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To: Adult Social Care and Health Cabinet Committee

Date: 10 May 2016

Subject: Public Health Quality Report

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This report presents an overview of the quality of Public Health programmes.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to consider the measures being put in place to improve the quality of Public Health programmes and to comment on the direction of travel.

1.INTRODUCTION

The Quality Report is designed to give the Adult Social Care and Health Cabinet Committee assurance of the processes and controls that have been developed around quality. It contains analysis of how the providers of Public Health commissioned services are delivering on quality standards.

2.BACKGROUND

What is Quality in Health Care

Lord Darzi describes a high quality service as one that is based on the following three domains:

- Clinical effectiveness
- Patient safety
- Patient experience

2.1 Clinical effectiveness- is defined as "the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing, and monitoring practice." (Department of Health, 1996). Clinical effectiveness is about improving patients' total experience of healthcare and is an essential part of improving and assuring quality. The aim of clinical effectiveness is to use evidence to improve the effectiveness of clinical practice and service delivery.

2.2 Patient safety- is a broad subject which covers everything from technology and redesigning hospitals to washing hands correctly. Many of the features of patient safety do not rely on financial resources, but rather they require the commitment of individuals to practise safely.

2.3 Patient experience- can be defined as the way a patient feels about their care based on all interactions: before, during, and after delivery of care. This can be affected by many factors and at many stages of the care pathway. For example if patients feel that the care they have received is of a high standard, or alternatively if they feel that the way they have been treated by staff is not acceptable, this can have a huge impact on how satisfied patients are with the health services available to them. A large component of quality and effectiveness is aiming to improve this experience for patients.

For the purpose of this report

1. Clinical effectiveness will cover performance of the programmes reporting by exception.
2. Patient safety will cover serious incidents, incidents and complaints about the service. It will also include staffing levels and training of staff.
3. Patient experience will cover, patient satisfaction and friends and family test results.

3. MEASURES PUT IN PLACE TO IMPROVE THE QUALITY OF PUBLIC HEALTH PROGRAMMES

A number of measures have been put in place to improve the quality of Public Health programmes

3.1 Quality Committee - has been set up that has the overall responsibility for delivery of the clinical governance and quality agenda. The Deputy Director of Public Health (DDPH) chairs this meeting and ensures that clinical governance is delivered throughout the Public Health programmes, that quality remains a priority, and is an integral part of Public Health's policies and procedures.

3.2 Quality dashboard- has been developed outlining quality indicators for each of the Public Health programmes. The indicators are based on National Institute of Clinical Excellence (NICE) guidance and other relevant national guidance.

3.3 Clinical Governance Framework- been developed through which Public Health can seek assurance on clinical performance, quality of service and mechanisms for

continuous improvement. The main components of the clinical governance framework are:

1. Risk Management and Safety
2. Clinical effectiveness and evidence based care
3. Patient and carer experience and involvement
4. Clinical Audit
5. Education Training and Continued Professional Development
6. Staffing and staff management
7. Serious incident management
8. Patient group direction

3.4 Serious incident policy and reporting- Public Health has a serious incident policy in place. Both commissioning and provider organisations are accountable for effective governance and learning following a serious incident. Provider organisations take the lead in responding to a serious incident. Providers of Public Health services commissioned by Kent County Council (KCC) are now contractually required to report any serious incidents to the Public Health team, to carry out a root cause analysis into the incident and produce action plans. There is a dedicated secure e-mail address for reporting of serious incidents phsui@kent.gcsx.gov.uk .

3.5 Education, training and continuous professional development- A system has been put in place as part of performance meetings where providers of Public Health programmes report on staff appraisal and mandatory training compliance. In addition providers may also be asked to submit information about any nationally mandated training like CSE (Child Sexual Exploitation) and PREVENT (Prevent training is part of the Government's counter-terrorism strategy).

3.6 Assurance on Safeguarding- Head of Public Health Commissioning is responsible for ensuring that there are clear safeguarding requirements within Public Health contracts and that these contracts are refreshed annually. Deputy Director of Public Health as the overall lead for quality ensures that providers of Public Health programmes have safeguarding policies in place, that policies are adhered to and that there is a robust programme of staff training.

3.7 Quality assurance appraisal of Public Health programmes- A quality assurance appraisal of the Public Health commissioned programmes was carried out to review governance structures, links to the Safeguarding Board, patient involvement in health care, role of elected members in awarding of contracts and the role of the HWBB in quality. An action plan is being developed to fill identified gaps.

3.8 Digital reporting of quality indicators- work is being done with providers of Public Health programmes to report on quality indicators using a digital reporting system. This will be rolled out in the next few weeks (appendix 2)

3.9 Additional resource- funding has been secured for 6 months for an addition resource to facilitate the process of embedding the quality indicators in Public Health commissioned programmes and to improve their reporting.

3.10 Care Quality Commission (CQC) registration- Providers of our commissioned services meet the essential standards of quality and safety required by their registration. The Cabinet Committee can be assured that the fundamental standards are being met for our service users. As registration is live and subject to change this report provides the Cabinet Committee assurance on the current registration status.

3.11 Links with the Quality Surveillance Group- A network of Quality Surveillance Groups (QSG) has been established across the country to bring together different parts of health and care economies locally to routinely share information and intelligence to safeguard the quality of care patients receive. The QSG provides an open forum for local supervisory, commissioning and regulatory bodies to share intelligence. It gives the opportunity to highlight and discuss early warning signs of the risk of poor quality, as well as opportunities to coordinate actions to ensure improvement. Its purpose is to not only ensure quality, but also to reduce the burden of performance management and regulation on providers of services, by ensuring that work is done in a more coordinated way. Public Health sits on the QSG for Kent and Medway.

