

Agenda and Papers

for the

Formal meeting of the

Kent Community Health NHS Foundation
Trust Board

In Public

to be held at 10am
on

Thursday 28 November 2019

in

Sevenoaks Town Council Offices
Bradbourne Vale Road
Sevenoaks
TN13 3QG

**Meeting of the Kent Community Health NHS Foundation Trust Board
to be held at 10am on Thursday 28 November 2019
in
Sevenoaks Town Council Offices, Bradbourne Vale Road, Sevenoaks TN13 3QG**

This meeting will be held in Public

AGENDA

1. STANDARD ITEMS

- | | | |
|-----|---|-----------------|
| 1.1 | Introduction by Chair | Trust Chair |
| 1.2 | To receive any Apologies for Absence | Trust Chair |
| 1.3 | To receive any Declarations of Interest | Trust Chair |
| 1.4 | To agree the Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 25 July 2019 | Trust Chair |
| 1.5 | To receive the Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 25 July 2019 | Trust Chair |
| 1.6 | To receive the Trust Chair's Report | Trust Chair |
| 1.7 | To receive the Chief Executive's Report | Chief Executive |

2. BOARD ASSURANCE/APPROVAL

- | | | | |
|-----|--|-----------------------------|--------------|
| 2.1 | To receive the Patient Story | Chief Nurse (Interim) | Presentation |
| 2.2 | To receive the Board Assurance Framework | Corporate Services Director | |

Board Committee Reports

2.3	To receive the Quality Committee Chair's Assurance Report	Chair of Quality Committee
2.4	To receive the Audit and Risk Committee Chair's Assurance Report	Chair of Audit and Risk Committee
2.5	To receive the Strategic Workforce Committee Chair's Assurance Report	Chair of Strategic Workforce Committee
2.6	To receive the Charitable Funds Committee Chair's Assurance Report	Non-Executive Director, Charitable Funds Committee member
2.7	To receive the Integrated Performance Report	Director of Finance Executive Directors
2.8	To approve the Remuneration and Terms of Service Committee' Terms of Reference	Trust Chair
2.9	To approve the Emergency Planning and Business Continuity Annual Assurance Statement	Corporate Services Director
2.10	To endorse the Public Health Partnership Renewal Agreement	Director of Finance

3. REPORTS TO THE BOARD

3.1	To receive the Seasonal Infection Prevention and Control Report	Chief Nurse (Interim)
3.2	To receive the Learning From Deaths Annual 2018/19 Report	Medical Director
3.3	To receive the Freedom To Speak Up Report	Corporate Services Director
3.4	To receive the approved Minutes of the Charitable Funds Committee meeting of 30 January 2019	Non-Executive Director, Charitable Funds Committee member

4. ANY OTHER BUSINESS

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

Trust Chair

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

6. DATE AND VENUE OF NEXT MEETING

Thursday 6 February 2020

**The Committee Room, Tonbridge and Malling Council Offices, Gibson Building, Gibson Drive,
Kings Hill, West Malling, Kent ME19 4LZ**

**Unconfirmed Minutes
 of the Kent Community Health NHS Foundation Trust Board meeting
 held at 10am on Thursday 25 July 2019
 in the Garden Room, The Orchards Events Venue, New Road
 East Malling ME19 6BJ**

Meeting held in Public

Present: John Goulston, Trust Chair (Chair)
 Pippa Barber, Non-Executive Director
 Paul Bentley, Chief Executive
 Peter Conway, Non-Executive Director
 Martin Cook, Non-Executive Director
 Prof Francis Drobniowski, Non-Executive Director
 Gill Jacobs, Deputy Director of Finance
 Mark Johnstone, Deputy Medical Director
 Louise Norris, Director of Workforce, Organisational
 Development and Communications
 Gerard Sammon, Director of Strategy
 Bridget Skelton, Non-Executive Director
 Dr Mercia Spare, Chief Nurse (Interim)
 Lesley Strong, Deputy Chief Executive/Chief Operating Officer
 Nigel Turner, Non-Executive Director

In Attendance: Natalie Davies, Corporate Services Director
 Joy Fuller, Governor Lead (Note-taker)

25/07/01 Introduction by Chair

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

25/07/02 Apologies for Absence

Apologies were received from Gordon Flack, Director of Finance; Dr Sarah Phillips, Medical Director and Jen Tippin, Non-Executive Director.

Ms Gill Jacobs and Dr Mark Johnson attended the meeting deputising for the Executive Directors with full voting rights.

The meeting was quorate.

25/07/03 Declarations of Interest

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

25/07/04 Minutes of the Meeting of 23 May 2019

The Board **AGREED** the Minutes.

25/07/05 Matters Arising from the Meeting of 23 May 2019

All actions were confirmed and closed.

The Board **RECEIVED** the Matters Arising.

25/07/06 Trust Chair's Report

Mr Goulston presented the report to the Board for information.

It was confirmed that the list of service visits for Mr Turner and Mr Drobniewski were incomplete. Mr Cook confirmed that he had attended the Strategic Workforce Committee, not the Management Committee as indicated in the report. It was agreed that the report would be updated, and circulated to the Board.

Action – Mr Goulston

Mr Goulston had attended the Kent and Medway Non-Executive Oversight Group of the Sustainability and Transformation Partnership (STP). He explained that members of the group included David Highton, Chair of Maidstone and Tunbridge Wells NHS Trust and Interim Chair of the STP, two lay members of the Clinical Commissioning Group (CCG) and two Local Authority representatives. He described the role of the group as providing oversight of governance in the Kent and Medway STP. He explained that the group had recently agreed the process for appointing the Accountable Officer for Kent and Medway CCGs who would also be the Accountable Officer for the Integrated Care System (ICS). There would also be an appointment process for the Independent Chair and Clinical Chair of the Kent and Medway CCG / ICS.

In response to a question from Mr Conway, it was agreed that the Terms of Reference for the Kent and Medway Non-Executive Oversight Board would be circulated to Board members.

Action – Mr Goulston

Mr Cook had attended the recent Quality Improvement (QI) Conference and commented that it had been an impressive day.

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

25/07/07 Chief Executive's Report

Mr Bentley presented the report to the Board for information.

Mr Bentley highlighted that an update had been provided to staff 12 months on from the Big Listen, and that an action plan had been developed which would focus on cultural change. Ms Skelton praised the way in which the message had been distributed to staff, and added that it was important to look strategically at how this would support the Trust's future strategy.

A discussion took place regarding the recent QI Conference, and the Board supported the view that it was a successful and uplifting event. Following a comment from Prof Drobniowski, Dr Spare agreed that behavioural aspects of QI were harder to measure, and added that human factors were a key quality priority this year. Ms Skelton commented that the momentum of QI needed to continue to ensure that it would become 'business as usual' within the Trust.

Mr Bentley confirmed that the Trust had been looking at how it could constrain capital spending. He confirmed that the 20 per cent system reduction in capital programmes had been achieved and had been shared with NHS Improvement (NHSI). Mr Bentley highlighted that any future capital spending could be further complicated by the comprehensive spending review scheduled for the Autumn.

Mr Cook commented that the ability to spend capital was a cause for concern and was a move away from the Trust's ability to be semi-autonomous and make its own decisions. Mr Bentley reflected that this was being driven by a number of factors including the legacy issues relating to the collapse of Carillion, the comprehensive spending review in the Autumn, as well as the merger of NHSI and NHS England. He believed that as a Trust it was positively positioned, and that NHS Providers was taking this issue forward on behalf of all foundation trusts.

In response to a question from Ms Barber regarding capital constraints, Ms Strong provided assurance that any impact on quality or the Cost Improvement Programme (CIP) would be thoroughly reviewed including by the Quality Committee where appropriate.

The Care Quality Commission (CQC) had published its report earlier that week, and Mr Bentley was delighted to report that the Trust had been rated as Outstanding. The energy displayed by staff and positive messages received had been excellent. The Board acknowledged that the outcome was a testament to the hard work of all of the staff.

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

25/07/08 Patient Story

Dr Spare presented the video to the Board. The story related to a patient's treatment for Lymphedema.

The Board praised the service and agreed that the video was a real testament to the great work undertaken by the staff.

Ms Barber reflected on a recent We Care visit to the Lymphoedema service in east Kent and felt that there was more that could be done to develop the service further, potentially extending and sharing best practice. Following a question from Ms Barber around specialist support, Ms Strong confirmed that the service did have a link to specialist provisions in the area. She further explained that the service was growing and had recently expanded to provide the service in West Kent and Medway.

In response to a question from Mr Sammon, Dr Spare confirmed that there were educative opportunities to be explored further with GPs and practice nurses. She added that there was already a lot of joint working in place with nursing homes, but there was more that could be done.

The Board **RECEIVED** the Patient Story.

25/07/09 Board Assurance Framework (BAF)

Ms Davies presented the report to the Board for assurance.

Ms Davies highlighted that since the last meeting, there had been three new risks identified against the strategic objectives.

Ms Davies confirmed that Risk 101 relating to the UK Exit of the European Union would need a heightened focus over the coming months. In response to a question from Prof Drobniowski, Ms Davies confirmed that all planning and mitigation measures that had been implemented in March would be reviewed and updated to ensure that the plan continued to be robust, reflecting the additional consideration of the impact of winter.

A discussion took place regarding the ownership of Risk 103 associated with changes to the system architecture. Ms Barber fed back that the Quality Committee members felt that the risk should be owned by the Board as a whole rather than the Committee. The Board agreed that it would be best placed to make the strategic decisions associated with this risk, with elements going to specific committees to take forward i.e. changes to pathways. It was further confirmed that the UK Exit risk would also sit with the Board. Mr Conway suggested that all risks were owned by the Board whichever committee the Board might delegate to examine them.

Mr Sammon provided an overview of the system architecture risk for the members of the public.

A discussion took place regarding the disability and race equality schemes and was identified as a potential BAF risk. It was agreed that this should be reviewed for the next meeting.

Action – Ms Davies

Ms Barber confirmed that the Quality Committee had reviewed and made changes to Risk 105 relating to referral to treatment waiting times.

25/07/10

The Board **RECEIVED** the Board Assurance Framework.
Care Quality Commission Inspection Report

Mr Bentley presented the report to the Board for information.

Mr Bentley confirmed that the report had been published earlier that week. He explained that the CQC had acknowledged that there were a number of quality control issues identified within the report. The CQC had agreed to amend the report within 21 days which was when the Trust had a duty to formally publish the ratings.

Mr Goulston was pleased to report that he had received a personal message of congratulations from the Chair of NHSI.

Ms Norris confirmed that in recognition, every member of staff would receive an additional day of annual leave this year pro rata. In response to a question from Mr Turner, Mr Bentley confirmed that this had been costed.

Mr Johnston reflected on behalf of the Dental Service that staff were enormously pleased with the outcome and that morale within the teams had increased. Mr Johnston confirmed that he had met with the staff interviewed to thank them personally for their involvement.

Dr Spare commented on the remarkable work of the Communications Team to publicise the outcome.

Mr Goulston formally recorded his thanks to his executive colleagues and all staff within the Trust.

The Board **RECEIVED** the Care Quality Commission Inspection Report.

25/07/10

System Update

Mr Sammon gave a presentation to the Board to provide an overview of the system changes and the emergence of the single Kent and Medway Clinical Commissioning Group, the four integrated care partnerships and the primary care networks.

In response to a question from Ms Skelton, it was agreed that Dr Phillips and Mr Bentley would be included in any initial discussions relating to offers made to the primary care networks.

It was agreed that a formal update report would be presented to the Board meeting in October.

Action – Ms Sammon

Mr Goulston confirmed that each STP was required to submit a draft five

year strategic delivery plan by the end of September 2019. Mr Goulston added that the draft plan would then be presented to every Kent and Medway Board for comment and input. It was agreed that the draft plan would be presented to the Board at the meeting in October.

Action – Mr Sammon

The Board **RECEIVED** the System Update presentation.

25/07/11 Quality Committee Chair's Assurance Report

Ms Barber presented the report to the Board for assurance.

Ms Barber confirmed that there had been two Quality Committee meetings since the last Board meeting.

Ms Barber highlighted that good progress had been made following the last Patient-Led Assessments of the Care Environment (PLACE) visit in 2018/19 and that there had been no high risk areas outstanding. She confirmed a risk on wayfinding being addressed by NHS Property Services (NHSPS).

Ms Barber provided assurance that the action plan in place regarding the earlier CQC visit to the Dental Services was progressing satisfactorily. She added that waiting times for prison dental services would also be added to the Integrated Performance Report (IPR). Ms Barber confirmed that considerable work had been undertaken to reduce the waiting list backlog, and was pleased to report that capacity had increased and the number of complaints had reduced.

Ms Barber confirmed that the Committee had reviewed the Infection Prevention and Control Report, and was pleased to note that there was a focused approach to the way outbreaks were managed. Ms Barber added that the Trust was compliant with the Hygiene Code.

Ms Barber reflected on the Safeguarding Annual Report. She confirmed that good progress had been made and that there were good systems in place for both children and adults. Both annual reports were recommended to the Board for their approval.

Ms Barber highlighted the changes to the Deprivation of Liberty Safeguards (DoLS) legislation.

Ms Barber was pleased to report that the Trust would be strengthening its bereavement support provided to patients and families.

Ms Barber confirmed that there had been a deep dive on the Health Visiting Service and highlighted that there had been a number of areas where good progress had been made. She reported that the achievement of the antenatal target remained a challenge.

Ms Barber confirmed that the Committee had conducted the meeting

effectiveness review, and it was agreed that they would move to bi-monthly meetings with an extraordinary meeting in February to review the quality impact assessment of the coming year's CIP.

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

25/07/12 Strategic Workforce Committee Chair's Assurance Report

Ms Skelton presented the report to the Board for assurance.

Ms Skelton confirmed that the Workforce Report continued to show an improving but challenging picture; which included a decrease in turnover in June. She added that recruitment activity remained high but noted that the average time to recruit had reduced.

Ms Skelton was pleased to report that the academy had expanded to include apprenticeships for facilities and administrative staff. The academy would also provide opportunities for current staff to develop.

Ms Skelton reported that TIAA, the Trust's internal auditors had provided limited assurance regarding General Data Protection Regulations (GDPR) compliance on personnel files. The Committee would continue to look at electronic personnel filing systems as well as other more cost effective options.

Ms Skelton confirmed that the Committee had received some data and summary of findings around the Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) reports. The Committee had looked at specific elements, and there would be some further work to understand some of the issues, and actions agreed to address them

Ms Skelton confirmed that there had been a discussion in relation to the Operational Workforce Report around recruitment challenges. She provided assurance that they were trying to be as innovative as possible to improve the situation.

Ms Skelton confirmed that the Committee had received assurance that the Trust was meeting all principles in relation to Safer Staffing, but that more work was ongoing through the Safer Staffing Group. A progress update would be provided to the Committee in September.

Ms Skelton confirmed that all elements of the national Interim People Plan launched since the last meeting of the Board are were already part of the Trust's plan.

In response to a question from Prof Drobniowski regarding prevention of sickness relating to musculoskeletal disorders (MSK), Ms Skelton confirmed that the Committee would be undertaking some work to understand the contributing factors and identify the scale of the problem. Ms Norris confirmed that MSK disorders was the biggest reason for

sickness and needed to be tackled. She added that the Trust would be reviewing the moving and handling training.

In response to a question from Prof Drobniowski regarding strategies in place to capture the level of disabilities within the Trust, Ms Skelton confirmed that there had been reporting issues and that there needed to be better understanding with staff around what was classified as a disability. Ms Skelton added that there needed to be increased staff awareness as to why the information was required and to feel comfortable when reporting their disability. Staff should also be made aware that this information would provide the Trust with the knowledge to better support them in their working life.

Ms Norris added that there would be a campaign to highlight disability, which would include disability classifications and why it was so important to provide the information. She added that staff would be able to update their own details directly on the system.

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

25/07/13 Finance, Business and Investment Committee Chair's Assurance Report

Mr Cook presented the report to the Board for assurance.

Mr Cook provided assurance that BAF risk 99 in relation to the Community Information System (CIS) was being effectively managed.

Mr Turner supported the view that the Trust would continue to struggle year on year to extract sufficient savings from the CIP and confirmed that he had been part of some conversations around the possibility of looking at more structural initiatives looking at levels/layers across the Trust.

In response to a question from Prof Drobniowski which related to 100 per cent of contracts being retained and whether this included those contracts which did not add any contribution, Mr Cook confirmed that all contracts were reviewed and monitored closely.

In response to a question from Mr Conway, Mr Cook agreed that the Trust would need to continue to invest in technology and other initiatives to improve productivity. Mr Turner added that this was already happening with initiatives like the Transforming Integrated Care in the Community (TICC) Project, based on the principles of Buurtzorg.

The Board **RECEIVED** the Finance, Business and Investment Committee Chair's Assurance Report.

25/07/14 Integrated Performance Report (IPR)

Ms Strong presented the report to the Board for assurance.

Ms Strong highlighted that a review of the Key Performance Indicators (KPIs) was still ongoing, and added that once the review was complete the format of the IPR would change.

In response to a query from Mr Goulston regarding the corporate scorecard which had been missing from the report, Ms Strong confirmed that the report would be amended and recirculated.

Action – Ms Strong

In response to a question from Mr Turner, Ms Strong confirmed that the number of children's audiology referrals had been significantly impacted by the influx of referrals from Medway, and that they had been working closely with the Medway School Health Service to try to resolve this. Dr Spare added that they were also working in conjunction with Medway Community Healthcare to look at the quality impact.

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

25/07/15 Committees' Terms of Reference

Mr Goulston presented the Terms of Reference to the Board for approval.

Ms Davies confirmed that the Terms of Reference for the Nomination Committee should not have been included within the papers. She confirmed that the Terms of Reference for the Remuneration and Terms of Service Committee should have been included and would be brought to the next meeting for approval.

Action – Ms Davies

It was agreed that a review of the Terms of Reference for the Formal Board meetings would also be undertaken at the next meeting.

Action – Ms Davies

The Board **APPROVED** the Terms of Reference for the following Committees:

- Audit and Risk Committee
- Charitable Funds Committee
- Finance, Business and Investment Committee
- Quality Committee
- Strategic Workforce Committee

25/07/16 Infection Prevention and Control Annual Report

Dr Spare presented the report to the Board for assurance.

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

25/07/17 Learning from Deaths

Dr Johnston presented the quarterly report to the Board for assurance.

The Quality Committee had scrutinised the report.
In response to a question from Prof Drobniowski, Dr Spare confirmed that the results of the water testing at Sevenoaks Hospital had been received. She confirmed that all appropriate control measures were in place and the next step in the improvement works regarding water at Sevenoaks Hospital was around chlorination of the system.

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

25/07/18 Safeguarding Annual Report including the Safeguarding Declaration

Dr Spare presented the report to the Board for assurance.

In response to a question from Ms Skelton, it was agreed that non-executive directors should be offered safeguarding training, if required.

Action – Dr Spare

In response to a question from Mr Conway, Dr Spare confirmed that the Safeguarding Team did review benchmarking data.

In response to a question from Prof Drobniowski regarding seasonal trends, Ms Spare agreed to look at trends with the Safeguarding Team, and would report back to the next meeting.

Action – Ms Spare

The Board **RECEIVED** the Safeguarding Report.

25/07/19 Any Other Business

There was no further business to discuss.

25/07/20 Questions from members of the public relating to the agenda

In response to a question from Janet Allen, Staff Governor and Head of Emergency Preparedness, Resilience and Response (EPPR), Ms Strong agreed to provide further information on referrals and waiting times within the Lymphoedema service.

Action – Lesley Strong

The meeting ended at 12.20pm.

25/07/21 Date and Venue of the Next Meeting

Thursday 26 September 2019
Village Hotel, Castle View, Forstal Road, Maidstone, Kent ME14 3AQ

MATTERS ARISING FROM BOARD MEETING OF 25 JULY 2019 (PART ONE)

Minute number	Agenda Item	Action	Action Owner	Status
25/07/06	Trust Chair's Report	To update the report with the additional visits and circulate to the Board.	Mr Goulston	Action complete.
25/07/06	Trust Chair's Report	To circulate the Terms of Reference for the Kent and Medway Non-Executive Oversight Board to Board members.	Mr Goulston	Action complete.
25/07/09	Board Assurance Framework (BAF)	To review the disability and race equality schemes as a potential BAF risk.	Ms Davies	Executive review did not recommend this as a BAF risk at this stage. It will be closely monitored.
25/07/10	System Update	To present a formal update report to the Board meeting in October 2019.	Mr Sammon	Action complete.
25/07/10	System Update	To present the draft Five Year Strategic Delivery Plan to the Board at its meeting in October 2019.	Mr Sammon	Action complete.

Minute number	Agenda Item	Action	Action Owner	Status
25/07/14	Integrated Performance Report	To amend the report to include the corporate scorecard and recirculate to the Board.	Ms Strong	Action complete.
25/07/15	Committees' Terms of Reference	To bring the Remuneration and Terms of Service Committee Terms of Reference to the next meeting for approval. To review the Terms of Reference for the Formal Board meetings at the next meeting.	Ms Davies	Agenda item.
25/07/18	Safeguarding Annual Report 2018/19 including the Safeguarding Declaration	To offer safeguarding training to the non-executive directors (NEDs).	Dr Spare	There is an annual review of training needs for non-executive directors by the Assistant Trust Secretary. Safeguarding training will be offered those NEDs who are non-compliant.
25/07/18	Safeguarding Annual Report 2018/19 including the Safeguarding Declaration	To look at seasonal trends with the Safeguarding Team and report back to the Board at its next meeting.	Dr Spare	The Chief Nurse (Interim) chairs the Safeguarding Assurance Group meeting bi-monthly. During this meeting trends, themes, risks and any learning is identified and monitored.
25/07/20	Questions from members of the public relating to the agenda	To provide further information and referrals and waiting times within the Lymphoedema Service to the Governors.	Ms Strong	Action complete.

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	1.6
Agenda Item Title:	Trust Chair's Report
Presenting Officer:	John Goulston, Trust Chair

Action - this paper is for:	Decision <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Assurance <input checked="" type="checkbox"/>
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Report Summary
The report sets out the service visits and partnership meetings that were attended by the Trust Chair and non-executive directors between 1 August and 31 October 2019.

Proposals and /or Recommendations
To note the report.

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> High level position described and no decisions required.

Thomas Fentem, PA and Project Officer	Tel: 01622 211900
	Email: thomas.fentem@nhs.net



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

Period covered – 1 August – 31 October 2019

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
John Goulston	<p>2 August - Home First Team, West Kent, Coxheath Clinic</p> <p>15 August - Service Visit - Community Nursing Teams, Sevenoaks</p> <p>21 August - Tonbridge Cottage Hospital and WK Health Visiting Team -visits with Kent County Council, Cabinet Member and deputy cabinet member for Adult Social Care</p> <p>9 September - KCH Physiotherapy Conference</p> <p>8 October – Team Leaders Conference</p> <p>9 October - Specialist & Elective Services Conference</p> <p>14 October - Allied Health Professionals – East Kent</p> <p>28 October – Nursing Academy Launch</p>	<p>6 August - Chair of Kent & Medway NHS & Social Care Partnership Trust</p> <p>19 August - Kent & Medway Provider Chairs and Chief Execs Meeting</p> <p>23 August - West Kent Integrated Care Partnership (ICP) Development Board</p> <p>10 September - NHS Providers Chairs & CEO Network</p> <p>14 October - Kent & Medway NED Oversight Group</p> <p>14 October - Kent & Medway Provider Chairs and Chief Execs Meeting</p> <p>22 October – West Kent ICP engagement event</p> <p>22 October – Staff Networks Conference</p> <p>24 October - Kent & Medway Medical School and Kent & Medway chairs & CEOs</p> <p>28 October - Kent & Medway STP NED engagement event</p>	<p>19 August - Long Service awards lunch, Sevenoaks</p> <p>29 August – Strategy Delivery Meeting, directors</p> <p>25 September – Strategic Workforce Committee</p> <p>25 September - Board of Directors</p> <p>26 September - Board of Directors and AGM</p>
Pippa Barber	<p>16 September - We Care Visit Lymphedema Service Medway.</p> <p>27 September - KCHFT Safeguarding Conference.</p> <p>30 September - Research champions meeting.</p> <p>7 October - Kent School Health Folkestone CIP</p>	<p>28 October - STP Chairs and NEDs briefing</p>	<p>29 August – Strategy Delivery Meeting, directors</p> <p>3 September – ARC</p> <p>13 September – Chief Operating Officer stakeholder event.</p> <p>17 September –</p>

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
Pippa Barber (cont.)	Deep Dive. 8 October – Team Leaders Conference 9 October - Kent specialist Services conference. 15 October – Quality Improvement Training 22 October – West View Integrated Care Unit, quality visit 28 October – Nursing Academy Launch		Quality Committee 25 September - Board of Directors 26 September - Board of Directors and AGM 30 October - Board of Directors 31 October – Council of Governors
Peter Conway	7 October – School Health Team, Folkestone 28 October – Nursing Academy Launch	24 September – Clinical Excellence Awards 28 October - Kent & Medway STP NED engagement event	29 August – Strategy Delivery Meeting, directors 3 September – ARC 13 September – Chief Operating Officer stakeholder event. 25 September – Strategic Workforce Committee 4 October – FBI Committee 30 October - Board of Directors 31 October – Council of Governors 30 October - Remuneration Committee.
Prof Francis Drobniowski	12 September - We Care; King's and Canterbury Hospital Rapid Transfer service visit 22 October – West View Integrated Care Unit, quality visit	11 September - We care planning meeting 17 October – End of Life Care Meeting	29 August – Strategy Delivery Meeting, directors 13 September – Chief Operating Officer stakeholder event. 17 September – Quality Committee 25 September – Strategic Workforce Committee 25 September - Board of Directors

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
Prof Francis Drobniowski (cont.)			26 September - Board of Directors and AGM
Bridget Skelton	28 October – Nursing Academy Launch	14 October - NHS Leadership Compact & NHS Best Place to work - National Meeting 22 October – Staff Networks Conference 28 October - STP Chairs and NEDs briefing	19 August – Met with Chief Operating Officer Candidate 29 August – Strategy Delivery Meeting, directors 25 September – Strategic Workforce Committee 25 September - Board of Directors 26 September - Board of Directors and AGM 4 October – FBI Committee 30 October - Board of Directors 30 October - Remuneration Committee. 31 October – Council of Governors
Jen Tippin			29 August – 1:1 with John Goulston 29 August – Strategy Delivery Meeting, directors 29 August - Remuneration Committee. 13 September - 1:1 with John Goulston 20 September - 1:1 with John Goulston 25 September – Strategic Workforce Committee 4 October – FBI Committee 30 October - Board of Directors
Jen Tippin			30 October -

Name	Service visits	Stakeholder/ Partnership meetings / events	Other meetings / events
(cont.)			Remuneration Committee.
Nigel Turner	22 October – West View Integrated Care Unit, quality visit	3 October - Meeting with Lloyds for workforce Benchmarking	29 August – Strategy Delivery Meeting 29 August – Human Resources Strategy meeting 29 August - Remuneration Committee. 17 September – Quality Committee 25 September – Strategic Workforce Committee 25 September - Board of Directors 26 September - Board of Directors and AGM 30 October - Board of Directors

Key

Acronym	Full name
AGM	Annual General Meeting
ARC	Audit and Risk Committee
CEO	Chief Executive Officer
FBI	Finance, Business and Investment Committee
ICP	Integrated Care Partnership
KCC	Kent County Council
KCHFT	Kent Community Health NHS Foundation Trust
NED	Non-Executive Director
STP	Sustainability and Transformation Partnership

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	1.7
Agenda Item Title:	Chief Executive's Report
Presenting Officer:	Paul Bentley, Chief Executive

Action - this paper is for:	Decision <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>
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Report Summary
This report highlights key business and service developments in Kent Community Health NHS Foundation Trust in recent weeks.

Proposals and /or Recommendations
Not applicable.

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> Not applicable.

Paul Bentley, Chief Executive	Tel: 01622 211903
	Email: p.bentley@nhs.net

CHIEF EXECUTIVE'S REPORT

November 2019

As previously I wanted to highlight to the Board the following significant developments since my last formal report during the Board meeting in July 2019, the report follows the regular practice of categorising matter reported into patients, our people staff teams and partnerships.

Patients

1. Kent and Medway Delivery Plan

The Trust has been strongly engaged with the work to deliver the NHS plan in Kent and Medway, the Trust has repeatedly made the point that investment in the prevention of ill-health and healthcare delivered in people's homes, along with a clearer view of what the Kent and Medway priorities need to be will see the opportunities presented by the plan delivered more effectively.

2. Winter planning

The winter plan was approved by the Board at its meeting in October. Since then there has been an increase in demand in both whole systems with a higher number of patients than expected attending A&E. Current A&E performance against the four hour waiting time target for the week ending 10 November is as follows:

- East Kent Hospitals – 80.4%
- Maidstone and Tunbridge Wells – 90.3%

This has placed demand on the whole system to increase the flow of patients
The following actions have been taken by KCHFT:

- East Kent: increase in the number of complex discharges from the acute trust (week ending 10th November 2019 222 discharges). There have been an increase in care packages as part of Home with Support, and an increased number of spot purchased beds in the independent sector (currently 34 patients in addition to the 40 Health and Social Care Village beds).

- West Kent: increase in the number of patients on Hospital @ Home service (on 12/11/19 20 patients) and a month by month increase in patients accessing the rapid response and Home Treatment Service
- Internal twice weekly conference calls are in place
- External whole system calls are being held as required

3. Physiotherapy Conference

I was delighted to open the Physiotherapy Conference that took place in September in part to mark international physiotherapy day. More than 65 physiotherapists and physio support workers attended the event to hear inspiring presentations from internal presenters, representatives from the universities of Brighton and Canterbury Christ Church, and the Chartered Society of Physiotherapists.

Our Chair along with Claire Poole, Deputy Chief Operating Officer, presented the awards for the physiotherapist of the year, Burnnett Hartzenberg, and the physiotherapist support worker of the year, James Page.

4. Service Visits

During September I was delighted to spend time with the Looked After Children's (LAC) team. The whole team were together for a day for their away day. Pippa White, Head of Service LAC, working with her team has fundamentally redesigned the service for the benefit of the children the team serves.

I saw two presentations from two different team members, different in style and substance, but both highly uplifting. They focused on how they had devolved responsibility, how they were looking after each other as a team and how they were given licence by their leaders to try different things and really importantly, how they were all looking after each other's emotional and physical wellbeing.

Freedom to Speak Up Guardian

I am delighted to report that I met with Joy Fuller, the Trusts' newly appointed Freedom to Speak Up Guardian (FTSU). Joy is keen to develop the FTSU role, as well as providing advice and support, but to also promote the culture of speaking up across the trust and ensure that effective processes are in place to support staff. In discussing further with Joy no common or reoccurring themes of concern are being reported.

Our People

1. Staff survey

The national staff survey was initially sent out at the beginning of October to our workforce and across the country. There has been significant communications activity encouraging and reminding all colleagues to complete the survey, which

must be returned by 29 November. Reminder surveys were sent out in mid-November. We are aiming to reach and exceed our return rate of 60 per cent from 2018. A full of the findings will be presented to the Strategic Workforce Committee in March, with onwards reporting to the Board.

2. Opening of the Nursing Academy

We were very pleased to welcome Baroness Dido Harding, chair of NHS Improvement, to officially open our Nursing Academy in October. During her visit to the academy base in Coxheath, Dido was especially pleased to meet two students who talked about their experiences to date, as well as touring the clinical skills lab. She described her visit as 'fantastic' and said the initiative was something the whole sector could learn from and that she had seen 'future leaders in the pipeline'.

3. Appointment of the Chief Operating Officer and Director of Strategy

Following the announcement of Lesley Strong's retirement, a recruitment process took place to appoint a chief operating officer and I am delighted that Pauline Butterworth will join the trust on 16 December 2019 as chief operating officer. Pauline joins the trust from East Sussex Healthcare Trust where she has been deputy chief operating officer since 2013.

Finance Director Gordon Flack will become deputy chief executive.

I am also pleased to confirm on a substantive basis the appointment of Gerard Sammon to the role of Director of Strategy and Partnerships.

4. Formation of the Kent and Medway medical school

Since the last time the Board met the Trust has been working with the University of Kent, Canterbury Christchurch University and other partners in the NHS to make a Medical School in and for Kent and Medway a reality. As a trust the school has our full support and we look forward to the first students arriving next year.

Partnerships

1. Visit by Chris Hopson

Chris Hopson, NHS Providers Chief Executive, visited the trust to find out more about our services. Chris met the Chair, the Executive Team and observed first-hand what the organisation does while spending time with the Long Term Nursing Team and Integrated Musculoskeletal (IMSK) Team at the Churchill Centre in Aylesford.

Chris also saw how KCHFT is developing and investing in its workforce, along with our transformation project of the IMSK service to streamline and further improve the service.

2. Meeting with the newly appointed NHSE/I Senior Leadership team

Since the last time the Board met NHS England and NHS Improvement has continued the process of closer integration and I have met with a number of the senior team, there is a welcome commitment to come out to the service and listen to the issues which service providers face.

3. Partnership agreement with Kent County Council

Since the last time the Board met the Trust has worked in partnership with Kent County Council to extend the successful public health partnership agreement which covers the provision of Kent County Council commissioned services. I am delighted that agreement has been reached and very strongly value the work of both parties to make the agreement a success.

4. Development of the Integrated Care Partnership (ICP) and engagement with the Primary Care Networks (PCNs)

The four Integrated Care Partnerships (ICP's) are continuing their development work and are all due to introduce a shadow form by April 2020. Engagement work and plans with stakeholders is underway and the integration of the newly formed Primary Care Networks (PCN's) into the ICP's is also taking place. The Trust remains committed to providing leadership and support to setting up this new way of collaborative working with a particular emphasis on the East and West Kent systems.

Engagement activities with Primary Care Networks are ongoing and the Trust is seeking to collaborate with all PCN's and potentially form deeper relationships with 5-8 in the first instance to jointly develop new and innovative ways of working together.

5. Meeting of the West Kent Primary Care Networks (PCNs) Clinical Directors

The Medical Director and I attended a meeting of the newly appointed Clinical Directors of the Primary Care Networks across West Kent. It was helpful to meet and listen to the views expressed, and the Board will receive regular updates on the relationships being formed with this important group.

6. The Trusts Annual General Meeting (AGM)

September saw the Trusts AGM. As part of the AGM a number of people spoke at the Let's discuss cancer event, including Ellen in a pre-recorded film about how she had been supported through her cancer journey by KCHFTs Learning Disability Nursing Team.

There was a packed market place with KCHFT, partner and voluntary organisations explaining what support was locally on offer. The event culminated in a rousing performance from some of the KCHFT choir.

The AGM was wrapped up with presentations from our Public Governor, Carol Coleman, reflecting on the past year for the governors, while the Chief Nurse and Medical Director gave an insight into the Quality Report.

Paul Bentley
Chief Executive
November 2019

Committee / Meeting Title:	Board Meeting - Part 2 (Confidential)
Date of Meeting:	28 November 2019
Agenda Number:	2.2
Agenda Item Title:	Board Assurance Framework
Presenting Officer:	Natalie Davies, Corporate Services Director

Action - this paper is for:	Decision	<input type="checkbox"/>	Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary

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

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

The full BAF as at 04 November 2019 is shown in Appendix 1.

Proposals and /or Recommendations

The Board is asked to note this report.

Relevant Legislation and Source Documents

Has an Equality Analysis (EA) been completed?

No ☒

High level position described and no decisions required.

Barry Norton, Head of Risk Management	Tel: 01233667744
	Email: barry.norton@nhs.net

BOARD ASSURANCE FRAMEWORK

1. Introduction

- 1.1 The Board Assurance Framework (BAF) is comprised of strategic risks identified against the strategic goals defined within the Integrated Business Plan (IBP) in addition to risks identified against the achievement of business and operational objectives with a high gross (inherent) risk rating.
- 1.2 The BAF is therefore comprised of high risks. Refer to section 7 below for a definition of high risk.
- 1.3 Risks may be identified by Services or Directorates and escalated upwards to the Executive Team, or may be identified at the Board or any of its sub Committees.
- 1.4 The Executive Team review newly identified high risks to ensure that those with significant potential to impact on the achievement of strategic goals are recorded on the BAF and reported to the Board. This allows the Board to monitor mitigating actions. As actions are implemented, controls improve and this can enable the exposure to risk to reduce.
- 1.5 The full BAF as at 04 November 2019 is shown in Appendix 1. This version has not previously been presented to the Board.

2. New risks

- 2.1 Since the BAF was last presented to the Board there have been three new risks identified against the strategic objectives.

BAF ID 105 - 'Challenges in meeting the referral to treatment waiting time target could impact on patient experience and the trust segmentation rating'.

BAF ID 106 - 'Risk that the organisation's services may suffer significant challenges as result of the impact of winter pressures'

3. Risks that have been closed since the last report

- 3.1 Since the BAF was last presented to the Board no risks have been closed.

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

- 4.1 Since the BAF was last presented to the Board the following risk has been de-escalated.

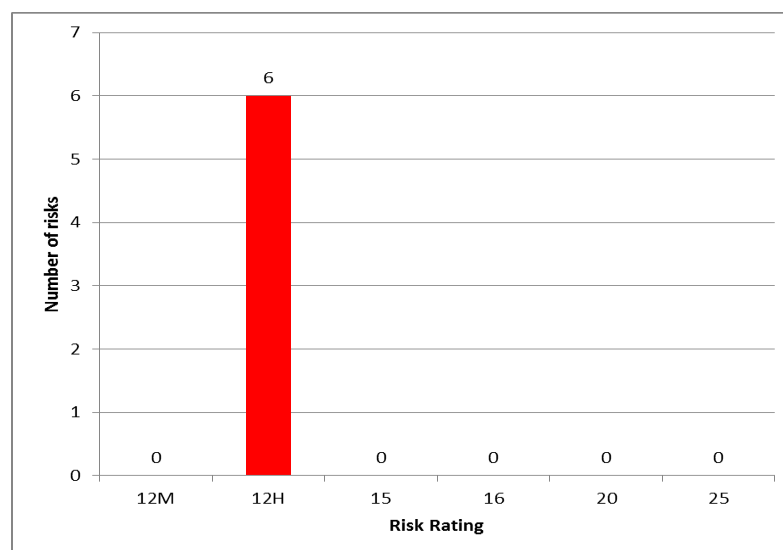
BAF ID 104 - 'Inability to meet CIP targets as detailed in 19/20 plans as growing reliance on economy level transformation for savings'.

