

Agenda and Papers

for the

**Kent Community Health NHS Foundation Trust
Council of Governors**

**to be held at 1pm
on**

Wednesday 20 January 2021

Virtual meeting via MS Teams

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**Meeting of the Kent Community Health NHS Foundation Trust
Council of Governors
to be held at 1.00pm on Wednesday 20 January 2021
Virtual meeting via MS Teams**

AGENDA

1. STANDARD ITEMS

1.1	Introduction by Chair	Chair	
1.2	Apologies for Absence	Chair	
1.3	Declarations of Interest	Chair	
1.4	Minutes of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 11 November 2020	Chair	Att. 1
1.5	Matters Arising of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 11 November 2020	Chair	Att. 2
1.6	Chair's Report <ul style="list-style-type: none"> • Board and Committee Governance Refresh 	Chair	Att. 3
1.7	Trust Quarterly Report	Chief Executive	Att. 4

2. ITEMS FOR REVIEW AND DISCUSSION

2.1	Governor feedback from each of the constituencies	Full Council	Verbal
2.2	Report from Communication and Engagement Committee	Chair of Committee	Verbal
2.3	Feedback from Charitable Funds Committee	Public Governor, Dover and Deal	Att. 5
2.4	Report on Patient and Public Engagement, Experience and Complaints	Director of Participation, Experience and Patient Engagement	Att. 6

3. ITEMS FOR APPROVAL

3.1	Nomination Committee Report	Corporate Services Director	Att. 7
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4. PAPERS AVAILABLE FOR GOVERNORS

- 4.1 Papers from the November public board meeting have already been shared with Governors. The next public board meeting will take place on 11 February 2021. For noting only

5. ANY OTHER BUSINESS

- 5.1 Any other items of business previously notified to the Chair.

6. QUESTIONS FROM MEMBERS OF THE PUBLIC RELATING TO THE AGENDA**7 DATE AND VENUE OF NEXT MEETING**

The next meeting of the Kent Community Health NHS Foundation Trust Council of Governors will take place in public at 1pm on Wednesday 21 April 2021, venue to be confirmed.

UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust Council of Governor's Meeting
Held at 13.00 on Wednesday 11 November 2020
Held virtually via MS Teams

Present:	John Goulston, Chair Janet Allen, Staff Governor, Corporate Services Maria-Loukia Bratsou, Staff Governor, Children and Families Alison Carter, Appointed Governor, Kent Dementia Alliance Carol Coleman, Public Governor, Dover and Deal Ruth Davies, Public Governor, Tonbridge and Malling John Harris, Public Governor, Sevenoaks Miles Lemon, Public Governor, Swale David Price, Public Governor, Maidstone Lynne Spencer, Public Governor, Canterbury Sue Plummer, Appointed Governor, Universities John Woolgrove, Public Governor, Rest of England Matthew Wright, Appointed Governor, Headteachers Association
In Attendance:	Sola Afuape, Non-Executive Director Paul Butler, Non-Executive Director Natalie Davies, Director of Corporate Services Gordon Flack, Deputy Chief Executive Joy Fuller, Governor Lead (Minute Taker) Sue Mitchell, Assistant Director of Participation and Involvement Louise Norris, Director of Workforce, Organisational Development and Communications Bridget Skelton, Non-Executive Director

11/11/1 Introduction by Chair

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

All attendees introduced themselves.

11/11/2 Apologies for Absence

Apologies were received from Andrew Scott-Clark, Appointed Governor – Public Health, Claire Buckingham, Staff Governor – Health and Wellbeing and Nigel Stratton, Appointed Governor – Age UK and Jane Hetherington, Public Governor – Thanet.

The meeting was quorate.

11/11/3 Declarations of Interest

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

11/11/4 Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 23 July 2020

The Council **AGREED** the minutes.

11/11/5 Matters Arising

All items were confirmed and closed.

The Council **RECEIVED** the Matters Arising.

11/11/6 Chair's Report

Mr Goulston presented the report to the Council.

Mr Goulston explained that it had been difficult to carry out service visits due to the Covid-19 restrictions in place. A number of service visits and We Care visits were made by the non-executive directors in the latter part of the Summer.

Mr Goulston mentioned that he had visited the Rapid Transfer Service at William Harvey Hospital, and had attended a board round where he had witnessed the positive interface between KCHFT staff, East Kent Hospitals NHS Foundation Trust (EKHUFT) staff, and social care staff.

Mr Goulston had visited the new Urgent Treatment Centre in Folkestone, where he had met one of the GPs from the local Primary Care Network and had seen how the 111 service had been operating. He had also attended a We Care visit with the Chief Nurse to Hawkhurst Hospital.

Mr Goulston apologised that the recording for the board meeting held on 5 November had not been placed on the website yet due to technical difficulties. He assured the Council that the recording would be made available soon, and governors would be notified when this happened.

Mr Goulston highlighted that the Board had reviewed the application from Kent and Medway to become an integrated care system (ICS), and received a presentation from Wilf Williams, Senior Responsible Officer for the Sustainability and Transformation Partnership (STP) and Accountable Officer for Kent and Medway Clinical Commissioning Group (CCG). It had been agreed that an update on the ICS would take place at the board development session in early 2021.

Mr Goulston confirmed that the Board had approved a paper on the refresh of the trust's board governance. Mr Goulston agreed that a paper to update the council on the board governance refresh would be submitted to the next Council

meeting.

Action – Mr Goulston

In response to a question from Mr Price, Mr Goulston confirmed that it had not been possible to invite governors to observe the We Care visits due to the pandemic. He explained that the number of people invited to attend the visits had been reduced. He further explained that the physical visits had been paused during November due to the second lockdown. Mr Goulston hoped that Governors would be able resume their observation of We Care visits from the Spring.

In response to a question from Ms R Davies, Mr Goulston confirmed that the role of the Council of Governors in Integrated Care Partnerships, and how they could help to play into the system in terms of engagement and stakeholder management, should be discussed at one of the future Governor Development Sessions.

Action – Mr Goulston

The Council **RECEIVED** the Chair's Report.

11/11/7 **Trust Quarterly Report**

Mr Flack presented the report to the Council for information.

Mr Flack confirmed that the trust had seen relatively small numbers in terms of covid-19 activity during the second wave, compared to the peak of the first wave, however a significant impact on staff was continuing. Mr Flack asked the Council to join him in thanks for the continued resilience and effort from all staff.

Mr Flack highlighted that some of the Trust performance had been impacted during the first wave such as Did Not Attend (DNA) rates and activity levels which had remained lower than usual.

Mr Flack highlighted that patient experience had remained high, and staff sickness levels continued to be low. The trust had seen a small increase in sickness due to stress which would be monitored closely. Finances had remained within a different regime.

Mr Flack provided an overview of the Schwartz rounds which had been implemented in June and continued to be available for all staff.

Mr Flack highlighted that there had been a number of successful projects, which had included IT to allow staff to work from home, and the electronic patient record. The trust continued to lead on the Shared Care Record and would be the clinical lead for the pilots linked to the project.

Mr Flack gave an overview of the work to repatriate properties from NHS Property Services. The trust had been able to make a case for direct ownership of four properties which would be subject to the final governance approval process. The trust would also be going out to tender to build a new facility in

West Kent to replace Edenbridge hospital.

In response to a question from Mr Harris regarding the Urgent Treatment Centre in Sevenoaks, Mr Flack confirmed that the project had been progressing well and the trust had been working very closely with the community interest company representing all the primary care networks in west Kent.

On behalf of all governors, Mr Price thanked all staff of KCHFT.

In response to a question from Mr Price, Ms N Davies confirmed that repatriation of properties would not be classed as a significant transaction for review by the Council, but would be looking for governor support as it progressed. Ms N Davies explained that a business case, fully supported by the Finance, Business and Investment Committee, had been recently approved by the Department of Health and was now in the due diligence phase. It was agreed that significant transactions would be explained to governors in more detail at a Development Day.

Action – Ms N Davies

Dr Plummer commented on the positive collaboration between Kent and Medway NHS and Social Care Partnership Trust (KMPT) and KCHFT, given the link between physical and mental health. Mr Goulston agreed to provide a progress update on the collaboration of the two organisations at a future Council meeting.

Action – Mr Goulston

In response from a question from Mr Wright, Ms Bratsou confirmed that members of her team had attended the Schwartz rounds and she had received very positive feedback and encouragement for other colleagues to participate. Mr Flack confirmed that the trust would be running smaller groups for staff that did not feel comfortable in larger groups. Ms Mitchell added that the facilitators were trained to enable staff to share their vulnerabilities.

In response to a question from Mr Wright, Mr Flack confirmed that the expenditure due to Covid-19 was related to extra agency staffing, opening new beds, IT infrastructure and set up costs to allow home working. He added that this had been compensated by savings on staff travel allowances and office energy costs.

In response to a question from Ms Coleman, Mr Goulston confirmed that KMPT was not a foundation trust and did not have a Council of Governors. Mr Flack commented that any ideas and input from our Council of Governors would be welcome, and Mr Goulston agreed to share details of the collaboration between KMPT and KCHFT with the Council.