3.12 CSE Training- Sexual Health contracts for the integrated service require providers to fulfil all of the following quality requirements and require the other providers to be compliant with the mandatory sexual exploitation and grooming training.

- Training on sexual exploitation and grooming is mandatory for all staff working with children and young people.
- Document and monitor sexual exploitation and grooming activity
- Development of pathways and protocols with partners to ensure exchange of information relating to vulnerable children, young people and adults.
- Training on and working towards Kent Children Safeguarding policy with particular reference to the matrix on early sexual behaviour.
- Training to recognise unreported sexual violence; to be aware of the local services and support arrangements and how to ensure that clients can access services.
- Monitoring of standards, competencies to ensure that the specialist skills of staff are maintained as outlined by the relevant faculties.

4.PROVIDER SUMMARIES

4.1 KENT COMMUNITY HEALTH NHS FOUNDATION TRUST (KCHFT)

Public Health commission the following programmes from KCHFT:

4.1.1 HEALTH TRAINER SERVICE

Introduction to the programme-The Health Trainer Programme is a national programme specifically designed to tackle health inequalities. It is a targeted service focusing on areas of deprivation. Health Trainers work with people at greater risk of

poor health. They work with clients on a one to one basis to assess their health and lifestyle risks and facilitate behaviour change. Part of their role also includes signposting individuals to other services and activities that might be suitable to their needs.

Clinical effectiveness-The Health Trainer service over achieved on their targets last year and the team has increased in size and continues to grow. There has been some good progress made within Job Centre Plus and Probation where the service is seeing a sizable number of clients. The service is experiencing an increase in the number of clients with mental health conditions, and as result is working more closely with Kent and Medway Partnership Trust (KMPT), Porchlight, Change Grow Live (GCL) and Turning Point. Number of clients seen from deprived areas has increased by 56%. All Health Trainers have been trained to deliver Health Checks and have moved to an electronic record system.

Patient safety-There has been one reported complaint and one incident in the service from April 2015 to January 2016.

There has been a high staff turnover rate. This is due to the restructuring of the service by KCHFT. Most vacant positions have now been recruited to. The existing vacancy rate is because health trainers who have been appointed start on a band 2 trainee level. This is not reflected in the band 3 position vacancies. KCHFT are working with its finance team so that this position can be reflected in all reports. There were 2.4 whole time equivalent (WTE) vacancies in month 10.

KCHFT is achieving more than the year to date target for mandatory training for Health Trainer staff. 98.7% of staff have completed their mandatory training and 100% have completed their appraisals.

Patient experience- 99.3% of the patients who used the service said they would recommend the service to friends or family. 99.1% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the Health Trainer service felt that they had been involved in decision making about their health, had been given the right information and had been listened to and talked about life.

4.1.2 HEALTHY WEIGHT SERVICE

Introduction to the programme- KCHFT Health Weight Team is commissioned to deliver services in East Kent. The team deliver seven distinct schemes of work across all three tiers of the healthy weight pathway (Health Walks, Exercise Referral Scheme, Food Champions, Fresh Start, Specialist Weight Management Service, Change for Life and Ready Steady Go).

Clinical Effectiveness- KCHFT provides a number of programmes that support healthy weight. A specialist weight management service is provided in Swale for people who have severe and complex problems. KCC is currently reviewing the obesity pathway including tier 3 services and is in discussions with CCG's around the future of these services to ensure there are sufficient services in place to meet local need.

A Community Weight Management Programme called Fresh Start is subcontracted by KCHFT to 34 pharmacies across Kent. 80% of people who engage in the programme complete it, which is in line with national guidance. The average weight loss is above 3% which is expected for an effective Tier 2 programme. A pilot integrated hub weight management model is being piloted in Dover. The outcomes of this programme will be evaluated and will add to the evidence base.

KCHFT also provide a Family Weight Management programme which is targeted at families where there is one or more child who is overweight or very overweight. These programmes are proving hard to recruit to. The families who do participate show good outcomes with regard to behaviour change. The Healthy Weight Team has provided training for all Kent school nurses on a nationally designed programme. The training aims at increasing the confidence of school nurses in raising the issue of weight and to be able to support families, schools and the wider community. KCHFT has also trained 34 Food Champions who are based in a number of settings, including Children's Centres.

Patient safety-There have been no reported complaints or serious incidents in the service during this period. The vacancy rate in the service is 4.8%. KCHFT is achieving more than the year to date target for mandatory training. 99.3% of the staff completed the mandatory training. The appraisal rate is 100%. 89.5% of the staff working in the healthy weight service completed children safeguarding training.

Patient experience- 98.1% of the patients who attended the service said they would recommend the service to friends or family. 96.2% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the Healthy Weight service felt that they had been involved in decision making about their health, had been given the right information and had been listened to and talked about life.

4.1.3 STOP SMOKING SERVICE

Introduction to the programme- The service is commissioned to provide a universal service to smokers who want to quit. The service has a particular focus towards reducing smoking prevalence in people with mental health problems, pregnant women and people from routine and manual class. The service is also commissioned to provide training, support, and resources for its own in house staff as well as for approximately 400 Advisors who are based within community settings. These vary from GPs, pharmacies, mental health workers, libraries, supermarkets, hospitals, Children Centres, prisons, and workplaces.