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

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

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

- 5.3 Figure 1: Organisational High Risk Profile



6. High risk definition

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

Figure 2: Trust risk matrix

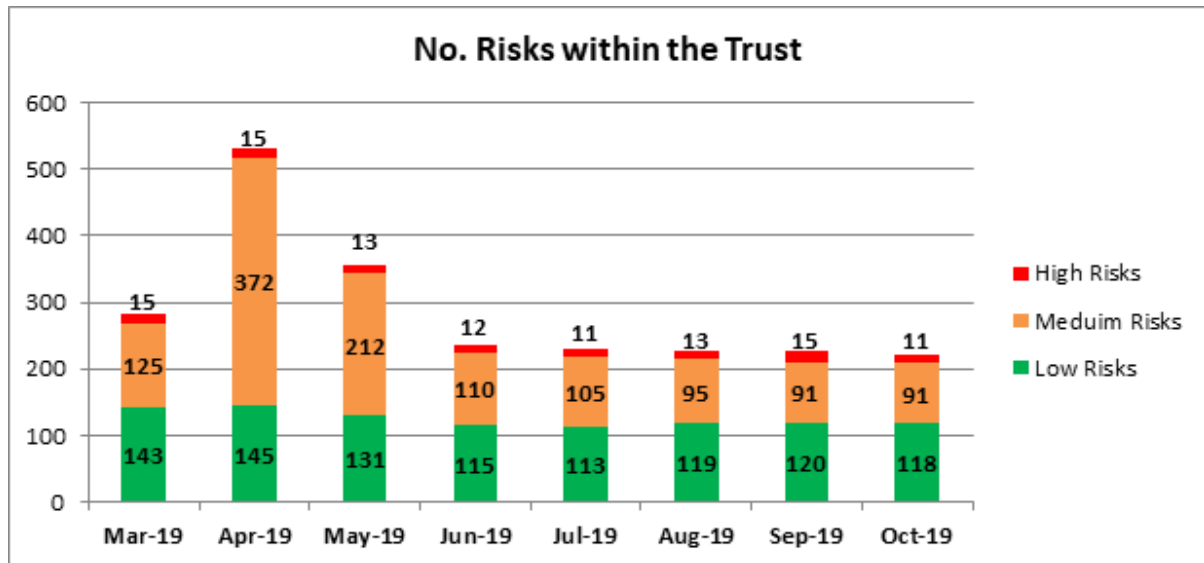
		← Consequence / Severity →				
		Insignificant	Minor	Moderate	Major	Catastrophic
↓Likelihood ↓		1	2	3	4	5
Rare	1	1	2	3	4	5
Unlikely	2	2	4	6	8	10
Possible	3	3	6	9	12	15
Likely	4	4	8	12	16	20
Almost Certain	5	5	10	15	20	25

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

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

7. Risk Overview

7.1 The total number of open risks within the Trust stands at 220 this is comprised of 118 low risks, 91 medium risks and 11 high risks. Figure 3 (below) provides a visual representation. There are currently 15 out of date risks and 1 risk past its target completion date. Low risks are initially reviewed by Heads of Service with further reviews by the responsible officer at least bi monthly. Medium risks would initially be reviewed by Heads of Service and then onward to the Community Service Director/Assistant Director for approval, these would normally be reviewed on a monthly basis. All risks are extracted by the Risk Team on a weekly basis and the officer responsible for those risks that have passed their review date or target completion date are contacted by the team to prompt a review.



7.2 Figure 3: Organisational Risk Overview.

8. Recommendation

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

Barry Norton
Head of Risk
14 November 2019

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

Definitions:

Initial Rating = The risk rating at the time of identification
Current Rating = Risk remaining with current controls in place. This is reviewed monthly and should decrease as actions take effect.
Target Date = Month end by which all actions should be completed

Action status key:
Actions completed
On track but not yet delivered
Original target date is unachievable

ID	Board Level	Risk Description (Simple Explanation of the Risk)	Initial rating		Controls Description	Positive Assurances	Gaps in control or Negative Assurance		Current rating		Planned Actions and Milestones	Action owner	Confidence Assessment	Target Date
			C	L			C	L	C	L				
Integrate Services														
99	Jan 2019	Implementing a clinical system including double running with the existing obsolete system. The significant tasks relate to the associated data extraction and import of large and complex records to a new system during a phased service migration. The migration of the data is a complex task and information and patient records and appropriate archive. The other significant task is to design the input window functions ensuring consistent and streamlined records which minimises clinical input time whilst running the old system as is. This is also taking place when the implementation of the Kent Care Record is about to start from April 20 and may negatively impact on the EPR project competing for staff resources e.g. training.	4	3	<ul style="list-style-type: none">Governance structure & project plan in placeEngagement with the project team delivering the Kent Care RecordProject Leadership team job descriptionsPhase implementation plan and resourcing appropriatelyCommunication plans developed with stakeholders inc. commissioners.Operational risk and mitigations log	<ul style="list-style-type: none">Regular Board reports linked to other projectsProject Group report to Management Committee, Exec Team and Board	<ul style="list-style-type: none">Timescales to implement new systemComprehensive programme plan for replacement system to be developed in response to emerging timescales	4	3	12H	<ul style="list-style-type: none">Hardware Configuration - trailing options, linked to decision on woundmatrixWindows Design Workshops in progressData Archive StrategyWork with Advance to develop data implementation strategyImplement phase one across children's servicesOperational risk and mitigation log to be updated at every project board meetingResource assessment on-going as part of the project governance structure.	Gordon Black	High	Mar 2020
103	Jan 2019	Changes to the system architecture and continued financial instability may provide uncertainty in the future delivery of integrated services	4	3	<ul style="list-style-type: none">Sustainability and Transformation Plan (STP) Programme Board TORs and membershipTORs for Local Care Boards; Frailty Group; Chief Executives ForumSTP Governance StructuresLocal Care Boards report to the boardEast Kent Transformation Board terms of referenceNHS IE system meeting terms of referenceChief Executive as SIRO for East ICPChair as Chair for West ICPSystem transformation governance structureWest Kent integrated care partnership development board's terms of referenceEast Kent Integrated care partnership development board's terms of reference	<ul style="list-style-type: none">Local Care Investment received for both east and west Kent - Hospital at Home and Rapid Transfer of Care scheme.Community Care Funding increase in financial settlementChief Exec report to the boardRegular Strategic development update to the boardNon executive membership of the STP board.Director of strategy report to the Management Committee		4	3	12H	<ul style="list-style-type: none">Joint Board and Management Committee meeting to agree forward path.Continue to influence at STP levelProgramme to manage the transition of PCNs into the new system architecture	Paul Bentley	Low	Mar 2021
Prevent ill health														
105	May 2019	Challenges in meeting the referred to treatment waiting time target could impact on patient experience and the trust's segmentation rating	4	3	<ul style="list-style-type: none">Access policy includes harm risk assessment for ps waiting over 18 weeks	<ul style="list-style-type: none">Regular reports IPRSTP chartsQuality committee review of areas of concernQI approach to service improvement	<ul style="list-style-type: none">Increase in demand raised with CCG's but no decisions	4	3	12H	<ul style="list-style-type: none">Consultant led 18 week pathwaysDevelop demand & capacity tools	Lesley Strong	Medium	Mar 2020
106	Mar 2019	Risk that the organisation's services may suffer significant challenges as result of the impact of winter pressures.	4	3	<ul style="list-style-type: none">Emergency Planning exercisesFlu vaccination ProgrammeAn established National Emergency Pressures Panel has been established to identify levels of system risk and recommend responsesLocal leaders have been set which include responses for Minor Injury UnitsWhole system winter plans have been agreed by the Local A&E Delivery Boards - These include escalation plans with key actions to be taken if certain triggers are reached.Extra bed capacity by reducing delayed transfers of care risk.	<ul style="list-style-type: none">Previous emergency plans successful during testingStaff flu vaccination programme for KCHFT staff.Local targets have been set which include maximum of 14 patients at any one time in Minor Injury UnitsWinter Pressure PlansActions have been identified in order to reduce the gap in controls relating to this risk.		4	3	12H	<ul style="list-style-type: none">Monitor Winter Pressure Plans through Governance structuresRobust Flu Vaccination Programme Delivery planEnsure local vaccines secured before 31st Oct	Lesley Strong	Medium	Mar 2020

ID	Board Level	Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating			Controls Description	Positive Assurances	Gaps in control or Negative Assurance	Current rating			Rating	Planned Actions and Milestones				Confidence Assessment	Target Date (end)
				C	L					C	L								
101	C	Natalie Davies	Uncertainty around EU exit may affect our ability to deliver core objectives	4	3	124	<ul style="list-style-type: none"> Local Health Resilience Partnership (LHRP) terms of reference agreed Local Health Resilience Partnership (LHRP) terms of reference Action plan developed EU exit risk register established 	<ul style="list-style-type: none"> Regular discussion and review at Board and Board NHS England (NHS E) reporting requirements met LHRP meetings attendance Further develop plan in response to new information Bi-weekly Trust EU exit meetings held Working in collaboration with Clinical Commissioning Groups (CCGs) 		4	3	124	<ul style="list-style-type: none"> Individual Actions 	Owner	Target Completion (end)	Status	Natalie Davies	Medium	Oct 19
102	C	Louise Norris	Inability to recruit and retain staff could have a detrimental impact on maintaining quality of care and morale	4	3	124	<ul style="list-style-type: none"> Strategic Workforce Committee ToRs Service quality visits Director of Workforce JD Workforce Strategy Agreed Complaints system established against agreed policy Friends and Family Test Talent Management Strategy Time to Change Champions system established 	<ul style="list-style-type: none"> Service visit reported to quality committee Workforce report to board IPR KPIs reported and reviewed by Board Sales Staffing reports Time to hire benchmarks positively bank fill rates improving agency usage report Workforce report to SWC Quality Report to the Quality Committee 		4	3	124	<ul style="list-style-type: none"> Individual Actions 	Owner	Target Completion (end)	Status	Louise Norris	Medium	Mar 2020

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	2.3
Agenda Item Title:	Quality Committee Chair's Assurance Report
Presenting Officer:	Pippa Barber, Chair of Quality Committee

Action - this paper is for:	Decision <input type="checkbox"/>	Information <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>
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Report Summary
The paper summarises the Quality Committee meetings held on 17 September and 19 November 2019.

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

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> High level position described and no decisions required.

Pippa Barber, Non-Executive Director	Tel: 01622 211906
	Email:

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report provides updates on key risks/issues following the Quality Committee Part One meeting held on 17 September 2019.

Agenda item	Assurance and Key points to note	Further actions and follow up
Quality Report	The Committee received assurance on the ongoing work supporting the transitioning of the West View unit from Kent County Council to the Trust. The unit is being supported during this process with a follow up We Care visit being undertaken in December 2019. Changes to the skill mix on the unit are being undertaken.	Quality Committee non-executive directors (NEDs) to undertake a service visit to the West View unit in October 2019.
Staff Flu Vaccinations	Assurance was given that the programme is under way with appropriate vaccines and vaccinators in place. The plan is for the majority of staff to be vaccinated in October and November 2019.	
Board Assurance Framework (BAF)	Risk 105 - Assurance and updates were provided on the RTT waiting times. Paediatric Audiology was making good progress and was on trajectory to meet its target. However, further risk had been identified to the Musculoskeletal (MSK) target following changes to the commissioning of the service. Mitigating actions were in place and it was anticipated this would be compliant by November 2019.	To continue monitoring and oversight through the Integrated Performance Report (IPR).

Agenda item	Assurance and Key points to note	Further actions and follow up
Operational Deep Dive: Rapid Transfer of Care (RTOC)	<p>The Committee received an assurance update from senior managers in the service. Good progress is being made in a service which works closely with other partners. The team work closely with East Kent Hospitals University NHS Foundation Trust (EKHUFT) and the need for further senior decision makers at Band 7 has been raised with commissioners. A non-executive director (NED) had recently undertaken a We Care visit to the team so was able to feedback on that visit. Assurance was given that the financial issues with the model were well sighted on by the Finance, Business and Investment (FBI) Committee.</p>	<p>Further follow up by the Chief Operating Officer (COO) with commissioners will be undertaken on the workforce needed for the team.</p>
Delayed Transfer Of Care	<p>An update and verbal assurance report was provided by the Chief Operating Officer (COO). A number of actions are in place including additional ward rounds and escalation calls. The Trust is also reviewing the potential use of an NHS Improvement (NHSI) tracker tool currently used in acute settings and will be considering its use in a community hospital setting with NHSI.</p>	<p>Progress will continue to be monitored and tracked through the IPR.</p>

Pippa Barber
Chair, Quality Committee
21 October 2019

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee Part One meeting held on 19 November 2019.

Agenda item	Assurance and key points to note	Further actions and follow up
Non-Executive Director (NED) Led Service Visits	<p>A number of visits were undertaken by NEDs in last month. A visit to the School Health Service to review the impact of the Cost Improvement Programme (CIP) was able to provide good assurance following a management and structural review of the service. This was being received well by the team.</p> <p>West View: Assurance was received on progress of the unit from a Kent County Council (KCC) unit to Kent Community Health NHS Foundation Trust (Trust); this is ongoing. Staff felt well supported in the process.</p> <p>Recommendations were suggested on learning for the future. Assurance was received that there is a clear understanding of the relative roles and responsibilities of KCC and Trust staff on the different wards on the site.</p>	Recommendations are being followed up locally and overseen by the Chief Nurse's (Interim) team.

Agenda item	Assurance and key points to note	Further actions and follow up
Quality Report August and September data	<p>Assurance was received on West View staffing and progress with recruitment and staff consultation. The expectation of the senior team was that staffing levels would achieve target levels in January. Risks were being mitigated.</p> <p>Safeguarding data has been added to the report and no risks identified.</p> <p>Research portfolio recruitment has significantly overachieved on its target.</p>	Local recruitment plans are being developed. Fill rates are monitored in the Monthly Quality Report. End of Life Care (EOLC) care plans will be added to the report from January as agreed by the Trust Board.
Safer Staffing (Inpatient Areas)	A robust process has been undertaken with a revised tool to review community hospital staffing levels .An audit has been undertaken and a number of findings identified to improve the effectiveness of staffing on the wards. The work will be taken forward by a Safer Staffing Stakeholder Group with a priority being embedding of the Band 4 Nursing Associate role. The work will progress with input from HR and Operations and work will include reviewing the use of the e roster system.	<p>Updates will be provided to the Quality Committee in March.</p> <p>Modelling work to devise a set of principles for staffing levels of community teams will be taken through to the Strategic Workforce Committee.</p>
Learning from Deaths Report	The Committee received the quarterly report .Good progress was noted on the development of the process and with work with partner organisations being highlighted	The need for the End of Life Care Steering Group to continue to review delivery of EOLC care plans and wider documentation

Agenda item	Assurance and key points to note	Further actions and follow up
	<p>including discussion on the future medical examiner role. The Committee felt this was a very proactive approach. Appendix 1 was well received by the Committee. The Committee recommend the report to the Board.</p>	<p>as part of its work plan.</p>
<p>Operational Deep Dive 18 week Referral To Treatment (RTT) Waiting Times</p>	<p>Assurance was received on the following areas.</p> <p>Paediatric Audiology is now achieving and sustaining its targets.</p> <p>The following teams are not achieving targets with updates received on progress and actions for each service.</p> <p>Community Orthopaedic Service, West Kent</p> <p>Additional capacity is now in place and it is expected that compliance will be reached at the beginning of December. Longer term sustainment of improvement is also being put in place.</p> <p>North Kent Agreement has now been reached with commissioners on the future of the service. Due to previous uncertainty, performance had declined. Additional capacity is now in place to improve performance.</p> <p>Allied Health Professional (AHP) Services A range of issues are driving non-achievement of targets. Adult Speech and Language Therapy (SALT) The service expects to become compliant with targets in February.</p>	<p>Ongoing delivery of targets will be monitored through the Integrated Performance Report (IPR).</p>

Agenda item	Assurance and key points to note	Further actions and follow up
	<p>Musculoskeletal (MSK) West Kent By December.</p> <p>Children's Therapies By February. Plans for all areas include ongoing sustainability plans</p>	
External Regulation and Inspection	<p>A verbal update was provided by the Chief Nurse (Interim) on three recent inspections that have involved services provided by the Trust. Two covered follow up visits to the Prison Dental Service. No new concerns were raised and waiting times are now included in the Integrated Performance Report (IPR). The third report by Public Health was for the New Born Screening Programme. No material concerns or risk were identified but some recommendations were based on the national standards.</p>	<p>The Quality Committee to receive the reports once complete with actions plans if needed.</p>
Board Assurance Framework	<p>Risk 105. Discussion and assurance on the actions in place to mitigate and manage this risk. Paediatric Audiology is now achieving target.</p> <p>Risk 106. The staff flu programme is progressing Currently at 37% ahead of this position last year.</p>	

Pippa Barber
Chair, Quality Committee
19 November 2019

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	2.4
Agenda Item Title:	Audit and Risk Committee Chair's Assurance Report
Presenting Officer:	Peter Conway, Chair of Audit and Risk Committee

Action - this paper is for:	Decision <input type="checkbox"/>	Information <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>
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Report Summary
The paper summarises the Audit and Risk Committee meeting held on 3 September 2019.

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

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> High level position described and no decisions required.

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

AUDIT AND RISK COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Audit and Risk Committee (ARAC) meeting held on 3 September 2019.

Area	Assurance	Items for Board's consideration and/or next steps
Risk Management	Board Assurance Framework (BAF) - Positive assurance.	The Board should receive a Brexit update at the September Retreat given fluidity of situation.
	Risk Management Policy - Revision supported by the ARAC.	The Risk Management Policy to be further updated to make it shorter, more readable and with greater levels of delegation.
Third Party Assurances	Internal Audit - Two reports (reasonable assurance) and one advisory covering Assurance Framework and Risk Management, Data Quality of six week Audiology Key Performance Indicator and Appointment of Applicants with Protected Characteristics.	Various management actions being followed up by relevant sub-committees.
	Counter Fraud - Positive assurance. One cross Trust Thematic Review on Consultant Job Planning.	Low risk findings which the Medical Director is on top of.
	External Audit - No activity at this stage in the annual cycle.	National Audit Office/NHS are considering the Value for Money Report and the added value of External Auditors.
Governance	Standards of Business Conduct - (Very) positive assurance.	Position of agency staff to be reviewed
	<u>Sustainability and Transformation Partnership (STP) governance</u> - In place but complicated and opaque.	The Board to receive an update in October with some "what if" scenarios.

Area	Assurance	Items for Board's consideration and/or next steps
Financial Controls	Single Tender Waivers, Retrospective Requisitions, Losses, Special Payments and Write Offs - Positive assurance.	Some negative trends but these are legitimate one-offs. The Finance Team retains a good grip.
Focus Items	<p data-bbox="424 958 491 1751">Cyber Security - Positive assurance (amber-green overall rating).</p> <p data-bbox="818 958 885 1751">Health & Safety, Security and Fire Safety Review - (Very) positive assurance.</p>	<p data-bbox="424 190 491 925">Cyber Essential Plus accreditation to be achieved Q1 2020.</p> <p data-bbox="496 159 635 925">Recent attack (NHS mail) led to good remediation but a disappointing level of staff infraction. More staff awareness tests to be carried out and ARAC to monitor progress.</p> <p data-bbox="639 150 778 925">Red risk = network sharing with partner trusts (Assistant Director of ICT to raise and suggest STP level work stream, otherwise tolerate and/or treat locally where possible).</p> <p data-bbox="818 150 957 925">The Corporate Assurance and Risk Management Group (CARM) to keep verbal abuse and aggressive behaviour against staff under review and consider trends / benchmarking.</p>

Peter Conway
Chair, Audit and Risk Committee
September 2019

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	2.5
Agenda Item Title:	Strategic Workforce Committee Chair's Assurance Report
Presenting Officer:	Bridget Skelton, Chair of Strategic Workforce Committee

Action - this paper is for:	Decision	<input type="checkbox"/>	Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary
The paper summarises the Strategic Workforce Committee meeting held on 19 July 2019 and 25 September 2019. A verbal update on the meeting of 27 November will also be presented.

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

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> High level position described and no decisions required.

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

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 19 July 2019.

Agenda item	Assurance and Key points to note	Further actions and follow up
Workforce Report	<p>The Workforce Report continues to illustrate an improving but challenging picture. Highlights include:</p> <p>Turnover saw a decrease in June to 16.57%, the lowest level since October 2017 when the Trust changed the way leavers were recorded.</p> <p>Despite recruitment activity remaining high average time to recruit of 6.93 weeks has now met the target of seven weeks for the first time since October 2017. Work is also being undertaken with the Sustainability and Transformation Partnership (STP) to see if there are any streamlining opportunities. Further improvements in process and sourcing are being continually looked for.</p> <p>Resourcing issues are still challenging with 72 starters in June, but balanced by 70 leavers.</p> <p>Bank fill rates report a negative performance and agency spend rose sharply in May, although dropping slightly in June still some way off the target. These two indicators</p>	<p>The issues behind the Bank fill rates and agency spend is being further explored, from which actions will be agreed to address the problems identified and a strategic direction agreed.</p>

Agenda item	Assurance and Key points to note	Further actions and follow up
	<p>are related.</p> <p>The much improved stress levels and sickness data follows the positive interventions including 'Time To Change Champions' and actions following The Big Listen. Assurance that actions to mitigate the Board Assurance Framework (BAF) workforce risk were being taken including the proposed second nurse cohort into the Academy and the approval of a Board Development Programme.</p>	
Academy Update	<p>The broadened multi-professional Academy continues to focus on new workforce models and career pathways to maximise the use of apprenticeships to support the recruitment of staff and provide the ability for the Trust's own staff to develop.</p> <p>The proposal for a second cohort of 15 nurse apprenticeships has not yet been approved. A Facilities Academy and Admin Academy are helping with recruitment, development and retention.</p> <p>The demand on clinical placements is the biggest risk – now have central oversight to ensure individuals have a good experience and 'choose community' as a place to work.</p>	<p>Share the Terms of Reference of the Academy Board with the Committee to demonstrate scope, governance on decision making and issue resolution.</p> <p>Create an overview of all Academy disciplines, scale, the associated resource numbers, investment, risk and issues associated with each programme's success.</p>
GDPR Compliance Progress	TIAA audit provided limited assurance in relation to responsibilities under the General Data Protection	Scoping the possibility of purchasing an electronic file system, with alternative

Agenda item	Assurance and Key points to note	Further actions and follow up
	<p>Regulation (GDPR) with personnel files.</p> <p>Assurance was given that five actions are complete. One action that could not be achieved has had alternative actions taken to mitigate it. An additional action has been added regarding the scanning and destruction of paper files if done locally. All possible short term steps have been taken to mitigate the risks identified in the audit. One long term action remains work in progress.</p>	<p>options considered i.e. only scan new employees and cost of mitigation of risk keeping all files paper based.</p>
People Strategy Action Plan	<p>People Strategy actions were refreshed at the beginning of the year and all are making progress. Key positives include the introduction of coaching and action sets, the introduction of a slimmed down HR handbook moving from instructional to guidance where possible, and getting strong governance in place so quickly with the new payroll provider which has all positive Key Performance Indicators (KPIs).</p> <p>The biggest challenges include finding clinical placements and the cleansing of data as part of the ESR programme of work.</p>	<p>More emphasis to be put on actions to support our 'Equality Strategy', partly to ensure staff are comfortable talking about race, and disability.</p>
Medical Revalidation	<p>The Committee received assurance regarding the policies and systems in place within the Trust to meet the requirements of medical appraisal, revalidation and licensing. This report is required by NHS England with the Chief Executive Officer (CEO) signing a 'Statement of</p>	<p>Recommend to the Board approval of 'Statement of Compliance'.</p>

Agenda item	Assurance and Key points to note	Further actions and follow up
	<p>Compliance'. This compliance includes monitoring frequency and quality of medical appraisals, checking effective systems are in place for monitoring conduct and performance of doctors, confirming feedback from patience is sought, and ensuring that all pre-employment background checks are performed. All required policies are in place and have had an equality impact assessment. (There were 43 doctors with prescribed connection to Kent Community Health NHS Foundation Trust (KCHFT) at the end of the appraisal year 2018/19. There are 17 general practitioners who do not have a prescribed connection to KCHFT with whom we have 'no concern' and supply their appraisers with the necessary appraisal documentation.</p>	
<p>Workforce Race Equality Standards (WRES)</p>	<p>The Committee received the WRES and Workforce Disability Equality Standards (WDES) reports prior to the publication to the Strategic Data Collection Service and on the Trust website. At KCHFT the total BME workforce is 10.98% which is an increase from 10.75% in the previous year.</p> <p>The number of issues arising from the annual data include:</p> <p>BME staff are still less likely to be appointed at interview than White staff and this has worsened over the last three years. BME staff are still less likely to feel that the Trust</p>	<p>Further work to better understand why progression to 8A is OK but above 8A has little representation.</p> <p>Need to improve the accuracy and quality of the data raising awareness of what constitutes a Disability, and the benefits to staff of sharing this information with the Trust.</p>

Agenda item	Assurance and Key points to note	Further actions and follow up
	<p>provides equal opportunities for career progression. Trust Board and senior management are not representative of the workforce nor the local communities the Trust serves. Disabled staff reported experiencing higher levels of abuse from patients, pressure to come to work despite not feeling well enough to do so, and were less engaged than their non-disabled counterparts.</p>	
Operational Workforce Report	<p>Focus on workforce gaps which could have an impact on operational performance. Innovative practice is having some positive results but further work is required.</p> <p>East Kent Adult Services – static vacancy of 40fte at band 2/3. Six events held advertised widely, 51 attended, 34 offers filling 28.8 vacancies.</p> <p>Children’s Public Health using social media for advertising, received high response, assessment centre and speed dating techniques allowed many candidates to be seen. Feedback was positive from candidates and managers.</p> <p>Transforming Integrated Care in the Community (TICC) and Devolving Authority – made good progress against milestones in the TICC programme from the team at Edenbridge and have launched a second team in Charing. KCHFT is in the early stages of setting up devolved authority pilots in four clinical areas – health visiting, Hawkhurst community hospital, adult speech and</p>	

Agenda item	Assurance and Key points to note	Further actions and follow up
	<p>language, and Looked after Children Services.</p> <p>There is a significant overlap in both areas of work, bringing the programmes together will bring immediate benefits for KCHFT including risk of duplication of effort, reducing programme planning, and ensuring lessons are embedded across the organisation.</p>	
Action Learning Sets/Coaching Network	<p>The coaching skills programme as part of the cultural change work starts in September with data being collected to provide a base line from which outcomes and measurement of impact and effectiveness can be measured. The coaching skills should provide a common language, approach and style to impact on the way we manage and lead our people.</p>	
Health and Wellbeing Report	<p>Time To Change and The Big Listen initiatives continue to support improved health and well being in the Trust illustrated by improving stress and absence numbers. Musculoskeletal (MSK) is one of top three reasons for staff sickness, caused often by transporting equipment. Work is underway to organise workshops to allow further support for staff and managers on the menopause. This will allow questions to be asked and dispel myths.</p>	<p>A more in depth review of incidents will help identify further actions to support the reduction of incidents causing this MSK level of injury.</p>
Safer Staffing Report	<p>The Committee received assurance that KCHFT met all the main principles of the NHS Improvement Developing Workforce guidelines and requirement for reporting</p>	<p>A Safer Staffing Group has been set up to map out and implement these changes – utilising full potential of the e-roster system,</p>

Agenda item	Assurance and Key points to note	Further actions and follow up
	<p>progress in developing safer staff reporting for community nursing and community hospitals. The work did however identify opportunities for further strengthening compliance and inform safer staffing, including better consistency in the application of quality impact assessment (QIA) when new roles are introduced, or there are changes in service delivery. Not all teams use e-roster to its full effect, and rosters currently do not include allied health professionals (AHP), learners and some support staff, such as therapeutic support workers.</p>	<p>more consistent application of Meridian, as well as identify capabilities of the new IT system to further enhance the use of data in planning for and achieving safer staffing across the Trust. They will report back to the Committee in October.</p>
Interim National People Plan	<p>The People Plan has five themes:</p> <ul style="list-style-type: none"> - Making the NHS the best place to work - Improving NHS leadership culture - Addressing workforce shortages - Delivering 21st century care - Developing a new operating model for workforce <p>The Trust captures all themes in its current People Strategy but can put greater emphasis on some themes i.e. making KCHFT the best place to work. Work to ensure we are the 'best employer' will be given greater attention, and use of digital to underpin new operating models. We have good examples of initiatives to deliver themes like lessons learnt from The Big Listen, Time to Change Champion work, leadership programme of coaching and action sets, Board development and the growth of the</p>	

Agenda item	Assurance and Key points to note	Further actions and follow up
	Academy to address some workforce shortages. In summary we are in line with the themes of the plan but have more to do.	
Forward Plan	The Committee approved a refreshed forward plan to better reflect strategic initiatives, and Terms of Reference.	

Bridget Skelton
Chair, Strategic Workforce Committee
19 July 2019

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 25 September 2019.

Agenda item	Assurance and Key points to note	Further actions and follow up
Workforce Report	<p>A very positive increasing position but with no complacency and an appreciation of the continued work required to maintain this position. Close to achieving staff turnover figure, stability is above target, third consecutive month with more starters than leavers. Absence continues to be below target although noted that we are about to go into Winter which presents challenges as staff cannot come to work if ill. Stress levels have reduced as a result of Time to Change initiatives and enhanced people management. Vacancies stand at 8.36%. Encouraging a flexible approach to recruitment, if a candidate is not right for one post considering them for another. Time to hire continues to be good. Shortlisted for two CIPD awards - HR Rising Star and Time to Change. The use of agency staff August data is showing as being nearly 2% above targets, and slightly above average for the tenth consecutive month, due to increased demand. Vacancies</p>	<p>New Key Performance Indicators (KPIs) will need to be looked at for vacancies, Bank usage and agency.</p>

Agenda item	Assurance and Key points to note	Further actions and follow up
	<p>at 8.36 is the lowest for a while but will be challenged with the Long Term Plan increasing staff by at least 500. A new Occupational Health Provider starts in November which should positively impact on the recruitment process. BAF Risk mitigated further by 17 extra apprentice nurses starting 2020, New Board Development Programme and Better Place to Work initiative - Big Listen 2 providing engagement with staff and material for a development of a stronger physiological contract with staff. Wellbeing continues to be a priority with further Time To Change workshops, Keep Well For Winter initiative and new football and netball teams being set up.</p>	
Deep Dive Cost Improvement Programme (CIP) Schemes	<p>Workforce Directorate CIP is being delivered successfully and conversations have started about next year's CIPs. All workforce CIPs are tested for quality and safety impact.</p>	
Bank and Agency Issues and Actions	<p>Demand - Huge increase of demand 60% up, since 2016 demand on Bank has increased by 90%. This demand results from 55% maternity increase, service demand 50 and vacancy 25. Due also to increased acuity of patients and investment in new Services that have required a quick set up in advance of recruiting substantive staff. An</p>	<p>Further work to understand the demand on Bank and agency for out of hours and initiatives to attract staff and others to the Bank.</p> <p>Note the need for at least 500 additional</p>

Agenda item	Assurance and Key points to note	Further actions and follow up
	underspend on operations putting pressure on waiting lists has also prompted increased use of Bank and Agency. Supply launching new campaign to attract staff and others to the Bank. Further work on flexibility, skills mix and technology will all impact on supporting the best level of demand and supply.	staff to deliver forward long term plan and all the associated challenges this brings.
Training Needs Analysis(TNA)	Recent work means we are now well sited on demand for training. Workforce plans, culture change plan, RIP, apprenticeship model provide richer base line of need. Special projects Transforming Integrated Care in the Community (TICC), devolved authority and digital etc are also included. Quality is evaluated and new vehicles considered to bring easier access to training.	Further work to better ensure TNA fits with overall Trust strategy, i.e. working closer with primary care networks (PCNs).
Talent Management	Second year improved quality of appraisal providing talent data but still further work to do. Better use of personal development plans will reduce the need for development decisions to be made by the Talent Board.	Examine how to embed career conversations in everyday management, and the implications for Talent Management and appraisal in self managed teams. Need to define what good Talent Management would look like and succession planning too.

Agenda item	Assurance and Key points to note	Further actions and follow up
Deep Dive Employee Relations	<p>An examination of Key Performance Indicators (KPIs) demonstrates a positive impact on handling employee relations, as well as identification of further work required. Training has been successful to deliver higher professional standards and appreciation of policy. Moving to culture of resolution to resolve issue before entrenched positions are reached. Conflict and critical conversations are all part of ongoing coaching and action learning programme of development.</p>	
Operational Workforce Report	<p>TICC - devolved authority initiatives coming together as joint programme now being rolled out to existing staff. Self managed team a big part of our PCN offering. KCC pulling out so TICC teams without social care element. These Teams designed to work closer to the patient. KCHFT has the ambition that every community nursing team will be led by a District Nurse with a specialist qualification and this is particularly important as part of the model of self-managed teams. This year we received an allocation of 12 places on the specialist course. These have been filled with both internal and external candidates. East Kent have requested a further two places from Health Education England (HEE). Specialist and Elective Services and Children's Public Health Services are both supporting student development and Advanced Practitioner programmes to attract both new staff and develop/retain our own staff.</p>	

Agenda item	Assurance and Key points to note	Further actions and follow up
	Winter planning and high vacancies continue to present operational challenges.	
Recognition and Benefits	<p>Pay is mainly bound by National T and C. Where there is some flexibility we need to cautious we are not competing with other trusts in the 'system'.</p> <p>There are a few locally agreed terms including specialists, GPs, and some dental staff.</p> <p>With benefits we have more scope to be creative - offer is already attractive. Continually look at how we can be the best employer. The articulation and communication of the physiological contract is important, to demonstrate listening and responding to needs of staff especially around flexibility of work and ways of working to promote satisfaction and enhanced performance.</p>	<p>Greater clarity on issues we face and options for creativity.</p> <p>National consultation about changes to pension arrangements is a high priority with HMRC, KCHFT is working with partners across the system in advance of any national changes.</p> <p>Despite cost implications options to change may positively impact recruitment and retention. There are case studies where other systems have acted in advance of national guidance.</p>
Academy Updates	<p>Three key streams:</p> <p>Nursing - 17 apprenticeships start in February 2020 selected from 290 applicants. Unsuccessful candidates have been redirected to other opportunities.</p> <p>AHP - Advanced Practitioner development new appointment made to over see the programme.</p> <p>Admin - work on pathways for development and advancement.</p>	<p>Terms of Reference for the Academy Board require further work to ensure levels of authority and accountability are clear.</p>

Agenda item	Assurance and Key points to note	Further actions and follow up
	Issues continue to be the placement of students and ensuring greater clarity of the mentor role - especially the distinction between supervisor and assessor.	
AOB Equality, Disability and Diversity	Emphasis on importance of equality, disability and diversity is being maintained by a 'shifting the dial' workshop for the Management Team, as well as it being the main theme of the Senior Leaders Conference. Training and awareness available for all key stakeholders including Governors.	
AOB Equality Analysis	Clarity on what is required to complete a equality analysis was sought. Agreement that more equality analysis was needed on most Strategic Workforce Committee papers. Appreciation that this is a mindset and process shift. The use of the term Assurance Report not to be used as a reason not to conduct the equality analysis.	Examine process to provide a set of criteria to ease process, but ensure it is more consistently completed. The Committee to trial a new process and set an example to other committees and Board papers.

Bridget Skelton
Chair, Strategic Workforce Committee Date
25 September 2019

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	2.6
Agenda Item Title:	Charitable Funds Committee Chair's Assurance Report
Presenting Officer:	Pippa Barber, Member of Charitable Funds Committee

Action - this paper is for:	Decision <input type="checkbox"/>	Information <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>
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Report Summary
The paper summarises the Charitable Funds Committee meeting held on 26 July 2019.

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

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> High level position described and no decisions required.

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

CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Charitable Funds Committee meeting held on Friday 26 July 2019.

Agenda item	Assurance and Key points to note	Further actions and follow up
Introduction by Chair	Jen Tippin welcomed everyone present to the meeting of the Charitable Funds Committee meeting.	
Apologies for Absence	Apologies were received from Martin Cook Non-Executive Director, Gordon Flack Director of Finance, Lesley Strong Chief Operating Officer and Assistant Financial Accountant.	
Declarations of Interest	There were no Declarations of Interest in addition to those formally noted on the record.	
Minutes and Matters Arising from the Meeting of 30 January 2019	The Terms of Reference of the Committee had been approved by the Board the previous day. The minutes were agreed. The Matters Arising Table was agreed.	
Relevant Feedback from Other Committees	The Committee noted the Board Assurance Framework.	
Marketing the Charitable Funds Report	The Committee noted the Marketing Charitable Funds Report.	<ul style="list-style-type: none"> Head of Campaigns and Engagement to clarify the number of envelopes to be ordered for £557.15.

		<ul style="list-style-type: none"> • Head of Campaigns and Engagement to clarify the procedure for returning donations in envelopes with Assistant Financial Accountant. • Head of Campaigns and Engagement to circulate the envelopes to the community teams. • Carol Coleman, Public Governor to send more details around learning disabilities nursing and how the Trust could celebrate this to the Head of Campaigns and Engagement.
Legal Update Report	<p>The Committee agreed that the risk to the Trust of litigation was low. The cost of rebranding the charity was too high to be a viable option and the rationale for registering was not strong.</p> <p>The Committee agreed to continue using the working name 'i care'. The Committee noted the Legal Update Report.</p>	<ul style="list-style-type: none"> • Head of Campaigns and Engagement to align the colours in the i care brand with the Trust colours and insert a reference to KCHFT. • Jen Tippin, Chair to forward the legal opinion and a summary of the Committee's discussion to John Goulston Trust Chair and Paul Bentley Chief Executive.
Annual Financial Statement	The report was presented to the Committee for assurance. It was confirmed that the spend from the restricted funds amounted to two thirds of the total spend.	<ul style="list-style-type: none"> • Head of Financial Accounting to clarify whether the community hospitals in west Kent could access the Community Hospitals Restricted

	<p>The Committee noted the Annual Financial Statement.</p>	<p>Fund.</p> <ul style="list-style-type: none"> • Head of Financial Accounting to provide an update on transferring an amenity fund for the Benenden Unit at West View Integrated Care Centre to the Trust at the next meeting, following further discussion with relevant stakeholders. • Head of Campaigns and Engagement to approach Head of EPRR (Trust choir co-ordinator) about making the i care envelopes available at Trust choir performances. • Head of Financial Accounting to clarify whether long service events are paid for from charitable funds.
Forward Plan	<p>The agenda items were agreed for the November Committee meeting and would include: the charity's reports and accounts; the regular marketing report; presentations on the Heron Ward and Bow Road funds; an update on funding for a sensory garden at Deal; and an update on the community hospitals, specifically Deal and one other in January 2020. It was agreed that the item regarding income to the funds other than requests and projected fundraising would be removed from the</p>	<ul style="list-style-type: none"> • Head of Campaigns and Engagement to include a proposal for the next fundraising initiative after the Sensory Room at the November meeting • Head of Financial Accounting to discuss options for the utilisation of the monies left in the Sensory Room Appeal Fund with Assistant Financial Accountant.

	Forward Plan.	
	The Committee approved the Forward Plan.	<ul style="list-style-type: none"> Committee Secretary would update the Forward Plan.
Any Other Business	There was no other business	

Jen Tippin
Chair, Charitable Funds Committee
26 July 2019

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	2.7
Agenda Item Title:	Integrated Performance Report Part One
Presenting Officer:	Nick Plummer, Assistant Director of Performance and Business Intelligence

Action - this paper is for:	Decision	<input type="checkbox"/>	Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<p>Report Summary</p> <p>The Integrated Performance Report is presented with the use of Statistical Process Control (SPC) charts. It should be noted that the full Finance, Workforce and Quality reports are presented at their respective committees. The report has been produced in collaboration with the Executive Team and their support teams.</p> <p>This report contains the following sections:</p> <ul style="list-style-type: none"> • Corporate Scorecard and Summary • Quality Report • Workforce Report • Finance Report • Operational Report <p>Historic data has been provided to show trends, with the SPC charts being used to show a rolling 2 year view of performance for each indicator. Upper and Lower control limits are used to indicate a shift in performance over a sustained period and to highlight where performance deviates from these expected ranges.</p> <p><u>Key Highlights from report</u></p> <p>Within NHS Improvement's Single Oversight Framework, KCHFT was moved from segment 1 to segment 2. This level is categorised as "targeted support offer" (segment 1 is "maximum autonomy"). The move from segment 1 to segment 2 was as a result of deterioration in performance in RTT and 6 week diagnostics and while 6 week diagnostics is now meeting target, RTT is failing to meet the 92% standard consistently (92% of the waiting list under 18 weeks). See the operations section for more details</p> <p>There are 10 KPIs moving favourable in month and 8 moving unfavourably whilst 23 are in normal variation.</p> <p>There are 6 KPIs consistently failing target including the two system targets tracked of A&E wait times at MTW and ECUFT. The others are:</p> <ul style="list-style-type: none"> • KPI 2.7 Contract activity at 100.4% for Month 6 and moving favourably, but upper limit still below 100% (99.8%) so achievement not assured. • KPI 2.20 Friends and Family Test Response Rate for MIU and Community
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Hospitals is now in normal variation but the previous low performance has resulted in the upper control limit now being below the target

- KPI 5.3 Turnover (planned and unplanned) at 16.1% against 16.5% target and moving favourably below the lower control limit.
- KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more) moving favourably at 85.8% but 85% target is still marginally above the upper control limit.(84.3%)

Of the 9 indicators not measured by SPC charts 8 are achieving target and the one that has not is KPI 3.8 East Kent Rapid Transfer Service (new KPI) at 27.4 average discharges per day against 30 per day target

Quality

- In August and September there were there were 5 lapses in care with learning for KCHFT and these related category 2 pressure ulcers. Investigations identified a need for timely skin assessments.
- There were 49 falls reported across KCHFT during August and September 2019, 3 of which were found to be avoidable. With the exception of June 19, the number of avoidable falls has consistently remained below 4
- 6,375 surveys were completed by KCHFT patients, relatives and carers in October 2019, with a combined satisfaction score of 97.1%, the same percentage as September.