Action – Mr Goulston

In response to a comment from Ms Carter, Mr Goulston confirmed that NHS Providers had been looking at the role of the Council of Governors and Non-Executive Directors in provider collaboratives. Mr Goulston agreed to share the guidance with the Council and Board when published.

Action – Mr Goulston

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

11/11/8 **Governor Feedback from each of the Constituencies**

Mr Goulston invited governors to provide feedback or issues.

Ms Coleman confirmed that she and Ms Afuape had visited Deal Victoria Hospital and had been impressed by the safe facilities there. She had been impressed by the support in place for staff, such as wobble rooms and being able to take time out. Ms Coleman added that she was now a representative of the Patient and Carer Council.

Ms Carter had attended an east Kent Heads of Service meeting. She had also attended a GovernWell course on accountability and holding NEDs to account, run by NHS Providers.

Mr Harris confirmed that he had been involved in a number of local virtual meetings. He highlighted that there had been some concerns raised about the difficulty in getting an appointment or holding virtual appointments, particularly amongst the elderly. Mr Flack responded that the trust did recognise that virtual appointments were not ideal for some patients, and it would be looked at as part of the trust's reset work.

Ms Coleman commented that patients could still go to the Urgent Treatment Centre in Sevenoaks directly but would be triaged when they get there.

Mr Harris raised the issue of accessing blood testing services in Sevenoaks, with some patients waiting several weeks for an appointment. Mr Flack agreed to look into the waiting times for the blood testing service at Sevenoaks.

Action – Mr Flack

Dr Plummer updated the Council that the Kent and Medway Medical School had taken on 108 students at the beginning of the term and it had started really well. On behalf of the University, Dr Plummer thanked the trust for supporting the students with their placements.

Ms R Davies confirmed that she had attended the recent NHS Providers' governor focus conference.

The Council **RECEIVED** the governor feedback.

11/11/9 **People Strategy**

Ms Skelton presented the one-page people strategy to the Council.

Ms Skelton provided an overview of the content of the strategy and the background to its construction.

Ms Skelton assured the Council that the Strategic Workforce Committee would have sight of the detail behind each of the themes and would review the activity and ambitions in order to track progress and identify issues early.

In response to a question from Ms Coleman, Ms Norris confirmed that the trust would need to adapt the way they provide work experience for potential future employees. She added that the trust would be working in collaboration with Kent and Medway CCG and the STP to look at the offering into education. Ms Norris assured the Council that the trust would be actively pursuing this.

Ms Carter welcomed the strategy on a page. In response to a question from Ms Carer, Ms Norris confirmed that dementia awareness was a core part of the staff induction. She added the 98.2% of staff had undertaken dementia awareness training, and the trust would be looking into more specialist dementia training for relevant staff.

In response to a question from Mr Price, Ms Skelton explained the benefits of reverse mentoring. Ms Norris confirmed that the trust would be rolling out reverse mentoring within a wide range of areas, starting with BAME staff. Ms Norris explained the importance of reverse mentoring for BAME staff, and how it would give senior managers an understanding of their life experiences and challenges. She added that the trust would be hoping to work with a Professor at Nottingham University who had done a lot of work on reverse mentoring across the NHS.

Ms Norris confirmed that she was the executive lead for the BAME staff network and Mr Flack was the executive lead for the disability and carers staff network.

Ms Bratsou commented that the staff recruitment process had improved significantly.

The Council **RECEIVED** the report.

11/11/10 **Feedback from Communications and Engagement Committee**

Ms Coleman provided a verbal report to the Council.

Ms Coleman confirmed that a committee meeting would be convened prior to the next Council meeting to discuss two papers; the Annual Meeting report and recommendations, and the governor elections communication and engagement plan. She added that all members of the Council would be welcome to attend the committee meeting, and asked Ms Fuller to share the date of the meeting with all governors.

Action – Ms Fuller

Ms Coleman was pleased to read that there had been over 7,000 hits on the recording of the annual meeting, but remained concerned that viewings by members of the trust had been relatively low.

Ms Coleman conveyed her thanks to everyone involved in the making of the

video. Mr Goulston added that he had since been able to meet the matron at Hawkhurst in person, and thanked her personally for her involvement in the video.

In response to a question from Mr Woolgrove, Ms Coleman agreed to look into the average watch time for people accessing the video.

Action – Ms Coleman

The Council **RECEIVED** the report.

11/11/11 **Feedback from Charitable Funds Committee**

Ms Coleman provided a verbal report to the Council.

Ms Coleman explained that the Committee were not due to meet until the end of November.

Ms Coleman confirmed that the Trust had not received further funding from the central charity. The voucher scheme had been added to the staff website and would be made available to staff shortly. The packages for children and grandchildren of staff had been distributed.

Ms Coleman highlighted the need for an external building for staff at the Urgent Treatment Centre in Deal to be able to take a lunch break, and had suggested some time ago that a request for funds could be submitted to the central charity. Ms Davies confirmed that they had not received the request, but would be happy to discuss outside of the meeting.

Action – Ms N Davies

Ms Coleman commented that the trust had not put forward any major requests for funding from the central funds. Mr Flack responded that Ms Butterworth, Chief Operating Officer, would be taking forward bids for the next tranche of funding.

The Council **RECEIVED** the report.

11/11/12 **Report on Patient Experience and Complaints**

Ms Mitchell presented the report to the Council, on behalf of Ms Carruth.

Ms Mitchell explained that the Patient and Carer Partnership Team had been newly formed in July and the report contained a summary of the work undertaken.

Ms Norris then provided an update on the membership strategy.

In response to Mr Woolgrove's earlier question around the average watch time of the annual meeting, Ms Norris confirmed that she would ask the Communications Team to undertake some analysis on the length of time that people viewed the video.



Our values Compassionate Aspirational Responsive Excellent

Action – Ms Norris

In response to a question from Ms Carter, Ms Mitchell confirmed that communication and information was the main theme of complaints. Ms Mitchell agreed that the themes of complaints would be included in future reports.

Action – Ms Mitchell

In response to a question from Ms Carter, Ms Mitchell confirmed that the Patient and Carer Council was in the early stages. The team had started a range of focus groups with the trust's more vulnerable patient groups, including dementia and epilepsy. Ms Mitchell added that they would be holding some focus groups for carers with dementia, alongside Maidstone and Tunbridge Wells NHS Trust and Kent and Medway Partnership NHS Trust in November. Ms Mitchell agreed to share the dates of the Patient and Carer Council meetings and focus groups with governors.

Action – Ms Mitchell

Ms Skelton commented that the Non-Executive Directors would seek assurance through the Quality Committee that patients and carers were represented on the different focus and network groups. The Board would also receive reports on engagement and participation.

In response to a question from Mr Woolgrove, Ms Mitchell confirmed that there had been a number of reasons for the high percentage of complaints not closed within agreed timescales. Ms Mitchell explained that NHS England had issued a pause on the complaints process due to the pandemic, however the trust had decided not to apply this unilaterally, and all complaints received were risk assessed. Minor concerns and complaints had been resolved immediately. Some complaints had been delayed due to operational pressures caused by the pandemic, and some complaints had been difficult to resolve due to not being able to meet with patients or their families.

The Council **RECEIVED** the report.

11/11/13 Governor Elections

Ms N Davies presented the report to the Council.

Ms N Davies explained that there would be a large number of posts due for election, making it largest election held since the inception of the Council of Governors. She added that we would be reaching out to much wider communities to encourage a more diverse council.

In response to a question from Ms Coleman, Ms N Davies confirmed that we would only be able to send election information to those members who had agreed to receive such information.

Ms R Davies queried whether the trust could increase membership through schools, colleges and universities, and it was agreed to take this forward.

Action – Ms Norris

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The Council **RECEIVED** the report.

11/11/14 **Amendment to Trust Constitution**

Ms N Davies presented the report to the Council.

Ms N Davies confirmed that the paper proposed to remove the maximum term of office for appointed governors only, and explained the reason behind the proposal.

Ms N Davies explained that the board and members would also need to approve the changes in order for the constitution to be changed. Ms N Davies and Mr Goulston agreed to discuss the process for gaining approval by the board and members.

Action – Ms N Davies

In response to a question from Mr Price, Ms N Davies confirmed that at the end of the three year term, the partner organisation could decide whether to keep the chosen governor or appoint a new governor. Ms Davies added that although it was the decision of the partner organisation, the Chair would have right of veto.

Mr Goulston confirmed that NHS Providers had issued updated guidance on public and staff governors, to change the maximum term of office from 6 consecutive years to 9 consecutive years. Mr Goulston agreed to discuss in more detail at the next informal governors meeting in December.

Action – Mr Goulston

The Council **RECEIVED** the report and **APPROVED** the changes to the constitution.

11/11/15 **Any Other Business**

There was no further business to discuss.

11/11/16 **Questions from members of the public**

Mr Goulston confirmed that a question had been submitted by Rob Woolley, Chief Executive of Hospice in the Weald in relation to partnership working between KCHFT and other organisations such as Hospice in the Weald.

Mr Goulston queried whether hospices had ever been asked to become an appointed governor, and Ms N Davies agreed that this could be something to consider in the same way that the universities nominated an Appointed governor to represent them all. Ms N Davies commented that the trust worked very closely with hospices on end of life care and there had been a lot of work on the end of life pathways and developments. Ms Davies confirmed that it would be a good idea to review of the collaboration with hospices, and Mr Flack confirmed that the trust had appointed a new end of life consultant nurse.