Clinical Effectiveness- Last year has seen a decline in the number of smokers accessing the smoking cessation services. This is a national trend and despite fewer people accessing the service, the success rate of those quitting has remained constant at 52%. However the estimated smoking prevalence for Kent has not decreased, implying that smokers are not finding alternative ways to quit.

Restructuring of the service has led to a reduction in the number of advisers working within acute trusts. This has resulted in missed opportunities for a seamless stop smoking service from acute to community services. There is still a lack of public

awareness and understanding among health partners of the process, accessibility and delivery of the stop smoking service.

The service is e-cigarette friendly. Text and online support is still not available. Data quality remains an issue. Baby clear data has been inconsistent and is currently not fit for purpose. Despite these issues and weaknesses the stop smoking service does have considerable strengths. It is a vital service for improving health and reducing inequalities and aims to work flexibly to respond to the needs of commissioners.

Patient safety-There have been no reported complaint or serious incident in the service during this period. There has been a high staff turnover rate because of restructuring. The vacancy rate in the service is 23.3%. In month 10 there were 6.2 WTE vacancies in the service. 99.5% of staff in the stop smoking service have completed their mandatory training and 92.6% of staff have completed the children safeguarding training. The appraisal rate is 100%.

Patient experience- 99.6% of the patients who attended the service would recommend the service to friends or family. 94.8% of the patients accessing the services were satisfied with the service. 94.7% of the patients surveyed in the Stop Smoking service felt that they had been involved in decision making about their health, 96.1% felt they had been given the right information and 94.7 % had been listened to and talked about life.

4.1.4 SEXUAL HEALTH SERVICES

Introduction to the programme- The sexual health service provides a range of services delivered through clinical and non-clinical settings across Kent. The services provided are contraception, genitourinary medicine (GUM), HIV treatment and support, psychosexual therapy service, pharmacy sexual health services and the National Chlamydia Screening Programme. In addition services are being made available on line such as chlamydia screening and HIV home sampling tests

Clinical Effectiveness-There have been major improvements in the delivery of sexual health services after the roll out of the integrated sexual health model. The establishment of a clinical service lead for psychosexual therapy has enabled the provider to make improvements in recording service outcomes and expanding the service across Kent.

Partnering of KCHFT with the local pharmacy partnership has improved the process for the delivery of training to pharmacists to provide a sexual health service. The programme is dispensing an ever increasing number of free emergency hormonal contraception (EHC) to females within the age brackets for this service. This is because of better availability of EHC in this contract. There is coverage across all districts but there is a special focus on areas with the highest teenage pregnancies rates. Alcohol screening is undertaken with all clients and approximately 13% of those screened receive an alcohol brief intervention.

Lower than target diagnosed Chlamydia positivity remains a challenge. The changes to the contract have impacted upon the volume of chlamydia screens undertaken

amongst 15-24 year olds as the activity is more targeted and embedded into all components of sexual health services.

Patient safety-There has been one serious incident, 23 incidents, and 7 near misses in the service. Following the tender of the sexual health service and subsequent restructuring process turnover rates have been high. There are 9.9 WTE vacancies in the sexual health services. The vacancy rate in the service is 10.9%. The staff turnover rate is 22.3%. KCHFT is achieving more than the year to date target for mandatory training. 94.8% of staff have completed their mandatory training and the appraisal rate is 89.3%. 86% of the staff have completed the adult safeguarding training and 90.4% of staff have completed the children safeguarding training. No frontline staff in sexual health services can practice without completion of mandated CSE training. 98.7% of staff working in the sexual health services have completed their CSE training, 1.3% shortfall accounts for vacancies and absent staff.

Patient experience- 96.9% of the patients who attended the service said they would recommend the service to friends or family. 98.3% of the patients accessing the services were satisfied with the service. 98.5% of the patients surveyed in the Sexual Health service felt that they had been involved in decision making about their health, 96.4% felt they had been given the right information and 98.6% had been listened to and talked about life

4.1.5 SCHOOL NURSING SERVICE

Introduction to the programme- The 5-19 element of the Healthy Child Programme is led by the school nursing service. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. school nurses have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme. Following holistic assessment, interventions are planned in partnership with both the child/young person and other agencies, in order to achieve outcomes.

Clinical Effectiveness- KCHFT undertook an internal review of its operational responses to safeguarding requests in order to agree a robust and accountable position and ensure consistent practice occurs across Kent. KCHFT has also established a joint working group with school nurses and safeguarding nurses to address inconsistent and inequitable practice. There is a move to improve documentation to support robust decision making processes in order to improve outcomes for children and young people subject to safeguarding interventions.

The introduction of a Kent wide questionnaire for reception aged children has been successfully implemented across all schools in Kent .In September 2015 a transition questionnaire for parents of year 6 children and a pupil questionnaire for children moving from primary to secondary school education was also introduced.

An offer of a market place has been put in place for year 9 pupils to promote public health messages. The aim is to increase the uptake of the market places in secondary schools. The school health service continues to improve on its targets for

National Child Measurement Programme (NCMP) with 97% of year R children being height and weighted in 2014/15 and for year 6 this has increased from 93.4% to 97%.

KCHFT is working towards building the school nursing workforce capacity to address the emotional health and wellbeing of children and young people. Work has also been done to identify what information within the year R assessment can be shared with education.

Patient safety-There have been no serious incidents but there were 39 incidents, and 7 near miss in this time period.