Workforce

- Turnover in October 2019 has decreased since the last report to 16.10%, a 0.53% decrease on the reported figures in August of 16.63%. It has increased from September's rate of 16.02% but continues to remain below average and below target.
- Since the sharp drop in sickness absence in March 2019, reported levels of absence have started to slowly increase back up towards the mean. The figures for October 2019 have increased to its highest level since March 2019. The Trust absence figure has increased to 4.6% and is now above the 4.2% target. Absence levels do usually increase over this winter period.
- Following the increase in vacancy rates in April 2019 due to budget setting, levels have been on a continual downward trajectory below the mean. Vacancies are at an all-time low of 7.16% significantly below the target of 9.66%.
- The use of agency staff across the Trust in October 2019 has been significantly reduced from September's spend with a figure of 93.24% of budgeted trajectory reported, a reduction of 24.63% over September's figure of 117.87%. This is reporting 6.76% below target, this is the lowest it has been since April 2019.

Finance

- The Trust achieved a surplus of £1,695k (1.2%) to the end of October. Cumulatively pay and depreciation/interest have underspent by £3,714k and £58k respectively and non-pay has overspent by £1,783k. Income has under-recovered by £1,660k
- £2,761k of savings has been achieved for the YTD against a risk rated plan of £3,086k which is £325k (11%) behind target
- Spend to October was £1,439k, against a YTD plan of £4,252k (34% achieved). The full year forecast is £7.4m and the Trust expects to utilise this in full.

Operations

- Performance to month 5 is currently showing as special cause variation above the upper control limit; however investigation has found that there has been no specific reason attributed to this strong level of performance, which has continued into Month 5 as predicted
- New birth visits continue to show strong performance above the target.
- The proportion of patients on a consultant-led Referral to Treatment (RTT) pathway at month end who are waiting less than 18 weeks is showing negative special cause variation, being below both target and the lower control limit. This is caused by increased waits in Orthopaedics in West and North Kent which are a large portion of the Trustwide RTT position. See the full report for more detail around cause and actions.
- Prison waits are currently experiencing adverse special cause variation at Stanford Hill and Swaleside, plus at all sites cases current performance is above the mean and the target is either below or near the lower control limit, suggesting consistent achievement of the 6 week target is unlikely to occur in the current environment.
- Audiology 6 week diagnostics has been performing above the mean for the last 12 months, although occasionally below the challenging 99% target within 6 weeks. The Service has moved to business as usual and going forward if the referral rates remain within the normal parameters of between 300 and 400 per month, the service will continue to be fully compliant with the 99% target within six weeks.
- Delayed Transfers of Care (DTOCs) KCHFT target to reduce to average 7 per day in East & West Kent which is a rate of 9.5%. Performance had improved in month 6 but remains near the upper control limit with a period of 7 months above the mean,

<p>caused by an increased level of delayed transfers in east Kent. There has been an increase in delays due to availability of social care packages and also delays due to patient choice.</p> <ul style="list-style-type: none"> • Looked After Children the Initial Health Assessment is achieving target most months. Performance is variable due to late requests from KCC. The Review Health Assessment has met target and showing normal variation • Bed Occupancy is showing a varying trend with no periods of special cause variation or changes in performance that would be a particular concern.
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Proposals and /or Recommendations
The Board is asked to note this report.

Relevant Legislation and Source Documents
Not Applicable
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/>
High level position described and no decisions required.

Nick Plummer, Assistant Director of Performance and Business Intelligence	Tel: 01233 667722
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Integrated Performance Report 2019/20
November 2019 report
Part One



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Glossary of Terms

SPC – Statistical Process Control

LTC – Long Term Conditions Nursing Service

ICT – Intermediate Care Service

Quality Scorecard – Weighted monthly risk rated quality scorecards

C.Diff – Clostridium Difficile

MRSA – Methicillin Resistant Staphylococcus Aureus

MIU – Minor Injury Unit

RTT – Referral to Treatment

GUM – Genitourinary Medicine

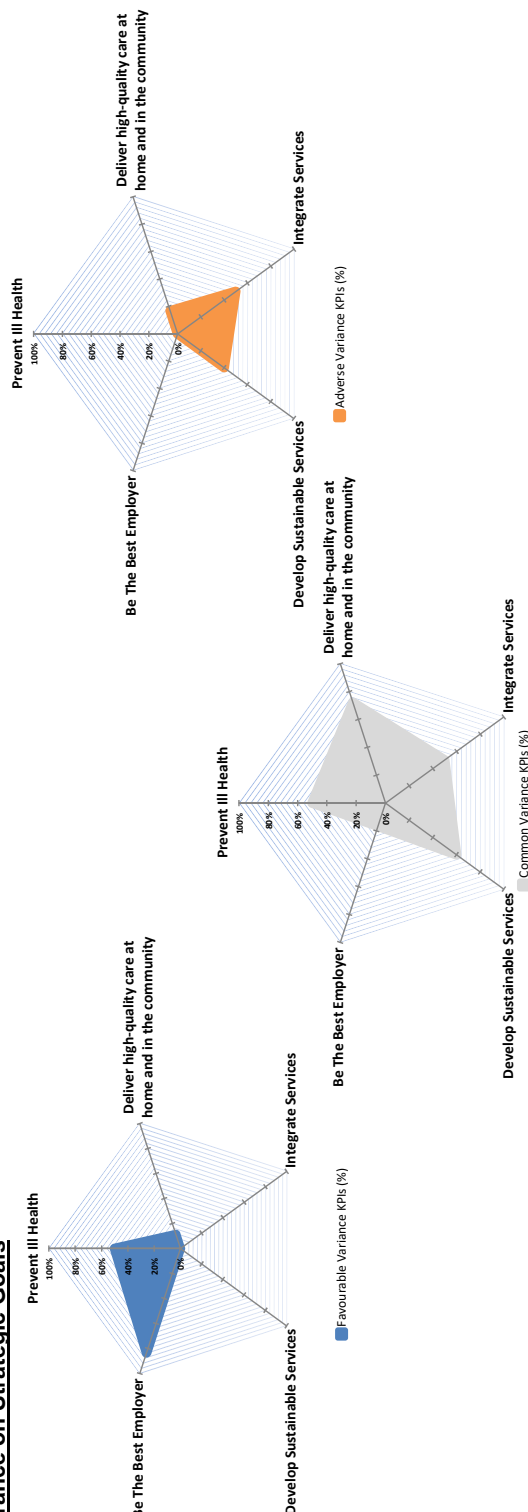
CQUIN – Commissioning for Quality and Innovation

MTW – Maidstone and Tonbridge Wells NHS Trust

WTE – Whole Time Equivalent



1.0 Assurance on Strategic Goals



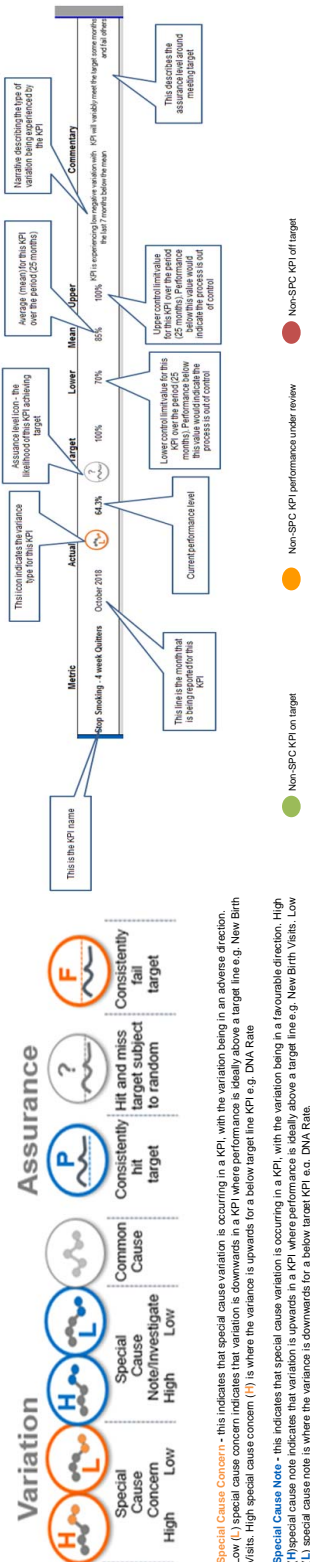
Within NHS Improvement's Single Oversight Framework, KCHFT have been moved from segment 1 to segment 2. This level is categorised as "targeted support offer" (segment 1 is "maximum autonomy"). The move from segment 1 to segment 2 was as a result of deterioration in performance in RTT and 6 week diagnostics and while 6 week diagnostics is now meeting target, RTT is failing to meet the 92% standard consistently (92% of the waiting list under 18 weeks). See the operations section for more details

Overall, of the 41 indicators that we are able to plot on a statistical process control (SPC) chart, 24.4% are experiencing favourable in-month variation (10 KPIs 1.1 1.7 1.8 2.7 2.23 5.2 5.3 5.4 5.5 and 5.6), 19.5% are showing in-month adverse variance (8 KPIs 2.6 2.12 2.13 3.1 3.2 3.7 4.2 and 4.5) and the remaining 56.1% (23) are showing normal variation.

24.4% of the KPIs are consistently achieving target (KPIs 1.4, 2.9, 2.11, 2.15, 2.18, 2.19, 2.22, 3.2, 4.2, and 5.4), 14.6% (KPIs 2.7, 2.20, 3.5, 3.7, 5.3 and 5.6) are consistently failing,

with the remaining 61% variably achieving target with no trend of consistent achievement/failure.

Of the 9 indicators where an SPC chart is not appropriate, 89% (8) have achieved the in-month target.



Kent Community Health NHS Foundation Trust - Corporate Scorecard



























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

1. Prevent Ill Health									
metric	Actual	target	Lower	mean	Upper	Commentary			
KPI 1.1 Stop Smoking - 4 week Quitters	August 2019 	115.8% 	100%	77%	92%	108%	KPI is experiencing a period of positive special cause variation with the last 5 months performing above the upper control limit		
KPI 1.2 Health Checks Carried Out	September 2019 	106.0% 	100%	62%	91%	121%	KPI will variably meet the target some months and fail others		
KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days	September 2019 	90.2% 	90%	89%	93%	96%	KPI will mostly achieve target but the control limits indicate that failing the target is a possibility within the current process		
KPI 1.4 Health Visiting - 6-8 week check undertaken by 8 weeks	September 2019 	88.9% 	80%	85%	90%	95%	KPI is consistently achieving the target with the lower limit above the target. This suggests failing to meet the target is unlikely to occur.		
KPI 1.5 (N) School Health - Reception Children Screened for Height and Weight	September 2019 	29.0% 	90% (year end)				KPI has achieved the target for the 18/19 school Year		
KPI 1.6 (N) School Health - Year 6 Children Screened for Height and Weight	September 2019 	28.8% 	90% (year end)				KPI has achieved the target for the 18/19 school Year		
KPI 1.7 LTC/ICT - Admissions Avoidance (using agreed criteria)	September 2019 	6399 	5257	4721	5964	7207	KPI is experiencing a period of positive special cause variation with the last 9 months performing above the mean		
KPI 1.8 % LTC/ICT patients that had at least one visit which Avoided a Hospital Admission	September 2019 	17.3% 	15.0%	13.7%	16.8%	19.9%	KPI is experiencing a period of positive special cause variation with the last 10 months performing above the mean		

2. Deliver high-quality care at home and in the community									
Metric	Actual	Target	19/20 YTD Actual	19/20 YTD Target	Commentary				
KPI 2.1 Number of Teams with an Amber or Red Quality Scorecard Rating	September 2019	0	1	3	6	There have been 3 Amber/Red ratings for the financial year to date			
KPI 2.2 (N) Never Events	September 2019	0	0	0	0	No never events experienced this year. Last event in December 2016			
KPI 2.3 (N) Infection Control: C.Diff	September 2019	0	0	0	0	Last case in January 2019			
KPI 2.4 (N) Infection Control: MRSA cases where KCHFT provided care	September 2019	0	0	0	0	4 cases in 2018-19 (One in each of April, August, September and October)			













Kent Community Health NHS Foundation Trust - Corporate Scorecard

















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

2. Deliver high-quality care at home and in the community						
Metric	Actual	Target	Lower	Mean	Upper	Commentary
KPI 2.5 Inpatient Falls (Moderate and Severe Harm) per 1000 Occupied Bed Days	 0.00	 0.19	-0.16	0.07	0.29	KPI will variably meet the target some months and fail others
KPI 2.6 Avoidable Pressure Ulcers - Lapses in Care	 3	 1	-1.1	1.7	4.5	KPI will variably meet the target some months and fail others
KPI 2.7 Contractual Activity: YTD as % of YTD Target	 100.4%	 100.0%	97.2%	98.5%	99.8%	KPI will consistently fail the target. This suggests achievement is likely to be down to chance without a process or target change
KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity	 3.6%	 4.0%	3.1%	3.6%	4.0%	KPI will variably meet the target some months and fail others. However, the target is near the upper limit suggesting failure to meet target is unlikely
KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)	 97.7%	 95.0%	95.3%	97.2%	99.1%	KPI is consistently achieving the target with the target marginally below the lower control limit
KPI 2.10 Percentage of Rapid Response Consultations started within 2hrs of referral acceptance	 95.1%	 95.0%	90.0%	95.6%	101.1%	KPI will variably meet the target some months and fail others
KPI 2.11 (N) Total Time in MIUs: Less than 4 hours	 99.7%	 95.0%	99.4%	99.7%	100.0%	KPI is consistently achieving the target with the target significantly below the lower limit
KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways	 86.9%	 92.0%	88.6%	92.7%	96.8%	KPI will variably meet the target some months and fail others
KPI 2.13 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks)	 901	 532	146	475	804	KPI is experiencing high adverse variation with the last 3 months above the upper control limit
KPI 2.14 AHP (Non-Consultant Led) Referral to Treatment Times (RTT)	 92.4%	 92.0%	89.6%	93.0%	96.4%	KPI will variably meet the target some months and fail others
KPI 2.15 (N) Access to GUM: within 48 hours	 100.0%	 100.0%	100.0%	100.0%	100.0%	Consistently meeting target. Failure to meet target would be a chance event without a process change. Has met target for the last 5 years
KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)	 19.1	 21.0	14.3	20.5	26.7	KPI will variably meet the target some months and fail others
KPI 2.17 Research: Participants recruited to national portfolio studies (Year to Date)	 841	 300				KPI is consistently achieving the target of 75 per quarter

Kent Community Health NHS Foundation Trust - Corporate Scorecard











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


2. Deliver high-quality care at home and in the community					
Metric	Actual	Target	Lower	Mean	Upper
KPI 2.18 Percentage of patient goals achieved upon discharge for planned and therapy services	 September 2019	 88.5%	80.0%	86.4%	94.4%
KPI 2.19 (N) Friends and Family - Percentage of Patients who would Recommend KCHFT	 September 2019	 97.1%	95.0%	95.4%	98.5%
KPI 2.20 Friends and Family Test (Patients surveyed for MIUs & Comm. Hosp) - Response Rate	 September 2019	 14.2%	20.0%	10.2%	19.9%
KPI 2.21 Clinical Audit: % of audit recommendations implemented by deadline	 September 2019	 98.0%	55.0%	52.9%	108.1%
KPI 2.22 (N) NICE Technical Appraisals reviewed by required time scales following review	 September 2019	 100.0%	100.0%	100.0%	100.0%
KPI 2.23 (N) 6 Week Diagnostics	 September 2019	 100.0%	99.0%	80.2%	105.3%
<p>KPI 2.18 Percentage of patient goals achieved upon discharge for planned and therapy services: KPI is consistently achieving the target as the lower limit is significantly above the target. This would mean failure to meet target would likely be due to chance</p> <p>KPI 2.19 (N) Friends and Family - Percentage of Patients who would Recommend KCHFT: KPI is consistently achieving the target as the lower limit is above the target. This suggests failing to meet target is an unlikely event.</p> <p>KPI 2.20 Friends and Family Test (Patients surveyed for MIUs & Comm. Hosp) - Response Rate: KPI will variably meet the target some months and fail others, although mostly fail due to the target being so close to the upper control limit</p> <p>KPI 2.21 Clinical Audit: % of audit recommendations implemented by deadline: KPI will variably meet the target some months and fail others</p> <p>KPI 2.22 (N) NICE Technical Appraisals reviewed by required time scales following review: Consistently meeting target. Failure to meet target would be considered a chance event without a process change. Has met target for the last 5 years</p> <p>KPI 2.23 (N) 6 Week Diagnostics: KPI is experiencing high positive variation, with the last 13 months performing above the mean</p>					

3. Integrate Services					
Metric	Actual	Target	Lower	Mean	Upper
KPI 3.1 Delayed Transfers of Care from a Community Hospital bed as a % of Occupied Bed Days	 September 2019	 15.7%	9.5%	4.8%	15.8%
KPI 3.2 Percentage of LTC/ICT Referrals coming from within KCHFT	 September 2019	 15.7%	10.0%	15.0%	22.6%
KPI 3.3 CQUINs (% of CQUIN money achieved to 19/20 Q1)	 June 2019	 92.9%	100%		
KPI 3.4 Home First Impact - reduction in average excess bed days (West Kent)	 September 2019	 0.52	0.20	-0.22	1.31
KPI 3.5 (N) Average wait time (minutes) for MTW Accident and Emergency Services	 August 2019	 357	240	263	368
KPI 3.6 Rapid Transfer impact - reduction in average excess bed days (East Kent)	 September 2019	 0.75	0.20	-0.14	0.55
KPI 3.7 (N) Average wait time (minutes) for EKHUFT Accident and Emergency Services	 August 2019	 383	240	311	427
KPI 3.8 East Kent Rapid Transfer Service - Average Commissioned Discharges per day	 October 2019	 27.4	30		
<p>KPI 3.1 Delayed Transfers of Care from a Community Hospital bed as a % of Occupied Bed Days: KPI is experiencing high negative variation, with the last 7 months performing above the mean</p> <p>KPI 3.2 Percentage of LTC/ICT Referrals coming from within KCHFT: KPI is consistently achieving the target with the target considerably below the lower limit</p> <p>KPI 3.3 CQUINs (% of CQUIN money achieved to 19/20 Q1): KPI will variably meet the target some months and fail others</p> <p>KPI 3.4 Home First Impact - reduction in average excess bed days (West Kent): KPI will variably meet the target some months and fail others</p> <p>KPI 3.5 (N) Average wait time (minutes) for MTW Accident and Emergency Services: KPI is consistently failing the target as the lower limit is above the target. This suggests performance is unlikely to decrease to meet target without a process change</p> <p>KPI 3.6 Rapid Transfer impact - reduction in average excess bed days (East Kent): KPI will variably meet the target some months and fail others, although seems to be moving towards the upper control limit</p> <p>KPI 3.7 (N) Average wait time (minutes) for EKHUFT Accident and Emergency Services: KPI is consistently failing the target as the lower limit is above the target. This suggests performance is unlikely to decrease to meet target without a process change</p> <p>KPI 3.8 East Kent Rapid Transfer Service - Average Commissioned Discharges per day: New metric - data building to allow SPC reporting</p>					

Kent Community Health NHS Foundation Trust - Corporate Scorecard

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

4. Develop sustainable services					
Metric	Actual	Target	Lower	Mean	Upper
KPI 4.1 Bed Occupancy: Occupied Bed Days as a % of available bed days	 September 2019	 87.9%	87.0%	81.5%	88.9%
KPI 4.2 Income & Expenditure - Surplus (%)	 October 2019	 1.2%	1.0%	1.1%	1.5%
KPI 4.3 Cost Improvement Plans (CIP) Achieved against Plan (%)	 October 2019	 89.5%	100.0%	66.2%	84.7%
KPI 4.4 External Agency spend against Trajectory (£000s)	 October 2019	 £440,767	£628,000	£219,900	£443,574
KPI 4.5 Percentage based on value of Service Lines with deficits greater than 5%	 October 2019	 16.2%	0%	-1.1%	12.6%
<p>KPI will variably meet the target some months and fail others.</p> <p>KPI is consistently achieving the target as the lower limit is above the target. This suggests performance is unlikely to decrease to below target</p> <p>KPI will variably meet the target some months and fail others, especially early in each financial year</p> <p>KPI will variably meet the target some months and fail others.</p> <p>KPI will variably meet the target some months and fail others. However, the target is near the lower limit suggesting failure to meet target would be more likely than achieving</p>					

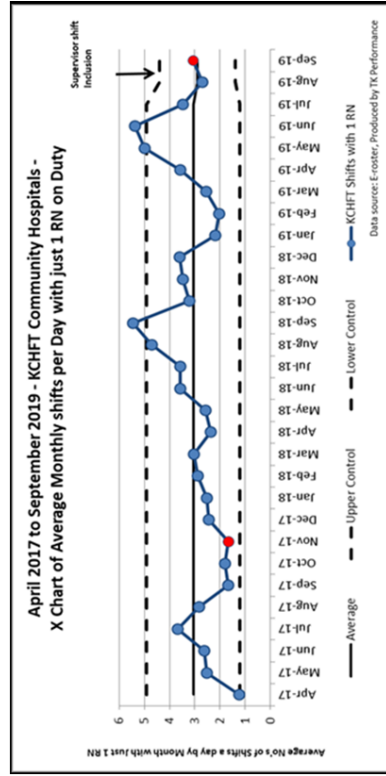
5. Be The Best Employer					
Metric	Actual	Target	Lower	Mean	Upper
KPI 5.1 Sickness Rate	 October 2019	 4.60%	4.20%	3.76%	4.46%
KPI 5.2 Sickness Rate (Stress and Anxiety)	 October 2019	 1.15%	1.15%	1.00%	1.56%
KPI 5.3 Turnover (planned and unplanned)	 October 2019	 16.10%	16.47%	16.64%	17.93%
KPI 5.4 Mandatory Training: Combined Compliance Rate	 October 2019	 95.9%	85.0%	94.4%	95.5%
KPI 5.5 Gross Vacancy Factor (% of the budgeted WTE unfilled by permanent workforce)	 October 2019	 7.2%	9.7%	7.3%	9.3%
KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more)	 October 2019	 85.8%	85.0%	82.5%	83.4%
<p>KPI will variably meet the target some months and fail others</p> <p>KPI will variably meet the target some months and fail others</p> <p>KPI will variably meet the target some months and fail others</p> <p>KPI is consistently failing the target with the target below the lower limit. This suggests achieving target without a process change will be down to chance.</p> <p>KPI is consistently achieving the target as the lower limit is above the target</p> <p>KPI will variably meet the target some months and fail others</p> <p>New target has been set at 85%. While the target currently sits above the upper control limit, current performance should see the upper limit increase above target</p>					

2.0 Quality Report

2.1 Assurance on Safer Staffing

Faversham, West View and Tonbridge community hospitals had a shift fill rate below 90% in August and West View and Tonbridge in September. The reasons were sickness and unavailability of bank staff during holiday periods. In most circumstances the overflow shift rates for HCA's is predominantly due to patients requiring enhanced care. The electronic roster template for West View needs to be adjusted to reflect the required staffing levels.

1.1 RN and HCA staffing Community Hospital September 19	Day Fill Rate %		Night Fill Rate %	
	RN's	HCA's	RN's	HCA's
Faversham	100.0%	137.8%	98.3%	113.3%
Deal	109.2%	127.2%	98.3%	111.7%
QVMH	94.2%	111.1%	100.0%	100.0%
Whit & Tank	95.8%	120.7%	100.0%	101.7%
West View	78.3%	86.7%	98.3%	66.7%
Edenbridge	115.0%	108.3%	100.0%	98.3%
Hawkhurst	115.8%	136.7%	96.7%	106.7%
Sevenoaks	106.7%	111.7%	100.0%	100.0%
Tonbridge	145.8%	90.3%	148.3%	77.5%
Total	106.8%	111.6%	104.4%	94.2%



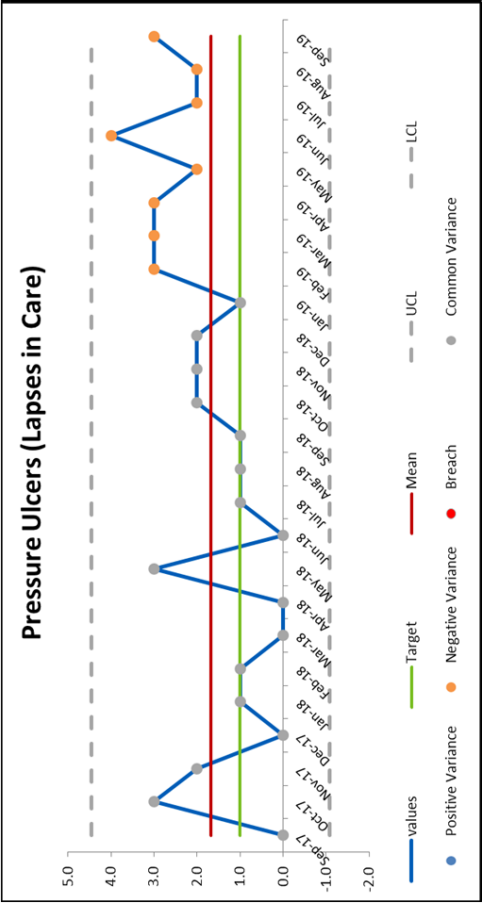
Nurses have been transferred from other services to support wards at Faversham and Tonbridge. Staff on long term sick leave have now returned and 2 new members of staff are in post at West View. Wards increase the use of health care assistants to expand general nursing capacity especially during night shifts. On review of the incidents during this time frame, there were no incidents of harm to patients when there was one RN on duty. However, these incidents are regularly monitored to ensure that learning is identified and disseminated.

2.2 Assurance on Pressure Ulcers

There was 1 pressure ulcer serious incident reported in August and none in September. The investigation of this incident is still ongoing. Learning already identified through the investigation forms part of the pressure ulcer improvement plan.

In August and September there were 5 lapses in care with learning for KCHFT and these related category 2 pressure ulcers. Investigations identified a need for timely skin assessments. There is an action relating to timely assessments on the pressure ulcer action plan which is monitored at the Patient Safety and Clinical Risk Group.

There were 354 occasions where a pressure ulcer was reported on admission to KCHFT caseload during August and September; 214 category 2, 61 category 3, 7 category 4, 25 deep tissue injuries and 43 ungradable pressure ulcers. All of these have been through SI process and deemed the patient not to have acquired the pressure ulcer while in the care of KCHFT.

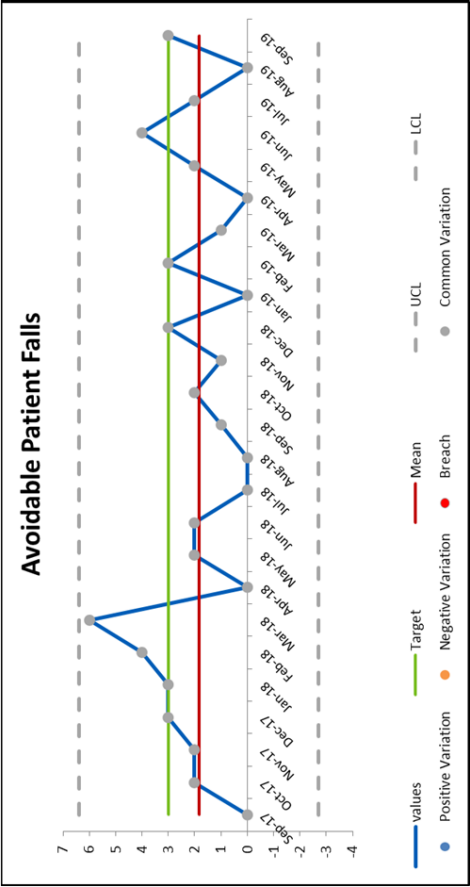


2.3 Assurance on Falls

There were 49 falls reported across KCHFT during August and September 2019, 3 of which were found to be avoidable following investigation.

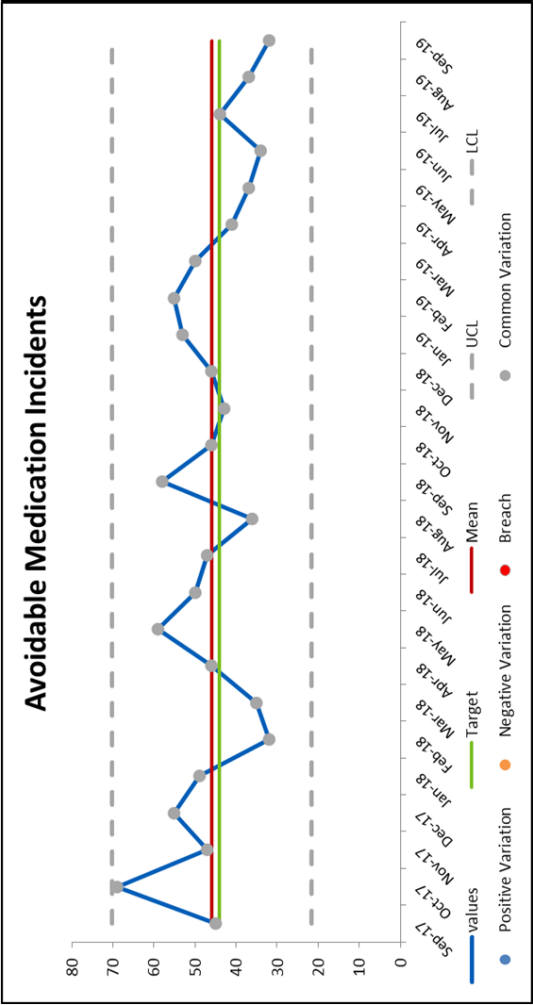
Two of the three avoidable falls incidents relate to switching off the sensor pad; one whilst a patient went to the bathroom and it was not reconnected upon return and the other a patient with cognitive impairment became agitated and disorientated with the noise from the sensor, walked independently to the bathroom and fell due to impaired balance. No harm came to either patient.

The third avoidable falls incident was declared as a serious incident in September and the investigation is ongoing. The patient sustained a fractured neck of femur. The root cause analysis meeting is on the 19th of November 2019.



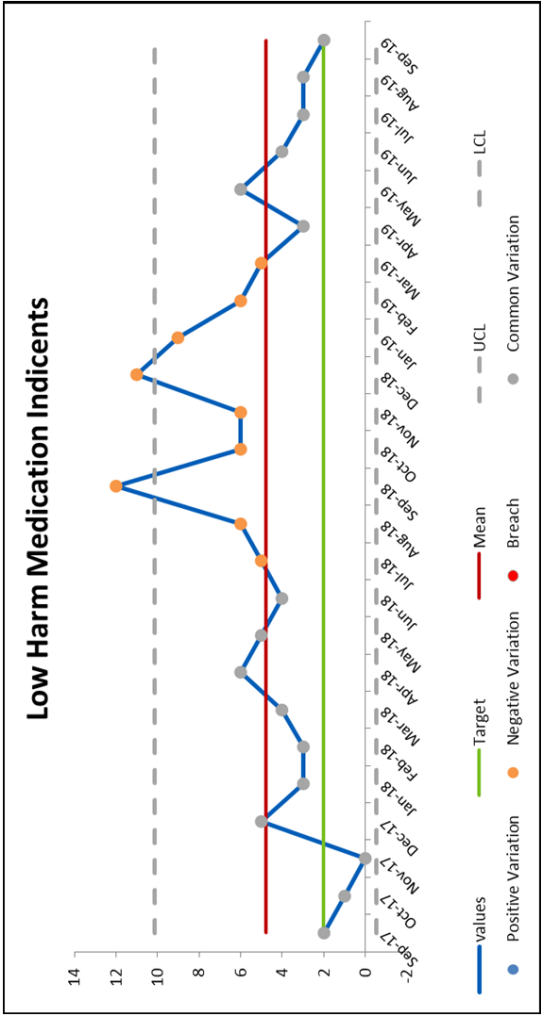
2.4 Assurance on Medication incidents

The majority of incidents reported relate to 'administration or supply of a medicine from a clinic or inpatient area'. 43% of incidents occurred in patient's own homes and 32% occurred in community hospitals. The highest category of medication incidents related to 'omitted medication'. KCHFT demonstrate a positive benchmark for medication errors



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

The Pharmacy Team are working alongside operational services on Quality Improvement Projects.



2.5 Assurance on Patient Experience

2.5.1 Meridian Patient Experience survey results

6,375 surveys were completed by KCHFT patients, relatives and carers in October 2019, with a combined satisfaction score of 97.1%, the same percentage as September.

Survey volumes in October (6,375) increased by 757 on September returns. The School Health Service Kent had the largest increase in line with the usual trend seen at this time of year due to the start of a new school year. A pronounced increase in volumes was seen for Epilepsy, Chronic Pain, Sexual health and the Dental service. Volumes for the Home First Service in west Kent continue to increase since the introduction of the survey back in March 2019.

2.5.2 The NHS Friends and Family Test (FFT)

In October the recommend score for the NHS Friends and Family Test question was 97%, a 1% decrease on September (98%). In October 0.7% of our patients chose not to recommend the service they received compared with 0.4% in September. 100 patients in October chose the 'neither likely nor unlikely' answer option, compared with 57 in September. Services that received the highest number

of these responses were School Health (Kent) (19), Dental services (12), Targeted services (Children's Psychological services) (11), CHATS (5), Chronic Pain (5) and Health Visiting (4). The remainder of the 'neither likely nor unlikely' responses were spread across various services. In October 18 patients chose 'unlikely' (18) compared to September (9) and 23 chose extremely unlikely, higher than the 13 in September. 38 people in October chose 'don't know' compared with 25 in September.

2.6 Assurance on Clinical Audit and Research

2.6.1 Audit

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

KPI Actions	Target %	August >75%	September >80%
Due audit recommendations implemented – KPI 4.6		94%	98%
Actions overdue by more than 3 months – KPI 36	Target <=10%	0%	1%
Actions overdue by more than 6 months – KPI 37	Target <=5%	0%	0%

2.6.2 Clinical Audit Reporting

Clinical Audit Actions – All three KPI actions achieved. To date 89 out of 91 due actions have been implemented. Only area with any actions outstanding for more than 3 months is Sexual Health (n=1).

Clinical Audit Reporting - Further work required to ensure prompt review of final report by relevant quality or governance group. This has moved from 47% in July. This is impacted by relevant meeting being cancelled hence the requirement that the Chair or nominated person take responsibility for reviewing the relevant reports. Clinical Audit Facilitators will work more closely with Divisions to encourage this.

KPI Reporting	Target % (Annual Target 80%)	August	September
Receipt of clinical audit dashboard within 30 days of analysis		Achieved 76% Target 50%	Achieved 82% Target 55%
Receipt of clinical audit full report within timeframe (timeframe dependent on assurance level)		Achieved 95% Target 60%	Achieved 93% Target 60%
Full report with action plan reviewed by Governance group or Chair within 30 days		Achieved 54% Target 80%	Achieved 58% Target 80%

2.6.3 Research

We have exceeded our annual recruitment pledge to the Clinical Research Network (CRN KSS). This was higher in Q2 but a national dental study had inappropriately assigned recruits for last year. These have since been withdrawn.

One of the CRN High Level Objectives (HLO) is to achieve at least 80% recruitment, in time and to target for all commercial studies.

We have achieved 100% recruitment to time and over target for a cardiac commercial study.

Research Portfolio recruitment Target 300 (annual)	Quarter 1	Quarter 2	Achieved
Portfolio recruitment 75 per quarter	59	841	Significantly over achieved

2.6.4 National Institute for Clinical Excellence (NICE)

543 pieces of NICE Guidance have been issued since 2017. Only 118 are applicable to KCHFT. Of these 19 (16%) remain under initial review and have exceeded our 3 month target to complete the baseline assessment. Was 27%

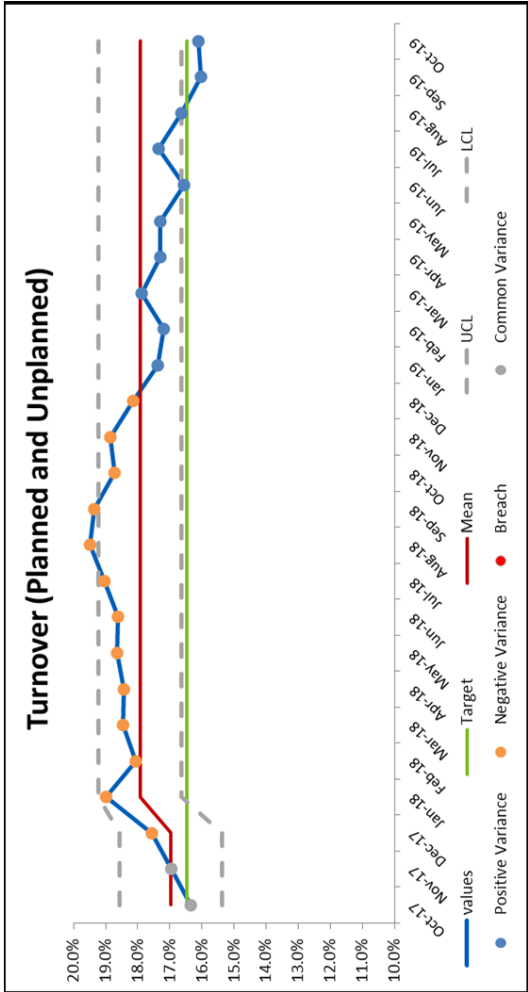
Board has visibility of outstanding guidance. NICE Working Group focus on both QA and QI aspects of NICE

3.0 Workforce Report:

3.1 Assurance on Retention

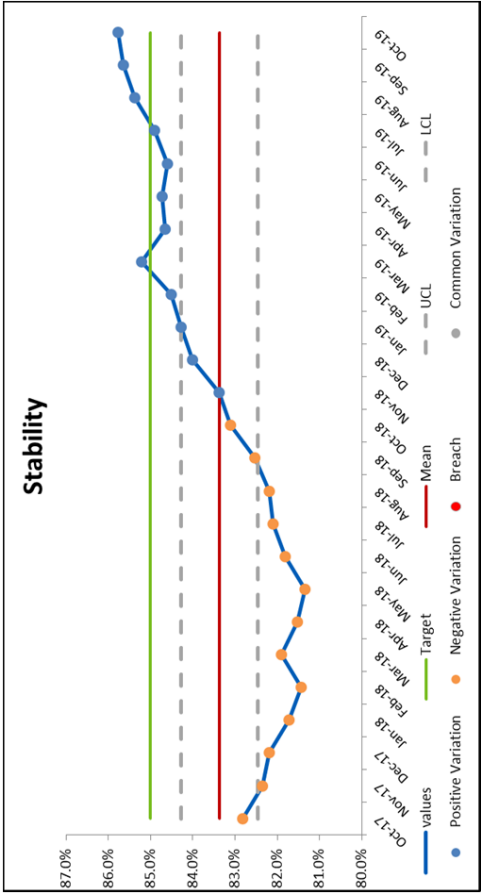
3.1.1 Turnover

Turnover in October 2019 has decreased since the last report to 16.10%, a 0.53% decrease on the reported figures in August of 16.63%. It has increased from September's rate of 16.02% but continues to remain below average and below target. It is now sitting at 0.37% below the target of 16.47%. As more than 7 positive variations have occurred a recommendation is being made to the Executive to reduce the turnover target to 16%.