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In response to a question from Mr Harris, Mr Flack confirmed that the executive in west Kent progressed a number of work streams where all partners, including hospices, would be involved. Mr Goulston asked that the board review the partnership working with hospices, and Mr Flack agreed to take this forward.

Action – Mr Flack

11/11/17 Date and Time of Next Meeting

Wednesday 20 January 2021 at 13.00.
Venue to be confirmed.

The meeting ended at 14.47

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING HELD ON 11 NOVEMBER 2020

OPEN ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
11 November 2020	11/11/6	To update governors on the board governance refresh at the next Council meeting.	Mr Goulston	Included in Chair's Report.
11 November 2020	11/11/6	To discuss the role of the Council within Integrated Care Partnerships at a future Governor Development Session	Mr Goulston	To be an agenda item for Governor Development Session on 17 March 2021
11 November 2020	11/11/7	To provide an update on the collaboration between KCHFT and Kent and Medway Partnership NHS Trust (KMPT) at a future Council meeting.	Mr Goulston	Update to be provided to at the Council of Governors meeting in April 2021.
11 November 2020	11/11/7	To share NHS Provider's guidance on the role of Council of Governors and Non-Executive Directors in provider collaboratives, when published.	Mr Goulston	Still awaiting publication.
11 November 2020	11/11/8	To review the waiting times for the blood testing service at Sevenoaks Hospital.	Mr Flack	Blood testing at Sevenoaks Hospital is not a KCHFT service, and is managed by Maidstone and Tunbridge Wells NHS Trust.
11 November 2020	11/11/10	To share the date of the next Communication and Engagement Committee meeting with all governors.	Ms Fuller	Meeting date arranged and shared with all governors
11 November 2020	11/11/11	To discuss the need for an external building at the Urgent Treatment Centre in Deal and the proposed use of charity funds with Ms Coleman.	Ms N Davies	To be included for consideration as part of the plans for transfer of the property to trust ownership.

11 November 2020	11/11/12	To ask the Communications Team to undertake analysis on the length of time that people viewed the Annual Members Meeting video.	Ms Norris	<p>Facebook analytics gives figures for how many people watched our video for three seconds, one minute and more than one minute. 918 people watched for more than one minute.</p> <p>Further detailed analysis shared with governors through the Communication and Engagement Committee.</p>
11 November 2020	11/11/12	To include themes of complaints in the report produced by the Patient and Carer Partnership Team.	Ms Mitchell	To be included in next report.
11 November 2020	11/11/12	To share the dates of the Patient and Carer Council meetings and focus groups with governors.	Ms Mitchell	Meeting dates shared with governors.
11 November 2020	11/11/13	To investigate whether trust membership could be increased through schools, colleges and universities.	Ms Norris	<p>School health teams have developed newsletters in Kent and East Sussex, as Covid-19 restrictions means they are unable to carry out face-to-face visits as normal. The Communications Team has contacted heads of service to ask to include an article on the value of involving young people in our services and add a link to become a member page on our public website.</p>

				The Communications Team is also refreshing its plan for the next financial year (April 2021) and will scope what other actions it can take. However, at the moment, supporting internal communications and the delivery of the Covid-19 vaccination programme are taking priority.
11 November 2020	11/11/14	To discuss the process for gaining approval by the board and members to remove the maximum term of office for appointed governors.	Ms N Davies / Mr Goulston	To be an agenda item for Governor Development Session on 17 March 2021
11 November 2020	11/11/14	To discuss the updated guidance on the term of office for public and staff governors at the next informal governors meeting in December.	Mr Goulston	To be an agenda item for Governor Development Session on 17 March 2021
11 November 2020	11/11/14	To ask board members to review the partnership working arrangements with hospices.	Mr Flack	KCHF works collaboratively with all local hospices for both education and patient care. Patients can be under the care of both KCHF and a local hospice and are referred between services as appropriate. The hospices provide support for more complex palliative and end of life care management.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING

CLOSED ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
23 July 2020	23/07/7	To share the outcome of the Big Listen 2 at the next Council meeting.	Mr Bentley	11/11/20 – update provided in Trust Quarterly Report
23 July 2020	23/07/7	To share Governors thanks to all KCHFT staff within next internal communications.	Mr Bentley	11/11/20 – Governors thanks mentioned in blog which was circulated to all staff.
23 July 2020	23/07/8	To share the Youtube link to the Trust Choir performance of Stay at Home.	Ms Fuller	11/11/20 – Youtube link shared with all governors.
23 July 2020	23/07/9	To organise a venue for governors wishing to meet in person for the Annual General meeting (AGM).	Ms Fuller	11/11/20 – The format of the AGM was changed to a pre-recorded video, meaning that a venue was no longer required.
23 July 2020	23/07/9	Formal invitations for the Annual General Meeting (AGM) to be circulated to Governors and board members as soon as possible.	Ms Treharne	11/11/20 – Invitations to the AGM video was shared as soon as it went live.
23 July 2020	23/07/10	To confirm the date that the shopping vouchers would be made available to staff.	Ms Norris	11/11/20 – Shopping vouchers will be made available to staff during November.

23 July 2020	23/07/10	To look into how the trust could access tranche 2 and 3 of the NHS Charities funds.	Ms Norris	11/11/20 – To be verbally updated.
23 July 2020	23/07/11	To include themes of complaints in future reports	Ms Carruth	11/11/20 – To be included in future reports.
23 July 2020	23/07/12	To review the format and length of the Patient and Public Engagement report.	Ms Carruth	11/11/20 – This report has now been combined with the Report on Patient Experience and Complaints and will come under one agenda item entitled 'Patient and Public Engagement, Experience and Complaints'.
23 July 2020	23/07/20	To respond to the member of the public in relation to his question.	Mr Bentley	11/11/20 – Member of public was contacted and responded to.
15 January 2020	15/01/7	To investigate the salary banding of nurse practitioner roles in the trust.	Mr Bentley	23/7/20 – Closed. London has both band 7 and 8a nurse practitioners. The bands vary dependent on the roles.
15 January 2020	15/01/7	To share the list of services included within the KCC partnership agreement.	Mr Bentley	23/7/20 – Closed. Shared with governors.
15 January 2020	15/01/10	To discuss the rebranding of the trust charity at the next Communication and Engagement Committee meeting.	Ms Coleman	23/7/20 – Closed. To be discussed at the next Committee meeting.
15 January 2020	15/01/11	To include complaint themes within the Patient Experience and Complaints report.	Ms Carruth	23/7/20 – Closed. To be included in future reports

15 January 2020	15/01/11	To investigate whether a breakdown by geography could be included in the Patient Experience and Complaints report.	Ms Carruth	23/7/20 – Closed. To be updated verbally
15 January 2020	15/01/13	Governors to let Joy Fuller know if they would be interested in joining a newly-created sustainability sub-group.	Ms Fuller	23/7/20 – Closed. Governors names put forward.
15 January 2020	15/01/14	To appoint a Non-Executive Director Lead for Freedom to Speak Up.	Ms Davies	23/7/20 – Closed. Sola Afuape was appointed to the role.
31 October 2019	31/10/6	To provide a verbal progress update on the Nursing Academy at future Council meetings.	Mr Goulston	23/7/20 – Closed, Update on Nursing Academy circulated to governors. 15/1/20 – verbal update to be provided.
31 October 2019	31/10/7	To present the finalised five year strategic delivery plan to the Council of Governors.	Mr Bentley	23/7/20 – Closed. To be discussed as part of the Trust Quarterly Report. 15/1/20 – To be presented to the Council in due course, following ratification by the Board. Mr Bentley confirmed that the board would receive the plan at the formal board meeting on 6th February, and would be presented to the April Council meeting.

BOARD OF DIRECTORS GOVERNANCE REFRESH

Revised draft post task and finish group meeting on 10 September 2020 and final review by the Chair of the Audit and Risk Committee (ARAC) and Chief Executive (CEO)

1. Introduction and Purpose

The Board of Directors wishes to take the opportunity to refresh our Board governance arrangements, building on the experience of governance during COVID phase 1 (Board Governance paper approved at the Board meeting on 23 March 2020). The proposals in the paper build on;

- both existing governance arrangements and those put in place to meet the challenges of COVID and explicitly commit the board to not return as governance in the way we had undertaken it pre COVID).
- the proposals also build on the outputs to date from Board's development programme.
- the paper has been informed by the discussions at the part two Board meeting in July and reflects the output of the task and finish group established after the meeting to finalise the document. The task and finish group consists of the Chair, Chairs of Quality, Strategic Workforce (SWC) and Finance, Business and Investment (FBI) Committees together with the Deputy Chief Executive and the Corporate Services Director.

Given the proposed focus of the Board as detailed in section three of this paper, each committee chair and the lead executive have the opportunity to review what work currently going to the Board's committees can be stopped so that the committees focus on areas they need to examine to support the delivery of KCHFT's strategy and plans whilst ensuring that the assurance which the Board must provide is delivered. In this way, there should not be replication between the work of the committees and the work of the Board.

