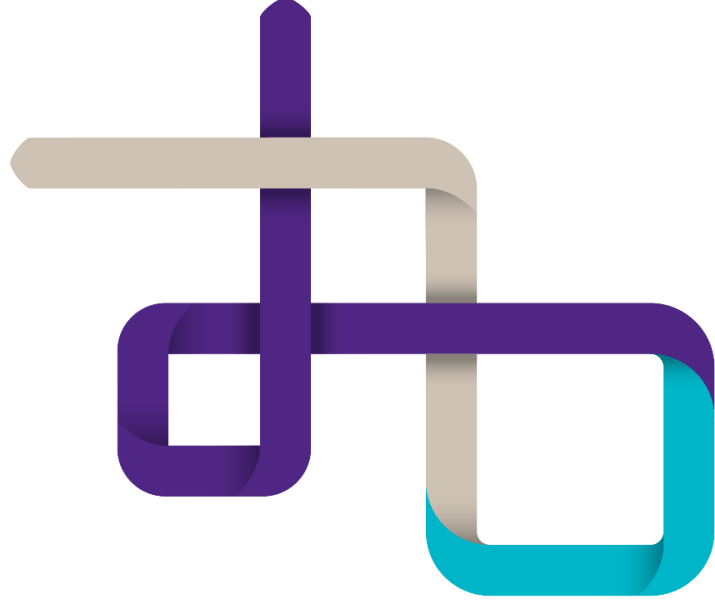
Appendix 1



Report to the Governors and Board on the Quality Report

Year ending 31 March 2019

Kent Community Health NHS Foundation Trust
23 and 30 May 2019



Contents



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Section	Page
1. Headlines	3
2. Compliance with regulations	4
3. Consistency of information	5
4. Data quality of reported performance indicators	6
5. Fees	10

Appendices

- A. Action plan
- B. Follow up of prior year recommendations
- C. Form of limited assurance report

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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Headlines

The Quality Report

The Quality Report is a mandatory part of a foundation trust's Annual Report. Its specific aim is to encourage and improve the foundation trust's public accountability for the quality of the care it provides. It allows leaders, clinicians, governors and staff to show their commitment to continuous, evidence-based quality improvement, and to explain progress to the public.

Purpose of this report

This report to governors summarises the results of our independent assurance engagement on your Quality Report. It is issued in conjunction with our signed limited assurance report, which is published within the Quality Report section of the Trust's Annual Report for the year ended 31 March 2019.

In addition, this report provides the findings of our work on the indicator you selected for us to perform additional substantive testing on to support your governance responsibilities.

In performing this work, we followed NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19' ('Guidance').

The output from our work is a limited assurance opinion on whether anything has come to our attention which leads us to believe that:

- the Quality Report is not prepared, in all material respects, in line with the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;
- the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Acknowledgements

We would like to thank the Trust staff for their co-operation in completing this engagement

Conclusion

Our work on your Quality Report is substantially complete although we are finalising our procedures in respect of:

- checking the final version of the Quality Report, reflecting changes agreed with management;
- re-calculation of the performance indicators "Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period " and "We will participate in the NHSI Retention Improvement collaborative. Our aim in 2018/19 will be to reduce staff turnover by 2% " from the source data,
- reviewing feedback from commissioners, Healthwatch, Overview and Scrutiny Committees and other organisations to ensure that it is reflected in the final version of the Quality Report and is consistent with other content in the report,
- obtaining a signed letter of representation from management.

Subject to this, we are proposing to issue an unqualified opinion on your Quality Report.

The text of our proposed limited assurance report can be found at Appendix C.

Key messages

- We confirm that the Quality Report has been prepared in all material respects in line with the requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.
- We confirm that the Quality Report is not materially inconsistent with the sources specified in NHS Improvement's Guidance.
- Our testing of indicator "Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period " included in the Quality Report found no evidence that this indicator was not reasonably stated, in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance, subject to the Trust response for variance in recalculation. Further information on this indicator is set out on page 7 of this report.
- Our testing of indicator "100% of all relevant RCA for serious incidents undertaken in 2018-19 will involve patients, families and carers from the beginning of the investigation" included in the Quality Report found no evidence that this indicator was not reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2018/19'.
- Subjecting to the completion of our outstanding work, our testing of the indicator selected by the governors "aim in 2018-19 will be to reduce staff turnover by 2%" found no evidence that this indicator was not reasonably stated, in all material respects, in accordance with relevant guidelines on calculation. In line with NHS Improvement's Guidance, we do not express any assurance in respect of this indicator.