3.1.2 Stability

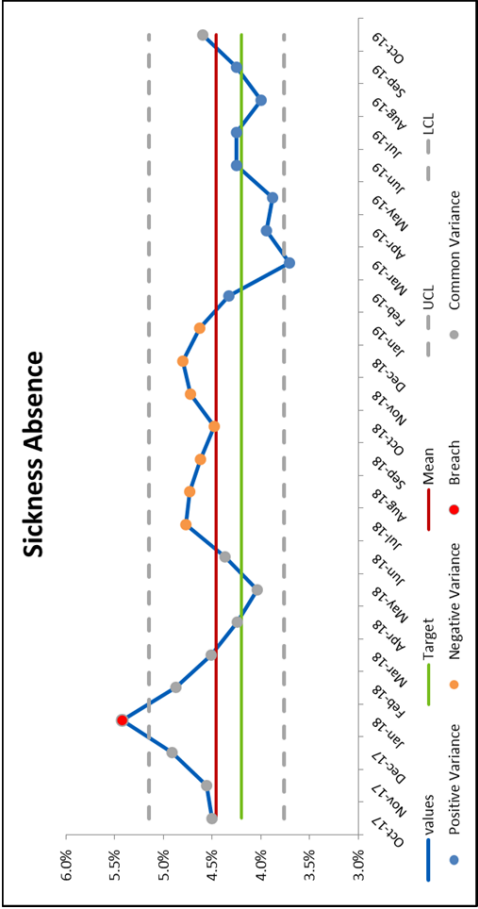
Stability continues to perform above the mean and the target, it has recovered the small drop reported in March 2019, and is sitting at just above the 85% target, at 85.77% as of October 2019; a slight increase from the last report on August's figure of 85.38%.



3.2 Assurance on Sickness

3.2.1 Sickness Absence

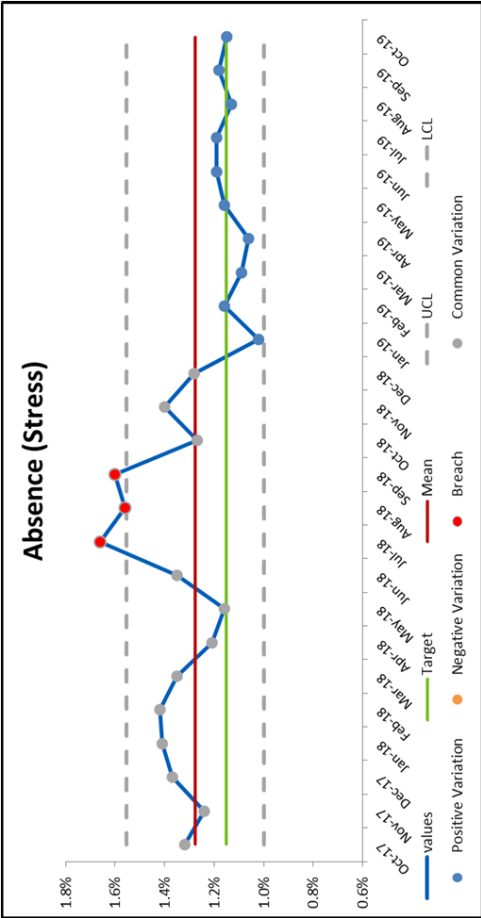
Since the sharp drop in sickness absence in March 2019, reported levels of absence have started to slowly increase back up towards the mean. The figures for October 2019 have increased to its highest level since March 2019. The Trust absence figure has increased to 4.6% and is now above the 4.2% target. Absence levels do usually increase over this winter period.



3.2.2 Stress Absence

In-month stress absence figures for October 2019 have increased slightly to 1.15% from 1.13% in September. October's figure is following a pattern varying around the target of 1.15%. The financial year-to-date figure for October 2019 is also 1.15%, a slight decrease from the last reported figure in August of 1.18%.

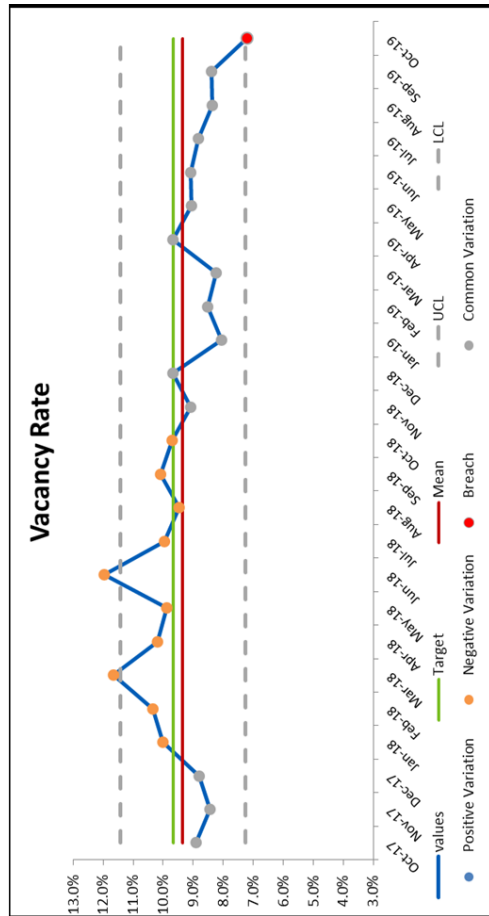
The continued trend of improved performance below the mean in stress absence has now been in place for 11 months (since December 2018). This has triggered a special cause variation flag, indicating that a significant improvement in the performance of this metric is now in place. This will continue to be monitored in the coming months to ensure this level of performance is maintained.



3.3 Assurance on Filling Vacancies

3.3.1 Establishment and Vacancies

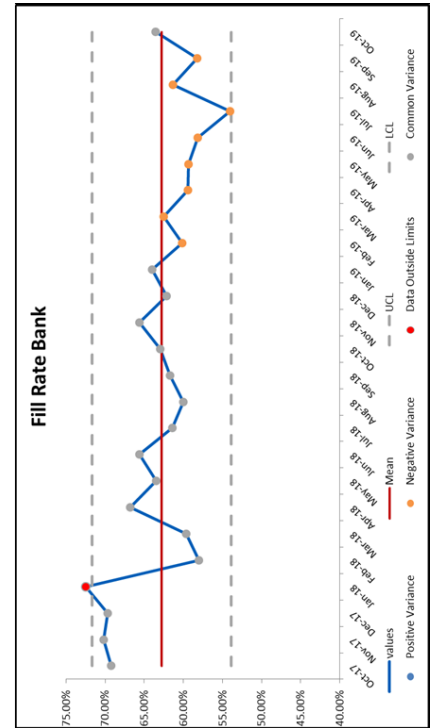
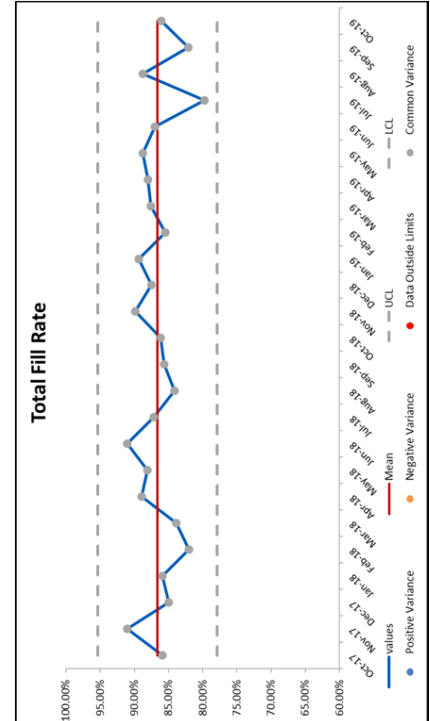
Following the increase in vacancy rates in April 2019 due to budget setting, levels have been on a continual downward trajectory below the mean. Vacancies are at an all-time low of 7.16% significantly below the target of 9.66%. October 2019 saw the lowest vacancy rate in the last 2 years. With the increase in posts to support the long term plan, it is anticipated that there may be an increase in vacancies in the interim of the post being included in establishment and post being filled.



3.3.2 Temporary Staff Usage

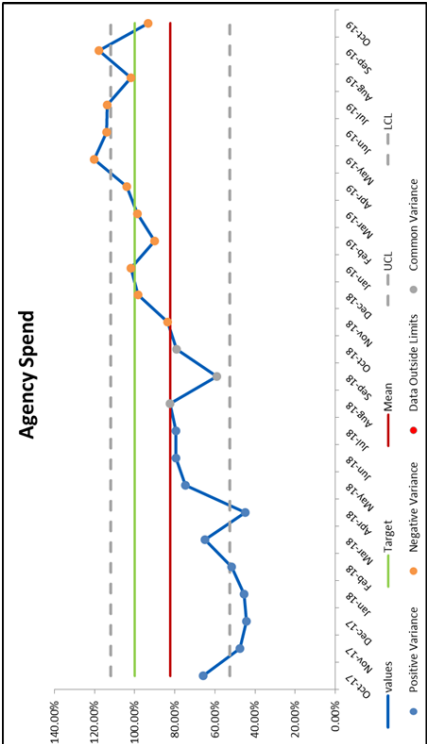
Both Bank and Total fill rates had been reported as an increase in August 2019. Although there had been a drop in September, the Total fill rate and Bank Fill rate in October 2019 has increased again. The Total fill rate increased to 86.06% and the Bank fill rate increased to 63.58%. Bank fill rates had reported 8 data points below the mean until October. Total fill rates have been varying around the mean previously and have dropped to below the mean in September and October.

As previous reported the fill rate is being increased by the significant increase in demand. We are working with our STP partners looking at a system that will enable vacant shifts to be shared



3.3.3 Agency Spend

The use of agency staff across the Trust in October 2019 has been significantly reduced from September's spend with a figure of 93.24% of budgeted trajectory reported, a reduction of 24.63% over September's figure of 117.87%. This is reporting 6.76% below target, this is the lowest it has been since April 2019. It is likely that this is related to the improved bank fill rate outlined above so will also form part of the investigation being undertaken



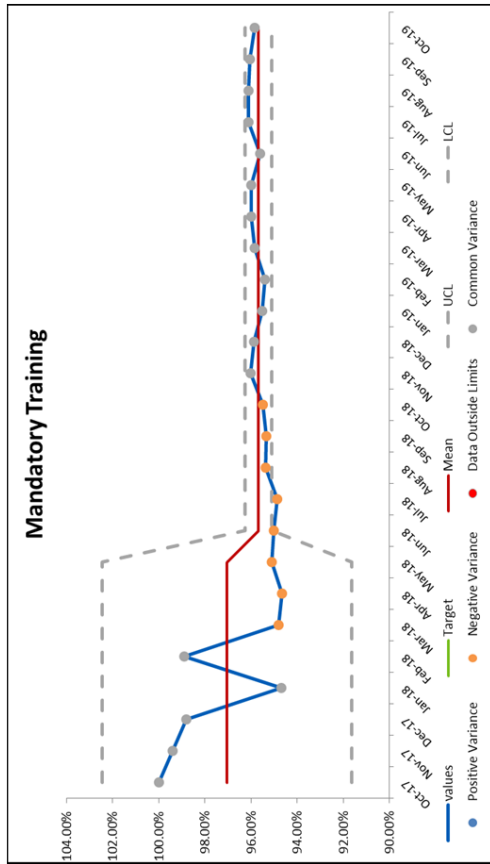
3.4 Assurance on Training Compliance

3.4.1 Mandatory Training Compliance

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

Whilst there has been a drop of 0.1% in compliance overall there have been no negative changes in the topic based RAG ratings. Moving and handling level 4 has moved from amber to green this month and assuming all those booked to attend in November and December do attend this will remain above target coming into the pressure of January. There are also an additional 23 spaces not currently being utilised over those months. There is a risk that whilst there are sufficient spaces in January, February and March 2020 (420) to accommodate all staff out of date, should bad weather hit or the traffic disruptions anticipated from Brexit occur, then there will not be enough of a cushion to keep compliance above the targeted 85%.

Essential to role training is showing above target as an aggregated figure but there are some areas which are below target



4.0 Finance Report:

4.1 Key Messages

Surplus: The Trust achieved a surplus of £1,695k (1.2%) to the end of October. Cumulatively pay and depreciation/interest have underspent by £3,714k and £58k respectively and non-pay has overspent by £1,783k. Income has under-recovered by £1,660k.

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

CIP: £2,761k of savings has been achieved for the YTD against a risk rated plan of £3,086k which is £325k (11%) behind target.

Cash and Cash Equivalents: The cash and cash equivalents balance was £40,117k, equivalent to 64 days expenditure. The Trust recorded the following YTD public sector payment statistics 98% for volume and 97% for value.

Capital: Spend to October was £1,439k, against a YTD plan of £4,252k (34% achieved). The full year forecast is £7.4m and the Trust expects to utilise this in full.

Staff: Temporary staff costs for October were £1,140k, representing 8.06% of the pay bill. Of the temporary staffing usage in October, £450k related to external agency and there was a credit of £10k for locums due to a correction of costs from locum to bank staffing, 3.1% of the pay bill. Vacancies decreased to 316 in October which was 7.2% of the budgeted establishment.

4.2 Dashboard

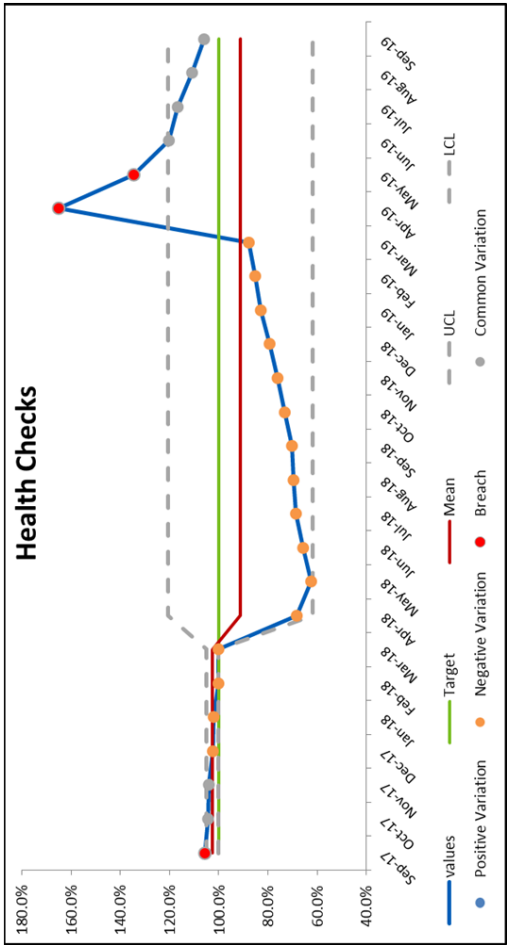
Surplus		Rag rating: Green		Use of Resource Rating		Rag rating: Green		CIP		Rag rating: Amber	
Actual	Plan	Variance		Year to Date Rating	Year End Forecast Rating			Year to Date	Year End Forecast	Actual	Plan
Year to Date £k	1,695	1,366	329	1	1	Capital Service Capacity		1	1	2,761	3,086
Year End Forecast £k	2,463	2,350	113	1	1	Liquidity		1	1	5,299	5,299
The Trust achieved a surplus of £1,695k to the end of October.				1	1	I&E margin (%)		1	1		
Pay and depreciation/interest have underspent by £3,714k and £58k respectively				1	1	Distance from Financial Plan		1	1		
and non-pay has overspent by £1,783k.				1	1	Agency Spend		1	1		
Income has under-recovered by £1,660k.				1	1	Overall Rating		1	1		
The forecast is to deliver a surplus of £2,463k which is £113k ahead of the plan for the year, due to additional provider support funding received in 2019/20 but relating to 2018/19 of £113k.				The Trust has scored the maximum " " rating against the Use of Resource rating metrics for M6 2019-20.				86.5% of the total annual CIP target has been removed from budgets at month seven.			
								The Trust is forecasting to achieve the full plan of £5,299k by the end of the year.			
Cash and Cash Equivalents		Rag rating: Green		Capital Expenditure		Rag rating: Amber		Agency Trajectories		Rag rating: Green	
Actual	Forecast	Variance		Actual/Forecast	Plan	Variance		Actual	YTD	Actual	YTD
Year to Date £k	40,117	37,934	2,183	1,439	4,252	2,813		441	628	3,620	4,396
Year End Forecast £k	33,252			7,372	7,654	282		(Inc. Locums) £k			
Cash and Cash Equivalents as at M7 close stands at £40,117k, equivalent to 64 days operating expenditure.				Capital Expenditure year to date is £1,439k, representing 34% of the YTD initial plan submitted.				Locum Expenditure £k			
The Trust recorded the following YTD public sector payment statistics 98% for volume and 97% for value.				The full year forecast is £7,372k and the Trust expects to utilise this in full.				-10	106	116	742
								External agency expenditure (including locums) was £441k against £628k trajectory in October. (YTD £3,620k against £4,396k trajectory).			
								Locum expenditure in October was £-10k against £106k trajectory. (YTD £561k against £742k trajectory).			

5.0 Operational report:

5.1 Assurance on National Performance Standards and Contractual Targets

5.1.1 Health Checks and SS Quits

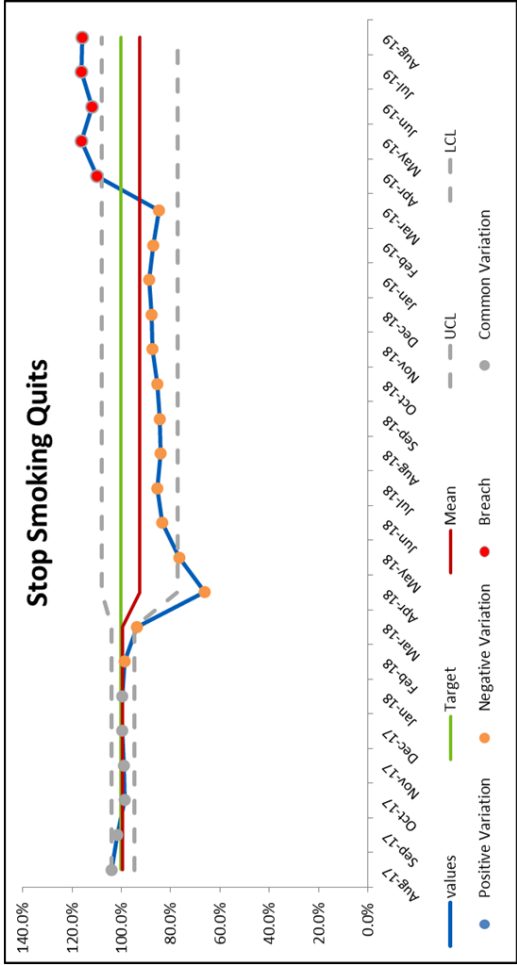
Health Checks



Health Checks has now stabilised and is experiencing normal variation, following M1 and M2 performing above the upper control limit.

The special cause resulting in the increased performance in M1 & 2 was related to the problems last year with the introduction of the new IT system and late invites, causing a higher number of checks completed during this period. This was resolved and performance is now stable

Stop Smoking Quits



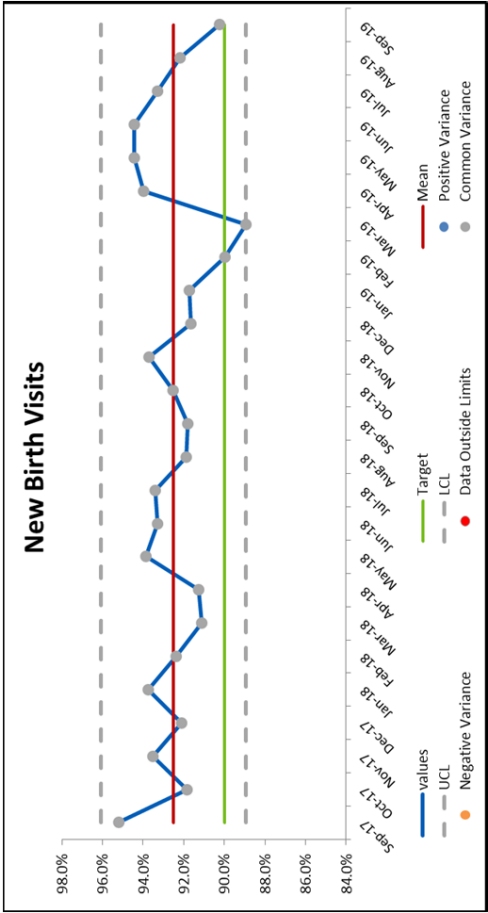
Performance to month 5 is currently showing as special cause variation above the upper control limit; however investigation has found that there has been no specific reason attributed to this strong level of performance, which has continued into Month 5 as predicted.

National smoking prevalence continues to move in a downwards trend. With the successful outcomes of the Home Visits for pregnant mums, KCC and KCHFT have met to discuss new approaches to engaging the county's toughest and hardest to reach smokers.

5.1.2 Health Visiting

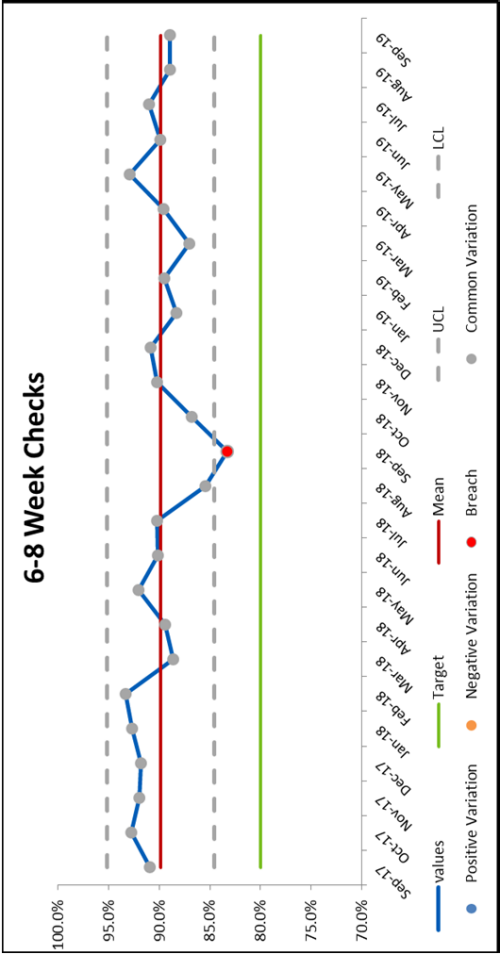
New Birth Visits

Months 1-4 were above both target and the mean, although the month 5 and 6 positions have dipped. The data cleanse continues to occur monthly and involves teams receiving a patient level list of children who have had no visit, DNA or refusal recorded for them to ensure their status is recorded correctly, which generally improves the most recent month upon refresh. The target of 90% is generally being achieved and is closely monitored through the monthly district level reports and is showing varying performance across the districts.

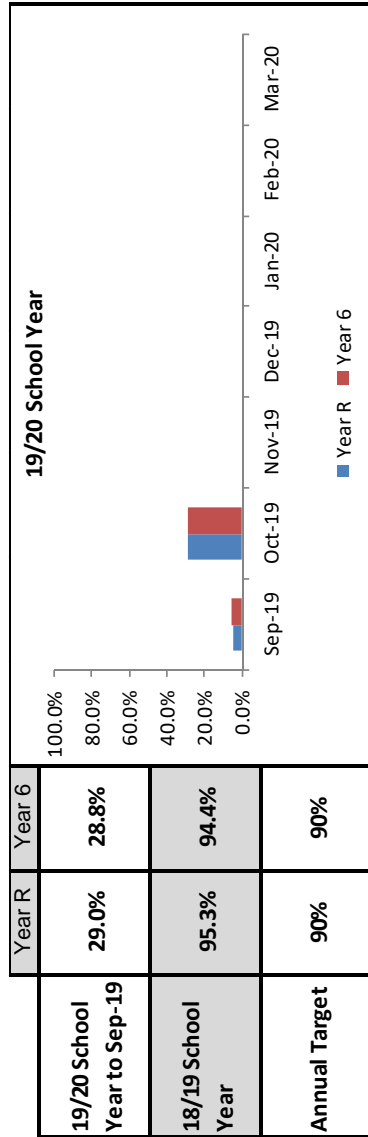


6-8 Week Checks

Performance is stable, with the target being consistently achieved, with months 2 and 4 above the mean. Monthly processes continue to be in place for localities to drill down into any adverse trends and improve the data quality where issues are identified.

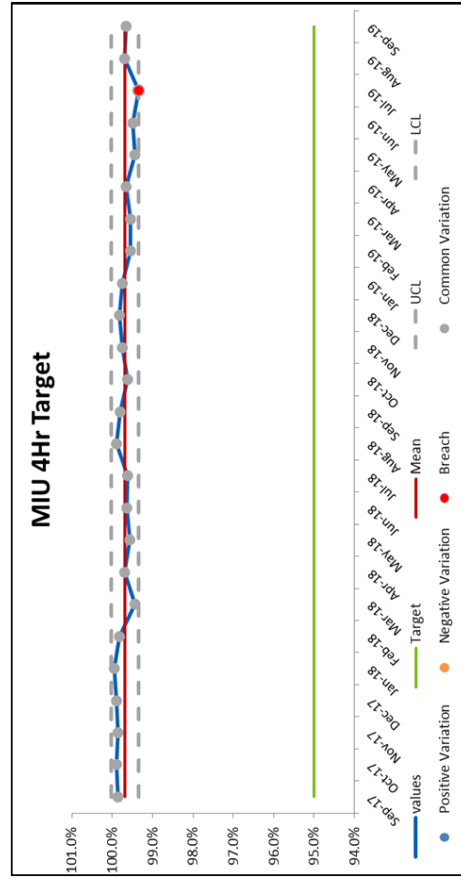


5.1.3 National Child Measurement Programme (NCMP)



The measurement programme for Year R and 6 pupils met the trajectory for the 18/19 school year, with both programmes achieving the 90% target for the school year. The 19/20 programme has now started and is on track

5.1.4 Minor Injury Units (MIU) 4 Hour Wait Target



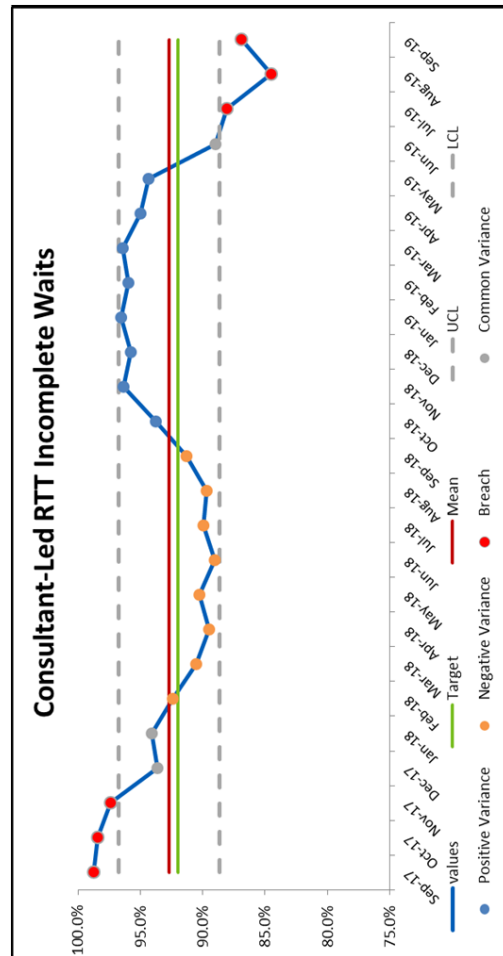
KCHFT's achievement of the 4 hour wait target for Minor Injuries Units has consistently been high, with very little variation from the mean, with the control range suggesting that failing target is highly unlikely to happen. However, there had been a period of variation showing a

dip below the mean with a few extra breaches caused by the increased demand in the summer months (as noted by increased activity), which has now improved and performance is stable.

5.1.5 GUM 48hr

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

5.1.6 Consultant-Led RTT Incomplete Waits Over 18 weeks



The proportion of patients on a consultant-led Referral to Treatment (RTT) pathway at month end who are waiting less than 18 weeks is showing negative special cause variation, being below both target and the lower control limit for the third consecutive month. This has been caused by increased waits in Orthopaedics which are a large portion of the Trustwide RTT position.

Continued pressure from increased demand affected waiting lists within the orthopaedic service particularly in West Kent. Available skilled workforce has also impacted including the loss of an advanced physiotherapy practitioner (APP) to a GP practice in WK which affected the ability of the service to deliver assessment activity within 18 week. The service is also reporting pressure on acceptance and triage processes in respect of higher than envisaged referral volume in West Kent where greater numbers than anticipated have been triaged to the community orthopaedic services by diverting activity from MTW. As a result a recovery plan has been developed and a forecast trajectory constructed to support oversight and senior management conversations internally and with commissioners.

This recovery plan includes a range of short term measures (additional weekend clinics, subcontracting registrar sessions and weekday bank shifts), as well more longer term plans (Revisiting and remodelling the WK MSK pathway with commissioners and MTW via the

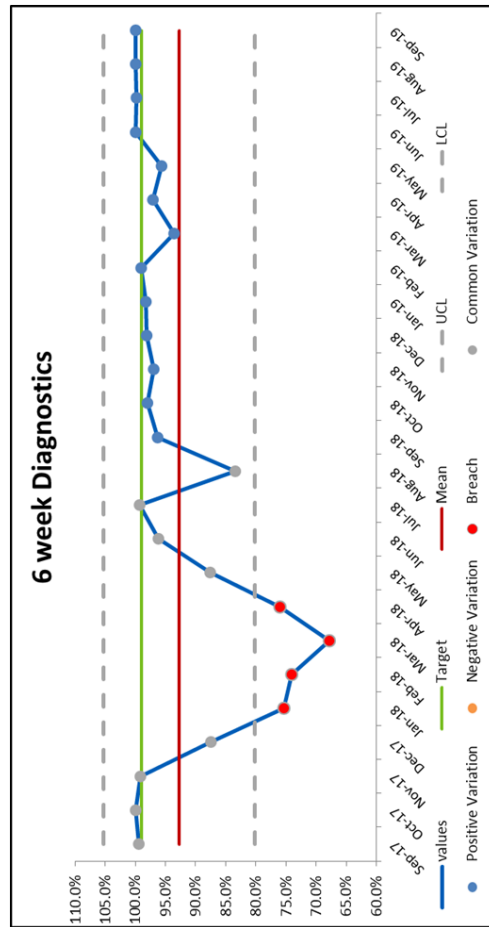
alliance steering group, development of an APP workforce via a 12 month internal accredited training scheme and negotiating with the WK alliance the need to permanently include registrar sessions into the MSK service model)

Based upon current trajectories, available data and assumptions it is anticipated that orthopaedics will be RTT compliant for complete and incomplete waits by the end of November (previous estimate was end of October)

	0-12 Wks	12-18 Wks	18-36 Wks	36-52 Wks	52+ Wks	< 18 Weeks
Chronic Pain	622	40	21	0	0	96.9%
Orthopaedics	3165	1029	864	1	0	82.9%
Children's Audiology	242	1	0	0	0	100.0%
Community Paediatrics	687	206	15	0	0	98.3%
KCHFT Total	4716	1276	900	1	0	86.9%

The above table shows the current breakdown of the waiting list for all services on a consultant-led pathway. 86.9% of waits are now below 18 weeks, although only 1 wait above 36 weeks. The average wait for patients waiting over 18 weeks is 22.5 weeks, with Orthopaedics the only service not meeting target

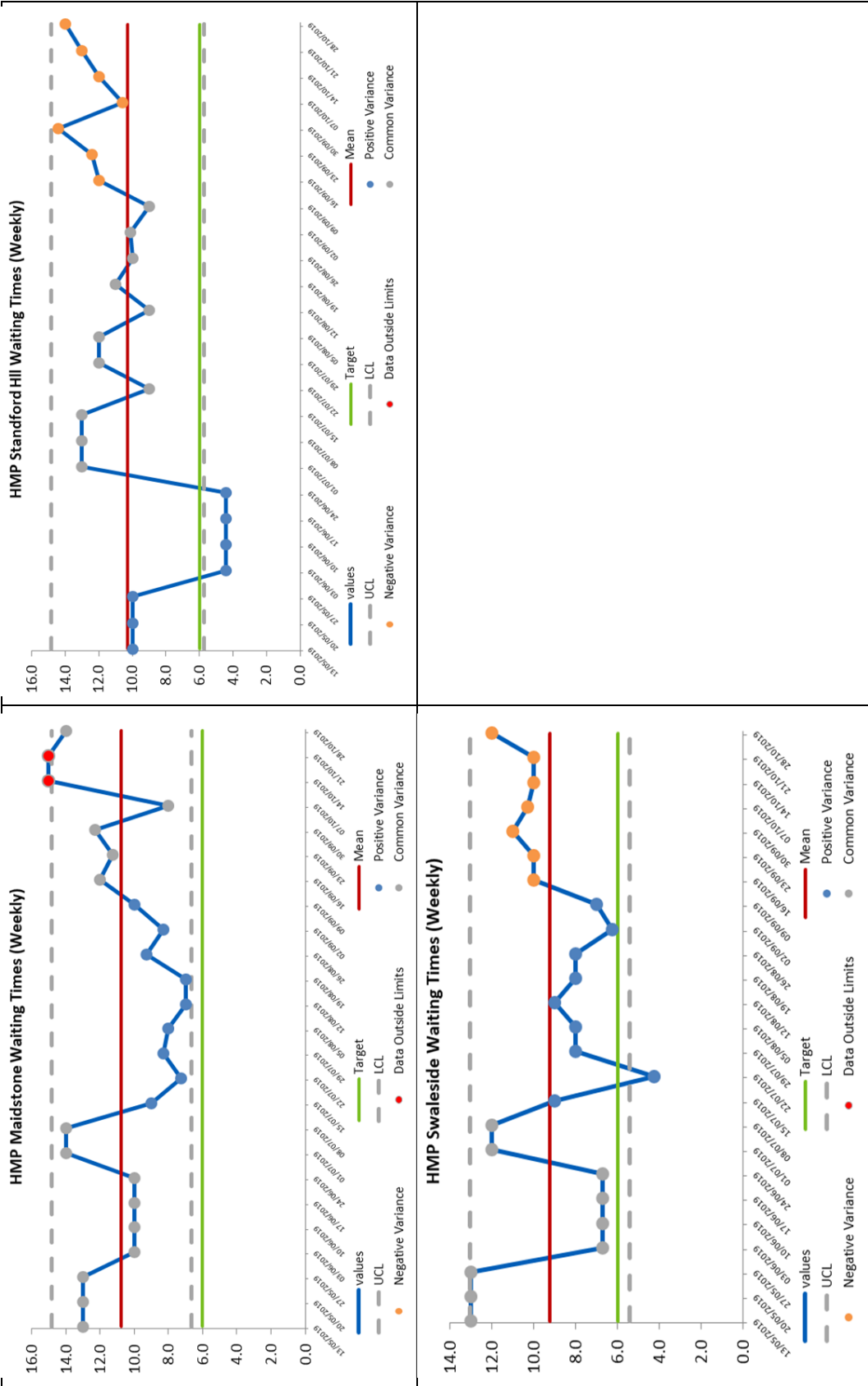
5.1.7 6 Week Diagnostics (Audiology)



6 week diagnostics waits for paediatric audiology is experiencing a period of positive special cause variation, with the last 13 months performing above the mean. However, performance historically can sometimes be marginally below the challenging 99% target within 6 weeks (1% over 6 weeks as per NHSI Single Oversight Framework standard). However, target has been achieved for 4 consecutive months.

The Service has moved to business as usual and going forward if the referral rates remain within the normal parameters of between 300 and 400 per month, the service will continue to be fully compliant with the 99% target within six weeks. Weekly teleconferences continue to ensure that we maximise clinical capacity to meet demand.

5.1.8 Dental Prisons Waiting Times

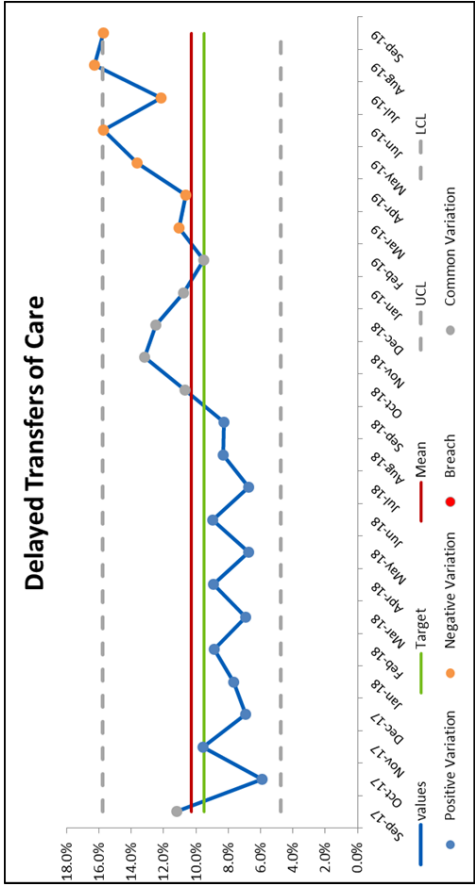


The above charts show that prison waits are currently experiencing adverse special cause variation at Standford Hill and Swaleside, plus in all three cases current performance is above the mean and the target is either below or near the lower control limit, suggesting consistent achievement of the 6 week target is unlikely to occur in the current environment.

The Dental prison service had been providing additional sessions within prisons at our own cost to manage waiting times which had been masking the true contractual level of performance. A business case is with NHS England to fund the additional sessions required to bring the waiting times to an average of 6 weeks. This has been positively received but as yet not agreed.

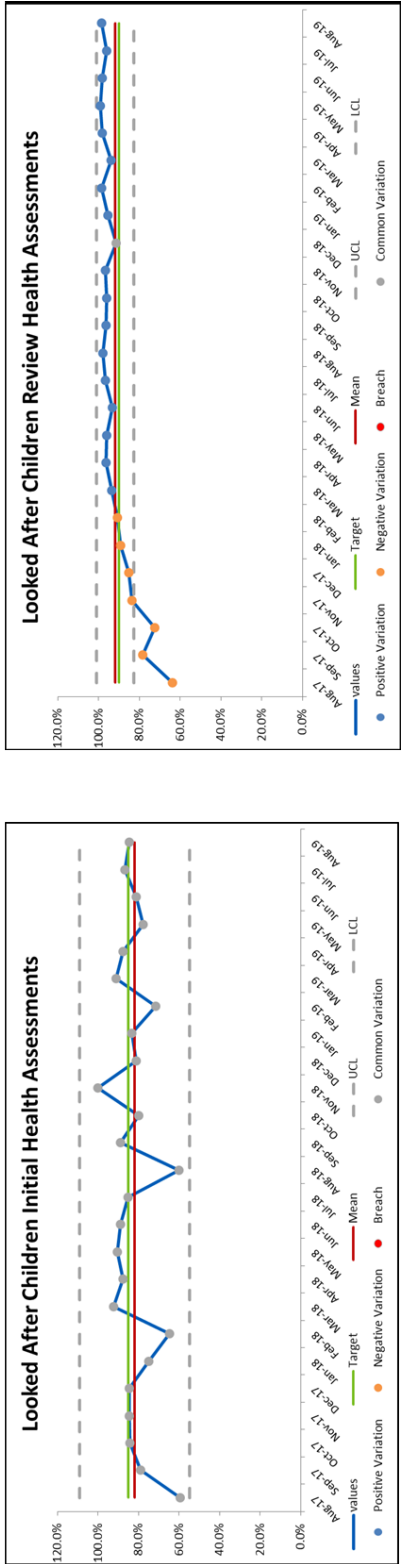
In the meantime all prison health services in Kent are being market tested including the dental element. The model is a lead provider with sub-contractors which would include dentistry. The commissioner wishes to discuss with us the consequence of this and may pull dental services from the lead provider model and contract directly. The delay this has caused is creating more uncertainty and risk of long term breaching of waiting times. If as a consequence of discussion with the commissioner the additional funding is not agreed either as the current business case or in a lead provider model we need to consider withdrawing from prison contracts altogether.

5.1.9 Delayed Transfers of Care (DTOCs)



KCHFT's target for delayed transfers is to achieve an average of 7 per day in both east Kent and west Kent, which equates to around 9.5% as a rate of occupied bed days. Performance had improved in month 6 but remains near the upper control limit with a period of 7 months above the mean, caused by an increased level of delayed transfers in east Kent. There has been an increase in delays due to availability of social care packages and also delays due to patient choice. The patient choice policy is being reviewed following evaluation of the Lincolnshire model and if this is implemented this should reduce these types of delay.