2. Principles underpinning the Governance Refresh

- It is the role of the executive to formulate strategic plans, ensure accountability, shape culture and manage risk in a focused and time efficient manner. The role of the Board of Directors includes
 - approving strategic plans; and
 - assuring that our services and finances comply with the regulatory quality and economic standards.

- Ensure Board and committee papers are focused and appendices are used for reference or for noting without presentation.

The Board recognises that how we do things is as important as what we do.

3. Board of Directors

3.1. Agenda – the agenda for part 1 and part 2 Board meetings should focus through six headings:

- 1) Standard items - e.g. minutes and action log. This section will include the patient's / staff story. The patient story will be taken as the first item in the part one Board.
- 2) Board Assurance Framework
- 3) Strategy

3.1 strategic assessment, plan development and delivery of strategic goals and enablers (including business cases for approval which require the support of the Board as defined in the standing orders of the Trust).

3.2 External Influencing (Wider system issues) - ICS, ICPs, PCNs plus national developments together with how KCHFT fits in and /shapes these.

3.3 Enablers - people, digital, sustainability and system leadership. These will be reported by the Board committees which provide the assurance on each one, with exception reporting undertaken by the Chair of the relevant committee of the Board.

4) Priorities for the year - progress, issues and next steps (the milestones in delivering our strategy).

5) Current Year Performance

- a. Integrated Performance Report (IPR) - the Deputy Chief Executive is leading the review of the IPR based on the principles of;
 - i. Key performance indicators / data - quality and operational performance, workforce and finance related directly to the delivery of in year priorities
 - ii. data 'for information' should be provided by way of appendix, and
 - iii. extant SPC charts should remain the basis for performance reporting but with better balance and less duplication between those going to committee and those to Board.
- b. Triangulating evidence with patient and staff experience.

6) Governance, Risk Management and Compliance

3.2 Board Meeting Practices

- The overall thrust is to spend more time on strategic issues and less time on reports and assurance.
- More outward looking through considering the Kent and Medway health economy and national developments.
- Most of the detail stays with the Executive and Board committees with relevant items coming to Board for noting or endorsement where applicable / required. This requires a standardised and consistent approach across the committees.

3.3. Annual make up of 11 Board of Directors meetings (no meetings in August) as follows;

- Part 1 meetings - quarterly (up to 2 hours split broadly 1.0 hours on first 3 items and 1.0 hours on remaining 3 items) including approving strategy and plans followed by Part 2 - (maximum of 90 mins) Part 1 meetings times to include IPR for the quarter (e.g. July or Sep Q1, Nov for Q2, Feb for Q3, May Q4,).
- Part 2 only Board meetings - three per year (up to 3 hours) – including refining and delivering strategy and plans; 6 month review of Board and committee effectiveness / review of governance refresh.
- Remuneration Committees where possible will be on the same date as Board meetings.
- Board Development – quarterly focusing on behavioural effectiveness (these can take place on the same day as Board meetings if appropriate). These will be preceded where required by a part 2 (1 hour) Board meeting.
- NED meetings – up to 60 minutes after the Board meeting but not after Board development sessions (unless required on exception basis).
- Annual NED only meeting – in March or April 2021.

3.4. Board Reports

- All Board reports to be focused; supportive data to be included as appendices for reference only. The Board will have a standard guide to create more uniformity on Board papers.
- Front sheets to be restyled for use both for Board and committee reports(see attached) -

1. What is the purpose of the paper and the ask of the Board (including reference to any prior Board committee review and recommendations on report / proposals)

2. Summary of key points

3. Equality Impact assessment (EIA)

- The front cover should say whether it has been to a Board committee so that if key questions have not been raised at committee others get a chance to raise issues. This includes stating whether the paper is for a decision, assurance or information.
- Re-order papers so the flow improves - relevant Executive reports to appear after NED Chairs' Committee reports under agenda items 4) and 6).
- All annual summaries and NHSI compulsory items to be taken through appendices without presentation, where possible, on the basis that committees have already scrutinised them as part of their Terms of Reference (ToR).
- All items in Part 1 unless items comply with the legislation for Part 2 items.

4. Board Committees

Given the proposed focus of the Board as detailed in section 3 of this paper, we will review what work is currently going to the Board's committees and identify what will cease so that the committees focus on areas they need to examine to support the delivery of KCHFT's strategy and plans as assurance committees. In this way, there will not be duplication between the work of the committees and the work of the Board. Board committees will review their ToRs and make recommendations to the Board for amendment if appropriate.

Our review has confirmed that best practice is that Governors will not attend the Committees as members or observers. Governors can attend a committee meeting as a one off visit as part of the induction process.

- The agendas for Board committees should follow the Board agenda sequence in section 3.1 so that committees first consider strategic issues within their remit (see below table as agreed at the part 2 Board meeting on 16 July).

Goal or enabler	Proposed Executive director / lead	Proposed Board / sub-committee reporting
Prevent ill health	Ali Carruth	Quality
	Mercia Spare	
High quality care	Mercia Spare	Quality
	Sarah Phillips	
Integrate services	Pauline Butterworth	Finance, Business and Investment
	Gerard Sammon	
Sustainable services	Gordon Flack	Finance, Business and investment

	Louise Norris	
People	Louise Norris	Strategic Workforce
	Pauline Butterworth	
Digital	Sarah Phillips	Finance, Business and Investment
	Gordon Flack	
System leadership	Executive Team	Trust Board
Environmental sustainability	Natalie Davies	Strategic Workforce
	Ali Carruth	

- Although there is a proposed committee lead for each goal and enabler, certain deliverables and actions to achieve the goals and progress the enablers will fall under the remit of another committee (e.g. integrate services and sustainable services have workforce, quality and financial elements). The executive leads should work with committee chairs on a matrix which assigns each deliverable / action for each goal and enabler to the relevant Board committee for oversight and assurance. The Deputy Chief Executive has drafted the matrix for review at the Trust Executive meeting on 6 October.
- The implementation of the strategy should be reviewed at a part 2 Board meeting (2 times per year) with escalation reports from the three Board committees and in particular, time spent on the system leadership enabler (Board responsibility) and on areas that straddle more than one committee.
- Consider ways that FBI, ARAC and Charitable Funds Committees could be better aligned and brought closer together. It is recognised that the Charitable Funds Committee is different in role, membership and purpose as it is a decision making committee in contrast to both the ARAC and FBI Committee. The latter two are assurance committees discharging a critical role in strategic challenge and assurance rather than decision making.
 - After agreement between the committee chair and the lead executive, all Board committee terms of reference are being reviewed for post COVID-19 relevancy
 - What can be stopped, and
 - What is the specific ask by the Board - is it clear and transparent?
 - Are amendments required to the delegated authority of executives to free up the FBI Committee to discharge the assurance role?
- The revised approach agreed above will be reported to and endorsed by the Board on 10 December 2020.

5. Board and Committee Effectiveness - enhancing the individual and collective contribution

Initially there will be a review of Board effectiveness in early 2021. This will take into account a review of these revised Board governance arrangements and will reflect on the outcomes from the next phase of the Board's development programme.

Board committees are responsible for fulfilling their terms of reference. We will evaluate committee effectiveness by ensuring each committee has the right ToRs (see above) and then asking how well are they carried out.

6. Learning from Others

Finally, the Chair and Trust Secretary should consult with NHSE/I, CQC and NHS Providers to find out if there are any exemplars in terms of Board governance / Well Led effectiveness and learn from them.

7. Recommendation

The Board is asked to approve the proposed Governance Refresh as detailed above with a review in early 2021 given the pace of change of post COVID phase 1 and the evolving health and care system in Kent and Medway. The specific actions required by the part 2 Board meeting on 10 December 2020 are:

- 7.1 Revised terms of reference of Board committees reported to the Board
- 7.2 Reporting back on the learning from exemplars
- 7.3 Recommended changes from the aligning of the FBI/ARAC and Charitable Funds Committees.

John Goulston, Chair and Paul Bentley, Chief Executive
September 2020

Title of Meeting	Council of Governors
Date of Meeting:	20 January 2021
Agenda Item:	1.7
Subject:	Trust Quarterly Report
Presenting Officer:	Paul Bentley, Chief Executive

Since the last time the Council of Governors met, the country and the NHS has continued to meet the significant challenges of responding to the COVID-19 outbreak. As Council are aware, on Monday 4 January, the whole country entered another national lockdown and the alert level was raised to five, the highest level, which means that there is a real risk of NHS capacity being overwhelmed in the coming weeks unless action is taken now. The pressures on the local system and our trust are immense with staff continually going above and beyond to keep patients staff.

I am pleased to report that the Kent and Medway vaccination programme has made a strong start to roll out the covid-19 vaccine to the people of Kent and Medway who are most at risk. Hundreds of thousands of people have already had their first dose, delivered by NHS teams in hospital hubs, vaccination centres and local GP-led services. Our patient-facing colleagues have also been invited to receive their vaccine and I have included further detail on this under 'Our people'.

I would like to share with the Council some of the other issues which have arisen since the last time we met. As with previous reports, these have been grouped into the categories; quality, patients, our people, and partnerships.