Compliance with regulations

We checked that the Quality Report had been prepared in line with the requirements set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Requirement	Work performed	Conclusion
Compliance with regulations	We reviewed the content of the Quality Report against the requirements of the 'NHS foundation trust annual reporting manual 2018/19' and the supporting guidance 'Detailed requirements for quality reports for foundation trusts 2018/19'.	Based on the results of our procedures, and subject to completion of our outstanding work, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the Quality Report is not prepared, in all material respects, in line with the criteria set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance.

Consistency of information

We checked that the Quality Report had been prepared in line with the requirements set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Requirement	Work performed	Conclusion
Consistency with other sources of information	We reviewed the content of the Quality Report for consistency with specified documentation, set out in the auditor's guidance provided by NHS Improvement. This includes the board minutes and papers for the year, feedback received on the Quality Report, survey results from staff and patients and the Head of Internal Audit opinion.	Based on the results of our procedures, and subject to completion of our outstanding work, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'.
Other checks	We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.	Overall, subject to completion of our outstanding work, we concluded that the process has resulted in appropriate consultation.

Data quality of reported performance indicators

We undertook substantive testing on certain indicators in the Quality Report.

Selecting performance indicators for review

The Trust is required to obtain assurance from its auditors over three indicators.

For trusts providing acute, mental health, specialist or community trusts NHS Improvement requires that we select two indicators in a prescribed order of preference from the list of four mandated indicators that are relevant to this Trust.

These two indicators are subject to a limited assurance opinion in line with the requirements set by NHS Improvement. We have to report on whether there is evidence to suggest that they have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

In line with the auditor guidance, we have reviewed the following indicators:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period: selected from the subset of mandated indicators as this was the only indicator mandated for Community Trusts which was applicable to the Trust.
- 100% of all relevant RCA for serious incidents undertaken in 2018-19 will involve patients, families and carers from the beginning of the investigation: selected from the subset of quality indicators following discussion with the client and taking into account the Trust's 2018/19 quality priorities.

In 2018/19, NHS foundation trusts also need to obtain assurance through substantive sample testing over one additional local indicator included in the Quality Report, selected by the governors of the Trust. Although the Trust's external auditors are required to undertake the work, this indicator does not form part of the limited assurance report.

In line with the auditor guidance, we have reviewed the following local indicator:

- Participate in the NHS Retention Improvement collaborative. The Trust's aim in 2018-19 will be reduce staff turnover by 2% - selected following discussion with officers feeding back governor viewpoints and taking into account the Trust's 2018/19 quality priorities.

Data quality of reported performance indicators – Indicators subject to limited assurance report

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period</p> <p>A calculation of the percentage within 18 weeks for completed admitted RTT pathways, completed non-admitted RTT pathways and incomplete RTT pathways based on referral to treatment data provided by NHS and independent sector organisations and signed by NHS commissioners.</p>	<p>93.23% (NB: Summary annual aggregate% - the Trust is reporting the % on a monthly basis)</p>	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 25 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p> <p>Our initial testing identified 3 cases where pathways had been incorrectly included. The Trust has re-worked this data and we have undertaken additional testing. No further issues were noted as part of this work.</p>	<p>Subject to completion of our outstanding work (agreement of the final indicator back to the final data tested), nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the indicator has not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.</p>

Data quality of reported performance indicators – Indicators subject to limited assurance report (continued)

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>100% of all relevant RCA for serious incidents undertaken in 2018-19 will involve patients, families and carers from the beginning of the investigation</p> <p>Investigations undertaken involve people from the beginning of the investigation, and people are able to provide feedback to help improve Duty of Candour implementation within the Trust.</p> <p>Accurate recording and monitoring of Duty of Candour will indicate timely and effective support for people and demonstrate that the Trust is open and transparent when incidents occur</p>	100% (achieved)	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data. We then tested a sample of 25 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the case detail recorded on Datix system is consistent with the source information.</p>	<p>Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the indicator has not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.</p>

Data quality of reported performance indicators – Local indicator not subject to limited assurance report