The vacancy rate remains above the trust target but has reduced as more band 5 nurses have been recruited. The shortage of qualified school nurses is a national and local issue. This impacts on the delivery of the school health service in terms of clinical leadership for the teams and delivery of public health and safeguarding interventions. Two band 6 nurses have been recruited and currently 6 students are undertaking the Public Health degree. KCHFT is achieving more than the year to date target for mandatory training at 94.8%. The appraisal rate of 80% for this service is lower as compared to rest of KCHFT. 79.9% of the school nurses have completed the adult safeguarding training and 96.1% have completed the children safeguarding training.

Patient experience- 83.9 % of the patients who used the service said they would recommend the service to friends or family. 88.8% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the School Nursing service felt that they had been involved in decision making about their health, 96.3% felt they had been given the right information and 100% had been listened to and talked about life.

4.1.6 HEALTH VISITING SERVICE

Introduction to the programme -The 0-5 element of the Healthy Child Programme is led by Health Visiting services. The Health Visiting service is a workforce of specialist community public health nurses who provide expert advice, support, and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family's future health and wellbeing. The service is central to delivering public health outcomes for children. There are five mandated checks carried out by the Health Visiting service in the programme.

Clinical effectiveness- Figures for the antenatal visit remain low but performance is improving. Work is ongoing to enable antenatal information to be gained in a timely manner from the acute trust. The target for health check at 2-2.5 yr is not being met. Maternal mental health provision has also been identified as an area that requires more work. Health Visiting will continue to contribute to the assessment of maternal mood as part of the 6-8 week mandated assessment. KCHFT is working in partnership with other providers to ensure appropriate follow up post identification of low maternal mood. Health visitors actively advise clients about the Healthy Start Vitamins programme. The Health Visiting service is also developing a more

systematic approach to partnership working with Children's Centres, 100% of Children Centres have partnership agreements in place now.

Patient safety-In this period time period there have been 2 serious incident, 74 incidents, and 15 near misses in the service. 8 complaints were received about the service.

The vacancy rate is high for the Health Visiting service. Currently there are 9.5 WTE vacancies in the service. Staff turnover rate is improving. In future Health visiting resources will be allocated based on need and will be reviewed regularly to ensure equity of provision based on changing demographics and deprivation weightings. Workforce strategy development work is ongoing. Benson Wintere workforce modelling is being used to inform future provision.

KCHFT is achieving more than the year to date target for mandatory training. 91.7% staff completed their mandatory training.

Patient experience- 98.2 % of the patients who used the service said they would recommend the service to friends or family. 97.5% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the NHS Health Check service felt that they had been involved in decision making about their health, 100% felt they had been given the right information and 100% had been listened to and talked about life.

4.1.7 NHS HEALTH CHECKS

Introduction to the programme-The NHS Health Check is a programme that offers a free midlife MOT. This programme is for adults aged 40-74 without a pre-existing condition, it checks the circulatory and vascular health and assesses the risk of getting a disabling vascular disease.

Clinical effectiveness- KCHFT is meeting its invitation target but the uptake of Health Checks is below the target. Work is being done with low uptake practices with a high eligible population to increase the number of checks completed in the final quarter of the year. Bank staff have been trained to deliver Health Checks to increase the number of clinics offered. The service has appointed to all vacant positions and has an interim Programme Manager in place. KCHFT is working with the Skip to Be Fit, CRI and Wellbeing People pilots and is looking at increasing marketing to support uptake. A concerted effort is also being made to increase work place checks and strengthen links with local businesses, this is being completed in conjunction with the Healthy Business Awards.

Patient safety- No serious incidents or incidents have been reported in the service. 98.9% of the staff have completed their mandatory training and 100% have completed their appraisals.

Patient experience- 97.9 % of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service.

5.METRO

Introduction to the programme - Metro delivers the C card condom and sexual health awareness programmes across Kent. This is a free condom programme for under 19's.

Clinical effectiveness- In year one of this contract the provider has evaluated the C Card programme. Through this the provider has been able to identify improvements to support the delivery, promotion and monitoring of this programme. The work done by the provider has led to an increase in usage of the C card programme amongst 17-19 year old. This was achieved through targeted and focused activity in specific geographical populations such as Swale and with other population groups.

Patient safety- No serious incidents or incidents were reported. One informal complaint was made to the C Card programme which was resolved within the service. There have been no reported shortages in staffing levels in the service. All practitioners have completed their mandatory training including safeguarding and are assessed as being competent to deliver the service. Metro has a CSE champion and have completed the KSCB CSE tool kit.

Patient experience- satisfaction rates are reported informally during contract review meetings. These will be formally reported when the digital reporting service goes live.

6. MAIDSTONE AND TUNBRIDGE WELLS HOSPITAL NHS TRUST

Introduction to the programme - MTW provides sexual health services in West and North Kent. The services provided by the trust include specialist HIV care and treatment, integrated sexual health service and sexual health outreach service.

Clinical effectiveness- In year one of the contract the provider has had to meet significant challenges because of having to vacate premises historically used for sexual health clinics. The trust overcame this obstacle by being flexible in its approach to the delivery of services. In order to have a fit for purpose workforce the provider put in place a programme to identify gaps in clinical skills. This work has informed the workforce development strategy to deliver an integrated service. The service offered has been at the minimum level required throughout the implementation of the contract in West Kent. This has not been replicated in North Kent but solutions have been identified.