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



Initial Health Assessment (IHA) performance is showing normal variation and is achieving target most months. Performance can still be variable and liable to failing target some months, due to late requests being received from KCC and which KCHFT is struggling to influence. We have an additional KPI to ensure that we complete the IHA within 23 days of receipt of the referral which achieves target most months.

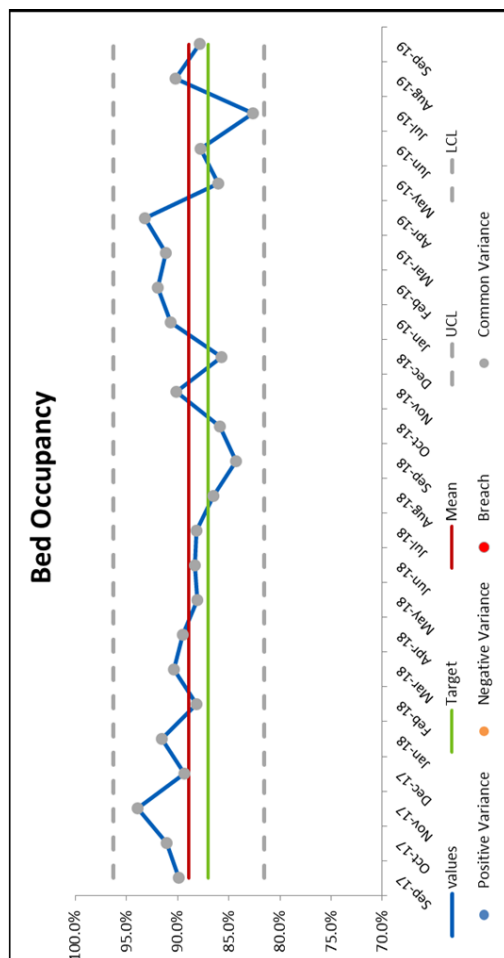
Compliance with the Review Health Assessment target is experiencing a period of positive variation above the mean with the last 8 months performing above the mean.

5.1.1.11 NHS Number Completeness

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

5.1.1.12 Bed Occupancy

Bed Occupancy is showing a varying trend with no periods of special cause variation, although the M4 performance had dipped to near the lower control limit.



5.1.13 CQUIN

The 2019-20 Q1 CQUIN achievement (% of potential income) is at 92.7%, although the national CQUINs are more highly weighted to the end of the year

5.2 Assurance on activity and productivity

5.2.1 Activity

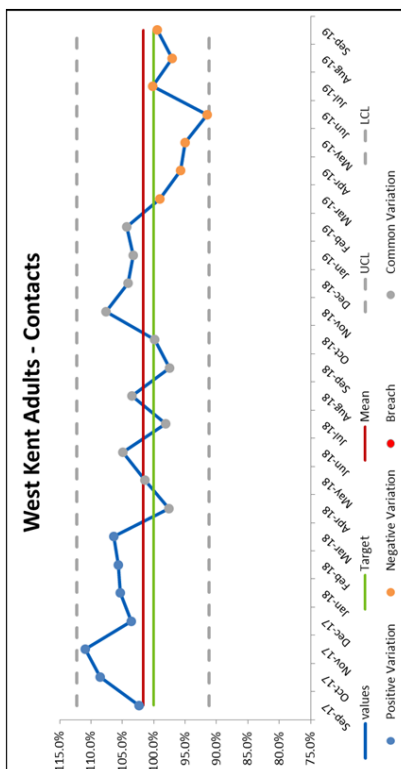
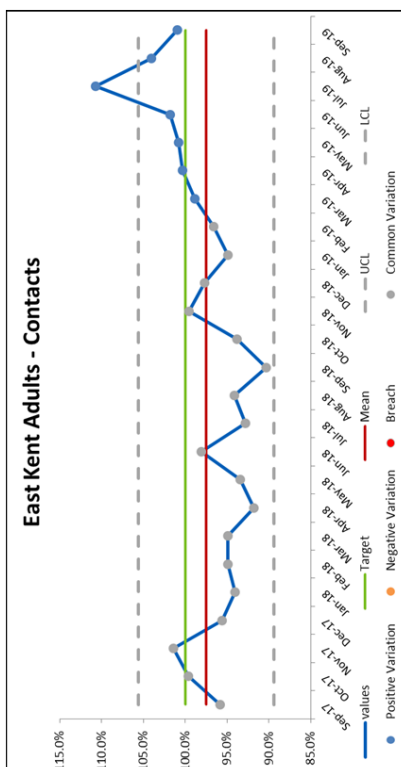
During September 2019 KCHFT carried out 174,842 clinical contacts, of which 11,568 were MIU attendances. For the year to September 2019 KCHFT are 0.4% above plan for all services (some services have contractual targets, some are against an internal plan), a slight decline on the M6 position. The largest negative variances are within Public Health Services (-6%) and West Kent Adults (-3.5%).

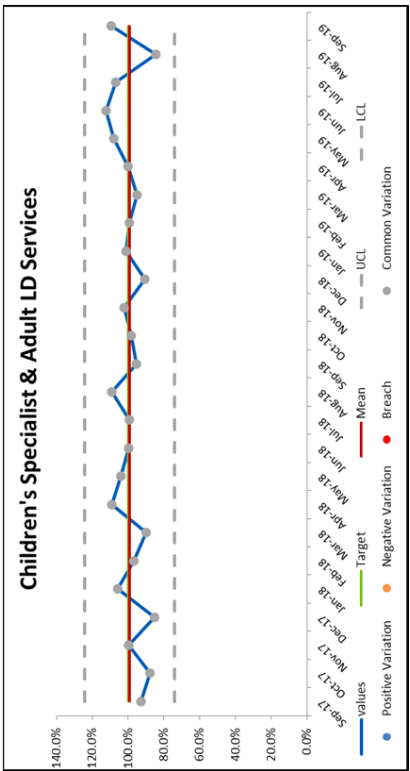
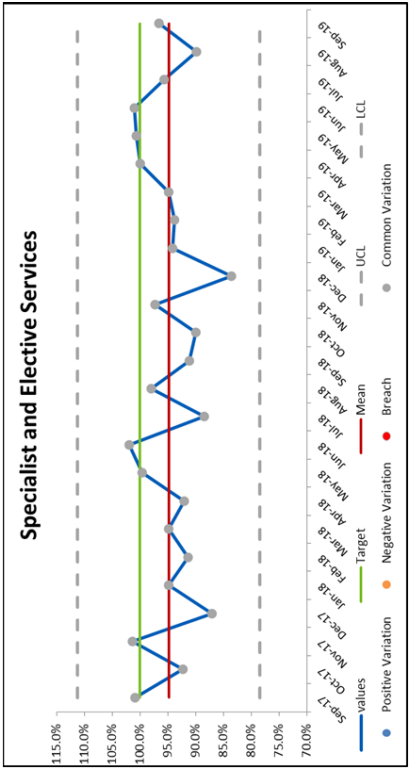
Service Type	M6 Actual	YTD Actual	YTD Plan	YTD Variance	Movement	Internal BRAG	Contract BRG
East Kent Adults - Contacts	53,283	332,046	321,951	3.1%	Negative		
East Kent Adults - MIU	4,051	24,393	23,106	5.6%	Negative		
East Kent Adults - Admissions	120	696	469	48.6%	Positive		
West Kent Adults - Contacts	24,841	147,121	152,446	-3.5%	Negative		
West Kent Adults - MIU	7,517	45,164	42,998	5.0%	Negative		
West Kent Adults - Bed Days	2,640	16,438	13,333	23.3%	Negative		
Specialist and Elective Services	27,636	166,955	171,779	-2.8%	Positive		
Children's Specialist & Adult LD Services	19,804	114,016	109,936	3.7%	Positive		
Public Health Services	27,828	179,325	190,772	-6.0%	Positive		
Dental Service	7,122	63,754	58,731	8.6%	Negative		
Trust Total Activity against plan	174,842	1,089,908	1,085,519	0.4%	Static		

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

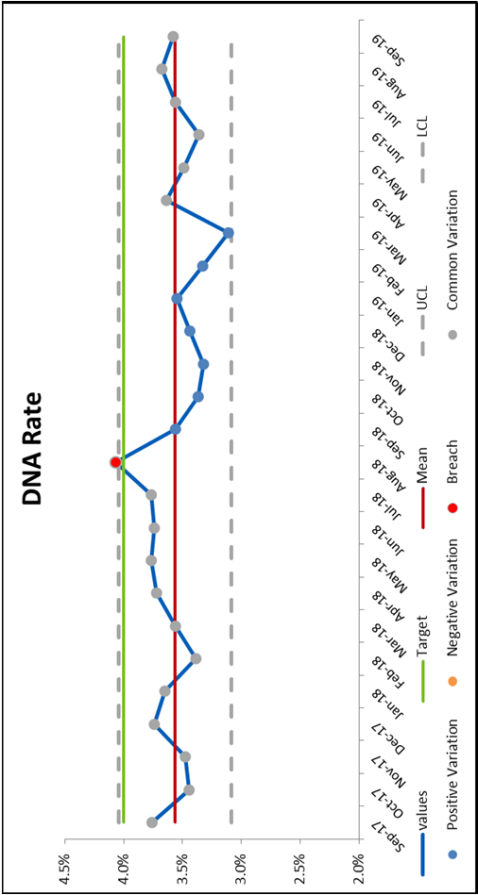
*these figures are not included in the table totals as they don't have a contractual target

The following charts show the monthly activity against target for East and West Kent Adults, Specialist and Elective Services and Children's Specialist & Adult LD Services, with East Kent showing a period of special cause variation with a shift above the mean, and West Kent showing a negative shift (albeit improving).



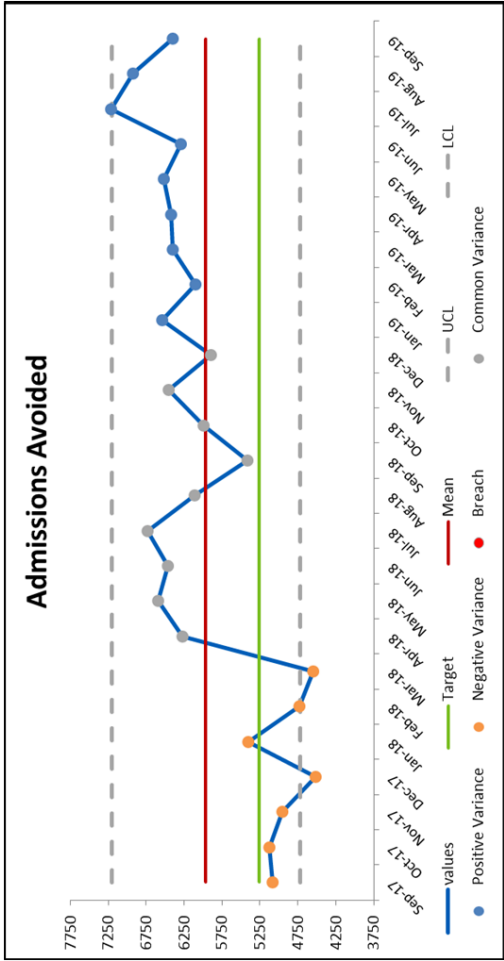


5.2.2 DNA rates



DNA rates continue to fall below the target of 5%, although are significantly higher within some services, particularly children's therapies. This KPI is now experiencing normal variation. The target is close to the upper control limit indicating that it is unlikely that levels would increase above target.

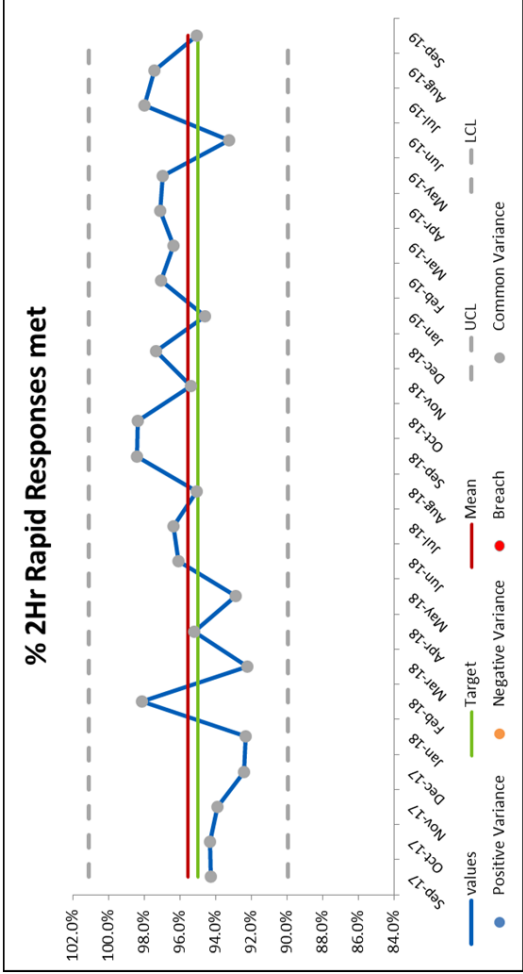
5.2.3 Admissions Avoided



There have been a higher level of admissions avoided in the last 9 months, with the above chart indicates that performance is experiencing special cause variation. This special cause is believed to be related to the work within local care that has led to increased referrals for admission avoidance, as well as increased nursing activity generally. Performance against target is favourable, although with performance being variable, achieving the target monthly is not always guaranteed.

5.2.4 Rapid Response referrals seen within 2 hours

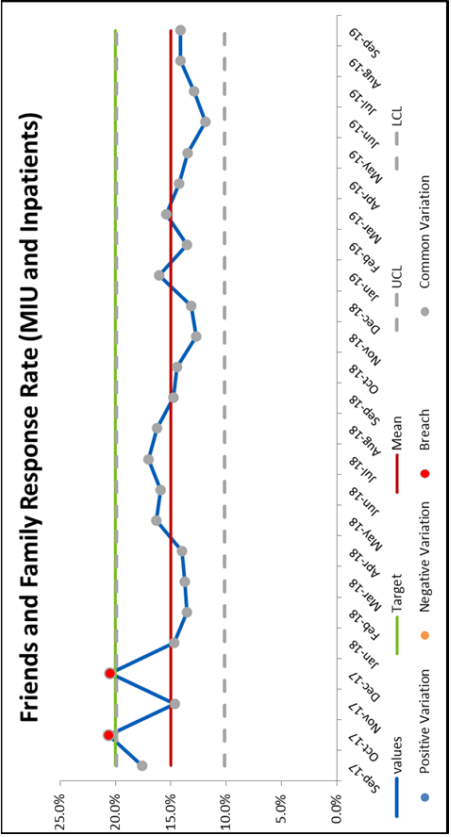
The mean level of performance is sitting marginally above the target level of 95%, with performance stable other than a slight dip in M3. Given the volatility and the high 95% target, it's unlikely the control limits will fully move above the target level in the near future to give full assurance of continual achievement.



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

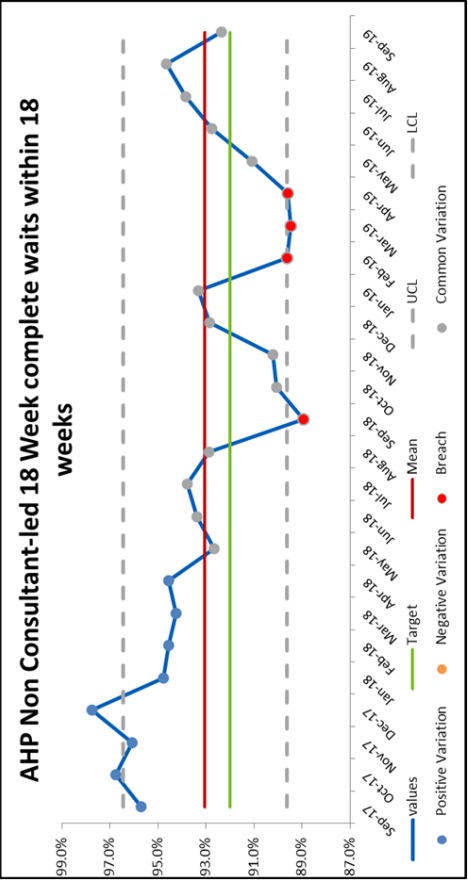
While the level of performance is showing normal variation, there has been a shift below the mean and the target is now marginally above the upper control limit. Patients are asked to complete the surveys before they leave but once they have been seen the uptake is difficult to achieve. Occasionally patients complete the surveys whilst they are in the waiting room but this is not a reflection of their visit just the booking in process. Emailing the link to the survey has been trialled but this has not worked.

The decline has mainly due to decreased surveys being completed at Sittingbourne, Sheppey, Sevenoaks and Edenbridge. While current performance is below the mean, there appears to be the start of an improvement although this will need to be monitored to see if this is a continuing trend or a chance event.



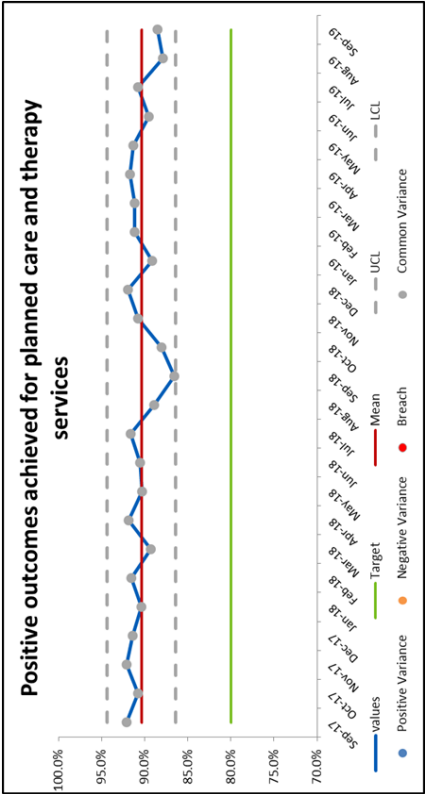
5.3 Assurance on Local Wait Times

Completed wait times for all non-consultant-led AHP services are now showing normal variation and signs of an improving trend as some of the backlog has now been cleared and performance is showing improvement.



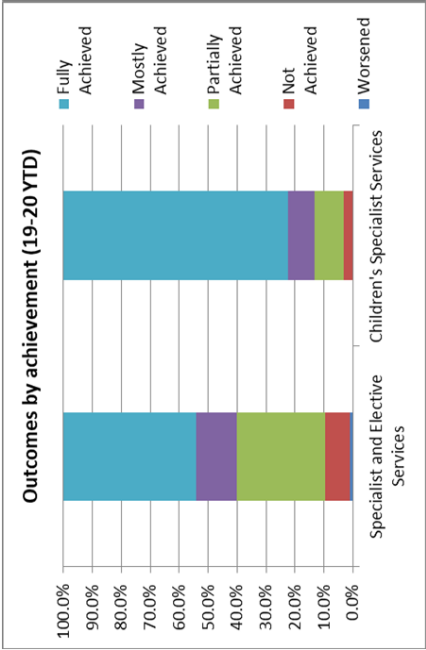
5.4 Outcomes

Aggregate outcomes are currently reported for Adult Specialist and Children's Therapy services, with patients receiving a favourable outcome in the vast majority of cases on a consistent basis, with the below showing normal variation in recent months. The below chart also shows that achievement of target is always likely to occur unless a process change occurs, as the control limits indicate the range of performance varying month to month should not fall low enough to breach target.



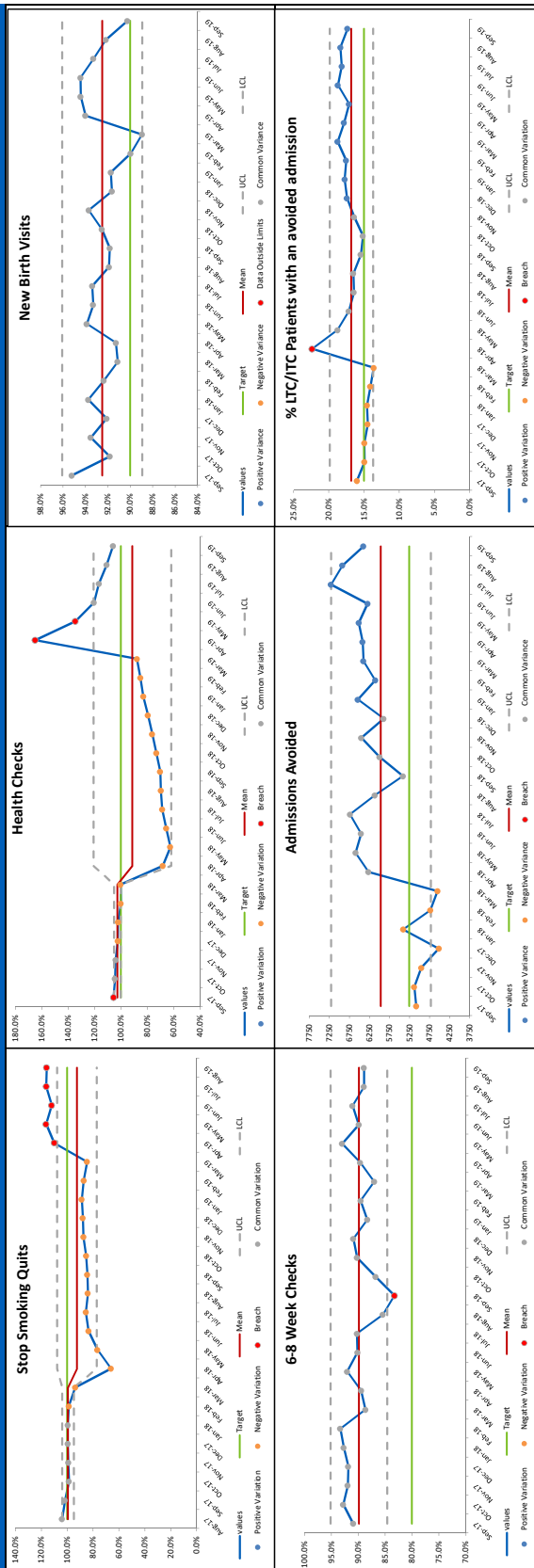
The following table and chart shows the proportion of the grading of each outcome for the year to date, split by service type for further detail on outcomes. Each outcome will be specific to the patient and will be personalised, therefore not allowing further detail to be summarised.

	Specialist and Elective Services	Children's Specialist Services
Worsened	1.1%	0.0%
Not Achieved	8.6%	3.2%
Partially Achieved	30.3%	10.2%
Mostly Achieved	14.1%	9.2%
Fully Achieved	45.9%	77.5%

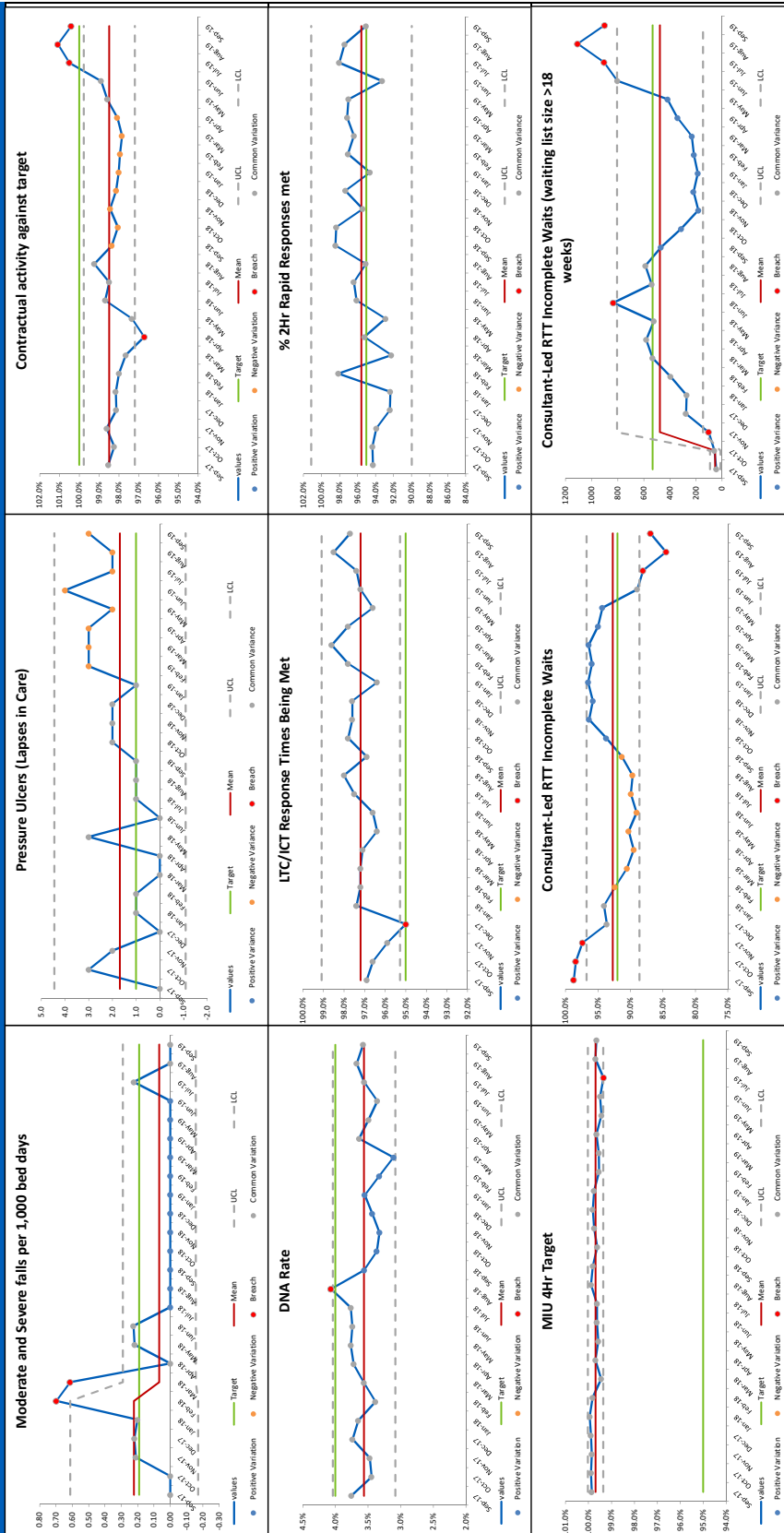


Appendix - Scorecard SPC Charts

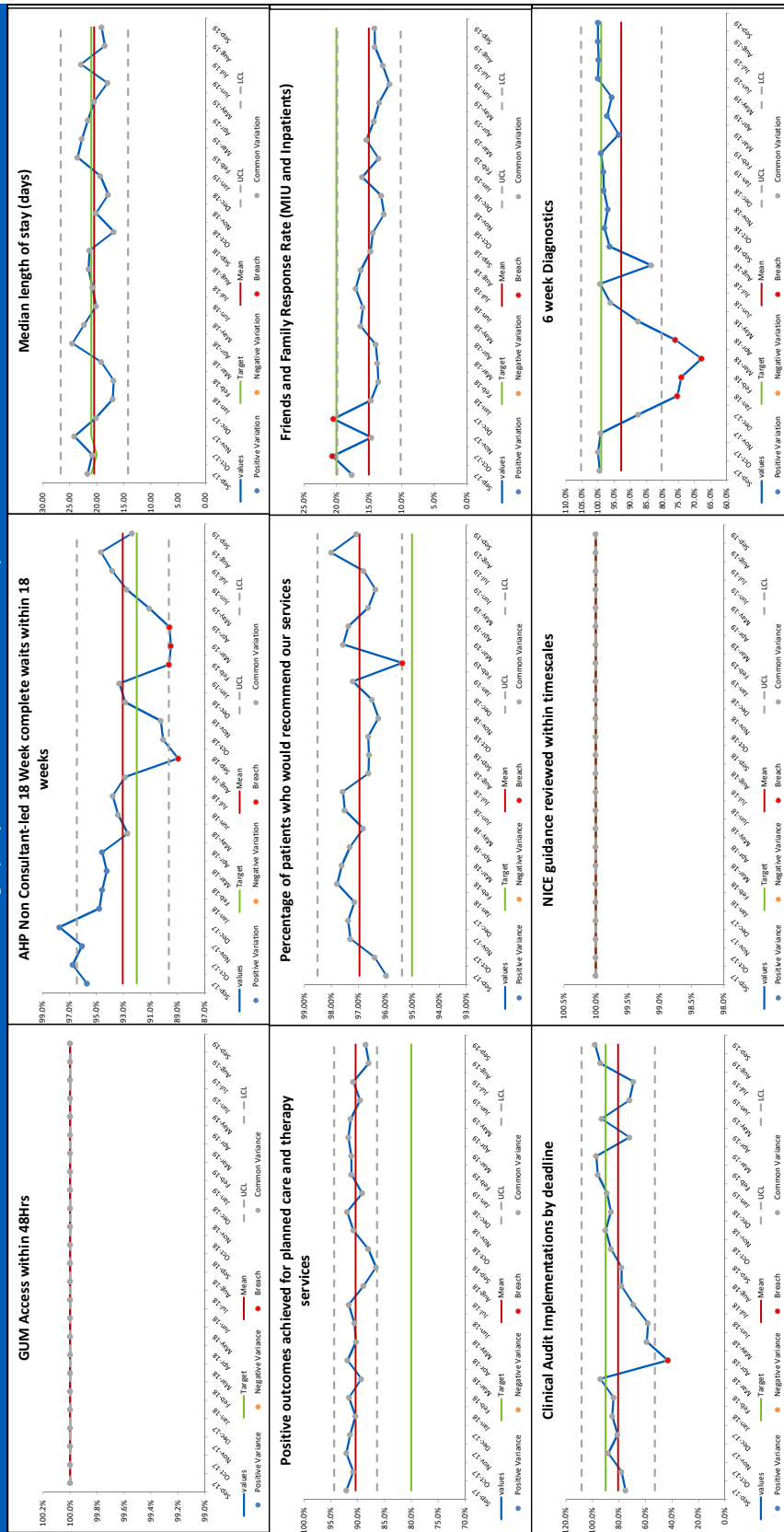
1. Prevent Ill Health



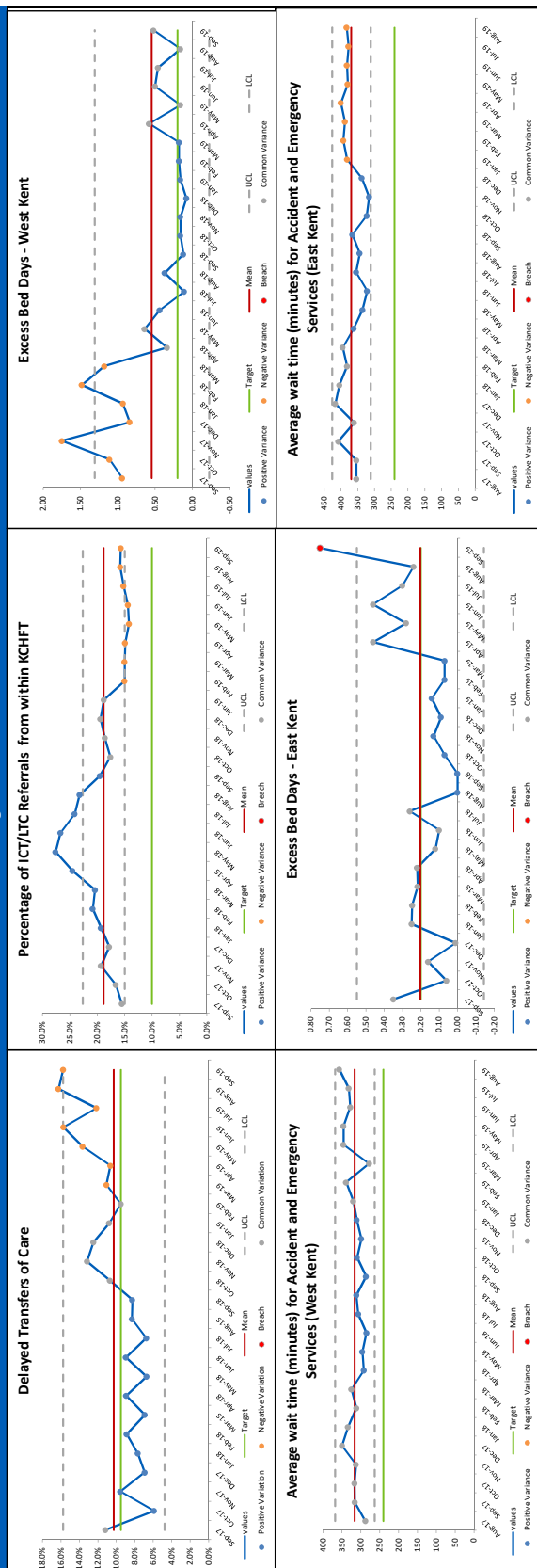
2. Deliver high-quality care at home and in the community



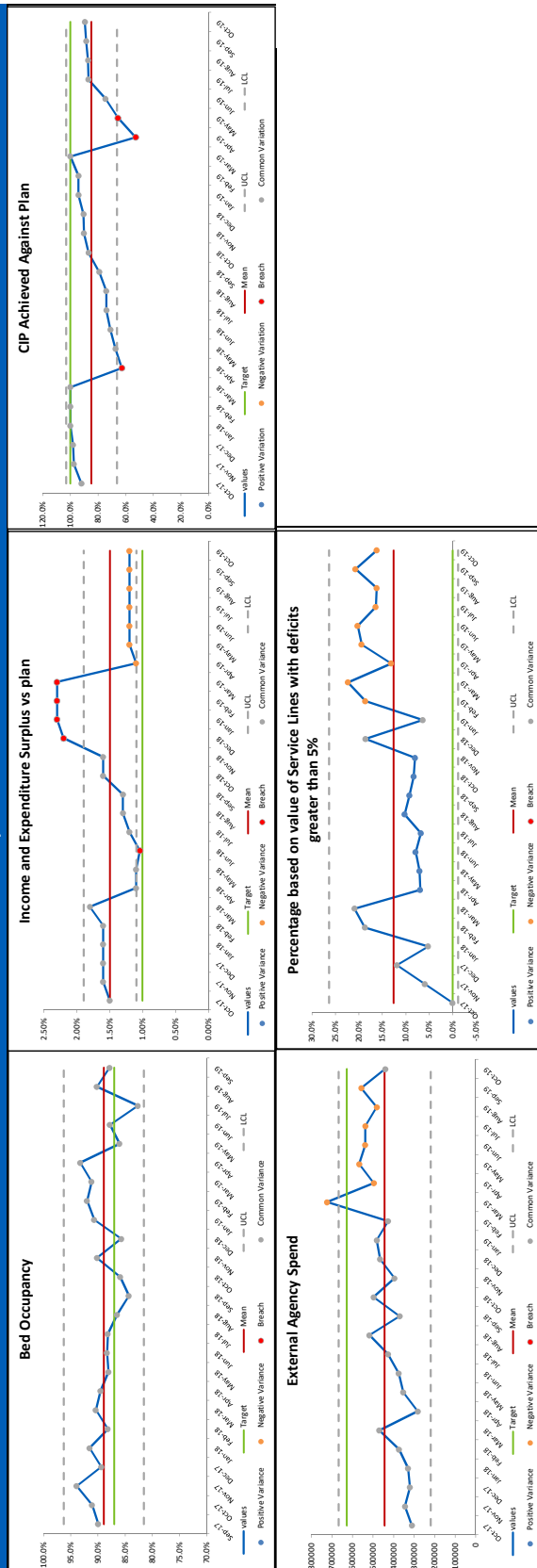
2. Deliver high-quality care at home and in the community



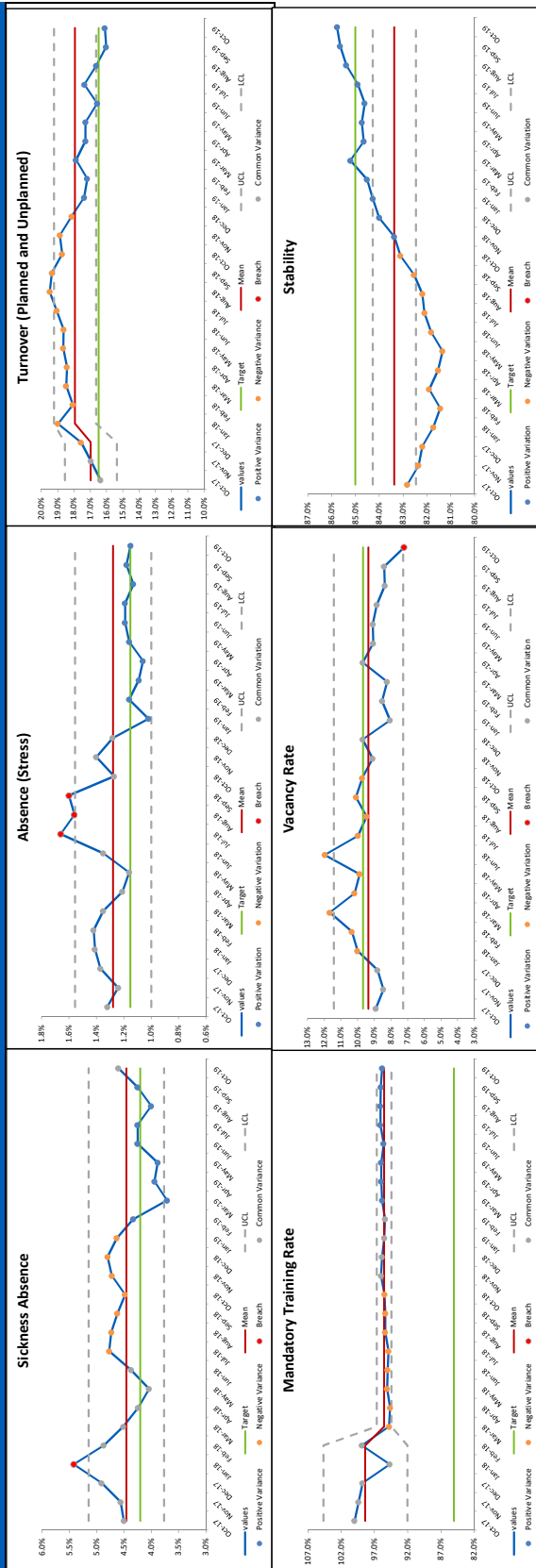
3. Integrate Services



4. Develop sustainable services



5. Be The Best Employer



Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	2.8
Agenda Item Title:	Remuneration and Terms of Service Committee's Terms of Reference
Presenting Officer:	John Goulston, Trust Chair

Action - this paper is for:	Decision <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	Assurance <input type="checkbox"/>
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Report Summary
The Terms of Reference has been reviewed and approved.

Proposals and /or Recommendations
The Board is asked to ratify the Terms of Reference.

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> High level position described.

Louise Norris, Director of Workforce, Organisational Development and Communications	Tel: 01622 211906
	Email: lousienorris@nhs.net



KENT COMMUNITY HEALTH NHS FOUNDATION TRUST
REMUNERATION COMMITTEE
TERMS OF REFERENCE

1. ROLE

- 1.1 The Remuneration Committee is constituted as a standing committee of the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference. Its constitution and terms of reference are set out below and can only be amended with the approval of the Trust Board.

2. PURPOSE

- 2.1 The Remuneration Committee shall have delegated authority from the Trust Board to set the remuneration, allowance and other terms and conditions of office for the Trust's Executive Directors and Senior managers not employed on national terms and conditions and to recommend and monitor the structure of remuneration.
- 2.2 In setting the remuneration and conditions of service for the Chief Executive, other Directors and Senior managers, the committee shall take into account all factors which it deems necessary including relevant legal and regulatory requirements, the provisions and recommendations the Foundation Trust Licence and associated guidance from Monitor.
- 2.3 When required the committee will oversee the appointment of Executive Directors in accordance with Standing Orders.

3. DUTIES

- 3.1 To agree and keep under review the overall remuneration policy of the Trust.
- 3.2 To set the individual remuneration, allowances and other terms and conditions of office (including termination arrangements) for the Trust's Executive Directors and other Senior Managers reporting to the Chief Executive.
- 3.3 To recommend and monitor the structure of remuneration, including setting pay ranges.