Indicator, Definition & Scope	Indicator outcome	Work performed	Conclusion
<p>Participate in the NHS Retention Improvement collaborative. The Trust's aim in 2018-19 will be reduce staff turnover by 2%</p> <p>In line with the requirements of NHS Improvement's Guidance, this indicator is not subject to a limited assurance opinion. We do not provide the governors with any formal assurance in relation to whether this indicator is fairly stated.</p>	<p>Staff turnover rate 2017/18: 18.47% 2018/19: 17.87% 2018/19 target: 16.47% (Not achieved)</p>	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We tested a sample of 25 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data.</p> <p>The indicator disclosed is the difference between staff turnover year on year. We therefore tested 12 items from 2017/18 and 13 items from 2018/19, to gain assurance over the prior year and current year leavers.</p> <p>We agreed our sample to underlying payroll and HR data.</p>	<p>Subject to completion of our outstanding work (agreement of the data tested to the indicator disclosed), our procedures did not identify any material issues in relation to the calculation of this indicator or the six dimensions of data quality.</p>

Fees

Fees for our work on the Quality Report

We confirm below our final fees charged for this work.

	Proposed fee	Final fee
Assurance on your Quality Report	£6,000	£8,000
Total fee (excluding VAT)	£6,000	£8,000

The additional fee of £2,000 relates to further testing requested by the Trust following errors identified in our initial sample testing on the RTT National indicator. This additional fee has been agreed with the Trust's management.

Action plan

We have identified two recommendations as a result of issues identified during the course of our work on the Trust's Quality Report. We have agreed our recommendations with management and we will report on progress on these recommendations during 2019/20.

Assessment	Issue and risk	Recommendations
1	<p>We have noted that the Trust has requested stakeholder returns for 23 May 2019. This is late in the process and creates time pressures when finalising the Trust's Quality and Annual reports. This increases the risk of mistakes occurring and achieving key deadline.</p>	<p>We recommend that the Trust requests stakeholder feedback is returned earlier in the quality report time table.</p> <p>Management response</p> <p>Agreed. This will be incorporated into the plan for next year.</p> <p>Responsible Officer: Chief Nurse.</p>
2	<p>The Trust has re-worked its data in relation to the RTT National indicator. Whilst we have tested this re-worked data this is a key indicator of the Trust's performance. Inaccurate data could impact on Board reporting and the Quality Report opinion.</p>	<p>We recommend that the Trust undertakes a deep dive of this data to gain assurance that associated reporting is accurate.</p> <p>Management response</p> <p>Agreed. A deep dive will be undertaken and the findings will be reported to the August 2018 Audit and Risk Committee.</p> <p>Responsible Officer: Director of Finance</p>

Assessment

- Significant deficiency – issue leading to qualification of limited assurance report or risk of significant misstatement
- Deficiency – issue for improvement in processes or risk of inconsequential misstatement

Follow up of prior year recommendations

We identified the following issues in our work on the Trust's 2017/18 Quality Report, which resulted in one recommendations being reported in our 2017/18 Report to the Governors.

Assessment	Issue and risk previously communicated	Update on actions taken to address the issue
1 ✓	<ul style="list-style-type: none">Quality indicator: No more than 12 catheter associated urinary tract infection acquired in our care <p>We noted that the NQIPC team receive notification of positive results directly from the laboratory, and agree to the total number of positive results each month with wards. However, wards only provide an overall monthly number of positive results to the NQIPC team; all other information is only recorded at ward level.</p>	<ul style="list-style-type: none">We recommended that wards should provide additional patient and date information to the NQIPC team so that there is a supporting trail for positive cases to allow further verification if required.The Assistant Director of Infection Prevention and Control implemented our recommendation from May 2018

Assessment
✓ Action completed
x Not yet addressed

Form of limited assurance report

Independent Practitioner's Limited Assurance Report to the Council of Governors of Kent Community Health NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Kent Community NHS Foundation Trust to perform an independent limited assurance engagement in respect of Kent Community Health NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and additional supporting guidance in the 'Detailed requirements for quality reports 2018/19' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period: selected from the subset of mandated indicators as this was the only indicator mandated for Community Trusts which was applicable to the Trust.
- 100% of all relevant RCA for serious incidents undertaken in 2018-19 will involve patients, families and carers from the beginning of the investigation: selected from the subset of quality indicators following discussion with the client and taking into account the Trust's 2018/19 quality priorities.

We refer to these national priority indicators collectively as "the indicators".