Patient safety- All staff have completed their safeguarding training. 98.6% of staff working in the sexual health services have completed their CSE training, 1.4% shortfall accounts for vacancies and absent staff. Work is ongoing to improve reporting at the contract review meetings. The service appointed to a substantive second Genito Urinary Medicine (GUM/HIV) health consultant post in March 2016 thus completing the required staffing levels for this speciality. No serious incidents, incidents, or near misses were reported by the service.

Patient experience- The patient satisfaction rate was 96% however these rates are at Trust level. From Quarter 2, 2016/17 the service will report patient satisfaction rates for the sexual health service.

7.TURNING POINT & CHANGE, GROW, LIVE (FORMERLY KNOWN AS CRI)

Introduction to the programme - CRI now known as CGL (Change Grow and Live) deliver substance misuse treatment services in West Kent (covering districts of Maidstone, Tonbridge and Malling, Tunbridge Wells, Sevenoaks, Dartford and Gravesham). Turning Point delivers substance misuse treatment services in East Kent (covering districts of Swale, Ashford, Canterbury, Thanet, Shepway and Dover).

Turning Point provides substance misuse services including access to detox and residential rehabilitation. CGL deliver an integrated drug and alcohol service in West Kent. They help vulnerable adults to understand the risks their drug or alcohol use pose to their health and wellbeing, and support them to reduce or stop their use safely. Once stability or abstinence has been achieved, an aftercare service is provided to help maintain recovery and prevent the possibility of a relapse. CGL offer support for people who use legal highs, illegal drugs, Over the counter (OTC) medication and multiple drug /or alcohol use.

Clinical effectiveness- Numbers into Adult Treatment services are increasing; this is primarily due to an increase in alcohol clients. Opiate numbers have been decreasing however they still account for a significant proportion of those in treatment.

Reflecting the numbers accessing treatment for alcohol related problems, there is increasing successful exits of alcohol clients, whilst opiate successful exits have decreased. The complexity of health, social care, and dependency of the opiate cohort is increasingly making this group hard to engage. Recent drug deaths have been to people who have physical health complexities and who are not engaged with treatment services. Blood Borne Virus (BBV) rates of testing and vaccination have improved; historically this has been a problem which is now showing signs of improvement. Work is also being done to explore in more depth the underlying reasons why some individuals have repeated unsuccessful treatment episodes. e.g. what are the relapse triggers and how can the whole system mitigate these.

Patient safety- CGL has reported 1 serious incident in the service. The provider has a very robust and active safety process within the organisation. All the staff are fully involved in the governance process and lessons learnt are actively embedded into the service improvement. CGL is involved in Operation Willow, have a CSE champions and have completed their Kent Safeguarding Childrens Board (KSCB) CSE toolkit.

Turning Point has reported 1 serious incident in the time period. The learning from root cause analysis is shared with wider partners to ensure there is a continuous programme of service improvement. Turning Point has robust safeguarding and safety policies which they audit and review regularly. Turning Point is also involved in Operation Willow.

Patient satisfaction- CRI and Turning Point have a very active service user involvement programme. The results of patient satisfaction are informally report to Public Health. Going forward CRI and Turning Point will report on quality indicators using the new digital reporting system.

8. ADDACTION

Introduction to the programme - Addaction provide advice on drugs and alcohol for young people aged 10 to 17. Young Addaction, support young people to understand the effects of their substance misuse and the harm it can cause to them and the people around them. As well as one-to-one work Addaction also offer a range of early intervention programmes in schools, youth clubs and other settings, helping young people reach their full potential.

Clinical effectiveness- Service continues to deliver early intervention services across Kent and continues to target vulnerable young people and those at risk. Performance data shows the provider is achieving effective results in engaging young people who are at risk of reoffending, at risk of exclusion and are children of substance misusing parents. The service is less effective in engaging young asylum seekers or refugees and looked after children. Work is continuing to ensure needs are being met for other vulnerable groups particularly Children in Care. The provider delivers more structured treatment for those young people who have very complex needs around their substance misuse. Compared to national figures Addaction is engaged with more complex client group, especially those with two or more vulnerabilities, and those with early onset.

Addaction is achieving a higher proportion of planned exits from structured treatment, consistently achieving over 90%. Work is going on with the provider to ensure that information about other Public Health services and GP registration is provided to clients before they exit the service.

Patient safety- Addaction has not reported any serious incidents or complaints in the service in this time period.

Patient satisfaction- Addaction conducts a young people's survey each quarter. A questionnaire is given to all young people engaged in the treatment service and feedback from the survey is used to inform development and reflect on the current offer. In the previous survey 94% of young people stated they would recommend the service to their friends and would be happy using the service in the future.

9. DISCUSSION

A recent departmental governance review of Public Health, conducted by internal audit, identified Quality as a high priority area for development within the Public Health division. The work outlined in section 3 of this report outlines what steps have been taken to improve the quality of commissioned services in response to the

audit report. In addition to the quality indicators mentioned in appendix 2 of the report, specific quality indicators are being developed for each programme.

10. BACKGROUND DOCUMENTS

none

11 RECOMMENDATIONS

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to consider the measures being put in place to improve the quality of Public Health programmes and to comment on the direction of travel.