- 3.4 To monitor and evaluate the performance of the Trust's Chief Executive against objectives and previous year and note forward objectives. Act as 'grandparent' to Executive Directors performance. Performance of other senior managers will be monitored and evaluated by their line managers.
- 3.5 To ratify where appropriate actions taken between meetings by the Chair of the Committee using delegated authority.
- 3.6 In determining remuneration policy and packages, to have due regard to the policies and recommendations of NHS improvement and the wider NHS, and to adhere to all relevant laws and regulations.
- 3.7 To keep abreast of executive level remuneration policy and practice and market developments elsewhere in the NHS and in other relevant organisations, drawing on external advice as required.
- 3.8 To scrutinise and where appropriate authorise those Compromise Agreements, Settlements and Redundancy Payments which require the final approval by HM Treasury as well as any proposed termination payment to the Chief Executive or an Executive Director.
- 3.9 To receive regular reports on other Compromise Agreements, Settlements and Redundancies approved in accordance with Trust policies.
- 3.10 To receive an annual report on the outcome of the employer-based (local) Clinical Excellence Awards round.
- 3.11 In relation to other employees of the Trust, the Committee is responsible for:
- Approving any non-contractual payments that have to be reported to the HM Treasury (via Monitor);
 - Approving any business cases for redundancy for any staff reporting directly to the Chief Executive or any other Executive Director, or where the value exceeds £100k, or where the business case requires reporting to HM Treasury;
 - The structure, payment criteria and targets for any bonus or incentive scheme proposed by the executive;
 - Approving the terms and conditions for any staff outside of nationally agreed pay frameworks;

- Considering and approving any payments in settlement of an employment tribunal claim

3.12 To undertake any other duties as directed by the Trust Board.

4. ROLE OF THE COUNCIL OF GOVERNORS

4.1 The Council of Governors is required to approve the appointment and proposed remuneration of the Chief Executive.

5. ACCOUNTABILITY

5.1 The Remuneration Committee is accountable to the Kent Community Health Foundation Trust Board.

5.2 **Accountable for:**
The Remuneration and Terms of Service Committee has no sub committees.

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	2.9
Agenda Item Title:	Emergency Planning and Business Continuity Annual Assurance Statement
Presenting Officer:	Natalie Davies, Corporate Services Director

Action - this paper is for:	Decision <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	Assurance <input type="checkbox"/>
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Report Summary
<p>A set of core standards for Emergency Preparedness, Resilience and Response (EPRR) has been in place since April 2013. All organisations who receive NHS funding are asked to carry out an assessment against the NHS Standards for EPRR.</p> <p>In September 2019 Kent Community Health NHS Foundation Trust (KCHFT) performed a self-assessment. The Trust has achieved full compliance.</p>

Proposals and /or Recommendations
To approve the statement.

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> High level position described.

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EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE
ANNUAL ASSURANCE REPORT
2018/19

Assurance Process

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

In September 2019 Kent Community Health NHS Foundation Trust (KCHFT) performed a self-assessment and achieved Full level of compliance against the EPRR Core Standards.

Assurance Process 2019

The NHS North and East London Commissioning Support Unit assessed the evidence provided by the Head of Emergency Preparedness, Resilience and Response in September 2019

The assurance audit was conducted to demonstrate to the commissioners the preparedness of KCHFT against the NHS England EPRR Core Standards.

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

The investigated areas were:

- EPRR Core Standards
- Deep Dive – Adverse weather

Audit Results

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

This report is presented to the Board to be agreed and approved.

Jan Allen

Head of Emergency Preparedness, Resilience and Response
9 September 2019

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Item:	2.10
Subject:	Public Health Partnership Renewal
Presenting Officer:	Gordon Flack, Director of Finance

Action - this paper is for:	Decision	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
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Report Summary (including purpose and context):

This report is that which was presented to the Kent County Council (KCC) Health Reform and Public Health Cabinet Committee by KCC officers to scrutinise and endorse the recommendation to renew the partnership arrangement to March 2025.

In September 2017, KCC took the decision to create an innovative partnership with Kent Community Health NHS Foundation Trust (KCHFT) to maximise the opportunity to improve the health of Kent residents, deliver common objectives and accelerate delivery of the Sustainability and Transformation Plan (STP), which is now known as the Sustainability and Transformation Partnership.

A comprehensive review has been undertaken which has provided substantial evidence that the partnership approach has enabled rapid service transformation, delivery of agreed projects and supported the prevention strand of the STP. Services delivered by the Trust have demonstrated measurable improvements in health, delivered statutory requirements, provided and maintained excellent user satisfaction and given value for money.

The KCC Internal Audit's review of this partnership has given a rating of 'Substantial' and the Care Quality Commission (CQC) has reported significant strength in the organisational delivery, resulting in the Trust being awarded a rating of "Outstanding".

The health governance system continues to evolve in line with NHS Long Term Plan and transformation is needed at pace to deliver required changes. In line with this, KCC recommended that the partnership arrangement was extended for at least five years (until March 2025) and improvements are both sustained and built upon. KCC officers would continue to closely monitor performance, finances and quality of services thus continuing to hold the Trust to account for delivery.

A detailed options appraisal was developed to inform the proposal as attached. The arrangement is aligned to the vision set out in the Kent County Council paper (Kent and Medway Integrated Care System update, May 2019) and provides the ability to function as an integrated public health system which supports local care. Health Partners have both been supportive of this approach.

The Public Contract Regulations enable this type of co-operation between contracting authorities such as KCC and KCHFT.

Following scrutiny by the KCC Health Reform and Public Health Cabinet Committee the Cabinet member approved the proposal to renew the partnership until at least March 2025.

A Voluntary Ex Ante Transparency (VEAT) notice was issued by KCC and expires on the 6th December. In completing the VEAT notice contracting authorities must give sufficient information as to the justification for direct award of a contract without OJEU advertising and observe a minimum 14 day standstill period before the contract is awarded. This allows economic operators the opportunity to challenge the decision of the contracting authority and obtain pre-contractual remedies should a challenge be upheld. The advantage to the contracting authority is that the penalty of mandatory ineffectiveness does not apply in the event of a challenge to a contract awarded after the standstill period has elapsed.

Proposals and /or Recommendations:

To endorse the partnership renewal.

Relevant Legislation and Source Documents:

Monitor Consultations. Other specific references noted in report.

Has an Equality Analysis been completed?

No. This is a renewal of an existing arrangement and in the detailed review by KCC indicated that services under this arrangement demonstrate a positive impact on health inequalities and good reach to those most in need.
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Gordon Flack, Director of Finance

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PUBLIC HEALTH PARTNERSHIP RENEWAL

1. KCC paper to the Health Reform and Public Health Cabinet Committee

Introduction

- 1.1 Kent County Council (KCC) has a legal duty to improve and protect the health of people in Kent. They receive a ring-fenced grant which is to be used to commission a range of Public Health services delivered in line with NHS principles.
- 1.2 A number of these services funded by the grant have been delivered by Kent Community Health NHS Foundation Trust (KCHFT) for many years, a number have been competitively tendered. KCHFT is a key delivery partner within the Kent and Medway STP and delivers a range of other community-based services across Kent on behalf of KCC and the NHS. The Care Quality Commission (CQC) has recently awarded the Trust with a rating of Outstanding. KCHFT is the only south east community trust and one of only three Trusts in England to have this rating¹.
- 1.3 Kent County Council took the decision to enter into an innovative partnership with Kent Community Health Foundation Trust (KCHFT) in September 2017, with the aim to maximise the opportunity to improve the health of Kent residents, deliver common objectives and accelerate delivery of the Sustainability Transformation Plan (STP), now known as the Sustainability Transformation Partnership. This arrangement was also designed to offer the flexibility to align to new, local care arrangements.
- 1.4 This decision recognised that KCHFT was integral to the delivery of the STP and recognised that both KCC and KCHFT faced significant challenges which could be better managed through a joint open and transparent approach.
- 1.5 The original decision put procurement in “abeyance” until at least March 2020 and a further decision is required on how best to deliver these services in the future. This paper presents the committee with a summary of the findings from a comprehensive review conducted to inform future recommendations and decisions.

2.0 National Context

- 2.1 Since the partnership commenced in October 2017, there have been a number of significant national developments including the launch of the NHS Long Term Plan² (LTP) and Green Paper on prevention, Prevention is Better than Cure³.

¹ <https://www.kentcht.nhs.uk/2019/07/24/care-quality-commission-says-we-are-outstanding/>

² <https://www.longtermplan.nhs.uk/>

³ <https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>

- 2.2 These policy documents build on aspirations set out in the Five Year Forward view which aimed to respond to pressures in the Health and Social Care system driven by changing demographics, reducing budgets and a system of commissioning that resulted in too many people ending up in hospital rather than being seen in primary care or the community.
- 2.3 They emphasise the importance of prevention and the need for system wide collaboration to enable a sustainable Health and Social Care system. The industrialisation of digital services and new technologies is clearly articulated. To date, good progress has been made in Kent services including online Sexually Transmitted Infection (STI) testing, improved websites and targeted social media campaigns.
- 2.4 The NHS LTP sets out ambitious targets for the NHS including preventing over 150,000 heart attacks, strokes and dementia cases over the next 10 years. These aspirations will result in a need to increase uptake of programmes such as NHS Health Checks in the future.
- 2.5 A review of Public Health commissioning arrangements took place following the publication of the Long Term Plan and concluded that Local Authorities should continue to commission services such as sexual health and Health Visiting. Mr Hancock, Secretary of State for Health and Social Care praised collaborative models that make the best use of shared resources between Local Authorities and the NHS. This type of model is being adapted for delivery of sexual health services in Kent.

3.0 Local Context

- 3.1 The Kent and Medway Sustainability and Transformation structures are more advanced than in 2017 and local leaders are working to deliver the local plan, Case for Change⁴. This includes a series of commitments which have been supported by KCHFT such as the implementation of a Kent wide smoking in pregnancy service as part of the prevention strategy.
- 3.2 Kent and Medway STP is developing a five-year plan in response to the NHS LTP and is required to become an Integrated Care System (ICS) in the coming months. This change will see a move away from the seven Clinical Commissioning Groups to the proposed four Integrated Care Partnerships (ICPs), 42 Primary Care Networks (PCNs) and one CCG across Kent and Medway. Services and health providers will need to align to these changes and work with commissioners to determine how they can best integrate and support acceleration of local care.

⁴ <https://kentandmedway.nhs.uk/stp/caseforchange/>

3.3 The County Council paper⁵ endorsed by Cabinet Members in May 2019, describes KCC's relationship with the emerging Integrated Care System. The paper asked County Council to agree that:

"a) KCC describes its relationship with the emerging Integrated Care System (ICS) as being partners to the ICS supporting the vision and direction of travel and not partners in the ICS.

b) KCC is not bound to any system wide decisions made through STP/ICS Governance but continues to influence, support and align to the vision for the ICS where it makes sense for the County Council to do so."

3.4 The partnership approach taken with KCHFT aligned to this vision set out in the Council paper and supports the ability to function as an integrated Public Health system which supports local care.

3.5 Kent continues to face a series of significant demographic pressures alongside budget constraints. Kent's population is forecast to increase by a further 19.2% between 2017 and 2037⁶ and data illustrates that despite best efforts, deprivation differences in life expectancy and premature mortality have remained broadly similar over the last five years (health inequalities).

3.6 The Public Health grant (65.8M) which funds the majority of the spend on Public Health, has been subject to annual reductions totalling £11.0M (or 14.3% of the total grant in 2015/16) since 2015/16. In addition to the nationally applied cuts, the grant continues to face a series of additional pressures including a lack of long-term clarity on national NHS pay and how pension increases will be met, review of mandation of Public Health Services and uncertainty on future funding arrangements for the Public Health grant.

4.0 KCC and KCHFT Partnership

4.1 Public Health is due to invest £37.5M into services delivered by the Trust in 2019/20 which includes mandated programmes (e.g. NHS Health Checks, National Childhood Measurement Programme) or clinical elements delivered by specialist staff (e.g. smoking or sexual health). The majority of services have been provided by the Trust for many years. School Public Health and Sexual Health services were procured through competitive processes and awarded to KCHFT. Others were novated to KCC when Public Health transferred to the Local Authority in 2013.

4.2 Delivery is supported by enablers such as IT systems, payroll services and premises and KCC and KCHFT have collaborated on these to support best value. It is worth noting that KCC funds other services with KCHFT which are not currently incorporated into the partnership. Appendix 1 provides a summary of services currently delivered by the Trust which are funded by KCC.

⁵ <https://democracy.kent.gov.uk/documents/s90388/Item%209%20-%20Kent%20and%20Medway%20Integrated%20Care%20System%20update.pdf>

⁶ KCC Housing Led Forecast

- 4.3 The rules that govern public sector procurements allow for contracts which establish or implement co-operation between contracting authorities such as KCC and KCHFT to ensure certain conditions are met. Independent legal advice has supported the legality of the approach in relation to the public health functions which are the subject of the partnership.
, and in 2017 it was felt that both KCC and KCHFT operate in the public interest and share common objectives in relation to:
- Improvement and protection of the public's health
 - Prevention of ill-health among the population of Kent
 - Sustainability and transformation of local care and health services in Kent
 - Provision of integrated, cost effective and high-quality services to the residents of Kent
 - Prevention and reduction of unnecessary or avoidable demand on the health and social care system in Kent.
- 4.4 This type of approach differs from a traditional commissioner provider relationship by empowering both organisations to work in a solution focused way to tackle key challenges. It fosters innovation, efficiency, a drive for continuous improvement and sharing of skills and expertise to provide greater public benefit. It still enables the Council to hold the Trust to account for delivery of services through close monitoring against KPIs, service specifications and regular meetings.
- 4.5 Key reasons for taking this approach was flexibility to fit with the evolving health structures, accelerated STP implementation - especially in relation to workforce and infrastructure work streams. This will minimise disruption to users of services, the workforce and implementation of a new model to deliver efficiencies.

5.0 The Review – Progress to Date

- 5.1 Despite only being in place for a short period of time – two years - the partnership has made significant progress. The pioneering arrangement has facilitated collaborative discussions in a way that differs from a traditional commissioner/ provider split and enabled continuous improvement and wider opportunities to be taken forward.
- 5.2 Since 2017, a number of significant programme changes have been successfully delivered or are on track for delivery including:
- A new model for delivering infant feeding services
 - A Kent wide targeted family service which works with identified parents for up to a year and replaces a more rigid programme of support which was only offered previously in five areas of Kent to teenage mums
 - Remodelling of sexual health services to embrace digital technologies and support the management of demand pressures
 - Implementation of an integrated lifestyle model and a Kent wide Smoking In Pregnancy Home Visit service. (The latter forms part of the STP

prevention plan).

- 5.3 Services have delivered statutory requirements, perform within expected levels and made good progress in areas where improvement was required. For example, waiting times have been significantly reduced for children and young people accessing mental health support through the School Health service. Services can also demonstrate a positive impact on health inequalities and good reach to those most in need.
- 5.4 The arrangement has successfully managed shared challenges described earlier in this paper, maintaining high user and staff satisfaction. Delivery of over £5.8M worth of savings and management of growing service pressures through service transformation e.g. increased use of digital in sexual health. The Trust has worked proactively to address these pressures for example, KCHFT has in place a bespoke training academy through Canterbury Christ Church University to grow the future workforce of nursing staff and also offers retention payments, and relocation fees for those attracted to work in Kent.
- 5.5 External perspectives considered as part of the review include:
- The Care Quality Commissioning (CQC) who rated the Trust as Outstanding⁷ overall and praised the way it delivers safe and effective care for its patients and service users. A particular focus of the inspection was sexual health services which achieved a rated of Outstanding across four domains and good in the fifth domain.
 - KCC Internal Audit who highlighted many benefits to the collaboration giving a rating of “Substantial with Good Prospects for Improvement”.
 - Feedback from the Special Educational Needs and Disability (SEND) inspection which highlighted significant strength and only a few areas for development
 - Feedback from health partners who were very supportive of the approach and benefits it has and could continue to bring to health transformation.

6.0 Resulting Recommendations

- 6.1 The comprehensive review provides strong evidence to underpin the extension of the partnership for five years. Continuation of the arrangement is within the public interest and will provide the right mechanism to maximise resources, opportunities and improve the health of the local population.
- 6.2 The benefits and drivers for first entering into this partnership are still relevant today and there is clear evidence that both organisations continue to share common aims. For example, the values and aims articulated in KCHFT’s annual statement make reference to delivering sustainable services, close to the home, in an integrated way that prevent ill health. Both organisations are also committed to delivery of the NHS 10-year and local STP plan.
- 6.3 It is felt that continuation of this approach will enable KCC to implement fully the

⁷ <https://www.kentcht.nhs.uk/wp-content/uploads/2019/07/Kent-Community-Provider-FINAL.pdf>

findings from the review which includes those listed below:

- A refinement of service models for Start Well and One You Kent so as to support integration and delivery of strategic objectives including alignment to Primary Care Networks and multi-disciplinary teams
- Explore opportunities to outsource or insource services which cannot be delivered within the current capacity of the children's workforce and do not need to be delivered by specialist nursing staff
- Develop a coordinated offer to schools for School Public Health and related services
- Explore how the model can support improvements with partners in relation to SEND
- Continued transformation at pace of services for smoking and sexual health to respond to the needs assessments, improve outcomes and meet demand pressures.

6.4 An options appraisal has been developed and presented through internal governance. This considered a range of options including procurement. This analysis set out a strong case that the continuation of the collaborative working would support the vision set out in the NHS Long Term Plan, enable the findings of the partnership review to be fully realised and support delivery of the STP. It would continue work to remodel services to manage demand pressures or target services more effectively to those in need and maintain the ability to manage financial risk through use of an open book approach.

7.0 Financial Implications and Extension Terms

7.1 The investment of the Public Health grant will continue to be in the region of £37.5M. Open book accounting and activity-based contracting will support value for money. Both parties will remain committed to delivering an efficiency programme which will see a further reduction in corporate overheads across the five years. These saving could be found by reducing costs associated with functions such as HR, premises or employment services.

7.2 It is recommended that all Public Health funded services are included within the partnership and as such school Public Health will move into the arrangement by April 2020.

7.3 The review highlighted a number of service priorities and opportunities to learn from other areas such as Hertfordshire or Essex who are more advanced in the integration of children models. The partnership will oversee a delivery plan that drives forward this work to benefit local residents. There will be a principle of co-production which underpins this work and a collaboration with the workforce to minimise any disruption to services.

7.4 As part of the extension there will be regular review points to ensure the arrangement still provides the expected benefits. This will include review of service performance including quality, financial benchmarking, user feedback and analysis of offer compared to need. Commissioners will continue to monitor

the arrangements and expect performance and statutory obligations to be maintained. Termination of the arrangement is an option for both sides.

- 7.5 There is the potential to expand the scope of the partnership during the lifetime of this extension, if deemed beneficial to local residents. Work in relation to this will be developed by the relevant Corporate Director(s) and subject to appropriate Cabinet Committee endorsement. KCC currently invests in other services Trust including Paediatric Therapy Services to Schools, Community based services for Adults, Short Breaks and Learning Disabilities.

8. Conclusions and Next Steps

- 8.1 KCHFT are fundamental partners for KCC and are uniquely placed to continue to deliver these services. KCHFT have already delivered significant transformation whilst working with KCC and as a result, KCC is confident that they can deliver improved outcomes for local people and can offer the flexibility needed to align to the strategic landscape and meet future needs.
- 8.2 The Trust's recent CQC rating of Outstanding gives increased confidence that service quality will remain high and support recruitment and retention of skilled workforce despite national shortages in nursing staff.
- 8.3 There is clear evidence that KCHFT have supported the Public Health agenda through the whole work of the Trust and both organisations have worked towards shared aims such as delivery of the STP. There is also clear evidence that local residents have benefitted from the approach which has seen millions of pounds reinvested to improve services.
- 8.4 The effective investment of the funding provides a significant opportunity to improve outcomes for local residents, support our ambitions for integration with health and help realise the vision set out in the NHS Long Term Plan and KCC Strategic Statement. It also builds on the NHS investment through the STP prevention workstream led by Public Health.
- 8.5 It is therefore recommended that the partnership is extended for five years until March 2025 and improvements are both sustained and built upon. This timeframe will align with the local five-year plan which is currently in development in response to the NHS Long Term Plan.

9.0 Recommendations

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a recommendation to the Cabinet Member on the proposed decision to authorise the County Council to extend the collaborative arrangement with Kent Community Health NHS Foundation Trust, for the services listed in this paper until March 2025.

10.0 Contact Details

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11.0 Background documents

Kent and Medway Sustainability Transformation plan:
<https://kentandmedway.nhs.uk/stp/>

The NHS Long Term Plan - <https://www.longtermplan.nhs.uk/>

Public Health Green Paper – Prevention is Better than Cure:
<https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>

Kent and Medway Integrated Care System update presented to County Council, 23 May 2019
<https://democracy.kent.gov.uk/documents/s90388/Item%209%20-%20Kent%20and%20Medway%20Integrated%20Care%20System%20update.pdf>

Appendix 1: KCC spend with KCHFT

The below values are assumed levels of contracted spend and will be depend on activity delivered within services and presenting demand for open access services.

A. Public Health Services

Contract Title	Contract Values 2019/20
Health Visiting Service	£22,120,202
School Public Health Services	£4,858,259
Lifestyle services including NHS Health Checks	£5,21,318
Sexual Health Services (GUM)	£5,062,287
Postural Stability services	£63,724
Kent Dental Epidemiology Survey and Oral Health Promotion	£140,000
Total spend	£ 37,456, 790

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	3.1
Agenda Item Title:	Seasonal Infection Prevention and Control Report
Presenting Officer:	Mercia Spare, Chief Nurse (Interim) and Director of Infection Prevention and Control (DIPC)

Action - this paper is for:	Decision	<input type="checkbox"/>	Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary
<p>This paper provides a summary of infection prevention and control activity between 1 July 2019 and 31 October 2019.</p> <ul style="list-style-type: none"> • There have been 2 Community Onset Healthcare Associated and 1 Hospital Onset Healthcare Associated <i>Clostridium difficile</i> Infections reported in this timeframe where the patient received some care from KCHFT staff, none were attributed to KCHFT, and no learning was identified for KCHFT staff. • There have been no MRSA bacteraemias in this timeframe. • MRSA screening compliance for podiatric surgery was 100% in this time frame, and in community hospitals was 97% pertaining to one missed screen in July, August and September. All subsequently tested MRSA negative. • Gram Negative Bacteraemia Blood Stream Infection (GNBSI) surveillance continues, both in KCHFT and across Kent and Medway, and a reduction is now being seen (4% reduction in the last year). KCHFT continue to focus on reduction of UTI's and CAUTI's through a hydration and hygiene campaign. Projects to reduce respiratory tract infections and IV line infections being planned. • Since April 2019 there have been 5 patients who have developed gram negative bacteraemias whilst inpatients in our hospitals. The sources were deemed to be respiratory tract infection (2), abdominal mass (1) urosepsis - catheter associated (1) and unknown (1). Learning for KCHFT staff from these are included in the projects from the regional group. • The Kent and Medway Infection Prevention Control and Antimicrobial Stewardship strategy has been published, for local adoption and implementation. KCHFT are currently reviewing this, and this will be discussed at the next Infection Prevention Control and Antimicrobial Stewardship Committee meeting. • Between July and 1 November, there were 27 UTI's and 4 CAUTI's reported, this is a reduction from the previous months. Overall compared to the same time last year, cases have increased – however, rates per 100,000 OBD's have

decreased significantly – with a 14% reduction in UTI's and a 22% reduction in CAUTI's compared to last year.

- Cleaning reports for July to October highlight compliance with national standards of cleaning in all hospitals.
- Trust Compliance with hand hygiene training was reported as 94% and mandatory training 98% in September. Compliance amongst clinical staff was 92.2% for hand hygiene, and 97.5% for mandatory training.
- There have been 2 outbreaks of infection in this time, 1 rhinovirus outbreak at Whit and tank – and one diarrhoea and vomiting outbreak at QVMH. In both cases the wards remained opened to admissions, with bays closed and in isolation measures.
- The staff flu vaccination programme has commenced, and at the point of report writing, 34% of patient facing staff have been vaccinated
- There have been no further 'failure to decontaminate' issues relating to IHSS
- The legionella incident at Sevenoaks remains ongoing, with low levels recorded in outpatient areas, which continue to decrease. 3 chlorinations have occurred and remedial actions continue to be completed by the landlord, and all infection prevention and control measures remain in place on the ward.
- The Hydrotherapy pool at Sevenoaks closed due to a positive pseudomonas report. All remedial actions were completed, no patients were affected by the result, and the pool has subsequently re-opened.

Proposals and /or Recommendations

To note the report.

Relevant Legislation and Source Documents

Has an Equality Analysis (EA) been completed?

No ☒

High level position described and no decisions required.

Lisa White, Assistant Director Infection Prevention and Control

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SEASONAL INFECTION PREVENTION AND CONTROL REPORT

1. *Clostridium difficile* infection (CDI)

Objective: The Trust will be attributed no *Clostridium difficile* infections with a level 3 lapse in care in 2019/20.

New Objectives have been released for clostridium difficile infections for 2019 / 20, changing the allocation of cases to 4 new 'attributions':

- **hospital onset healthcare associated:** cases that are detected in the hospital three or more days after admission
- **community onset healthcare associated:** cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous four weeks
- **community onset indeterminate association:** cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous 12 weeks but not the most recent four weeks
- **community onset community associated:** cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the Trust reporting the case in the previous 12 weeks.

There have been NO cases attributed to KCHFT in this timeframe. However there have been two COHA's and one HOHA reported in the acute trusts, where the patients were in our inpatient units during the preceding episode of care (up to four weeks). No learning was identified in any case for our organisation, and all were deemed to be associated with antimicrobial prescribing in the acute trusts.

2. MRSA Bacteraemia

MRSA bacteraemia cases are allocated as 'Pre 48 hour onset or Post 48 hour onset, and lessons learned identified for organisations and healthcare economies. Investigations continue into all cases where we have provided care, and the clinical commissioning group (CCG) or acute trust manage these investigations, with a co-ordinated response to any learning identified through organisational Infection Prevention and Control committees, and CCG Quality meetings.

There have been no MRSA bacteraemias investigated in this timeframe.

3. MRSA screening.

The expected standard is 100% compliance with screening as identified in the Trust policy.

MRSA screening compliance for podiatric surgery was 100% in this time frame, and in community hospitals was 97% pertaining to ne missed screen in July, August and September. The patients subsequently tested negative, and the IPC team continue to work alongside clinical staff to embed the new screening policy.

4. Gram Negative bacteraemia Blood Stream Infections (GNBSI)

There is no specific objective for KCHFT in relation to Gram negative bacteraemias (GNBSI), as currently cases are not attributed; however there is a national focus to reduce healthcare associated cases by 50% as identified in the Government paper on tackling antimicrobial resistance 2019 – 2024. Kent and Medway are collectively aiming to reduce by 10% per year.

GNBSI surveillance continues, both in KCHFT and across Kent and Medway, and a reduction is now being seen (4% reduction in the last year). UTI's (including CAUTI's) are the highest cause of these infections, therefore KCHFT continue to focus on reduction of these infections, and have implemented a hydration and hygiene campaign (concurrently with other organisations in the County). Projects to reduce respiratory tract infections and IV line infections being planned.

Since April 2019 there have been 5 patients who have developed gram negative bacteraemias whilst inpatients in our hospitals. The sources were deemed to be respiratory tract infection (2), abdominal mass (1) urosepsis (catheter associated (1) and unknown (1). Learning for KCHFT staff from these are included in the projects from the regional group. Local learning includes access to specimen results, and recognition of deteriorating patients – both of which are being addressed.

The draft Kent and Medway Infection Prevention Control and Antimicrobial Stewardship strategy has been published, for local adoption and implementation. KCHFT are currently reviewing this, and this will be discussed at the next Infection Prevention Control and Antimicrobial Stewardship Committee meeting. The HCAI aspects have been incorporated into the annual workplan, however actions relating to antimicrobial stewardship will require both short and long term actions for this organisation.

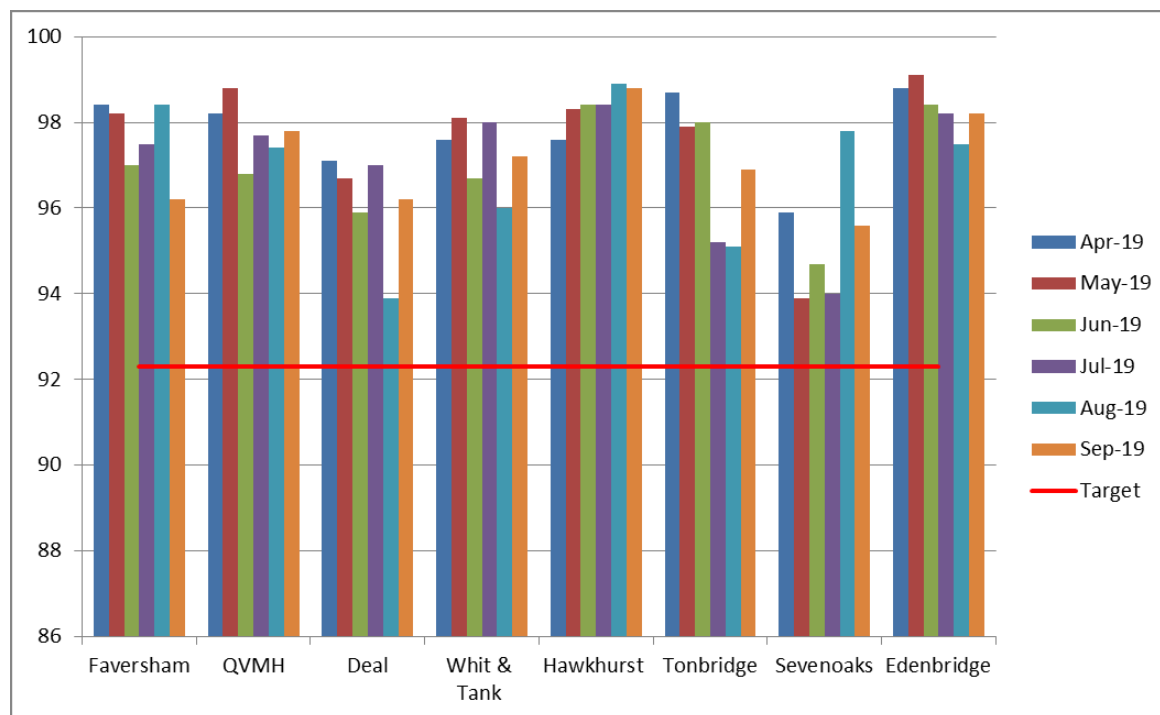
5. Urinary Tract Infections (UTI) and Catheter Associated UTI's

The aim for 2019/20 is to reduce the rate of these infections compared to 2018/19 in our community hospitals.

Between July and November 1st, there were 27 UTI's and 4 CAUTI's reported, this is a reduction from the previous months, however, compared to the same time last year, cases have increased. The Trust has increased it's inpatient beds and in order to reflect this, rates per 100,000 OBD's were reviewed, and the rates decreased significantly – with a 14% reduction in UTI's and a 22% reduction in CAUTI's compared to last year.

6. Cleaning and Environment

The Infection Prevention Control and Antimicrobial Stewardship committee monitors the progress of all areas, see cleaning summary for 6 months up to October 2019 below.



Cleaning reports indicate compliance with national standards in all areas.

7. Training

Trust Compliance with hand hygiene training was reported as 94% and mandatory training 98% in September. Compliance amongst clinical staff was 92.2% for hand hygiene, and 97.5% for mandatory training.

Directorate	Locality	Infection prevention & Control L1	Infection prevention & Control L2	Infection prevention & Control L3	Hand Hygiene L1	Hand Hygiene L2	Hand Hygiene L3
846 300 L3 Operations Directorate	846 L4 4103 Childrens Specialist Service	98.1%	100.0%	98.7%	99.4%	100.0%	92.2%
846 300 L3 Operations Directorate	846 L4 4204 West Kent	100.0%	97.6%	97.2%	100.0%	95.3%	92.3%
846 300 L3 Operations Directorate	846 L4 4206 Specialist & Elective Services	100.0%	99.1%	97.5%	100.0%	96.5%	96.1%
846 300 L3 Operations Directorate	846 L4 4215 Public Health	100.0%	100.0%	98.6%	99.4%	99.1%	95.2%
846 300 L3 Operations Directorate	846 L4 4216 Dental	N/A	100.0%	98.1%	N/A	100.0%	98.1%
846 300 L3 Operations Directorate	846 L4 4217 East Kent	100.0%	100.0%	95.5%	100.0%	95.4%	87.4%
846 300 L3 Operations Directorate	846 L4 4219 Operations Management	100.0%	N/A	100.0%	87.5%	N/A	66.7%
846 325 L3 IT	846 L4 4220 IT	100.0%	N/A	N/A	98.6%	N/A	N/A
846 330 L3 Nursing & Quality Directorate	846 L4 4301 Deputy Chief Nurse	100.0%	N/A	N/A	100.0%	N/A	N/A
846 330 L3 Nursing & Quality Directorate	846 L4 4302 Clinical Governance	100.0%	N/A	N/A	85.7%	N/A	N/A
846 330 L3 Nursing & Quality Directorate	846 L4 4303 Infection Prevention & Control	100.0%	N/A	N/A	100.0%	N/A	N/A
846 330 L3 Nursing & Quality Directorate	846 L4 4304 Chief Nurse	100.0%	N/A	N/A	100.0%	N/A	N/A
846 330 L3 Nursing & Quality Directorate	846 L4 4305 Safeguarding	100.0%	N/A	N/A	100.0%	N/A	N/A
846 330 L3 Nursing & Quality Directorate	846 L4 4307 Patient Experience	100.0%	N/A	N/A	100.0%	N/A	N/A
846 330 L3 Nursing & Quality Directorate	846 L4 4308 Tissue Viability	100.0%	N/A	N/A	100.0%	N/A	N/A
846 335 L3 Medical Director	846 L4 4306 Medicines Management	100.0%	N/A	100.0%	80.0%	N/A	77.1%
846 335 L3 Medical Director	846 L4 4350 Medical Director	100.0%	N/A	N/A	100.0%	N/A	N/A
846 350 L3 HR, OD & Communications	846 L4 4300 Management of Human Resources	100.0%	N/A	N/A	100.0%	N/A	N/A
846 350 L3 HR, OD & Communications	846 L4 4502 Human Resources	100.0%	N/A	100.0%	100.0%	N/A	100.0%
846 350 L3 HR, OD & Communications	846 L4 4503 Communication & Patient Experience	100.0%	N/A	N/A	100.0%	N/A	N/A
846 355 L3 Finance Directorate	846 L4 4550 Finance	100.0%	N/A	N/A	100.0%	N/A	N/A
846 355 L3 Finance Directorate	846 L4 4560 Finance and IT Management	100.0%	N/A	N/A	80.0%	N/A	N/A
846 355 L3 Finance Directorate	846 L4 4601 Business Development and Marketing	100.0%	N/A	N/A	100.0%	N/A	N/A
846 355 L3 Finance Directorate	846 L4 4602 Performance & Business Development	100.0%	N/A	N/A	100.0%	N/A	N/A
846 370 L3 Corporate Services Directorate	846 L4 4701 Corporate Services	100.0%	N/A	N/A	100.0%	N/A	N/A
846 370 L3 Corporate Services Directorate	846 L4 4703 Corporate Assurance & Legal	100.0%	N/A	N/A	100.0%	N/A	N/A
846 370 L3 Corporate Services Directorate	846 L4 4706 Executive Teams	100.0%	N/A	N/A	100.0%	N/A	N/A
846 375 L3 Estates	846 L4 4554 Estates Management	100.0%	100.0%	N/A	96.4%	87.5%	N/A
846 375 L3 Estates	846 L4 4556 Facilities Service (Soft FM)	100.0%	92.2%	N/A	100.0%	83.7%	N/A

The IPC Team has contacted all heads of service and team leads to address non compliant areas, and there is an improvement in compliance since the previous report.

8. Outbreaks

There have been 2 outbreaks of infection in this time, 1 rhinovirus outbreak at Whit and tank – and one diarrhoea and vomiting outbreak at QVMH. In both cases the wards remained opened to admissions, with bays closed and in isolation measures. The outbreaks were well managed in both cases.

8.1 – Flu vaccination

The staff flu vaccination programme has commenced, and at the point of report writing, 34% of patient facing staff have been vaccinated.

9. Decontamination

There have been no further 'failure to decontaminate' issues relating to IHSS. Internal decontamination audits found full compliance in our outpatient departments relating to scopes, and the dental service have also reported full compliance with HTM 01-05 (verified by the Trust independent authorised engineer)

10. Water safety and incidents.

The Water Safety Committee continues to meet to highlight gaps in assurance, and evidence risk reduction actions.

The legionella incident at Sevenoaks remains ongoing, with low levels recorded in outpatient areas, which continue to decrease. 3 chlorinations have occurred and remedial actions continue to be completed by the landlord, and all infection prevention and control measures remain in place on the ward.

The Hydrotherapy pool at Sevenoaks closed due to a positive pseudomonas count. All remedial actions were completed, no patients were affected by the result, and the pool has subsequently re-opened.

11. Conclusion

The IPC Team is predominantly focussing on Winter outbreak planning and control measures currently. Alongside this, we continue to focus on reduction of gram negative bacteraemias, predominantly through the implementation of the hydration and hygiene campaign, which was designed by KCHFT staff, and has rolled out across the County, in Acute Trusts, Mental Health providers, and now being adopted in some care homes, hospices and is being reviewed for a 'carers app' in east Kent.

Lisa White

Assistant Director of Infection Prevention and Control

20 November 2019

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	3.2
Agenda Item Title:	Learning from Deaths Annual Report
Presenting Officer:	Dr Sarah Phillips, Medical Director

Action - this paper is for:	Decision	<input type="checkbox"/>	Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<p>Report Summary</p> <p>In line with national guidance on learning from deaths, KCHFT collects and publishes mortality data quarterly via a paper to Quality Committee and Public Board, which must include mortality data and learning points. Guidance states this data should include the total number of the Trust's inpatient deaths and those deaths that the Trust has subjected to case record review. Of those deaths reviewed, the Trust must report how many deaths were judged more likely than not to have been due to problems in care. Each year an annual report is submitted in November.</p> <p>Mortality reviews are conducted through a centralised process where the review team is made up of a doctor, a ward matron or other senior clinical staff member, a pharmacist, a quality lead and centralised administrative support. Members rotate monthly to maintain a degree of independence. An internal process for reviewing deaths of patients with Learning Disabilities is in place alongside the national LeDeR process for additional assurance, best practice and to meet the Trust's ethical obligations. Learning from these reviews is submitted to the Mortality Surveillance Group.</p> <p>As defined in the Policy, the Trust Board has overall responsibility for ensuring compliance with all legal and statutory duties, along with best practice including having oversight of mortality review processes and awareness of the learning emerging from reviews that drive improvements in care. The focus of trust mortality review is on quality improvement and sharing meaningful learning.</p> <p>Reviews taking place in the recent quarter (July to September 2019) reflect positive findings similar to those emerging from reviews throughout the rest of the year, with recurring examples of excellent holistic care, communication with families, thorough documentation and consideration of spiritual needs. Recurring themes around areas for learning and improvement identified throughout the past year are medication, end of life recognition and documentation. These are summarised in the report along with ongoing or planned actions. Also included in the report is a summary of developments to review processes over the last year along with future plans.</p>

Proposals and /or Recommendations
To note the report.

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> High level position described and no decisions required.

Dr Sarah Phillips	Tel: 01622 211922
Medical Director	Email: sarahphillips4@nhs.net

LEARNING FROM DEATHS ANNUAL REPORT October 2018 – September 2019

1. Introduction

- 1.1 In line with national guidance on learning from deaths, KCHFT collects and publishes mortality data quarterly via a paper to Quality Committee and Public Board, which must include mortality data and learning points. Guidance states this data should include the total number of the Trust's inpatient deaths and those deaths that the Trust has subjected to case record review. Of those deaths reviewed, the Trust must report how many deaths were judged more likely than not to have been due to problems in care. Each year an annual report is submitted in November.