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2018/19".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2018 to May 2019;
- papers relating to quality reported to the Board over the period 1 April 2018 to May 2019;
- feedback from commissioners dated XX/XX/2019;
- feedback from local Healthwatch organisations dated XX/XX/2019;
- feedback from the Overview and Scrutiny Committee dated XX/XX/2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated XX/XX/20XX;
- the national patient survey dated XX/XX/20XX;
- the local patient survey dated XX/XX/20XX;
- the national staff survey dated XX/XX/20XX;
- the local staff survey dated XX/XX/20XX;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2019; and,
- the Care Quality Commission's inspection report dated XX/XX/20XX.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

Form of limited assurance report (cont)

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Kent Community Health NHS Foundation Trust as a body, to assist the Council of Governors in reporting Kent Community Health NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Kent Community Health NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Kent Community Health NHS Foundation Trust.

Our audit work on the financial statements of Kent Community Health NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Kent Community Health NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Kent Community Health NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Kent Community Health NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Kent Community Health NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose.

Form of limited assurance report (cont)

<p>In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Kent Community Health NHS Foundation Trust and Kent Community Health NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.</p>	
<p>Conclusion</p> <p>Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:</p> <ul style="list-style-type: none">• the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;• the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and• the indicators in the Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.	<p>Grant Thornton UK LLP Chartered Accountants 110 Bishopsgate, London, EC2N 4AY</p> <p>[Date]</p>



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Title of Meeting	Council of Governors
Date of Meeting:	30 May 2019
Agenda Item:	3.1
Subject:	Nomination Committee Report
Presenting Officer:	Sonja Bigg, Staff Governor

1. Introduction

The Nomination Committee (“the Committee”) is a committee of the Council of Governors. It is not a decision making body but rather it makes recommendations for consideration and approval by the Council of Governors. This report sets out the recommendations of the most recent Committee meeting for Council review.

The Nomination Committee of the Council of Governors met on 13 May 2019. In attendance were Sonja Bigg, David Price, John Fletcher, Governors; and John Goulston, Chairperson. The meeting was quorate. In attendance were Bridget Skelton, Senior Independent Director and Natalie Davies, Corporate Services Director.

2. NED and Chair Appraisal

The Committee received reports from both the Chairman and Senior Independent Director outlining the process undertaken for the appraisals. The Committee noted that the appraisals had been carried out in accordance with the agreed process.

It was concluded that the Chair and NEDs were all performing satisfactorily and that individual objectives and personal development plans had been agreed.

Building on the themes from the appraisals and other sources, a year-long Board development programme was being agreed and would be shared at the Council development session in July, following approval by the Board.

Recommendation

The Council is assured that the agreed appraisal process was carried out for the Chair and NEDs. The Council is asked to note that the Chair and NEDs were all performing satisfactorily and that individual objectives and personal development plans had been agreed.

3. Non-Executive Director Remuneration

The Committee received the report and it was agreed that the level of remuneration would remain static pending the outcome of the NHS Providers remuneration survey. The Committee agreed that they would revisit this once the survey was published. In the meantime, the opinion of the NEDs would be sought.

Recommendation

The Council approves the current remuneration for the Chair and NEDs, which should remain static until reconsidered by the Committee, following the publication of the NHS Providers Remuneration Survey.

4. Board Skill Mix

The Committee received the current skills matrix of the Board.

At the last meeting, the Council of Governors approved the appointment of Mr Conway as Vice Chair. Mr Conway is also the Chair of the Audit and Risk Committee. The Committee acknowledged that should Mr Conway be required to stand up as Chair, he would need to stand down as Chair of the Audit and Risk Committee.

The Committee recommended that should a NED vacancy arise, a person with the necessary qualifications to Chair of Audit and Risk Committee would be sought. The Committee acknowledged that specific qualifications (registered accountant or qualified banker) were required for the role of Chair of Audit and Risk Committee.

Recommendation

The Council is asked to note that should a NED vacancy arise, a person with the necessary qualifications to Chair of Audit and Risk Committee would be sought.

5. Recommendations

The Council of Governors is asked to approve the Nominations Committee recommendations as follows:

- The agreed appraisal process was carried out for the Chair and NEDs.
- The Chair and NEDs all performed satisfactorily and individual objectives and personal development had been agreed.
- The current remuneration for the Chair and NEDs should remain static, until reconsidered by the Committee following the publication of the NHS Providers Remuneration Survey.
- Note that should a NED vacancy arise, a successor for the role of Chair of Audit and Risk Committee would be sought.

The Council of Governors is asked to note that Ms Barber and Ms Tippin's terms of office come to an end in November 2019 and February 2020, respectively. To consider their reappointment, it was agreed that the Committee would meet in July 2019 and, following this, make a recommendation to the Council for consideration.