1. Performance

1.1 Quality

Quality indicators continue to report a strong position providing assurance that we are continuing to deliver high quality care. Patient experience continues to be high with 95.23% of patients saying they were satisfied with their care in November, which is an increase on the figures presented for August and September (94.5%). The occupancy of our community hospitals is at a high level, at the time of writing this is averaging around 95% with a small number of beds in the east of the county having to be closed in response to either infections or low staffing. The number of our in-patients who have tested positive for covid is also at an unprecedented high level. The use of lateral flow tests (asymptomatic testing of staff) has been introduced with almost 4,000 kits rolled out to front line staff to test themselves.

I am pleased to report that employee turnover has continued on a downward trajectory, and the rate in November was 13.7%. Turnover rates remain below average and below the target of 14.47%. The Vacancy Rate continues to perform below average and target.

Currently the vacancy rate is 3.90% which is a small decrease of 0.38% since October 2020.

The sickness absence figure is currently 4.29% which shows an expected increase absence due to Covid. Our levels of sickness are still low compared with our target and partner rates but it is an area of continued scrutiny.

I am pleased to report that during November, there were no lapses in care or pressure ulcers reported as serious incidents.

1.2 Financial Position

The Trust continues to deliver a strong financial position as shown in the tables in Appendix 1.

2. Patients

2.1 UK's Exit of the European Union

The end of the transition period was completed on the 31 December 2020 and the arrangement agreed has now passed into UK law. The agreement set out the arrangements for the UK following the end of the transition period. The highest risk identified by the Trust was with respect to the possible travel disruption. With the trade agreement now in place, the risk potential has been reduced, but it does remain to be seen what impact the changes in border controls may mean for the flow of traffic across the country. In response to this uncertainty, the arrangements for incident command and control remain in place in the Kent system.

3. Our People

3.1 COVID-19 vaccination programme

All patient-facing colleagues are now being invited to have their COVID-19 vaccine. At the time of writing this report, over 2,000 colleagues had received their first dose of the vaccine, representing over half of the staff in regular contact with patients or service users. This programme continues at pace and I will be able to update Council at the meeting. The Trust is also providing support for other organisations through inviting front line staff from other trust and organisations to be vaccinated in our centres, this includes, KMPT, GPs, Care Home staff and other community organisations.

The Trust received a huge response to the call for staff to help with the vaccination programme with 1975 applications from clinical staff and 660 from administrative and support staff. These applications are being processed at the current time.

3.2 Staff flu vaccination programme

Colleagues are still being encouraged to have their flu vaccination. To date, 71% of patient facing staff and 61% of non-clinical staff have had their flu vaccination. Clinics are still being held for any further staff to be vaccinated.

3.3 Wellbeing Guardian

The NHS People Plan 2020-21 sets out national health and wellbeing policy ambitions to create a culture of wellbeing, where our NHS people are cared for. The policy areas outlined a key role of a Wellbeing Guardian.

The Wellbeing Guardian is a board-level role that provides oversight, assurance and support to the NHS boards to fulfil their legal responsibility in ensuring the health and wellbeing of our NHS people. The Guardian should feel confident in questioning decisions that could impact on the wellbeing of our NHS people and challenging behaviours that are likely to be detrimental to others.

I am pleased to confirm that Bridget Skelton has been appointed to this role. The Health and Wellbeing agenda for our colleagues is overseen by the Strategic Workforce Committee and a key strand our People Strategy.

4. Partnerships

4.1 New architecture of the NHS in Kent and Medway

The application for the STP in Kent and Medway to become an ICS was submitted and considered by NHSI/E before Christmas, reflecting the pressures in the system the application was deferred until further consideration in February.

I do want to invite Council to recognise the extraordinary way that our team members have responded to the pandemic, working on occasion in very challenging circumstances, and doing so for a protracted period of time. On behalf of the Board I take each opportunity to thank them but I invite Council to do the same.

Paul Bentley
Chief Executive
January 2021

Appendix 1

Assurance on Financial Sustainability

Surplus		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	0	100	-100
Year End Forecast £k	0	150	-150
<p>The Trust is in a breakeven position to the end of November in line with guidance received from NHSEI, which is £100k behind plan.</p> <p>Non-pay has overspent by £4,583k, partly offset by underspends on pay and depreciation/interest of £374k and £379k respectively and an over-recovery of income of £3,730k.</p> <p>The forecast for 2020/21 is to break even.</p>			

Cash and Cash Equivalents		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	58,103	56,824	1,279
Year End Forecast £k		37,451	
<p>Cash and Cash Equivalents as at M8 close stands at £58,103k, equivalent to 85 days operating expenditure. The Trust recorded the following YTD public sector payment statistics: 98% for volume and 97% for value.</p>			

Use of Resourcing Rating		Rag rating: Green	
	Year to Date Rating	Year End Forecast Rating	
Capital Service Capacity	1	1	
Liquidity	1	1	
I&E margin (%)	2	2	
Distance from Financial Plan	1	1	
Agency Spend	2	2	
Overall Rating	1	1	
<p>The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M8 2020-21. The YTD I&E margin % has returned a rating of 2 as a result of the current break-even regime and the YTD Agency spend rating is 2 following an increase in actual agency costs due to Covid-19.</p>			

Capital Expenditure		Rag rating: Amber	
	Actual/Forecast	Plan	Variance
YTD Expenditure £k	4,473	7,330	2,857
Year End Forecast £k	10,196	10,465	269
<p>Spend to November was £4,473k against a YTD plan of £7,330k (61% achieved). The plan figures referenced include the effect of the PDC funded schemes approved after the revised plan submitted to NHSE/I on 27th July 2020. The full year forecast is £10,196k and the Trust expects to utilise this in full. The full year forecast now includes £1,500k on the Trust's Urgent Treatment Centres and £113k on enhanced cyber security for which both values are to be fully funded by PDC (Urgent and Emergency</p>			

Care Programme and Cyber Security respectively). The full year variance to plan of £269k represents the agreed underspend of K&M ring-fenced monies which will now be released and allocated to K&M system priorities.

CIP		Rag rating: Green		
	Actual	Plan	Variance	
Year to Date £k	2,824	2,824	0	
Year End Forecast £k	4,210	4,210	0	

The Trust achieved CIPs of £2,824k to the end of November against a risk rated plan of £2,824k.

94% of the total annual CIP target has been removed from budgets at month eight.

The Trust is forecasting to achieve the full plan of £4,210k by the end of the year.

Agency Targets		Rag rating: Green				
	M8			YTD		
	Actual	Target	Variance	Actual	Target	Variance
External Agency Excluding Covid-19 Expenditure £k	282	491	209	2,872	3,930	1,058
External Agency Including Covid-19 Expenditure £k	476	491	15	4,603	3,930	-673

External Agency and Locums excluding Covid-19 expenditure was £282k against £491k target in November.

External Agency and Locums including Covid-19 expenditure in November was £476k against £491k target.

Title of Meeting	Council of Governors
Date of Meeting:	20 January 2021
Agenda Item:	2.3
Subject:	Report from Charitable Funds Committee
Presenting Officer:	Carol Coleman, Public Governor Dover/Deal

1. Purpose

The Charitable Funds Committee (the Committee) is a committee of the Board with delegated decision making powers. Under the Terms of Reference of the Committee, membership should include a governor member. At every Council meeting, the current governor member; Carol Coleman, Public Governor for Dover/Deal provides a verbal update to the Council of Governors regarding the previous Committee meeting.

Note: It was agreed that on this occasion, this item should be presented via a short paper, rather than verbally, due to the meeting taking place virtually.

2. Summary of the previous meeting

The Committee met on Thursday 7 January 2021.

The Trust continues to receive ‘grants’ from the NHS Together Charity. The original amount has almost been distributed to staff in the form of vouchers, which was the means of choice by staff. Two further grants have been provided for specific projects and a further £50k has been offered for the benefit of staff. It was decided that we would again support a voucher issue to staff.

The two main projects at Tonbridge and QVMH are still on hold at the moment and we have asked that project costings be reviewed to ensure that the legacies will be adequate to cover any increase in expenditure.

We have decided to extend the ‘**Give the gift of play**’ initiative into 2021.

[Find our wish list on Amazon](#)

We’ve decided to do things differently this year. Instead of our normal appeal we are asking people to help our children’s therapies teams in Kent and East Sussex by purchasing from our Amazon wish list. Toys and activities for children are currently needed for our physiotherapy, occupational therapy and speech and language therapy teams. All purchases will go directly to our teams so that they can start to help children on their case load to reach their therapy goals. Please take a look and if you would like to buy something, simply order and pay online and we’ll do the rest. Thank you so much.

3. Recommendation

The Council of Governors is asked to receive this report.

**Carol Coleman, Public Governor Dover/Deal
January 2021**

Title of Meeting	Council of Governors
Date of Meeting:	20 January 2021
Agenda Item:	2.4
Subject:	Patient and Public Engagement, Experience and Complaints
Presenting Officer:	Sue Mitchell, Assistant Director of Participation and Involvement

This report gives an overview of public and patient engagement, volunteer services, interpreting, accessible information, complaints and patient experience during quarter three (October to December 2020).

This report also gives an update on public membership activity for quarter three (October to December 2020).