2. September Dashboard

- 2.1 The dashboard below has been based on national suggested format. Deaths in scope include all community hospital inpatient deaths, any deaths where a complaint or potential SI has been raised, and a small sample of deaths in the community.

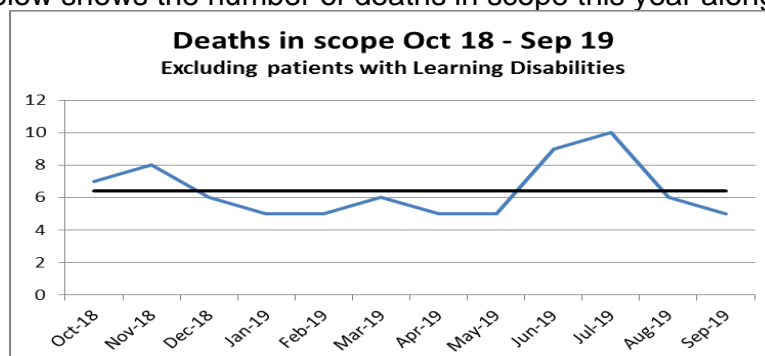
Total Number of Deaths in Scope			Total Deaths Reviewed			Number of deaths judged to be more likely than not due to problems in healthcare	
This Month		Last Month	This Month		Last Month	This Month	Last Month
1		3	3*		7	0	0
This Quarter (QTD)		Last Quarter	This Quarter (QTD)		Last Quarter	This Quarter (QTD)	Last Quarter
13		19	17		13	0	0
This Year (YTD)		Last Year	This Year (YTD)		Last Year	This Year (YTD)	Last Year
47		77	41		69	0	0

*Deaths reviewed in a calendar month may exceed the number of deaths reported that month, as the figure includes deaths taking place in the previous month, but falling into the next month for review; this also applies to those occurring in one year e.g. December, but reviewed in January of the next.

- 2.2 Four deaths in the last year have been reviewed or are being reviewed, as part of an SI:

- 1 in March 2019 re a pressure ulcer while under the care of Thanet community teams
- 1 in July 2019 at Whit & Tank re sub-optimal care of a deteriorating patient (*ongoing*)
- 1 in July 2019 re delay in receiving EOL medication while under care of Faversham Long Term Services team (*ongoing*)
- 1 in July 2019 re delayed visit to check faulty syringe driver while under care of Canterbury Long Term Services team (*ongoing*)

- 2.3 The graph below shows the number of deaths in scope this year along with the average.



3. Learning from Mortality Reviews

- 3.1 The table below outlines key areas of good practice identified in reviews completed this quarter. These reflect positive findings similar to those emerging from reviews throughout the rest of the year, with recurring examples of excellent holistic care, communication with families, thorough documentation and consideration of spiritual needs.
- 3.2 All areas of good practice and areas for learning are reported at monthly matrons' meetings in the East and West and wider dissemination to all ward staff is encouraged. A summary report is also reviewed at the bi-monthly End of Life Steering Group, and themes are discussed at the bi-monthly Mortality Surveillance Group (MSG).

Areas of Good Practice aligned to the Five Priorities for Care of the Dying Person	
Recognise	Involve
<ul style="list-style-type: none"> - End of Life was acknowledged explicitly and discussed with the family – Faversham - Observations and medications stopped appropriately – Faversham - Excellent forward planning as it was noted that need for end of life meds should be established or if Fast Track should be considered, as the weekend was approaching – Faversham - End of Life assessment and individualised care plan in place, enabling clear documentation of priorities for the patient's care and the needs of the family - QVMH - An End of Life care plan was put in place on the day of admission, evidencing good, appropriate recognition – Deal - NEWS2 chart was clearly and appropriately marked and discontinued in view of end of life - Deal 	<ul style="list-style-type: none"> - Personalised care evident in the provision of specific dietary requirements for the patient, to suit their preferences as a vegan – Whit & Tank - The patient's wishes were considered as it was noted that she did not want further hospitalisation in the event of deterioration – Faversham - The patient's husband was involved as much as possible, despite being elsewhere in the county undergoing his own health investigations – Faversham - A very holistic approach was evident, which involved the family and spiritual considerations, with a visit from a priest arranged as requested by the patient – Faversham - This is Me document was in place with very detailed information about the patient's likes and hobbies, showing an excellent holistic overview of the patient as an individual – Faversham

Support	
<ul style="list-style-type: none"> - The team contacted the family very promptly on recognising the patient's deterioration and the family were able to come to the ward to be present when she died - Tonbridge - The patient's friends were involved and visited regularly. She was nursed in a side room with soft lighting and it was noted that her friends were sitting around her bed and sharing stories. It was documented that the friends were given refreshments and made aware they could call the nurse at any time if they noticed any discomfort or concerns – QVMH - Daily delivery of care was well documented, providing a good review of the patient's evolving needs and symptoms and addressing the son's emotional needs - QVMH - It was well documented that the doctor asked the family to come in to discuss the patient's poor prognosis rather than deliver the news over the phone, which shows sensitivity and support for the family. Further discussions were documented after death as to whether they wanted to come in to see their relative, and their funeral wishes were noted – Faversham - Very sensitive approach from nurse who had a needle stick injury, as she was discreet in order not to cause further distress to the family, and followed the policy appropriately – Thanet Community Nursing 	<ul style="list-style-type: none"> - A DNA CPR form was signed by the doctor 3 days after admission. This reflects excellent care as it was completed promptly, shows the patient's view, clearly documents capacity, and involved discussion with the patient's daughter - Hawkhurst - It was documented that it was the patient's wish to stay at Deal and that he was aware he was at end of life and wanted his family around him. This is good evidence of an understanding by the nursing staff of the patient's individual needs and wishes - Deal

Plan & Do	Communicate
<ul style="list-style-type: none"> - Good general nursing care provided and relevant assessments completed including input from dietician, and the patient's food preferences were noted – Tonbridge - All relevant assessments completed and physio review occurred promptly – QVMH - MCA requirements followed in completion of complex decision form when patient could not discuss DNA CPR – QVMH - Appropriate response to stool type 5 or above, with samples sent to IPC and contact barrier nursing documented – QVMH - Staff took the correct action to contact on-call pharmacist for advice when no drug chart came over with the patient from the acute – QVMH - NEWS scores were regularly recorded and observations were increased in frequency when it rose to 4, showing good ongoing monitoring with thorough documentation and appropriate actions – QVMH - Sticker present on the drug chart alerting staff to the importance of accurate timing of medication for Parkinson's disease - QVMH - Very good initial assessment and care after patient was admitted at midnight in a vulnerable state – Hawkhurst - This patient would normally trigger outreach care so the team did well to keep him in the community hospital; good work with other 	<ul style="list-style-type: none"> - Ward staff escalated all concerns appropriately and many services were involved, with good communication throughout – Hawkhurst - Excellent documentation of discussions with the family around end of life, early in the admission. Good evidence of collaborative work with the family – Whit & Tank - Conversations with the family were well documented throughout – Faversham - Detailed documentation throughout and staff responded appropriately and sensitively to complaint from granddaughter re delay with death certificate and cremation form, which was out of the control of ward staff – Faversham - There were well documented discussions with the family about what would be best for the patient – Faversham - Conversations with the family well documented throughout. A family meeting also took place with the patient present – Hawkhurst - Every effort was made to communicate with the acute to chase gastroenterology appointment for the patient and dilatation procedure for oesophageal stricture, showing excellent cross-team communication. - The team involved the family and hospice, and discussions were well documented – Cranbrook Community Nursing

<p>service providers – Hawkhurst</p> <ul style="list-style-type: none"> - Very comprehensive medical review on admission and Personalised Care Plan in place – Hawkhurst - Clerking was completed at the earliest available opportunity. CIS checklist was in place on admission, enabling a clear check of assessments completed. All items on checklist completed within first 24 hours, evidencing good care – Hawkhurst - Good care shown by the presence of a handwritten care plan on the day of admission, written by an agency nurse despite known issues of lack of access to CIS for agency staff - Hawkhurst - Comfort round charts were commenced on the day of admission and recorded 2 hourly checks throughout the day and night with no gaps or omissions – Hawkhurst - Good follow-up and actions from medical findings, e.g. the presence of atrial fibrillation following ECG at the acute was reviewed and Apixaban commenced – Hawkhurst - The patient's falls were well documented and responded to appropriately - Hawkhurst - Good respiratory assessment carried out – Whit & Tank - Good response to discomfort caused by catheter, as it was promptly changed for a smaller size – Whit & Tank - Good assessment of syringe driver use and response to this, with appropriate pain 	<ul style="list-style-type: none"> - A positive action arose from a 72 hour report re a medication delay, to devise a sticky label for the patient's home notes with all numbers and instructions on so in future, patients' families are clear on contact numbers and cover for out of hours – Thanet Community Nursing - There was thorough documentation on CIS of long conversations with the patient's daughter - Deal
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<p>management throughout – Whit & Tank</p> <ul style="list-style-type: none"> - All assessments completed promptly on admission and Personalised Care Plan in place - Faversham - Good care given considering a challenging situation where the patient consistently refused input – Faversham - Nurse noticed moisture lesion on admission and promptly Datixed appropriately – Faversham - All assessments completed on first visit and MCA consent documented appropriately – Cranbrook Community Nursing - Very thorough notes on CIS throughout – Cranbrook Community Nursing - All assessments completed promptly and well documented – Thanet Community Nursing - Good care given in a challenging situation where the patient's disease was unpredictable and distressing – Thanet Community Nursing - All appropriate assessments completed and well documented on CIS, and all policies and guidelines followed. The patient's capacity was well documented when he declined to attend hospital against advice – West Kent Home Treatment Service - All care was offered and good care provided considering the patient had a history of being non-concordant with treatment and advice and had been verbally aggressive – West Kent Home Treatment Service 	
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- 3.3** Recurring themes around areas for learning and improvement identified throughout the past year are medication, end of life recognition and the need for standardised documentation. These are summarised below along with ongoing or planned actions.

Themes for Learning	Comments/Actions
<p>Medication</p> <ul style="list-style-type: none"> - Possible inappropriate prescribing, e.g. use of midazolam for coughing and struggling when other meds could have been considered first - Glycopyrronium prescribed as a dose of 400mcg, when a first dose of 200mcg for a frail, elderly patient should have been considered - Non-essential drugs being stopped at end of life are not always clearly crossed through, dated and signed on drug chart - Consideration not always given to stopping antibiotics at end of life - Sub-therapeutic dose of midazolam prescribed on "0-30mg" scale with insufficient guidance - Transfer of Care issue re meds; in one case, patient died within 24 hours of discharge from the acute back to community hospital, but no preparations were made for End of Life. Crisis drugs should have been prescribed either upon discharge or re-admission to KCHFT care. 	<p>All feedback from mortality reviews around medication issues are notified to Ruth Brown, Chief Pharmacist, and Clare Fuller, Lead Practitioner for Palliative and End of Life Care. Feedback is also sent to ward matrons for sharing with the team, and is presented at monthly matrons' meetings and bi-monthly End of Life Steering Group.</p> <p>Ruth Brown is planning an accelerated education programme for staff around syringe driver dosing.</p> <p>Staff have been made aware of upcoming MedSavvy events to improve knowledge and confidence.</p> <p>Where appropriate, ward staff are encouraged to Datix any Transfer of Care issues which are then taken forward with the acute via the Transfer of Care Working Group.</p>
<p>Documentation</p> <ul style="list-style-type: none"> - Delirium is not always explicitly recognised or noted. Conversations with family 	<p>Dr Shelagh O'Riordan, Clinical Director for Adult Services, has proposed a</p>

<p>around delirium are not always taking place or being documented.</p> <ul style="list-style-type: none"> - Patient's wishes re ceiling of care/transfer to the acute on deterioration are not always explicitly recorded. - In many cases, care plans are not written in the own words of the patient and could reflect more of the patient voice. - In response to one case, the Safeguarding team suggested that discussions should be documented as a written entry in the notes at the time, with the Safeguarding consultation document being uploaded to the patient record when available, to support others being aware of any concerns, advice and actions given. - DNA CPR forms are not always robust. In one case, the DNA CPR noted that the decision was "not discussed with IMCA as health related issue"; it is unclear why this wording was used. It was also unclear whether this had been discussed with the patient, and if not, the reason why. Attempts should have been made to contact the IMCA. In another case a post-it note was stuck to the form stating that the NHS number was incorrect which has then been amended on form, but it is unclear who made this amendment. The form should have been re-written. 	<p>delirium screening tool and action plan to be in place consistently across the Trust. Denise Hylton-McIntosh, Head of Patient Safety, is to take this forward with input from Dr Lisa Scobbie, Deputy Medical Director.</p> <p>Advanced Care Plans should be clearer around patients' explicit wishes for each possible situation. Denise Hylton-McIntosh, Head of Patient Safety, is to take this forward to look at more consistent documentation to make recording patient wishes easier.</p> <p>A Trust-wide QI project is ongoing around standardising Personalised Care Plans, with input from the Heads of Quality, Governance and Professional Standards.</p> <p>All feedback is sent to ward matrons or team leaders for sharing with the team, and is presented at monthly matrons' meetings and bi-monthly End of Life Steering Group.</p> <p>Advice around robust record keeping sought from Trust Solicitor and fed back to teams re post-it notes and incomplete DNA CPRs. A DNA CPR audit recently took place; actions to be agreed when findings become available.</p>
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Recognition	
<ul style="list-style-type: none"> - In some cases, although patients had been originally for rehab and plans made for discharge home, there could still have been consideration to “what if...?” discussions and early exploration of patient wishes in the event of deterioration. - Good response to deterioration, but failure to holistically plan for End of Life. Missed opportunities for discussions; earlier response to signs needed. - In one case, family were still discussing possible homes for the patient so it was unclear whether situation was fully communicated or understood re End of Life. 	<p>All feedback is sent to ward matrons or team leaders for sharing with the team, and is presented at monthly matrons’ meetings and bi-monthly End of Life Steering Group. Clare Fuller, Lead Practitioner for Palliative and End of Life Care is also copied into feedback and earlier recognition forms part of the future programme of work.</p>

3.4 Although the Trust is only required to review inpatient deaths in community hospitals and there is no national mandate to review deaths in the community, a process began in November 2018 which aims to sample one to two deaths per month from across East and West community teams to incorporate into the existing review process, subject to capacity of the review teams. Deaths are selected by team leaders who identify cases where there may be particularly rich learning, i.e. where problems occurred or care went well despite challenges.

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

3.6 Between October 2018 and September 2019, a total of 20 ‘other’ deaths were reviewed that did not take place in community hospitals, but were either samples selected by community teams, deaths referred for mortality review by the Patient Safety team due to complaints or cases where concerns were raised but deemed not to be SIs. Areas of good practice from these cases were included in the table above, and areas for learning were consistent with issues identified across the Trust generally.

4. Learning Disability (LD) Mortality Review Process Update

4.1 At the July 2019 Quality Committee, a full report was submitted by Mark Anderson, Deputy Head of Service for Learning Disabilities, covering April 2017 – March 2019.

This report confirmed that the internal review process, developed in response to the lack of feedback from the national LeDeR programme, had led to a successful clearing of the backlog of deaths for review. MDT meetings are now arranged when needed; a snapshot provided to the Mortality Surveillance Group in September 2019 showed that 117 reviews had been completed and only four were currently pending.

- 4.2 Initial findings indicate that causes of death are similar to those reported nationally, i.e. respiratory, circulatory disorders and cancer. The majority of service users were on end of life care and there were no avoidable or preventable deaths from a KCHFT perspective, or Serious Incidents. Good practice has been highlighted around End of Life pathways, anticipatory care planning and joint working with other organisations such as GPs and hospices. Practitioners who attend the LD mortality review meetings have given very positive feedback and KCHFT staff have been found to be very proactive in supporting discharge from acute hospitals in order for people to die at home.

5. Mortality Review process developments, joint working and future plans

- 5.1 Over the past year, the Structured Judgement Review form and methodology has become further embedded, bringing KCHFT's mortality review process increasingly in line with acute trusts. This will facilitate greater ease of information sharing and quantitative analytics, should national requirements evolve for community trusts' learning from deaths reporting in the future. Quantitative data collection of themes and trends is also now aligned to the Royal College of Physicians problem categories; the up-to-date summary spreadsheet can be found in Appendix 1.
- 5.2 In November 2018, an additional question was added into the Structured Judgement Review form for assurance following the Gosport Inquiry, which asks the review group to answer 'yes' or 'no' to the question, 'Is there any evidence of unsafe practice by mismanagement or misuse of controlled drugs that contributed to death?'
- 5.3 At the September Mortality Surveillance Group, the Healthcare Insight Specialist from Dr Foster presented the latest insight report covering the latest available data up to May 2019. The long-term picture shown by the data in terms of mortality rates is stable, but it was noted that the volume of step-downs has been slowly increasing over the last three years. Step up volumes are decreasing overall although there were peaks over the winter period as expected.
- 5.4 Following the publication of the NHS England document 'Guidance for NHS trusts on working with bereaved families and carers', a gap in formal processes for involving families in mortality reviews was identified nationally. There is an ongoing QI project focusing on the bereavement questionnaire for relatives and carers, led by the Patient Experience Manager and building on examples of good practice from other trusts highlighted in the report. This work is overseen by the End of Life Steering Group and will be supported as appropriate by the Mortality Surveillance Group.
- 5.5 Within the past year, a mortality review identified an issue of awareness around what to do when a patient dies with no known next of kin. Written guidance has now been circulated to community hospitals for clarity, and the procedure has also been added to the Care after Death policy.

- 5.6 Work is ongoing to put a process in place for the Mortality Surveillance Group to receive regular reports from the Child Death Overview Panel for assurance, and to identify any themes and trends. This is to ensure any learning is received for child deaths where KCHFT teams may have had some input. Any Serious Case Reviews are included in an Action Tracker presented by the Safeguarding team at each Mortality Surveillance Group meeting so there is assurance that the Trust would already be aware of any cases of specific concern.
- 5.7 Contact has been made with acute trusts and the local mental health trust KMPT. While joint working with acute trusts is an aspiration for the future, it is hoped that imminent progress will be made with KMPT around sharing learning from mortality reviews of mutual patients, to ensure that care provided to patients with serious mental health needs who have died, is being reviewed from a KCHFT perspective where appropriate. A meeting is due to take place in the coming months between Dr Lisa Scobbie, Deputy Medical Director at KCHFT and Annie Oakley, Head of Patient Safety at KMPT, to take forward formal plans for collaboration.
- 5.8 Initial contact has been made with Patient Safety teams at West Kent CCG, and Ashford and Canterbury CCGs with a view to involving primary care in mortality reviews in the future. How this will be affected by potential CCG structure changes is currently unclear.
- 5.9 The Head of Nursing at Pilgrims Hospice has been identified as a contact point and is receptive to any shared learning for the hospice emerging from KCHFT mortality reviews.
- 5.10 Details of deaths where a mortality review has identified potential for cross-organisational learning are now brought to the next available bi-monthly Mortality Surveillance Group for discussion around how to take forward shared insights.
- 5.11 KCHFT took part in a focus group organised by the Patient Safety Fellow at the Kent Surrey and Sussex Patient Safety Collaborative in September 2019. Five clinical staff shared their views and experiences around deaths occurring at work, what they found helpful to support them as a team as well as the patient's family, and what other support they would find useful in future. The participants were from across East and West Kent, community hospitals and community teams. Findings will be shared with managers in due course, to inform further organisational improvements around supporting both staff and families leading up to, and following, a death.
- 5.12 The Learning from Deaths policy will be reviewed by the end of 2019 to ensure the document reflects the ongoing evolution of the process and the developments noted above.

Dr Lisa Scobbie, Deputy Medical Director
Melissa Ganendran, Mortality Review Project Lead
 on behalf of
Dr Sarah Phillips, Medical Director
October 2019

APPENDIX 1: Number of problems arising from mortality reviews of deaths occurring in each month in line with RCP Categories

Problem Categories	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total instances this yr
Problems in assessment, investigation of diagnosis inc assessment of PU risk, VT risk, history of falls													7
Ineffective recognition of end of life	3	1	1	0	0	0	0	0	0	0	0	0	5
Issues relating to physical needs	0	0	0	0	0	0	0	2	0	0	0	0	2
<i>Total number of above leading to harm</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
Problems with medication including administration of oxygen													14
Issues relating to medications and/or symptom control	0	3	2	4	2	0	2	1	0	0	0	0	14
<i>Total number of above leading to harm</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
Problems related to treatment and management plan													60
Lack of involvement in care decisions	0	1	0	1	0	0	0	0	0	0	0	0	2
Lack of respect of patient and family wishes in decision making	0	0	0	1	0	0	0	0	0	0	0	0	1
Lack of documentation around capacity and best interests	0	0	0	0	1	0	0	0	0	0	0	0	1
Issues relating to Personalised Care Plans and other documentation	3	12	5	10	5	2	5	14	0	0	0	0	56
Issues relating to Fast Track and palliative care support	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Total number of above leading to harm</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
Problems with infection management	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Total number of above leading to harm</i>	0	0	0	0	0	0	0	0	0	0	0	0	0

Problems related to invasive procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Total number of above leading to harm</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Problems related to clinical monitoring																				0
Reversible causes of deterioration not considered/excluded and/or documented	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Issues relating to nutrition and hydration	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Total number of above leading to harm</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Problems in resuscitation following cardiac or respiratory arrest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Total number of above leading to harm</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Problems of any other type not fitting other categories																				10
Issues relating to emotional, psychological, social, spiritual, cultural & religious needs	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Issues relating to support of families and those important to the dying person	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient related communication issues	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Team related communication issues	1	0	2	0	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	6
<i>Total number of above leading to harm</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No. deaths this month with completed reviews	4	5	5	5	2	7	3	3												
Total number of issues arising this month	8	18	10	17	10	2	8	18	0	0	0	0	0	0	0	0	0	0	0	91

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	3.3
Agenda Item Title:	Freedom To Speak Up (FTSU) Report
Presenting Officer:	Natalie Davies, Corporate Services Director

Action - this paper is for:	Decision <input type="checkbox"/>	Information <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>
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Report Summary
The report provides a summary of concerns raised by staff between 1 April 2019 and 30 September 2019 (Quarter 1 and Quarter 2).

Proposals and /or Recommendations
To note the report.

Relevant Legislation and Source Documents
Freedom To Speak Up Policy
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> High level position described and no decision required.

Joy Fuller, Governor Lead / Freedom To Speak Up Guardian	Tel: 01622 211972
	Email: joy.fuller@nhs.net

FREEDOM TO SPEAK UP GUARDIAN REPORT

1. Introduction

- 1.1 There are now 500¹ Freedom to Speak Up Guardians across NHS organisations in England. Some of these are full-time posts, some part-time and some are added to people's day job. In the period from 1 April 2019 to 30 September 2019 (Quarter 1 and Quarter 2), they had dealt with 6,659 concerns, 1,620 of which related to patient safety issues and 2,476 included elements of bullying and harassment².
- 1.2 Sir Robert Francis QC has urged NHS Boards and managers to welcome staff raising concerns (whistleblowing), in the same way as staff are encouraged to report incidents. Kent Community Health NHS Foundation Trust's (KCHFT) policy is in line with the national Freedom to Speak Up (Whistleblowing) policy. This says that staff should initially try to raise concerns with their manager or a more senior manager, but if this does not lead to satisfactory action (for example an investigation) or if the staff member feels uncomfortable for whatever reason, they can contact the Freedom to Speak Up Guardian for advice and support. It is all in support of creating a more open culture that puts patient and staff safety at the heart of what we do.
- 1.3 No-one should experience discrimination or be victimised for speaking up, but we know fear of this can prevent staff from doing so. Those who raise concerns via the Freedom to Speak Up process can expect to receive support and advice from the Trust's Freedom to Speak Up Guardian, as will managers with whom the concerns are raised. The role of the Freedom to Speak Up Guardian is to be impartial and ensure that a fair and timely investigation into concerns takes place and that outcomes, actions and learning are shared.
- 1.4 This report covers the period 1 April 2019 to 30 September 2019 (Quarter 1 and Quarter 2).

2. Summary of cases

- 2.1 Four cases have been opened during the period of 1 April 2019 to 30 September 2019. Of these cases, two remain open and staff members are being supported to take the issues forward. A summary of the categories covered is below:
 - Bullying and Harassment
 - Patient safety
 - Perceived detriment

¹ Source: Freedom to Speak Up Index Report 2019

² Source: National Guardians Office Website

- 2.2 Within the data submitted, no cases were raised by staff members going through either the Capability or Disciplinary process.
- 2.3 The FTSU Guardian offers a 3 month follow up of all cases to establish that any changes that have been put into place are sustainable.
- 2.4 It remains difficult to obtain formal feedback (verbal or written), however the 3 month review encourages staff members to reflect on their experience of speaking up.

3. Fostering a culture of openness

- 3.1 Since the last report, the number of FTSU Ambassadors within the Trust has reduced from 14 to 9 with ambassadors leaving the Trust or being unable to continue in the role.
- 3.2 Details of the new FTSU Guardian has been published on FLO and communicated through FLOMail in September 2019. This has resulted in one member of staff expressing an interest in becoming an Ambassador.
- 3.4 The FTSU Guardian will continue to promote the speaking up culture via regular communications on FLO, distributing leaflets and other promotional material across all sites, as well as attending team meetings when required.

4. Freedom to Speak Up Index Report 2019

Background

In September 2019, the National Guardian's Office published the 'Freedom to Speak Up Index Report 2019'. This Index identifies the view of staff on the speaking up culture in all NHS Trusts and NHS Foundation Trusts across the country. The Index Report has been included as Appendix 1.

The index calculations were based on the mean average of responses to four questions in the 2018 annual staff survey. The survey questions used were:

- % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (Q17a).
- % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (Q17b).
- % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (Q18a).
- % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (Q18b).

Assessment

The current FTSU Index for Kent Community Health NHS Foundation Trust is **81%**.

The national median FTSU Index for Community Trusts is 83%, and there are currently 10 community trusts across the country with a higher index score.

5. Forward Plan

- To maintain and work towards improving the FTSU Index score by continuing to promote the role of the FTSU Guardian and embed a positive culture of speaking up across the trust.
- To develop a FTSU Improvement Strategy aligned to a gap analysis against the recommendations from the National Guardian.
- To arrange a FTSU meeting for Ambassadors to ensure that the ambassador role is embedded within services.
- To target the staff networks and ensure that all staff members and groups access FTSU when requiring the service.
- Strengthen the support for the Guardian and Ambassadors including access to peer support, counselling and professional development.
- To develop case studies and continue to report on themes and trends from cases.

6. Recommendation

The Board is asked to note the report.

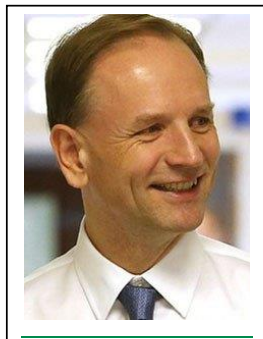
Joy Fuller
Freedom to Speak Up Guardian
November 2019

Freedom to
Speak Up
Index Report
2019

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Foreword by Simon Stevens



Speaking out when you see something going wrong at work takes courage no matter what your job. When you work in the NHS – as a nurse, doctor, physio or in any other role – it can sometimes also feel a lonely and daunting experience. That is why we are determined to ensure we do everything possible to support those who make their voices heard on behalf of patients.

Freedom to speak up guardians can be a very powerful presence to ensure that NHS organisations – their management and boards – listen to concerns. NHS England is tripling funding and we now have 500 guardians in place across the country.

In the past, however, not every NHS organisation has done enough to make staff feel that they can speak out. That is why last year I asked the National Guardian to help measure how free nurses, doctors and other staff felt to raise concerns at different organisations.

Twelve months on there is encouraging progress in making NHS organisations more open and transparent. Our staff are world-class but if we want to help them to deliver the improvements in care and treatment set out in the NHS Long Term Plan we need to show them the same duty of care, compassion and empathy that we provide our patients.

A porter, nurse or consultant surgeon who speaks up is an invaluable part of any NHS organisation – they do so because they want the very best for their patients and their colleagues. And trusts that allow staff to speak out about issues are likely to deliver better outcomes for patients and will have happier staff.

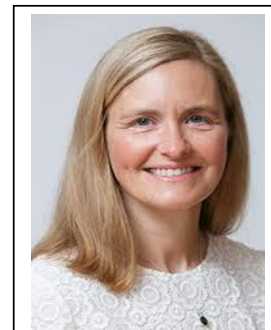
The Freedom to Speak Up Index helps trusts understand how their staff perceive the speaking up culture. Trusts can compare their scores to others, buddy up with those that have received higher index scores and promote learning and good practice.

Already the index is having a significant impact, with 180 trusts (82%) having made progress in making it easier for staff to speak out since 2015, with London Ambulance improving its rating by 18%. This means more staff than ever before feel secure raising concerns if they see something unsafe and feel confident that if they were to make a mistake, they would be treated fairly by their trust.

But a more open and transparent working culture will not just mean happier staff, it will also mean happier patients too. Evidence consistently shows that a positive speaking up culture leads to better CQC ratings, and ultimately better care for our patients. And this is what drives over a million people to go to work for the NHS every day. It is everyone's responsibility to speak up when they see something that doesn't look right – and now more than ever, staff are doing exactly that.

Foreword by Dr Henrietta Hughes

Everyone needs to be valued and listened to and feel fairly treated at work. Nowhere is this more important than in health when it can be a matter of life or death. A positive environment and a supportive culture are key elements of the People Plan¹. We have shown that a positive speaking up culture is often associated with higher performing organisations. Workers are the eyes and ears of an organisation and they should be listened to when considering patient safety and experience. The best leaders understand how important this is. These leaders create an inclusive speaking up culture where everyone's insight and expertise is valued, and all workers are empowered to speak up and contribute to improvements in patient care.



Culture is a term which can be interpreted in different ways. To some it might seem vague and difficult to pin down. Some organisations want their culture to change but do not know where to start or how to change. In our Freedom to Speak Up Guardian Surveys, we showed that guardians in organisations rated Outstanding by the Care Quality Commission were more positive in their perceptions of the speaking up culture². To ensure speaking up becomes business as usual, the voices of other workers must also be involved. We have therefore created a single measure from four questions from the 2018 NHS Staff Survey³.

This new Freedom to Speak Up Index, brought together by my office and NHS England, identifies the view of the staff on the speaking up culture in NHS Trusts and Foundation Trusts (FTs). For trust boards to be able to use a measure to learn more about their own Freedom to Speak Up culture, as experienced by their workforce, is an opportunity for improvement. This is not a perfect tool, as it is based on a sample of staff and there are additional limitations as students, volunteers and others are not included.

When it comes to establishing effective speaking up cultures, the highest scoring NHS trusts and Foundation Trusts featured in this report have shared their experience for the rest of the health system to learn from. They have had meaningful conversations with their workers, embraced opportunities to improve, followed guidance from my office and developed innovative ways to create and sustain a positive speaking up culture for their workforce.

The average FTSU Index score nationally has increased since 2015 and I am optimistic that this will continue to improve but not complacent about the organisations in which there is significant room for improvement. I call on leaders and Freedom to Speak Up Guardians in NHS trusts and FTs to use the index as a new measure for assessing the speaking up culture in their organisation. The insights of the organisations featured in this report will help you find comparable organisations with whom you can buddy up and learn from the best in the NHS. I encourage commissioners and regulators to use the FTSU Index to ask providers about their speaking up arrangements and to encourage improvement.

¹ <https://www.longtermplan.nhs.uk/publication/interim-nhs-people-plan/>

² https://www.cqc.org.uk/sites/default/files/20171115_ngo_annualreport201617.pdf

³ <https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2018/>

Introduction

The Interim People Plan aims to ‘to grow the NHS’s workforce, support and develop NHS leaders and make our NHS the best place to work’. The plan says that in addition to recruiting extra staff, much more needs to be done to improve staff retention and transform ways of working. Secretary of State Matt Hancock MP has said that ‘we need a more supportive culture to make that plan a reality’⁴. A positive speaking up environment where workers feel valued and listened to is fundamental to developing a supportive culture.

The events at Mid Staffs⁵ and Gosport War Memorial Hospital⁶ serve as reminders of the harm that can occur to patients when this type of culture does not exist. Following the publication of the Francis Freedom to Speak Up Review in 2015⁷ Trusts and Foundation Trusts in England have appointed Freedom to Speak Up Guardians⁸. The network has now grown to over 1000 guardians, champions and ambassadors in NHS trusts and FTs, independent sector providers, national bodies and primary care organisations. Thousands of cases have been brought to Freedom to Speak Up Guardians since April 2017⁹.

The National Guardian’s Office has previously published survey reports that indicate that a positive speaking up culture is associated with higher performing organisations as rated by CQC. The annual NHS staff survey contains several questions that serve as helpful indicators of the speaking up culture. Working with NHS England, the National Guardian’s Office has brought four questions together into a ‘Freedom to Speak Up (FTSU) index’. This is to enable trusts to see at a glance how their FTSU culture compares with others. This will promote the sharing of good practice and enable trusts that are struggling, to ‘buddy up’ with those that have recorded higher index scores.

The results throughout are based on the results of the 2018 NHS annual staff survey. Where percentage point improvement is recorded, this is based on the overall changes recorded between 2015 and 2018.

Nationally the median FTSU score has improved since 2015. Some trusts have seen a rapid improvement in their FTSU index score and in others there has been a reduction in the score. We have included case studies from the best performing trusts of each type and those that have made the most significant improvement. These case studies detail the changes that trusts have made to engage with their workforce and develop a positive speaking up culture and the impact that this has made.

The Freedom to Speak Up Index for each trust and the CQC ratings for Overall and Well Led are included in Annex 1. The information is taken from the CQC website¹⁰ and the annual NHS Staff Survey at the time of publication.

⁴ <https://www.england.nhs.uk/2019/06/more-staff-not-enough-nhs-must-also-be-best-place-to-work-says-new-nhs-people-plan/>

⁵ <https://www.bbc.co.uk/news/health-21244190>

⁶ <https://www.bbc.co.uk/news/topics/cx2pw2r8yp9t/gosport-hospital-deaths>

⁷ <http://freedomtospeakup.org.uk/the-report/>

⁸ https://www.cqc.org.uk/sites/default/files/20180213_ngo_freedom_to_speak_up_guardian_jd_march2018_v5.pdf

⁹ https://www.cqc.org.uk/sites/default/files/CCS119_CCS0718215408-001_NGO%20Annual%20Report%202018_WEB_Accessible-2.pdf

¹⁰ <https://www.cqc.org.uk/>

Survey questions and FTSU Index

The FTSU index was calculated as the mean average of responses to four questions from the NHS Annual Staff Survey.

The survey questions that have been used to make up the FTSU index are:

- % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)



Summary of results

Overall, the national median FTSU index has increased since 2015, and this pattern is reflected for all trust types:

Trust type	FTSU index			
	2015	2016	2017	2018
National	75%	77%	77%	78%
Acute Specialist Trusts	79%	79%	79%	81%
Acute Trusts	75%	76%	76%	77%
Ambulance Trusts	66%	69%	69%	74%
Combined Acute and Community Trusts	76%	77%	77%	78%
Combined Mental Health / Learning Disability and Community Trusts	78%	77%	79%	80%
Community Trusts	79%	80%	81%	83%
Mental Health / Learning Disability Trusts	74%	76%	77%	79%

The following represent the trusts with the highest FTSU index result for 2018, broken down by trust type:

Trust type	Trust	FTSU index value 2018
Community	Cambridgeshire Community Services NHS Trust	87%
Combined mental health / learning disability and community trust	Solent NHS Trust	86%
Acute Specialist	Liverpool Heart and Chest Hospital NHS Foundation Trust	86%
Acute	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	84%
Combined acute and community	Gateshead Health NHS Foundation Trust	83%
Combined mental health / learning disability	Surrey and Borders Partnership NHS Foundation Trust	81%
Combined mental health / learning disability	Northumberland, Tyne and Wear NHS Foundation Trust	81%
Combined mental health / learning disability	Tees, Esk and Wear Valleys NHS Foundation Trust	81%
Combined mental health / learning disability	Tavistock and Portman NHS Foundation Trust	81%
Ambulance	Isle of Wight NHS Trust (ambulance sector)	79%

Cambridgeshire Community Services NHS Trust: Visible leadership in action

"Our transparent and open culture has been built up over a number of years and during that time we have developed a style across the organisation that puts our people first. We have a long

'it is in the DNA of the organisation for all our leaders to be out and about every week, talking and listening to staff in an informal and low-key way. We have lots of examples through these visits of our staff sharing concerns and issues and feeling very comfortable and confident to speak up'.

standing systematic 'back to the floor' programme in place that our senior leaders prioritise each month and this visibility and approach is positively received by our staff. Additionally, it is in the DNA of the organisation for all our leaders to be out and about every week, talking and listening to staff in an informal and low-key way. We have lots of examples through these visits of our staff sharing concerns and issues and feeling very comfortable and confident to speak up.

We support our managers to be leaders and have embedded compassionate leadership into our internal development programmes and our appraisal systems and processes.

'We support our managers to be leaders and have embedded compassionate leadership into our internal development programmes and our appraisal systems and processes'.

We developed our values with our staff over 8 years ago and we continually check that they remain valid today through talking with our staff. Our values and agreed set of behaviours are embedded in all that we do, and we spend time and energy on making sure we encourage people to speak up if they are concerned about anything. How our staff speak up is entirely up to them, there is never a wrong way. We are explicit at induction about

them never worrying about telling the wrong person the most important thing if they are concerned about anything is to tell someone! They can raise concerns informally or formally and we work with them directly to agree how they wish their concern to be handled.

They can speak with their line manager; another member of their team; contact our Freedom to Speak Up Guardian or one of our Freedom to Speak Up Champions; link with our full-time staff side chair; speak with one of our Cultural Ambassadors or share directly with our Chief Executive or another member of our Executive team and we have lots of examples of when our staff have done this. We always provide feedback to individuals who raise concerns so that they are assured and confident that their issue/s have been dealt with. We

'...through the results our staff have fed back that they feel secure in raising concerns; that they are confident that we would deal with these and that they feel engaged and valued'.

also deal with concerns anonymously if requested to do so - the most important thing for us is that the concern is being heard and acted upon.

We are very proud of our annual national staff survey results and have seen year on year improvements. We focus on a small number of improvement areas each year rather than everything and through the results our staff have fed back that they feel secure in raising concerns; that they are confident that we would deal with these and that they feel engaged and valued. We continue to make further improvements to ensure that we are an excellent employer and one of the NHS Best Places to Work."

'We are explicit at induction about them never worrying about telling the wrong person the most important thing if they are concerned about anything is to tell someone!'

Liverpool Heart and Chest Hospital NHS FT: Learning and Sharing to create an open and safe culture



Freedom to Speak Up Guardian Helen Turner with Mr Sanjay Ghotkar and the FTSU Charter

“Liverpool Heart and Chest Hospital is committed to FTSU and its principles, patient safety and staff experience are at the heart of everything we do. Our Board of Directors takes an active interest in concerns raised by staff, the process in which these are dealt with and supports an ethos of learning and sharing. The Trust’s approach to FTSU is summed up by the Chief Executive’s 3-point pledge which is widely communicated:

Please Speak Up – when you do:

I will listen

I will investigate, and if you let me know who you are you will receive feedback

I will keep you safe

A quarterly 'Freedom to Speak Up Summit' is chaired by the Director of Corporate Affairs /Executive Lead for FTSU and attended by the Chief Executive, Medical Director, Director of Nursing, Director of Workforce, Deputy Director of Nursing, Freedom to Speak up Guardian and Deputy Freedom to Speak up Guardian. The commitment of the Trust towards empowering staff to speak up, keeping both patients and staff safe is demonstrated by the membership of the group.

The purpose of the summit is to review the quarter's speak ups and triangulate data from staff experience and patient safety looking for trends, themes and any areas that maybe hotspots in order that any action can be identified and swiftly taken.

'The Trust is constantly innovating to ensure patient safety, the data produced for the summit includes the usual serious incidents, never events, incident reporting but also data from the daily trust wide safety huddle convened in the Chief Executive's office where current issues are raised and escalated immediately'.