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Appendix 1 Performance Dashboard for Public Health Programmes

Health Checks Key Indicators 15/16

Staffing

Indicator	M10	Month Target	YTD	YTD Target	YTD Status	Trend	Indicator	M10	Month Target	YTD	YTD Target	YTD Status	Trend
Long Term Sickness	0.00%		0.00%		0.00% S		Vacancies (WTE)	0.8				A	
Short Term Sickness	2.48%		0.88%		0.88% A		Mandatory Training Compliance			98.9%	85%	98.9% A	
Maternity Leave	0.0%		0.0%		S		Appraisal Rate			100.0%	85%	100.0% S	
Turnover Rate			39.3%	10%	39.3% A		Other Absence (excluding Sickness and Maternity)	0.2%		1.6%		A	
Vacancy Rate	6.8%	5%	6.8%	5%	6.8% A								

Patient satisfaction

Indicator	M10	M10 Target	YTD	YTD Target	YTD Status	Trend
Friends and Family (% of patients who would recommend our service)	93.7%		97.9%		A	
Patient Experience % (overall satisfaction)	98.8%	90%	98.0%	90%	98.0% F	

Key

A = Adverse, decline on last month.	Performance against Indicator is on Target.
F = Favourable, improvement on last month.	Performance against Indicator is off Target.
S = Static, no change from last month.	Performance against Indicator is within acceptable tolerance of target.
#N/A or DCU = Not Applicable / Data Currently Unavailable	No target set for this indicator

Health Trainers Key Indicators 15/16

Staffing

Indicator	M10	Month Target	YTD	YTD Target	YTD Status	Trend	Indicator	M10	Month Target	YTD	YTD Target	YTD Status	Trend
Long Term Sickness	3.60%		3.18%		3.18% F		Vacancies (WTE)	2.4				F	
Short Term Sickness	4.02%		1.36%		1.36% A		Mandatory Training Compliance			98.7%	85%	98.7% A	
Maternity Leave	0.0%		0.0%		S		Appraisal Rate			100.0%	85%	100.0% S	
Turnover Rate			19.2%	10%	19.2% F		Other Absence (excluding Sickness and Maternity)	3.3%		1.7%		A	
Vacancy Rate	6.5%	5%	6.5%	5%	6.5% F								

Patient satisfaction

Indicator	M10	M10 Target	YTD	YTD Target	YTD Status	Trend
Friends and Family (% of patients who would recommend out service)	100.0%		99.3%		S	
Patient Experience % (overall satisfaction)	98.8%	90%	99.1%	90%	99.1% A	

Key

A = Adverse, decline on last month.		Performance against Indicator is on Target.
F = Favourable, improvement on last month.		Performance against Indicator is off Target.
S = Static, no change from last month.		Performance against Indicator is within acceptable tolerance of target.
#N/A or DCU = Not Applicable / Data Currently Unavailable		No target set for this indicator.

Health Weight Service Key Indicators 15/16

Staffing

Indicator	M10	Month Target	YTD	YTD Target	YTD Status		Trend	Indicator	M10	Month Target	YTD	YTD Target	YTD Status		Trend
Long Term Sickness	0.00%		0.00%		0.00%	S		Vacancies (WTE)	0.9					F	
Short Term Sickness	1.27%		0.99%		0.99%	F		Mandatory Training Compliance			99.3%	85%	99.3%	F	
Maternity Leave	6.1%		3.6%			F		Appraisal Rate			100.0%	85%	100.0%	S	
Turnover Rate			5.8%	10%	5.8%	F		Other Absence (excluding Sickness and Maternity)	0.2%		0.3%			F	
Vacancy Rate	4.8%	5%	4.8%	5%	4.8%	F									

Patient satisfaction

Indicator	M10	M10 Target	YTD	YTD Target	YTD Status		Trend
Friends and Family (% of patients who would recommend our service)	98.1%		94.5%			F	
Patient Experience % (overall satisfaction)	97.8%	90%	96.2%	90%	96.2%	F	

Key

A = Adverse, decline on last month.

F = Favourable, improvement on last month.

S = Static, no change from last month.

#N/A or DCU = Not Applicable / Data Currently Unavailable

Performance against Indicator is on Target.

Performance against Indicator is off Target.

Performance against Indicator is within acceptable tolerance of target.

No target set for this indicator

Stop smoking Service Key Indicators 15/16

Staffing

Indicator	M10	Month Target	YTD	YTD Target	YTD Status	Trend	Indicator	M10	Month Target	YTD	YTD Target	YTD Status	Trend
Long Term Sickness	0.00%		0.00%		0.00% S		Vacancies (WTE)	6.2				F	
Short Term Sickness	0.00%		1.24%		1.24% F		Mandatory Training Compliance			99.5%	85%	99.5% F	
Maternity Leave	1.5%		3.9%		F		Appraisal Rate			100.0%	85%	100.0% S	
Turnover Rate			28.2%	10%	28.2% F		Other Absence (excluding Sickness and Maternity)	0.9%		0.2%		A	
Vacancy Rate	23.3%	5%	23.3%	5%	23.3% F								

Patient satisfaction

Indicator	M10	Month Target	YTD	YTD Target	YTD Status	Trend
Patient Experience % (overall satisfaction)	92.3%	90%	94.8%	90%	94.8% A	
Friends and Family (% of patients who would recommend out service)	100.0%		99.6%		S	

Key

A = Adverse, decline on last month.	Performance against Indicator is on Target.
F = Favourable, improvement on last month.	Performance against Indicator is off Target.
S = Static, no change from last month.	Performance against Indicator is within acceptable tolerance of target.
#N/A or DCU = Not Applicable / Data Currently Unavailable	No target set for this indicator