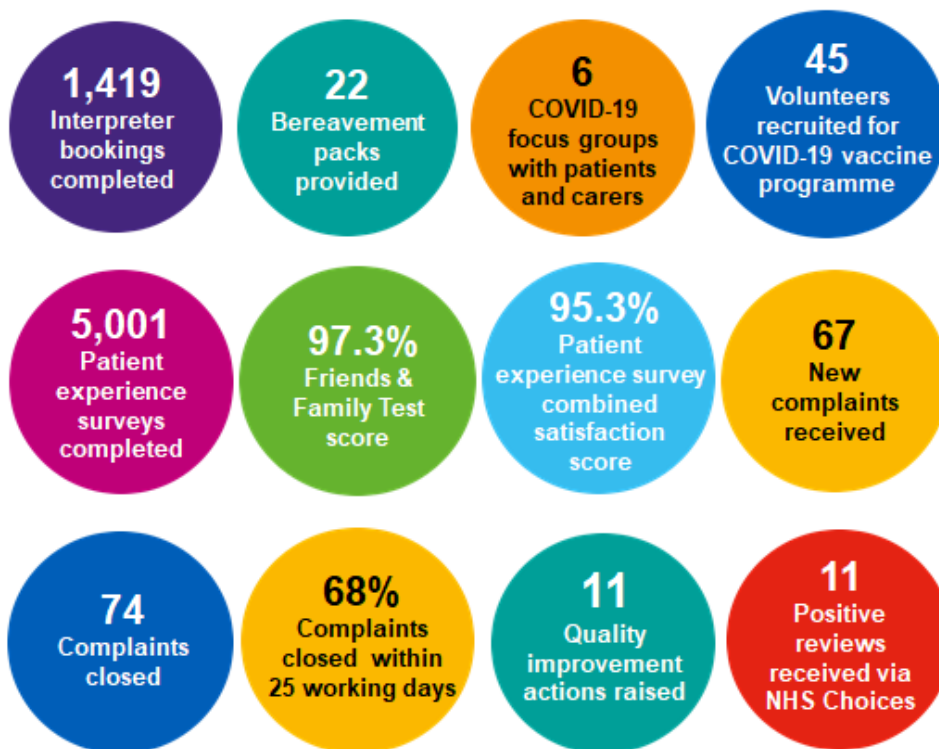
Sue Mitchell
Assistant Director of Participation and Involvement
January 2021

Patient and Carer Partnership Team report October to December 2020

Executive summary

This report gives an overview of public and patient engagement, volunteer services, interpreting, accessible information, complaints and patient experience during quarter three (October to December 2020).

Highlights



Patient and Carer Council

A patient representative has been recruited as co-chair for the Council and will work alongside the present KCHFT chair to oversee and monitor the participation and experience work plan; ensuring the work plan is achieving the objectives set out and there are continued opportunities for patient and carer involvement across all services.

The Patient and Carer Partnership Team delivered and facilitated a number of focus groups amongst vulnerable patient groups. The groups have been held virtually and are part of the wider trust work to evaluate patient and carer experience of services during lockdown and COVID-19 restrictions. The groups have also supported the

quality priority requirements to ensure that services have an identified voice in their delivery. Focus group outcomes will be followed up with services and a volunteer led peer support group will be piloted for the Cardiac Rehabilitation Service which will provide an opportunity for patients and their families to connect and establish contact with people using similar services.

People's Network

The People's Network has continued to meet monthly and during quarter three, two new members joined.

The group have received presentations and information from:

- Quality Management Team – providing information about we care visits and how to get involved
- Deputy Chief Operating Officer – resetting and redesigning services during lockdown
- Director of Participation, Experience and Patient Engagement – update on patient and carer involvement at the trust.

The Network is developing a newsletter which will be sent electronically to public members, volunteers, public governors and KCHFT colleagues. The newsletter will be a quarterly update that will focus on opportunities for patients and carers to be involved in developing services.

Other work completed by the Network this quarter, individually and collectively:

- co-designed a job description for the Experts by Experience role
- co-designed a new terms of reference for the People's Network
- reviewed quality improvement (QI) bitesize virtual training
- co-delivered induction training for healthcare assistants
- attended the East Kent Community Engagement Group
- co-designed the People's Network newsletter
- took part in the Always Event steering group
- attended the Carers Involvement Steering Group

Volunteers

Overview

We have 546 registered volunteers, however due to the majority being in the 'high' risk category for COVID-19, only 22 volunteers are currently active, with a further 45 supporting with the COVID-19 vaccine programme. Two new young volunteers are in place to support dementia patients in the dusk cafe at Tonbridge Cottage Hospital. Volunteers have also helped to distribute over 100 flu vaccine deliveries to support our colleagues across Kent.

New volunteer roles

Volunteers for the COVID-19 vaccine programme are helping with car parking and supporting patients before and after vaccination. There are some new volunteers ready to help colleagues in the podiatry and rehabilitation teams at Queen Victoria Memorial Hospital and Exchange House to complete patient experience surveys.

Young volunteers

Links have been established with the Duke of Edinburgh Award scheme and schools across Kent to get more young volunteers into community hospitals and

services.

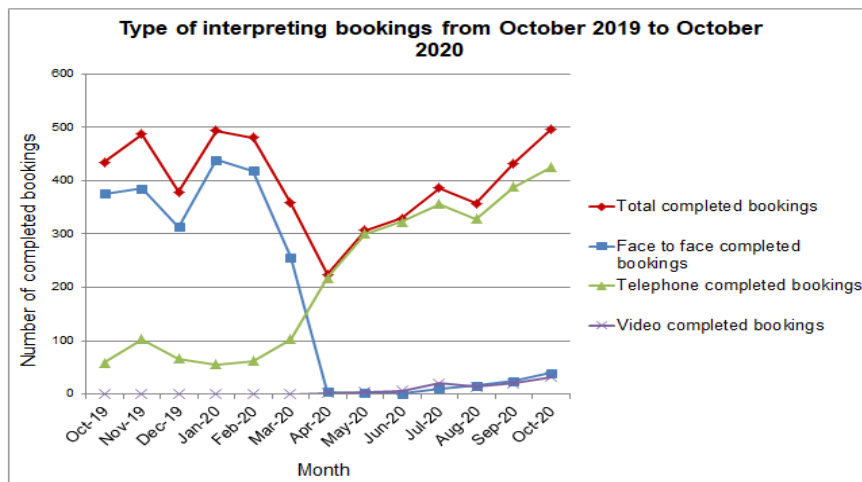
Volunteer training and induction

The information governance (IG) induction pack, code of conduct policy and privacy notice have been updated and will be distributed to all volunteers in January 2021. A process has been agreed with IG for volunteers working from home to complete patient experience surveys.

Dining companion and ward volunteers will have access to virtual training during 2021 which has been organised by the facilities team.

Interpreting

Below is a graph to show an overview of which interpreting methods have been used from October 2019 to October 2020:



Restrictions imposed by COVID-19 have seen a significant reduction in face-to-face interpreter bookings since April 2020. While initially this reduced the average total amount of bookings each month, the use of telephone interpreting has brought the total in September and October back to pre-COVID-19 numbers. This has subsequently reduced the cost to the interpreting budget.

There has been a gradual uptake in video interpreting bookings and the service has been promoted to colleagues in flo. We aim to use telephone and video interpreting instead of face-to-face where appropriate, as this represents a significant cost saving to the trust, as well as reducing the risk of COVID-19 exposure to service users, clinicians and interpreters. We are working in partnership with the provider to improve and enhance the service.

Top 10 languages requested for interpreting (October to December)	
(1) Romanian	(6) Turkish
(2) Slovak	(7) Bulgarian
(3) Polish	(8) Punjabi
(4) Arabic	(9) Albanian
(5) Bengali	(10) Russian

Accessible information and Easy Read



Public sector website accessibility

The accessibility regulations for public sector bodies came into force on 23 September 2018. This means we have a responsibility to make our website more accessible by making it 'perceivable, operable, understandable and robust'. We must meet accessibility standards and publish an accessibility statement, which should be reviewed and updated regularly.

From September 2020, we were required to ensure pre-recorded audio and video and PDF documents met accessibility requirements, for example, having audio descriptions, subtitles and text to speech functions.

Our website provider carried out an accessibility review and report of a public website and our accessibility statement was updated in line with the accessibility regulations. We have also stopped producing PDF documents, and can now embed them on the website so Browsealoud functions can be used. This includes patient and service leaflets.

Easy Read

Several Easy Read documents have been produced and tested with the East Kent Mencap virtual group:

- How to manage a hypo
- Bereavement letter and survey letter
- Adult Epilepsy Specialist Nursing Service leaflet
- Cardiac rehab starter letter

The group have also reviewed the learning disability and autism basic awareness training (created as part of the Ask Listen Do project) which will be available for all KCHFT colleagues in January 2021.

Browsealoud

The Browsealoud tool on the KCHFT public website provides support with speech, reading and translation when accessing information on our website. This is free to use and available to everyone.

When compared to last year, use of the Browsealoud toolbar has increased in some areas, for example the 'toolbar' function, but decreased in others. This may be because of reduced site use due to services being affected by COVID-19, or due to the Christmas period, which historically sees a reduction in Browsealoud use.