Patient Safety

The Trust is constantly innovating to ensure patient safety, the data produced for the summit includes serious incidents, never events and incident reporting but also data from the daily trust wide safety huddle convened in the Chief Executive's office where current issues are raised and escalated immediately. Other data shared at the summit include HALT an innovation that was introduced at the Trust in 2015.

HALT is an acronym that stands for

Have you seen this?

Ask – did you hear my concern?

Let them know it is a patient safety issue

Tell them to **STOP** until it is agreed it is safe to continue

HALT empowers all staff no matter what grade and whether clinical or not to use the HALT process if they see a potential patient or staff safety incident. HALT has not only prevented 92 safety incidents to date, since its inception but has broken down hierarchical barriers that have traditionally existed in healthcare.

A monthly Learning and Sharing Forum brings together senior leaders, including ward and departmental managers to cascade learning, share examples and promote an open and safe culture.

*HALT is an acronym that stands for
Have you seen this?
Ask – did you hear my concern?
Let them know it is a patient safety issue
Tell them to **STOP** until it is agreed it is safe to continue*

Staff Experience

'The "grass is greener" is an initiative which encourages staff who are leaving or thinking about leaving the Trust to understand their reasons and look at what we could do to reduce turnover and improve staff safety and experience'

Workforce data is shared at the summit including an HR relations report, which includes the number of bullying and harassment, grievances/ET claims, disciplinaries, suspensions etc. Also, innovations such as 'grass is greener' data is shared and discussed. The 'grass is greener' is an initiative which encourages staff who are leaving or thinking about leaving the Trust to understand their reasons and look at what we could do to reduce turnover and improve staff safety and experience.

Freedom to Speak Up Guardian

The Freedom to Speak Up Guardian (FTSUG) reports to the membership not just on concerns raised and action taken but also on national guidance and any actions the Trust needs to take to ensure best practice, this means benchmarking against case reviews, information from the latest NGO guidance and reporting on pertinent issues from the regional network groups and the national conference.

Learning from Freedom to Speak Up

Feedback from our staff has revealed that at times managers and those with supervisory roles have felt vulnerable about staff speaking up against them, sometimes as a result of unpopular management decision. In response to this we have worked with staff to develop an 'FTSU Charter' setting out clearly what can be expected both when you speak up and when you are spoken up about.

'we have worked with staff to develop an 'FTSU Charter' setting out clearly what can be expected both when you speak up and when you are spoken up about'.

The focus on FTSU and Board level membership of the summit means that the Trust is proactive and not just reactive in dealing with matters of patient and staff safety and is constantly pushing the agenda forward through innovation."

Tees Esk and Wear Valleys NHS Foundation Trust: Speaking Up drives improvement



Freedom to Speak Up Guardian Dewi Williams

"We are using the principles identified within the 2017 Freedom to Speak Up Guardians survey as a framework for the description of how Tees, Esk and Wear Valleys NHS Foundation Trust has sought to make Freedom to Speak Up arrangements business as usual."

-
- **FAIRNESS.** The Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Freedom to Speak Up Guardian (FTSUG) Dewi Williams, was appointed in October 2016 following interview as part of a post retirement redeployment process. He currently works 18 ½ hours a week, and this is his sole employment.

- REACH AND DIVERSITY.** We have a developing network of 'Dignity at work champions,' who support the FTSUG and who will be key to the success of our new Bullying and Harassment Resolution Procedure. We currently have 16 champions but hope to have around 40 by the end of the year. It is intended that they are present within each of the TEWV geographical localities and will be representative of protected characteristic groups. We also have a deputy FTSUG working one day a week, Barry Speak, who is a psychologist and works in a staff wellbeing service.
- COMMUNICATION.** We have a monthly awareness raising message attached to our electronic staff newsletter which communicates key messages and reminds staff about where they can get support with Speaking Up. The FTSUG also has an intranet page where staff can get contact details, see the policy, and get downloadable posters.
- PARTNERSHIP.** We have developed a monthly in-house support forum. Staff from a range of staff wellbeing services get together to share intelligence, debrief, and support each other in what could otherwise be very isolated and challenging roles. Part of the FTSUG role is to meet as many people as possible to raise awareness. The FTSUG conducts regular staff training in all our sites. The opportunity is taken to conduct informal meetings with teams in those sites.
- LEADERSHIP.** Board of Directors and Executive Management Team members undertake a series of planned visits each month to individual wards and departments throughout the Trust to engage directly with staff about service and workplace issues, including speaking up. The FTSUG meets at least bi-monthly with the chief executive and the director of human resources. He also meets regularly with many other senior managers as part of the role. He meets at least twice yearly with the executive and non-executive directors with responsibility for Speaking Up. They also deliver twice yearly board reports. Demonstrating board commitment to Speaking Up can be seen by our [staff] video which shares directors' values, beliefs, and commitment to ensuring that staff can feel safe to come forward.

'We have a monthly awareness raising message attached to our electronic staff newsletter which communicates key messages and reminds staff about where they can get support with Speaking Up'.

'Board of Directors and Executive Management Team members undertake a series of planned visits each month to individual wards and departments throughout the Trust to engage directly with staff about service and workplace issues, including speaking up'

-
- FEEDBACK.** At the conclusion of cases the FTSUG has asked two questions; would you do it again, and did you experience any detriment? Whilst getting many complimentary replies, the specific questions have been sporadic. We will be addressing this issue as part of an upcoming process review day. In addition to approaching their line manager, the Dignity at Work Champions and the FTSUG all TEWV staff can raise concerns electronically and anonymously, should they choose to do so. Each of these concerns are published within the TEWV e-bulletin along with the responses that are agreed by the Executive Management Team under the heading of 'You said, we did.'

In addition to approaching their line manager, the Dignity at Work Champions and the FTSUG all TEWV staff can raise concerns electronically and anonymously, should they choose to do so. Each of these concerns are published within the TEWV e-bulletin along with the responses that are agreed by the Executive Management Team under the heading of 'You said, we did.'
 - PROACTIVE AND REACTIVE ROLE. We are constantly reviewing how we are doing and improving practice.** We are to hold an event with some of those who have experience of conducting whistleblowing investigations, and some who have experienced being investigated, to look for opportunities to standardise and improve the experience for all involved. Initially the FTSUG role was predominantly reactive. However, are using our Staff 'Friends and Family' results to identify teams that may benefit from proactive support awareness raising, and training.
 - ATTENDING SUPPORT NETWORKS.** On appointment the FTSUG attended the initial training provided by the National Guardian's Office and has since attended updates delivered within the regional network. To date the FTSUG has been to three national conferences, and regularly attends the very useful and supportive regional meetings.
 - DATA MANAGEMENT.** We have a confidential data storage system. It has benefitted from being audited. Currently we only log issues raised with the FTSUG and we know that many more issues are raised with line managers and are successfully handled. However, we do not know exactly how many, and therefore are not able to quantify, or benefit from the potential shared learning. We aspire to developing an acceptable data gathering approach that will help us develop a library of experience from which we can share more learning."
-

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust: Reach and visibility to engage staff



Freedom to Speak Up Guardian Helen Martin with Tom Beaumont, Sally Papworth and Catherine Bishop

"In 2013 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust faced a number of significant challenges, including a poor CQC rating. A programme of improvement and culture change was introduced by our Board. Within this journey we heard staff in our cultural audit say that they wanted to feel safer in raising concerns, so we developed our culture of safety.

'we heard staff in our cultural audit say that they wanted to feel safer in raising concerns, so we developed our culture of safety'.

A major part of this was the creation of our first Freedom to Speak Up Guardian (FTSUG) post. The Trust took guidance from the National Guardian Office (NGO) conference to ensure that the role was ring-fenced to meet its full requirements and

'The Trust took guidance from the National Guardian Office (NGO) conference to ensure that the role was ring-fenced to meet its full requirements and that networking with national and local colleagues was encouraged to help develop and evolve the role'.

that networking with national and local colleagues was encouraged to help develop and evolve the role. We used feedback from our cultural audit to shape our own [framework]. Staff wanted easy access, more face-to-face interactions and visibility irrespective of ethnicity or background. Our Guardian devised a clear policy around speaking up, supported by a communications strategy.

Our guardian attended team meetings, delivered presentations including to trust induction, facilitated focus groups, as well as deployed our highly successful (and decorated) roaming trolley. The trolley rounds of our wards were often accompanied by our diversity team or one of our executives, demonstrating that we wanted to hear the voices of all our staff and as part of our Board commitment. Our Board developed a public statement of commitment and benchmarked our progress within interactive Board development session. They also receive regular feedback from our Guardian and support her wellbeing through supervision.

'The trolley rounds of our wards were often accompanied by our diversity team or one of our executives, demonstrating that we wanted to hear the voices of all our staff and as part of our Board commitment'.

The Trust built on our local and trust governance structure, with a renewed focus on learning from errors. This was underpinned with new incident reporting forms which encourage sharing and learning of good practice from errors as well as raising improvement ideas and issues. Both have made significant impacts to the reporting culture of RBCH.

Helen Martin, the Trust's Freedom to Speak Up Guardian, said: 'The key to all our work has been listening to our staff to develop a culture of safety and feedback. Raising concerns is something that should routinely be done and as part of an ongoing conversation. We continue to evolve our model and feel that we are in the best position to support our staff in our future organisation change.'

'...new incident reporting forms which encourage sharing and learning of good practice from errors as well as raising improvement ideas and issues. Both have made significant impacts to the reporting culture of RBCH'.

Our guardian has now expanded the role to a team of six ambassadors across a variety of professional backgrounds which has made speaking up more accessible. Helen is now also working across Royal Bournemouth and Poole hospitals, as our two trusts move towards merger. This ensures staff have access to FTSU teams while undergoing significant organisational

changes.

Six years on and RBCH is seeing the benefits of the Trust-wide programme of improvement, including national leaders for safety culture and staff engagement. Helen Martin added, 'We are proud to see that RBCH is recognised as having the highest index score for 2018 for acute trusts further demonstrating the success of our cultural journey over the last six years'."



The 'Roaming Trolley' at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Increase and decrease in the FTSU index by individual trust

The table below shows the percentage point increase and decrease in FTSU Index value during the period 2015 – 2018 for 220 trusts.

Of these 220 trusts:

- 180 recorded an overall increase 2015 - 2018 in FTSU index (82%)
- 40 recorded an overall decrease 2015 – 2018 in FTSU index (18%)
- The highest overall increase was recorded by London Ambulance Service NHS Trust (18 percentage points)
- The greatest overall decrease was recorded by Wrightington, Wigan and Leigh NHS Foundation Trust (-4 percentage points)

Trusts with greatest overall increase in FTSU index

Trust	2015	2018	2015 - 18
London Ambulance Service NHS Trust	57	75	18
Isle of Wight NHS Trust (ambulance sector)	62	79	17
North East Ambulance Service NHS Foundation Trust	64	76	12
East Sussex Healthcare NHS Trust	66	78	12
South East Coast Ambulance Service NHS Foundation Trust	64	74	10
The Royal Orthopaedic Hospital NHS Foundation Trust	73	82	9
Sherwood Forest Hospitals NHS Foundation Trust	70	79	9
Isle of Wight NHS Trust (mental health sector)	69	77	8
Gloucestershire Care Services NHS Trust	74	82	8
Lincolnshire Partnership NHS Foundation Trust	72	80	8

Trusts with greatest overall decrease in FTSU index

Trust	2015	2018	2015 - 18
Great Western Hospitals NHS Foundation Trust	81	79	-2
Salisbury NHS Foundation Trust	82	80	-2
East and North Hertfordshire NHS Trust	75	73	-2
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	74	72	-2
King's College Hospital NHS Foundation Trust	77	75	-2
Great Ormond Street Hospital for Children NHS Foundation Trust	80	78	-2
James Paget University Hospitals NHS Foundation Trust	79	76	-3
Wrightington, Wigan and Leigh NHS Foundation Trust	81	77	-4

London Ambulance Service: 100 Voices Case Study

At London Ambulance Service NHS Trust (LAS), a paramedic spoke up to the Freedom to Speak Up Guardian, Katy Crichton, about a number of matters. The issues reported to Katy ranged from challenging behaviours to service-wide problems, such as a lack of training for new staff and inadequate capacity to deal with call volumes.

'I have seen significant changes in my place of work. It is a much more pleasant place to be. People are listened to and actions have been taken'

The paramedic told Katy, "I had sat in the office for several weeks worrying if I should speak to a colleague, a manager or a friend outside work. Occasionally, I would convince myself that I was exaggerating the state of affairs. Feeling isolated, I decided to contact the LAS guardian.

"My brief email prompted a very quick reply back from the guardian. We met a few days later in a coffee shop away from work and I already felt I was going to be taken seriously."

Katy escalated the matters and, with the involvement of the leadership team, including the Chief Executive, an action plan was established. After a couple of months, a review of the issues revealed that the actions had not gone far enough, and further measures were put in place, taking into account advice from the paramedic who spoke up.

'Listening to staff and learning from them is hugely important'

The paramedic said, "I have seen significant changes in my place of work. It is a much more pleasant place to be. People are listened to and actions have been taken."

As a result of the issues raised, the trust increased staffing levels in some areas, developed a new operational structure for the service, invested in additional training for staff, and monitored calls through a regular audit. Feedback from commissioners reported positive changes to the service and outcomes for patients.

Katy said, "We are very grateful that the paramedic felt able to come forward. By speaking up they have improved the working environment for themselves and for our patients.

"Listening to staff and learning from them is hugely important. It was particularly gratifying that the leadership team continued to listen, even after they had drawn up an action plan, and modified it based on further feedback. The ongoing experiences of the paramedic who spoke up really helped to address the problems in a comprehensive way."

'an email to the Guardian changed a lot, making the trust a better place to work and providing safer care for our patients'

The paramedic remarked when reflecting on their experience of speaking up, "One thing is for sure – an email to the guardian changed a lot, making the trust a better place to work and providing safer care for our patients."

Surrey and Borders Partnership NHS Foundation Trust: Joy at work



Freedom to Speak Up Guardian Lynn Richardson with Roopavathay Krishnan

“Surrey and Borders Partnership NHS Foundation Trust appointed its Freedom to Speak Up Guardian (FTSUG) through open competition in October 2016. The FTSUG came into post from April 2017 and since then has worked with the senior leadership and staff teams as part of our work to further develop the culture within our Trust. SABP is a mental health and learning disability Trust with many sites spread across Surrey and North East Hampshire.

We have always aspired to be a diverse and inclusive Trust; one of our first activities when we were formed in 2005, led by our Chief Executive and Chair, was to coproduce our Vision and Values through a series of conversations with people who use our services, carers and families, other stakeholders and our staff. Our Values have guided us, as our “compass”, and formed the foundations for our aspirations ever since. Building upon them we have placed great importance on our staff’s

‘one of our first activities when we were formed in 2005, led by our Chief Executive and Chair, was to coproduce our Vision and Values through a series of conversations with people who use our services, carers and families, other stakeholders and our staff. Our Values have guided us, as our “compass”, and formed the foundations for our aspirations ever since’.

responses through the national staff survey and working closely with our Staff Networks to develop our practice as part of staff engagement.

Once our FTSUG was in post, we began to gain a rich intelligence through our quarterly Speaking Up reports. These enabled the senior leadership team to begin thinking about building upon Speaking Up, as part of our quality improvement approach, to build a workforce where our employees enjoy coming to work, are encouraged to develop their skills and by so doing, create a compassionate, caring culture for the people who use our services.

'Our Senior Leadership team undertook a programme of staff consultations with our workforce in the summer of 2018 in order to understand what gave our employees 'Joy At Work' but also where we needed to do better to improve their working experience'.

Our Senior Leadership team undertook a programme of staff consultations with our workforce in the summer of 2018 in order to understand what gave our employees 'Joy At Work' but also where we needed to do better to improve their working experience. We took

away actions such as improved information technology needs and the re-introduction of water coolers. The important part of this exercise was for the voice of our staff to be heard by our senior

'we now ask our teams to invite us to their service e.g. to showcase for us the things they are proud of, rather than them feeling that we are checking up on them'

leaders and this has been built upon since then. For example, we used to organise our own programme of Board and Governor "walkaround" visits with a checklist of things to look out for in our services. Since really listening to our staff, we now ask our teams to invite us to their service and encourage them to show us the things they are really proud of.

We also really wanted to welcome our new recruits into the organisation effectively and instil our belief in a speaking up culture. We changed our induction programme to make it shorter, based on feedback, and since our FTSUG has been speaking at that programme, we have had some excellent intelligence from our new staff on things we can improve upon. Our staff gain confidence by meeting our Guardian in person, either through induction or at team meetings/formal training events and we are pleased with our achievements to date in the first two years of our Raising Concerns approach.

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Conclusions and next steps

Listening to the voice of workers is fundamental to improving patient safety and experience and improving the working lives of our colleagues. At a time when the NHS workforce is under extreme pressure and trusts are seeking to recruit and retain staff the annual NHS Staff survey can provide vital insights into the experience of workers.

In our previous publications we have shown that the perceptions of Freedom to Speak Up Guardians are linked with the performance of organisations as shown by their overall CQC rating. Freedom to Speak Up is inspected as part of the CQC Well Led Domain. For trust Boards to be able to use information to learn more about their own Freedom to Speak Up culture, as experienced by their workforce, is an opportunity for improvement. This may help to open a new conversation with their workforce, as many of the trusts featured in this report have done, developing their own innovations, borrowing the innovations identified here or buddying with similar trusts with higher FTSU index scores.

For commissioners and regulators, this is potentially a lead indicator which can be viewed together with other information about safety, workforce and culture. The system needs to offer support, guidance and expertise to organisations where the workforce has indicated that there is room for improvement in the speaking up culture.

Not all organisations in the health service ask their workforce the same questions as in the NHS staff survey, therefore we have not been able to use the FTSU Index for primary care organisations, independent sector providers and national bodies who have Freedom to Speak Up Guardians. For these organisations, there are insights to learn from this report, in terms of leadership behaviours and listening to the ideas and concerns from the workforce. Similar survey questions could potentially be devised to develop a FTSU Index for national bodies and others. We will continue to track the progress of NHS trusts and Foundation Trusts as they develop positive speaking up cultures for their workforce. In this way we work towards speaking up being business as usual.

Annex 1

FTSU Index

FTSU index	Name of trust
87%	Cambridgeshire Community Services NHS Trust
86%	Solent NHS Trust
86%	Liverpool Heart and Chest Hospital NHS Foundation Trust
85%	Hounslow and Richmond Community Healthcare NHS Trust
85%	Northamptonshire Healthcare NHS Foundation Trust
84%	Leeds Community Healthcare NHS Trust
84%	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
84%	The Royal Marsden NHS Foundation Trust
84%	Lincolnshire Community Health Services NHS Trust
83%	The Christie NHS Foundation Trust
83%	Hertfordshire Community NHS Trust
83%	Sussex Community NHS Foundation Trust
83%	Gateshead Health NHS Foundation Trust
83%	Royal Brompton and Harefield NHS Foundation Trust
83%	Moorfields Eye Hospital NHS Foundation Trust
83%	Derbyshire Community Health Services NHS Foundation Trust
83%	Norfolk Community Health and Care NHS Trust
83%	Shropshire Community Health NHS Trust
82%	The Royal Orthopaedic Hospital NHS Foundation Trust
82%	Wirral Community NHS Foundation Trust
82%	Surrey and Sussex Healthcare NHS Trust
82%	Frimley Health NHS Foundation Trust
82%	Guy's and St Thomas' NHS Foundation Trust
82%	Northern Devon Healthcare NHS Trust
82%	Gloucestershire Care Services NHS Trust
82%	The Clatterbridge Cancer Centre NHS Foundation Trust
82%	Cambridgeshire and Peterborough NHS Foundation Trust
82%	Berkshire Healthcare NHS Foundation Trust
82%	Northumbria Healthcare NHS Foundation Trust
82%	Cumbria Partnership NHS Foundation Trust
82%	Harrogate and District NHS Foundation Trust
81%	Kent Community Health NHS Foundation Trust
81%	Cambridge University Hospitals NHS Foundation Trust
81%	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT
81%	South Warwickshire NHS Foundation Trust

81%	Airedale NHS Foundation Trust
81%	City Hospitals Sunderland NHS Foundation Trust
81%	Worcestershire Health and Care NHS Trust
81%	Tavistock and Portman NHS Foundation Trust
81%	East Lancashire Hospitals NHS Trust
81%	Surrey and Borders Partnership NHS Foundation Trust
81%	Kingston Hospital NHS Foundation Trust
81%	St Helens and Knowsley Teaching Hospitals NHS Trust
81%	University Hospital Southampton NHS Foundation Trust
81%	North Tees and Hartlepool NHS Foundation Trust
81%	The Newcastle upon Tyne Hospitals NHS Foundation Trust
81%	Northumberland, Tyne and Wear NHS Foundation Trust
81%	Royal Devon and Exeter NHS Foundation Trust
81%	Pennine Care NHS Foundation Trust
81%	West Suffolk NHS Foundation Trust
81%	Somerset Partnership NHS Foundation Trust
81%	Royal Surrey County Hospital NHS Foundation Trust
81%	North East London NHS Foundation Trust
81%	Midlands Partnership NHS Foundation Trust
81%	Tees, Esk and Wear Valleys NHS Foundation Trust
80%	Leicestershire Partnership NHS Trust
80%	Oxford Health NHS Foundation Trust
80%	Salisbury NHS Foundation Trust
80%	Dorset HealthCare University NHS Foundation Trust
80%	University Hospitals Coventry and Warwickshire NHS Trust
80%	Cheshire and Wirral Partnership NHS Foundation Trust
80%	Dudley and Walsall Mental Health Partnership NHS Trust
80%	Hertfordshire Partnership University NHS Foundation Trust
80%	Lincolnshire Partnership NHS Foundation Trust
80%	Mersey Care NHS Foundation Trust
80%	Central London Community Healthcare NHS Trust
80%	Oxleas NHS Foundation Trust
80%	North West Anglia NHS Foundation Trust
80%	University Hospitals Plymouth NHS Trust
80%	2gether NHS Foundation Trust
80%	Sheffield Children's NHS Foundation Trust
80%	Nottingham University Hospitals NHS Trust
80%	Tameside and Glossop Integrated Care NHS Foundation Trust
80%	Southern Health NHS Foundation Trust
80%	Queen Victoria Hospital NHS Foundation Trust
80%	East London NHS Foundation Trust
80%	East Cheshire NHS Trust
80%	Royal Papworth Hospital NHS Foundation Trust
79%	University Hospitals Bristol NHS Foundation Trust
79%	Poole Hospital NHS Foundation Trust

79%	South West Yorkshire Partnership NHS Foundation Trust
79%	Luton and Dunstable University Hospital NHS Foundation Trust
79%	Mid Cheshire Hospitals NHS Foundation Trust
79%	Sandwell and West Birmingham Hospitals NHS Trust
79%	Leeds Teaching Hospitals NHS Trust
79%	Isle of Wight NHS Trust (ambulance sector)
79%	North West Boroughs Healthcare NHS Foundation Trust
79%	Royal Berkshire NHS Foundation Trust
79%	North Staffordshire Combined Healthcare NHS Trust
79%	Central and North West London NHS Foundation Trust
79%	Great Western Hospitals NHS Foundation Trust
79%	Sherwood Forest Hospitals NHS Foundation Trust
79%	Chelsea and Westminster Hospital NHS Foundation Trust
79%	Cornwall Partnership NHS Foundation Trust
79%	Blackpool Teaching Hospitals NHS Foundation Trust
79%	Royal National Orthopaedic Hospital NHS Trust
79%	Leeds and York Partnership NHS Foundation Trust
79%	Sheffield Teaching Hospitals NHS Foundation Trust
79%	University Hospitals of Morecambe Bay NHS Foundation Trust
79%	Bolton NHS Foundation Trust
79%	Portsmouth Hospitals NHS Trust
79%	Bradford District Care NHS Foundation Trust
79%	Calderdale and Huddersfield NHS Foundation Trust
79%	The Walton Centre NHS Foundation Trust
79%	Homerton University Hospital NHS Foundation Trust
79%	West Hertfordshire Hospitals NHS Trust
79%	Gloucestershire Hospitals NHS Foundation Trust
79%	Devon Partnership NHS Trust
79%	Camden and Islington NHS Foundation Trust
79%	Sussex Partnership NHS Foundation Trust
79%	Yeovil District Hospital NHS Foundation Trust
79%	Bridgewater Community Healthcare NHS Foundation Trust
78%	Manchester University NHS Foundation Trust
78%	Buckinghamshire Healthcare NHS Trust
78%	Lancashire Teaching Hospitals NHS Foundation Trust
78%	Barnsley Hospital NHS Foundation Trust
78%	Wye Valley NHS Trust
78%	The Princess Alexandra Hospital NHS Trust
78%	Birmingham Community Healthcare NHS Foundation Trust
78%	West London NHS Trust
78%	Hull and East Yorkshire Hospitals NHS Trust
78%	Kettering General Hospital NHS Foundation Trust
78%	Alder Hey Children's NHS Foundation Trust
78%	Kent and Medway NHS and Social Care Partnership Trust
78%	Milton Keynes University Hospital NHS Foundation Trust

78%	Southend University Hospital NHS Foundation Trust
78%	Torbay and South Devon NHS Foundation Trust
78%	University College London Hospitals NHS Foundation Trust
78%	Greater Manchester Mental Health NHS Foundation Trust
78%	East Sussex Healthcare NHS Trust
78%	Bradford Teaching Hospitals NHS Foundation Trust
78%	Great Ormond Street Hospital for Children NHS Foundation Trust
78%	University Hospitals of Derby and Burton NHS Foundation Trust
78%	South Tyneside NHS Foundation Trust
78%	Birmingham Women's and Children's NHS Foundation Trust
78%	Warrington and Halton Hospitals NHS Foundation Trust
78%	Essex Partnership University NHS Foundation Trust
78%	Taunton and Somerset NHS Foundation Trust
78%	Dartford and Gravesham NHS Trust
78%	Northampton General Hospital NHS Trust
78%	Coventry and Warwickshire Partnership NHS Trust
78%	Barnet, Enfield and Haringey Mental Health NHS Trust
77%	Western Sussex Hospitals NHS Foundation Trust
77%	Rotherham Doncaster and South Humber NHS Foundation Trust
77%	Bedford Hospital NHS Trust
77%	Ashford and St Peter's Hospitals NHS Foundation Trust
77%	Stockport NHS Foundation Trust
77%	Brighton and Sussex University Hospitals NHS Trust
77%	The Royal Liverpool and Broadgreen University Hospitals NHS Trust
77%	Barts Health NHS Trust
77%	Nottinghamshire Healthcare NHS Foundation Trust
77%	East Suffolk and North Essex NHS Foundation Trust
77%	Hampshire Hospitals NHS Foundation Trust
77%	Mid Essex Hospital Services NHS Trust
77%	George Eliot Hospital NHS Trust
77%	Lancashire Care NHS Foundation Trust
77%	Isle of Wight NHS Trust (mental health sector)
77%	Wrightington, Wigan and Leigh NHS Foundation Trust
77%	Lewisham and Greenwich NHS Trust
77%	Basildon and Thurrock University Hospitals NHS Foundation Trust
77%	Imperial College Healthcare NHS Trust
77%	Walsall Healthcare NHS Trust
77%	Chesterfield Royal Hospital NHS Foundation Trust
77%	Dorset County Hospital NHS Foundation Trust
77%	Royal Free London NHS Foundation Trust
77%	Oxford University Hospitals NHS Foundation Trust
77%	Derbyshire Healthcare NHS Foundation Trust
77%	Humber Teaching NHS Foundation Trust
77%	The Royal Wolverhampton NHS Trust
76%	South Central Ambulance Service NHS Foundation Trust

76%	Salford Royal NHS Foundation Trust
76%	South London and Maudsley NHS Foundation Trust
76%	The Rotherham NHS Foundation Trust
76%	York Teaching Hospital NHS Foundation Trust
76%	The Hillingdon Hospitals NHS Foundation Trust
76%	North East Ambulance Service NHS Foundation Trust
76%	Sheffield Health and Social Care NHS Foundation Trust
76%	London North West University Healthcare NHS Trust
76%	Avon and Wiltshire Mental Health Partnership NHS Trust
76%	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
76%	Isle of Wight NHS Trust (community sector)
76%	Black Country Partnership NHS Foundation Trust
76%	University Hospitals of Leicester NHS Trust
76%	James Paget University Hospitals NHS Foundation Trust
76%	Whittington Health NHS Trust
76%	Liverpool Women's NHS Foundation Trust
76%	Birmingham and Solihull Mental Health NHS Foundation Trust
76%	South West London And St George's Mental Health NHS Trust
76%	Barking, Havering And Redbridge University Hospitals NHS Trust
75%	Countess of Chester Hospital NHS Foundation Trust
75%	North Bristol NHS Trust
75%	Croydon Health Services NHS Trust
75%	Mid Yorkshire Hospitals NHS Trust
75%	King's College Hospital NHS Foundation Trust
75%	University Hospitals Birmingham NHS Foundation Trust
75%	Royal United Hospitals Bath NHS Foundation Trust
75%	County Durham and Darlington NHS Foundation Trust
75%	Maidstone and Tunbridge Wells NHS Trust
75%	Aintree University Hospital NHS Foundation Trust
75%	The Dudley Group NHS Foundation Trust
75%	Royal Cornwall Hospitals NHS Trust
75%	Norfolk and Norwich University Hospitals NHS Foundation Trust
75%	Weston Area Health NHS Trust
75%	Norfolk and Suffolk NHS Foundation Trust
75%	Epsom and St Helier University Hospitals NHS Trust
75%	London Ambulance Service NHS Trust
75%	Pennine Acute Hospitals NHS Trust
75%	East Kent Hospitals University NHS Foundation Trust
74%	North Middlesex University Hospital NHS Trust
74%	St George's University Hospitals NHS Foundation Trust
74%	South East Coast Ambulance Service NHS Foundation Trust
74%	University Hospitals of North Midlands NHS Trust
74%	Worcestershire Acute Hospitals NHS Trust
74%	West Midlands Ambulance Service NHS Foundation Trust
74%	Northern Lincolnshire and Goole NHS Foundation Trust

74%	North West Ambulance Service NHS Trust
73%	Wirral University Teaching Hospital NHS Foundation Trust
73%	Isle of Wight NHS Trust (acute sector)
73%	South Tees Hospitals NHS Foundation Trust
73%	East and North Hertfordshire NHS Trust
73%	Southport and Ormskirk Hospital NHS Trust
72%	United Lincolnshire Hospitals NHS Trust
72%	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
72%	Medway NHS Foundation Trust
72%	South Western Ambulance Service NHS Foundation Trust
71%	North Cumbria University Hospitals NHS Trust
71%	Yorkshire Ambulance Service NHS Trust
70%	The Shrewsbury and Telford Hospital NHS Trust
70%	East of England Ambulance Service NHS Trust
68%	East Midlands Ambulance Service NHS Trust

Acknowledgements

We would like to thank everyone who has helped with the preparation of the Freedom to Speak Up Index and this report. This includes all the trusts featured, the survey team at NHS England and current and previous members of the team at the National Guardian's Office

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	28 November 2019
Agenda Number:	3.4
Agenda Item Title:	Approved Minutes of the Charitable Funds Committee Meeting of 30 January 2019
Presenting Officer:	Pippa Barber, Member of Charitable Funds Committee

Action - this paper is for:	Decision	<input type="checkbox"/>	Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary
The paper presents the confirmed Minutes of the Charitable Funds Committee meeting of 30 January 2019.

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

Relevant Legislation and Source Documents
Has an Equality Analysis (EA) been completed?
No <input checked="" type="checkbox"/> High level position described and no decisions required.

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

**CONFIRMED Minutes of the Charitable Funds Committee
held on Wednesday 30 January 2019
in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming,
Maidstone Kent ME16 9NT**

Dial in Skype – Conference ID 9723586

- Present:** Richard Field, Non-Executive Director (Chair)
Pippa Barber, Non-Executive Director (Skype)
Carol Coleman, Public Governor, Dover and Deal
Martin Cook, Non-Executive Director Designate
Gordon Flack, Director of Finance
Jennifer Tippin, Non-Executive Director (Skype)
- In Attendance:** Gina Baines, Committee Secretary/Assistant Trust Secretary (note-taker)
Jo Bing, Assistant Financial Accountant (agenda item 2.4)
Stephanie Rhodes, Head of Service, Long Term Services West Kent (agenda item 2.3)
Jo Treharne, Head of Campaigns (agenda item 2.2)
Carl Williams, Head of Financial Accounting (agenda item 2.1)

001/19 Introduction by Chair

It was agreed that Richard Field would chair the meeting as Jen Tippin was attending via Skype. He welcomed everyone present to the meeting of the Charitable Funds Committee meeting.

002/19 Apologies for Absence

Apologies were received from Peter Conway, Non-Executive Director; Neil Sherwood, Convenor Staffside; Lesley Strong, Chief Operating Officer/Deputy Chief Executive and Jane Thackwray, Strategic Delivery Manager.

The meeting was quorate.

003/19 Declarations of Interest

There were no Declarations of Interest given apart from those formally

noted on the record.

004/19 Minutes and Matters Arising from the Meeting of 29 November 2018

The Minutes were **AGREED**.

Matters Arising

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

039/18 Marketing the Charitable Funds Report – Action open.

040/19 Fund Manager Presentation – Mermikides Heron Ward Board Restricted Fund – Action open.

042/18 Forward Plan – Jo Bing confirmed that there were funds available for West Kent. As Lesley Strong was the fund manager, she would be able to approve any bids that were put forward. The relevant personnel in the community hospitals were aware that the funds could be used to purchase these resources. Action closed.

042/18 Forward Plan - Action open.

All other open actions were closed.

The Matters Arising Table was **AGREED**.

005/19 Relevant Feedback from Other Committees

Management Committee

Gordon Flack confirmed that a report had been presented to the Management Committee the previous day regarding the method for allocating training funds in the Trust. Louise Norris, Director of Workforce, Organisational Development and Communications had highlighted that going forward it would not be appropriate for training funding requests to be lodged with the Charitable Funds. Jo Bing confirmed that this was duly noted.

In response to a question from Pippa Barber as to whether this applied to volunteer training, Gordon Flack confirmed that Louise Norris had referred to staff training only.

006/19 Charitable Funds Annual Report and Accounts 2017/18

Carl Williams presented the report to the Committee for approval.

Jen Tippin confirmed that she was happy with the report and accounts. It was agreed that Richard Field would sign them on her behalf as she was unable to do so that day.

The Committee agreed that an Independent Examination, rather than full audit, was sufficient for the 2017/18 accounts.

The Committee **APPROVED** the Charitable Funds Annual Report and Accounts 2017/18.

007/19 Fund Manager Presentation – Bow Road Fund Update

Stephanie Rhodes presented the report to the Committee for approval.

Martin Cook declared his shareholding and other ownership interests in the company Interactive Me, a seller of curated memory boxes for dementia sufferers. It was agreed that it would be clarified if the Trust purchased their products.

Action –Gina Baines

In response to a question from Gordon Flack as to whether she was aware of any other areas that could benefit from similar support, Stephanie Rhodes was uncertain but agreed that there were likely to be similar opportunities elsewhere. In response to a further question regarding how she would measure the value of the investment, Stephanie Rhodes indicated that possible outcome measures might include onward referral and take up. She already collected confidence scores which she would be happy to bring back to the Committee in the future. Gordon Flack suggested that she should carry out a baseline survey to begin with.

The Committee **APPROVED** the purchase of the high backed vinyl chairs, the lounge chairs, a reminiscence kit and a self-check health monitor for proactive care.

With regards to the support for the two enhanced palliative care pilot collaborations with the Heart of Kent Hospice, Pippa Barber questioned whether Charitable Funds had previously supported similar ventures and whether there were alternative funding streams available. Gordon Flack suggested that the schemes could be pump primed by the Trust rather than funded through Charitable Funds. Jo Bing confirmed that the Charitable Fund had not considered this kind of scheme previously. Richard Field suggested that it was relevant for the Committee to discuss whether it was able to use its funds to support pump priming initiatives such as these pilots. Carol Coleman suggested that the funding of the staffing resource should be considered by the Executive Team while the Charitable Funds could consider funding any associated equipment.

In response to a question from Jen Tippin as to what the Executive Team's response would be to the proposal, Gordon Flack indicated that it would receive it positively and pump prime the pilots from Trust resources. Although there was some support for the scheme, there was general agreement that it should be considered by the Executive Team for funding instead. However, the Committee agreed that the scheme could come back

if funding was not forthcoming from the Trust.

In response to a comment from Pippa Barber that the funding period should be made clear to the Committee, Stephanie Rhodes confirmed that it would be for 12 months.

Stephanie Rhodes added that she had approached the Paddock Wood and Yalding GP practices to enquire whether there was any equipment that they required to enhance their patient services. The practices had highlighted that they would welcome the purchase of a pill counter and asthma machine for use by their patients. It was confirmed that the funding would be proportionate between the practices and the Trust. The Committee approved the funding.

With regards to applying to the Charitable Fund for funding to develop the loft space at a GP practice which would be occupied by Trust services, the Committee agreed that this would not be an appropriate use of funds and the request was declined.

The Committee **NOTED** the Fund Manager Presentation – Bow Road Fund Update.

Stephanie Rhodes left the meeting.

008/19 Marketing the Charitable Funds Report

Jo Treharne presented the tabled report to the Committee for assurance.

It was highlighted that many trusts had a policy that any fundraising that was undertaken on their sites and during staff work time should only support their own charitable fund. The Committee was asked to consider whether the Trust should apply a similar policy. Further to a discussion, it was agreed that there would be nothing to be gained from such an approach. Such a policy would not be pursued. With regards to increasing the profile of i Care, it was confirmed that information was on the back of all leaflets published by the Trust. However, further to a suggestion from Pippa Barber, it was agreed that donation envelopes would be purchased and circulated to the community hospitals. Their design would include the opportunity for the donor to Gift Aid.

Action – Jo Treharne

Martin Cook highlighted the opportunities afforded by online sites such as Easyfundraising which allowed shoppers to donate to their preferred charities when they were shopping online. It was agreed that this would be investigated.

Action – Jo Treharne

With regards to the issue highlighted previously around the brand name of the Trust's Charitable Fund, it was agreed that advice would be sought

from the Legal Team regarding the trademark and any risks related to continuing to use the name.

Action – Jo Bing

Jen Tippin left the meeting.

In response to a question from Jo Treharne regarding how the funds could be spent in the future, Martin Cook questioned whether any of the pump priming ideas that were fed to the Executive Team could come to the Charitable Fund Committee for consideration.

In response to a question from Jo Treharne regarding whether further funds could be raised for the designated HIV Fund, Jo Bing explained that the fund had been left by a patient with clear directions as to how it should be run. Additional funds were not required.

It was agreed that there would be further thought given as to which services might be potential recipients for future fundraising activities.

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

009/19 Charitable Funds Assurance Report

Jo Bing presented the report to the Committee for assurance.

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

010/19 Committee Effectiveness Review

Richard Field presented the report to the Committee for approval.

The Committee **APPROVED** the Committee Effectiveness questionnaire.

011/19 Committee Terms of Reference Review

Richard Field presented the report to the Committee for approval

In response to a comment from Pippa Barber regarding the executive director membership of the Committee, it was agreed that the Terms of Reference would be amended from 'The Charitable Funds Committee is a non-executive committee of the Board with delegated decision-making powers specified in these Terms of Reference to...' to read 'The Charitable Funds Committee is established as a Committee of the Board of Kent Community Health NHS Foundation Trust (the Trust) with delegated decision-making powers specified in these Terms of Reference to...'.

Action – Gina Baines

The Committee **APPROVED** the Terms of Reference, subject to the

amendment.

012/19 Forward Plan

Richard Field presented the report to the Committee for approval.

In response to a request from Carol Coleman, it was agreed that a marketing report would be presented at the April meeting regarding income to the Charitable Funds other than bequests and projected fundraising for 2019/20.

Action – Jo Treharne and Jo Bing

The Committee **APPROVED** the Forward Plan.

013/19 Any Other Business

There was no other business.

The meeting ended at 2.05pm.

014/19 Date and time of next meeting

Wednesday 24 April 2019, 12.30pm, The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, ME16 9NT