Sexual Health Service Key Indicators 15/16

Staffing															
Indicator	M10	Month Target	YTD	YTD Target	YTD Status		Trend	Indicator	M10	Month Target	YTD	YTD Target	YTD Status		Trend
Long Term Sickness	2.99%		3.48%		3.48%	A		Vacancies (WTE)	9.9					F	
Short Term Sickness	2.30%		2.29%		2.29%	A		Mandatory Training Compliance			94.8%	85%	94.8%	A	
Maternity Leave	4.1%		4.9%			F		Appraisal Rate			89.3%	85%	89.3%	F	
Turnover Rate			22.3%	10%	22.3%	F		Other Absence (excluding Sickness and Maternity)	0.1%		0.9%			F	
Vacancy Rate	10.9%	5%	10.9%	5%	10.9%	F									

Patient satisfaction							
Indicator	M10	M10 Target	YTD	YTD Target	YTD Status		Trend
Patient Experience % (overall satisfaction)	97.6%	90%	98.3%	90%	98.3%	A	
Friends and Family (% of patients who would recommend our service)	96.4%		96.9%			A	

Key

A = Adverse, decline on last month.		Performance against Indicator is on Target.
F = Favourable, improvement on last month.		Performance against Indicator is off Target.
S = Static, no change from last month.		Performance against Indicator is within acceptable tolerance of target.
#N/A or DCU = Not Applicable / Data Currently Unavailable		No target set for this indicator

School Nursing Key Indicators 15/16

Staffing

Indicator	M10	Month Target	YTD	YTD Target	YTD Status		Trend	Indicator	M10	Month Target	YTD	YTD Target	YTD Status		Trend
Long Term Sickness	1.76%		2.73%		2.73%	F		Vacancies (WTE)	11.9					F	
Short Term Sickness	3.00%		1.82%		1.82%	A		Mandatory Training Compliance			94.8%	85%	94.8%	F	
Maternity Leave	6.6%		5.4%			F		Appraisal Rate			80.0%	85%	80.0%	A	
Turnover Rate			11.3%	10%	11.3%	F		Other Absence (excluding Sickness and Maternity)	4.4%		12.6%			F	
Vacancy Rate	12.4%	5%	12.4%	5%	12.4%	F									

Patient satisfaction

Indicator	M10	M10 Target	YTD	YTD Target	YTD Status		Trend
Patient Experience % (overall satisfaction)	97.4%	90%	88.8%	90%	88.8%	F	
Friends and Family (% of patients who would recommend our service)	83.9%		78.1%			F	

Key

A = Adverse, decline on last month.		Performance against Indicator is on Target.
F = Favourable, improvement on last month.		Performance against Indicator is off Target.
S = Static, no change from last month.		Performance against Indicator is within acceptable tolerance of target.
#NA or DCU = Not Applicable / Data Currently Unavailable		No target set for this indicator

C&YP Health and Wellbeing Team (Healthy Schools) Key Indicators 15/16

Staffing

Indicator	M10	Month Target	YTD	YTD Target	YTD Status		Trend	Indicator	M10	Month Target	YTD	YTD Target	YTD Status		Trend
Long Term Sickness	0.00%		1.61%		1.61%	S		Vacancies (WTE)	0.1					S	
Short Term Sickness	11.19%		1.99%		1.99%	A		Mandatory Training Compliance			98.9%	85%	98.9%	S	
Maternity Leave	0.0%		0.0%			S		Appraisal Rate			100.0%	85%	100.0%	S	
Turnover Rate			0.0%	10%	0.0%	S		Other Absence (excluding Sickness and Maternity)	8.2%		14.8%			F	
Vacancy Rate	0.8%	5%	0.8%	5%	0.8%	S									

Patient satisfaction

Indicator	M10	M10 Target	YTD	YTD Target	YTD Status		Trend
Patient Experience % (overall satisfaction)		90%		90%	0.0%	S	
Friends and Family (% of patients who would recommend our service)	0.0%		0.0%			S	

Key

A = Adverse, decline on last month.		Performance against Indicator is on Target.
F = Favourable, improvement on last month.		Performance against Indicator is off Target.
S = Static, no change from last month.		Performance against Indicator is within acceptable tolerance of target.
#N/A or DCU = Not Applicable / Data Currently Unavailable		No target set for this indicator

Health Visiting Service Key Indicators 15/16

Staffing															
Indicator	M10	Month Target	YTD	YTD Target	YTD Status		Trend	Indicator	M10	Month Target	YTD	YTD Target	YTD Status		Trend
Long Term Sickness	1.50%		2.30%		2.30%	F		Vacancies (WTE)	9.5					F	
Short Term Sickness	2.51%		1.89%		1.89%	A		Mandatory Training Compliance			91.7%	85%	91.7%	A	
Maternity Leave	1.7%		1.5%			A		Appraisal Rate			90.1%	85%	90.1%	F	
Turnover Rate			16.1%	10%	16.1%	F		Other Absence (excluding Sickness and Maternity)	1.5%		1.4%			A	
Vacancy Rate	2.3%	5%	2.3%	5%	2.3%	F									

Patient satisfaction							
Indicator	M10	M10 Target	YTD	YTD Target	YTD Status		Trend
Patient Experience % (overall satisfaction)	98.2%	90%	97.5%	90%	97.5%	F	
Friends and Family (% of patients who would recommend our service)	96.4%		96.9%			A	