Bereavement Support

The 'Learning from deaths Guidance for NHS trusts on working with bereaved families and carers' sets out a set of guiding principles and best practice that families should expect trusts to follow after the death of someone in NHS care. Trusts should:

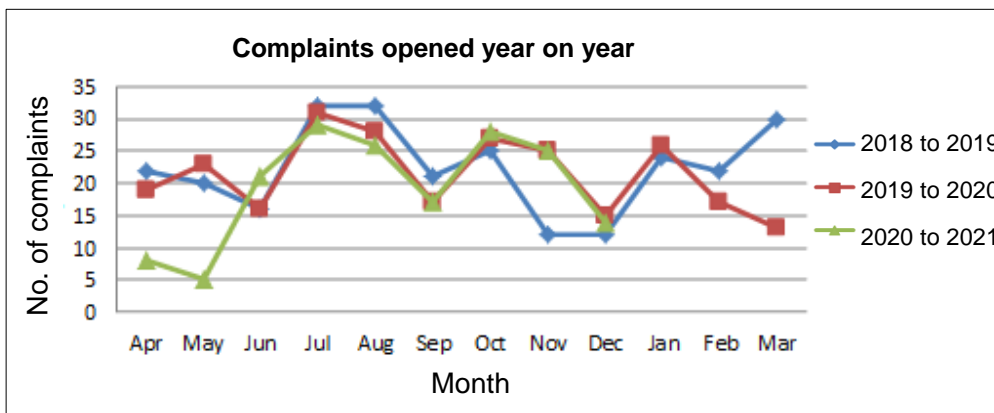
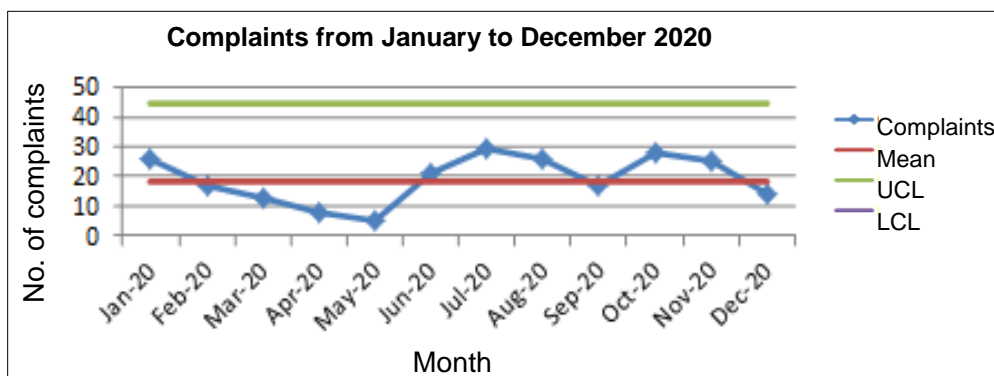
1. Encourage and seek feedback on the care provided from bereaved families.
2. Make sure families receive written communication from the trust offering condolences, providing a point of contact where families can raise concerns.
3. Make sure families receive a guide which includes information for families.

A bereavement pack was co-designed and is available to all families following a death in all community hospitals. The pack contains:

- A lead staff member for contact
- Personalised letter from Medical Director offering condolences
- PALS Leaflet
- Information Guide for Families following a Bereavement
- What to do after a death leaflet from the Department of Work and Pensions
- Condolence cards/gifts (personal to the staff)

This will also be available in Easy Read format by the end of the next quarter. A bereavement survey is sent to the family six weeks after the pack is provided to gain the feedback of the family's experience. This feedback also informs the Mortality Review.

Complaints

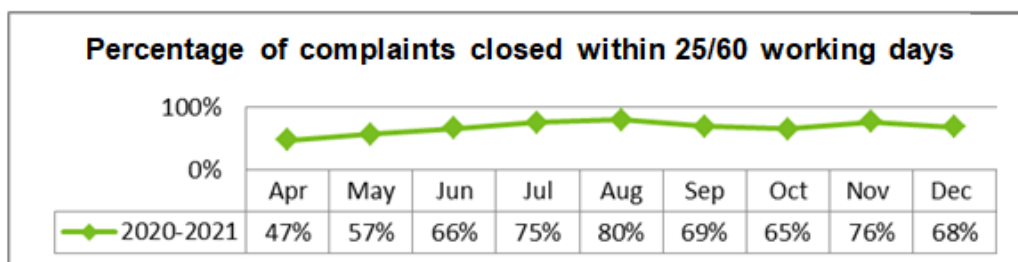


67 complaints were received in quarter three which is in line with the number of complaints received during these months in previous years. Of the 67 cases received:

- 14 related to community nursing
- 14 related to dental services
- 4 related to minor injury units
- 4 related to health visiting
- 3 related to the Rapid Transfer Service

There were also complaints for Children's Therapies, Clinical Nutrition and Dietetics, community hospitals, Community Paediatrics, Intermediate Care Team, Immunisations, Community Orthopaedics, Community Frailty Team, Continence, ESCITES, epilepsy nursing, Home First, Home with Support, Medicines

Management, Patient Safety, Podiatry, Procurement, Rapid Response and the Home Treatment Service.



76 cases were closed; 23 of these did not meet the 25 or 60 working day response target:

- 1 was due to COVID-19 delays, then arranging a meeting
- 6 were delayed as there was a meeting offered or held with the complainant, which extended the complaints process over the target date
- 2 were due to delays in receiving consent
- 3 were due to the delay in receiving comments from an external trust
- 1 was due to capacity and changes in the complaints team
- 10 were due to delays in response from the services and during the approval process.

We continue to work with services to encourage the staff investigating complaints to provide their findings and drafts in a timely manner and escalate issues using our SOP when this does not occur. There have been changes in the complaints team so delays do not occur again and the complaint delayed due to capacity issues has been carried forward

Outcomes

- 24 cases were not upheld and needed no service improvements
- 40 cases provided apologies to the complainant for their experience/how they felt about staff or the service, or for individual errors
- 12 cases investigations found that service changes, improvements or reminders of processes were needed.

Themes

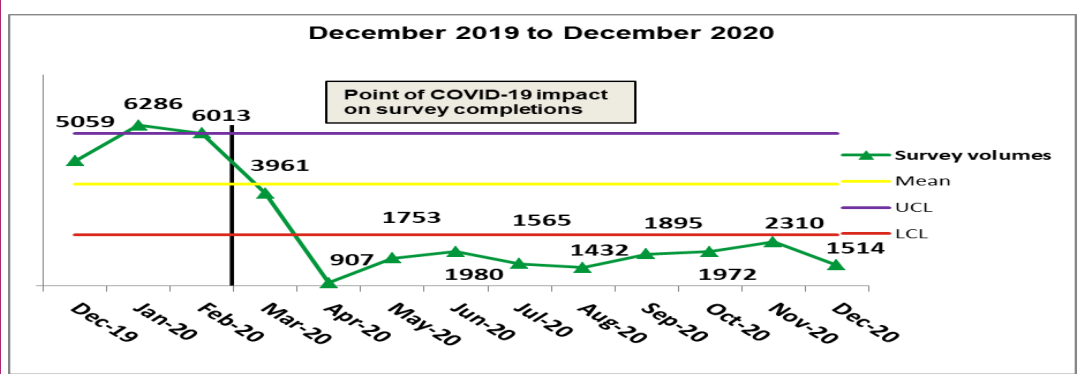
- a lack of communication including a lack of clear explanations and information provided

An example of actions raised to make improvements as a result of the complaint, included:

- The Kent Continence Team has identified training issues for staff in relation to virtual sessions and the advice they will give to patients in the future. They have also clarified with staff the different screen views for the clinician and patients. All staff have been informed of these issues so privacy and dignity is maintained for all patients.
- The Dental service, regarding a review from a commissioning perspective, will take concerns about the delay in urgent home visits to the Kent, Surrey and Sussex Special Care and Paediatric Dentistry Managed Clinical Network, where such issues are discussed on a regular basis and our consultant in Special Care Dentistry is also co-chair. This will be raised to see if there is

- any further learning that we can utilise to improve the service.
- Clinical Nutrition, in response to being aware of communication issues, are arranging 'difficult conversations' teaching sessions for all staff.
 - ESCITES will make sure they assess all options in support of a 'no' response, rather than pre-empt the outcome, even if that means working outside of our understood parameters e.g. finding equipment we have never used before to meet a clinical need.

Patient experience survey volumes

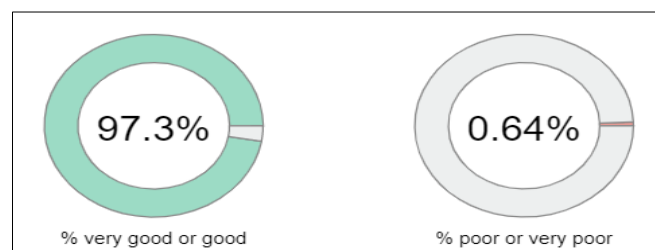


Survey volumes increased during the first two months of quarter three when compared with the last two months of quarter two. Survey volumes reduced in December, in line with the usual trend seen over the Christmas period. Survey volumes continue to be lower than those achieved prior to COVID-19. A 1% increase is seen for the overall satisfaction score for quarter three (95.3%) when compared with quarter two (94.3%).