Key

A = Adverse, decline on last month.		Performance against Indicator is on Target.
F = Favourable, improvement on last month.		Performance against Indicator is off Target.
S = Static, no change from last month.		Performance against Indicator is within acceptable tolerance of target.
#N/A or DCU = Not Applicable / Data Currently Unavailable		No target set for this indicator

Appendix 2 Public Health Quality Indicators – Service Provider Response Template

Topic	Question	Answer	Evidence Required	Frequency
Quality Governance	1. Do you have a Quality Governance Framework in place? If so, please submit a copy of your framework and a copy of your Quality Accounts and Service Performance Report	Yes / No	Submit: <ul style="list-style-type: none"> • Copy of framework • Quality Accounts and service performance report 	Annually
	2. If CQC registered, do you comply with all CQC standards	Yes / No / NA	Submit: <ul style="list-style-type: none"> • Up to date CQC report 	Annually
	3. Have you had any external or internal inspections within the latest reporting period	Yes / No If yes: Date of inspection	Submit: <ul style="list-style-type: none"> • Inspection Report 	Quarterly
	4. How many service quality audits (including clinical audits) have you undertaken in the previous reporting period?	Number		Quarterly
	5. Please list quality audits that you have completed in the latest reporting period and provide copies of the audit findings and associated action plans arising from these		Submit: <ul style="list-style-type: none"> • Audit Reports • Action plans 	Quarterly
	6. Do you have up to date policies and procedures relating to: <ol style="list-style-type: none"> Quality Governance Safeguarding Children Safeguarding Adults Human Resources (including safer recruitment and DBS) Staff supervision Escalation of concerns and whistleblowing Mandatory training Risk Management, serious incidents, near misses and learning Duty of Candour Information Governance 	Yes / No – date of last update Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No	Submit: <ul style="list-style-type: none"> • Copy of relevant policies 	Quarterly (pre-fill)

Topic	Question	Answer	Evidence Required	Frequency
	k. Storage of records l. Health and Safety m. Clinical Policies	Yes / No Yes / No Yes / No		
Staffing	7. What is the whole-time equivalent (WTE) staffing establishment for this service?	Number		Quarterly
	8. How many whole-time equivalent (WTE) staff are currently in post?	Number & calculated percentage		Quarterly
	9. How many staff are currently in post (headcount)?	Number		Quarterly
	10. How many staff in the service require professional registration to undertake their role but are not currently registered with the relevant registration body?	Number		Quarterly
	11. How many staff have left the service within the past 12 months	Number & calculated percentage		Quarterly
	12. Of the staff currently in post, how many meet the competency standards that apply to their role?	Number & calculated percentage		Quarterly
	13. How many staff in the service are absent due to long-term sickness?	Number & calculated percentage		Quarterly

Topic	Question	Answer	Evidence Required	Frequency
	14.How many days were lost to sickness absence in the previous reporting period?	Number		Quarterly
	15.Please provide a copy of your leadership structure	-	Submit: <ul style="list-style-type: none"> Copy of leadership structure 	Annually
	16.Have you undertaken a staff survey in the past 12 months?	Yes / No		Annually
	17.What was the overall staff satisfaction rate?	Percentage		Annually
18.Training	19.How many staff have received the relevant mandatory training?	Number & calculated percentage		Quarterly
	20.Breakdown of mandatory training and number of staff trained within past 12 months	-	Submit: <ul style="list-style-type: none"> Copy of mandatory training logs 	Quarterly
Patient / Service User feedback	21.How many service users /patients have been surveyed or asked about their level of satisfaction with the service within the latest reporting period?	Number		Quarterly
	22.Of those asked, how many indicated that they were satisfied / very satisfied with the service they have received?	Number & calculated percentage		Quarterly
	23.How many complaints have you received in the latest reporting period?		Submit: <ul style="list-style-type: none"> Summary of the complaints and status of the complaint (i.e. on-going, closed) 	Quarterly
Serious Incidents	24.How many Safety Alerts (CAS) have been actioned in the latest reporting period	Number	Submit: <ul style="list-style-type: none"> Evidence of how the alert has been actioned 	Quarterly
	25.How many serious incidents occurred within the latest reporting period?	Number		Quarterly

Topic	Question	Answer	Evidence Required	Frequency
	26. Please submit a completed form showing the status of each incident or serious incident that occurred in the previous period or is still open from a previous period (status listed as under investigation closed and lessons actioned)	Number	Submit: <ul style="list-style-type: none"> • Summary of the complaints and status of the incident (i.e. under investigation, closed) 	Quarterly
Risk	27. Please provide a copy of your risk register relating to this service		Submit: <ul style="list-style-type: none"> • Risk register 	Quarterly

Appendix 3

Definitions

1. **Serious incidents** requiring investigation were defined by the NPSA's 2010 National Framework for Reporting and Learning from Serious Incidents Requiring Investigation as

- unexpected or avoidable death or severe harm of one or more patients, staff or members of the public;
- a never event - all never events are defined as serious incidents, although not all never events necessarily result in severe harm or death.
- a scenario that prevents, or threatens to prevent, an organisation's ability to continue to deliver healthcare services, including data loss, property damage or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population.
- allegations, or incidents, of physical abuse and sexual assault or abuse; and/or
- loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.

2. **Incident** – an event or circumstance which could have resulted, or did result in unnecessary damage, loss or harm to a patient, staff, visitors or members of the public.

3. **A near miss** is an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality or damage; in other words, a miss that was nonetheless very near.

NHS England -Serious Incident framework supporting learning to prevent recurrence April 2015

National Patient safety agency: Being Open 2010