Work is ongoing with new questions being added to surveys, one asking if people know how to raise a concern or complaint, and a section to collect demographic data.

NHS Friends and Family Test (FFT)

A total of 5,001 people answered the FFT question, giving a higher overall score and almost a 2% increase when compared with quarter two (95.6%).



NHS England recently announced an update to the guidance given in late 2020 regarding the national reporting planned to recommence in January 2021, with the submission of December's data. The submission of data for both December 2020

and January 2021 will now be submitted in February.

Response	Percentage	Number of times response selected
Very good	84.06%	4204
Good	13.24%	662
Neither good nor poor	1.58%	79
Poor	0.32%	16
Very poor	0.32%	16
Don't know	0.48%	24

The main themes seen from poor or very poor responses related to communication and staff attitude, for a variety of services. Feedback was highlighted to the relevant services and, where possible, people were contacted and their concerns discussed or resolved. Feedback was also shared with staff at team meetings.

Actions taken and improvements made

Seven new actions were raised as a result of patient feedback during quarter three; six from experience surveys and one from an NHS Choices review. These actions included:

- **Phlebotomy at Herne Bay:** Following a comment received on a survey about PPE and the person not knowing how to raise their concern about this, the feedback was shared by the matron at a staff team meeting and spot checks are being undertaken to ensure staff are wearing the correct PPE. When appropriate, PALS leaflets will be displayed within the clinic waiting area and plans for a complaints/concern box to be made available will be taken forward.
- **Gravesham minor injuries unit (MIU):** Following an NHS Choices review, the MIU waiting signage at the entrance of the hospital was enlarged to improve visibility.
- **Sexual health service:** Staff were informed, via a weekly bulletin, that when patients wish to raise a concern or complaint they should be directed to PALS. This action was as a result of a patient being advised to raise their concern via a survey.

During quarter three, eight actions were evidenced as completed and closed, and five 'You said, we did' examples were uploaded onto the relevant service page on the public website. The 'You said, we did' examples included:

East Sussex Children's Integrated Therapy and Equipment service

You said: A parent felt there was a lack of occupational therapy support for their child following Education, Health and Care Plan provisions, during handover when a member of staff was leaving.

We did: New operating procedures have been put in place to closely manage caseloads of staff that are leaving the service. Audits of the completion of reports have also been introduced to monitor the new procedures.

Sexual health service

You said: A patient who had been issued with emergency oral contraception felt there was a lack of information provided about taking the medication during breastfeeding.

We did: The concern was investigated with the nurse and consultant and it was established that all the correct information had been given and documented. In future staff will check with patients that all the information provided is fully understood and to ask if they have any further questions.

The Carers Steering Group successfully delivered a two day virtual conference for patient and staff carers with speakers from The Children's Trust, a local MP and Ruth May.

Virtual appointment/consultation patient experience survey

During quarter three, a total of 210 virtual surveys were completed for a variety of services, predominantly adult speech and language therapy, community dietetics, dental, MSK physiotherapy, pulmonary rehabilitation and children's specialist nursing services.

204 people (97.1%) chose very good or good for the FFT question. High scores were achieved for the questions relating to being treated with kindness and respect (100%), being involved in decisions about care and treatment (99%) and being provided with clear information (100%). 98.5% of people felt able to raise concerns about any personal issues they had, all of which felt that staff listened to them.

Only 62% of people said they knew how to raise a concern or complaint if they wished to. The PCP Team is working with services throughout 2021 to address this.

41% percentage of people said they would prefer a face-to-face appointment or consultation in the future. From the comments received, people felt that virtual appointments do not always entirely suit their needs, e.g. physical examinations.

Surveys by email invitation and telephone

Since the outbreak of COVID-19, the need arose for services to use alternative methods of data collection in replacement of paper version surveys. Two methods were promoted across the trust; email invitation and telephone.

Email invitation:

This method can be utilised, ideally at the end of an appointment (face-to-face or virtual) or for processing by administrative staff following appointments. A quick and easy survey invitation can be completed by staff, once consent has been given by the patient/carer/relative for their email address to be used for this purpose.

A total of 50 surveys were completed by people who received an email invitation during quarter three.

The urgent treatment centres at Deal and Folkestone used the email invitation, along with other data collection methods, with the short term survey undertaken upon the request of the commissioners.

Several other services achieved survey completions via this method, including adult speech and language therapy, MSK physiotherapy and pulmonary rehabilitation.

Telephone:

During quarter three a total of 187 surveys were undertaken by staff over the telephone with their patients.

The community nursing and heart failure specialist nursing teams utilised this method well. A variety of other services gained feedback via telephone, including adult speech and language therapy, community dietetics and dental.

COVID-19 safety measures question in patient experience surveys

The question asking people if measures were in place to make them feel comfortable and safe during their appointment, on both adult and children/young people surveys, scored very high during quarter three:



Absolutely 100%, everything was in place and we had masks on ourselves. COVID risk was a concern to us, but they were very, very good.

East Kent Respiratory Team

Felt very safe and appreciated the home visit during COVID. The nurse wore a mask and apron and used sanitiser during appointment.

Community Dietetics Service - Herne Bay

Shout about it!

The community nursing teams were able to continue gaining valuable survey feedback during quarter three, mainly by using their tablets and also via telephone. 1,106 surveys were completed with an overall satisfaction score of 97.3%.

98.4% of patients said their visit had a positive impact on their care and well-being. Comments received show that staff make patients feel comfortable and at ease, by being friendly, chatty and listening to any concerns. Patients said they felt supported and very well looked after.

Always make me feel at ease and very friendly.

Malling

The nurses make me feel confident to share any concerns.

Canterbury North

Nurses look after me and listen to me.

Hythe and New Romney

Sue Mitchell
Assistant Director Participation & Involvement
Date 7 January 2021



Kent Community Health
NHS Foundation Trust

Public membership activity

October to December 2020



The trust's public membership at 1 January 2021:

8,470

Of the membership:

- 767 are from Black, Asian or minority ethnic communities
- 86 are aged 21 or under
- 992 are aged over 75.

Month	Joiners	Leavers*	Net	Cumulative
October	6	10	-4	8,465
November	7	5	2	8,467
December	12	9	3	8,470

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

Contacts

14 October 2020

3,733

public members invited to attend our #thinkcarer virtual event. 17 per cent open rate, 23,000 views over 22 posts on social media.

4 November 2020

898

public members emailed inviting them to put forward questions for Council of Governors' meeting. 40 per cent open rate and one question submitted.

4 November 2020

3,922

public members emailed with link to autumn Community Health magazine. 28 per cent open rate 1,699 individual online views.



12 November 2020

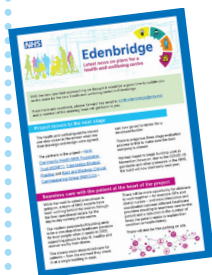
3,936

public members emailed advising them of child flu catch-up clinics across Kent and Medway. 32 per cent open rate.

9 December 2020

1,003

public members emailed in Ashford, Dartford, Sevenoaks, Shepway and Tunbridge Wells constituencies advising them of upcoming public governor elections and drop-in events. 38 per cent open rate and 12 people booked to attend.



10 December 2020

669

public members emailed second Edenbridge health and wellbeing centre newsletter. 44 per cent open rate and 97 booked to attend virtual event.



14,161 contacts

October to December



www.kentcht.nhs.uk

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Meeting Title:	Council of Governors
Date of Meeting:	20 January 2021
Agenda Item:	3.1
Subject:	Nominations Committee
Presenting Officer:	David Price, Lead Governor

1. Introduction

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

The Committee held a meeting on 8 January 2021, and the agenda considered the:

- Non-Executive Director and Chair Appraisal process
- Chair and Non-Executive Director (NED) Remuneration

This report advises the Council of the recommendations of the Committee.

2. NED and Chair Appraisal Process

The Committee considered a proposed alternative appraisal process for the Chair and the NEDs for 2020/21 due to the exceptional nature of the previous year and the current pressures that the trust is facing in relation to the pandemic and seasonal response.

It was agreed that the following alternative appraisal process would be recommended to the Council for approval

- Board members and Council of Governors to be invited to respond to a very short request for feedback (if they wish), using the following three questions:
 - What has the NED done well this year?
 - What could the NED do better or differently to improve further next year?
 - Any other comments or feedback?
- All responses to be collated and summarised, to form part of the appraisal discussions to be held by early April 2021.
- The outcome of the appraisal process to be reported back to the Nominations Committee on completion.

- The Nominations Committee to report back the outcome of the appraisal process to the Council, and to provide assurance that that the process has been followed.

It is important to note that the alternative appraisal process would apply to 2020/21 only, and later consideration would be given to the process for 2021/22.

3. Chair and NED remuneration

The Committee considered the remuneration for the NEDs, and agreed to support the continuation of the current rate, including the 20% uplift for the chairs of the board committees.

It was agreed that the remuneration for the Chair should also remain unchanged. However, it was acknowledged that the term of office for the Chair would be completed in October, at which time the Nominations Committee would revisit this agreement.

4. Recommendations

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

- The Committee recommends the proposed appraisal process to the Council for approval. The Committee will continue to provide assurance to the Council that due process has been followed.
- The Committee recommends that the remuneration of the Chair and NEDs should remain unchanged.