

**Agenda and Papers**

**for the**

**Kent Community Health NHS Foundation  
Trust**

**Council of Governors**

**in Public**

**to be held at 1pm on**

**Thursday 7 February 2019**

**In**

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

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**Meeting of the Kent Community Health NHS Foundation Trust  
Council of Governors  
to be held in Public at 1.00 pm on 7 February 2019  
in the Clive Emson Conference Centre, Kent Event Centre, Detling, Maidstone,  
Kent, ME14 3JF**

### AGENDA

#### **1. STANDARD ITEMS**

1.1	Introduction by Chair	Chair	
1.2	Apologies for Absence	Chair	
1.3	Declarations of Interest	Chair	
1.4	Minutes of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 14 November 2018	Chair	Att. 1
1.5	Matters Arising of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 14 November 2018	Chair	Att. 2
1.6	Chair's Report	Chair	Verbal
1.7	Trust Quarterly Report	CEO	Att. 3

#### **2. REPORTS TO THE COUNCIL**

2.1	Outcome of Election of Public Governors	Corporate Services Director	Att.4
2.2	Governor feedback from each of the constituencies	Full Council	Verbal
2.3	Strategic Update <ul style="list-style-type: none"> <li>• NHS Long Term Plan and impact for KCHFT</li> <li>• Quality Priorities</li> </ul>	Director of Strategy Interim Chief Nurse	Att. 5
2.4	Report from Communication and Engagement Committee	Chair of Committee	Verbal

2.5	Feedback from Charitable Funds Committee	Public Governor, Dover and Deal	Verbal
2.6	Quarterly Report on Patient Experience	Chief Nurse	Att. 6
2.7	Quarterly Report on Patient and Public Engagement	Director of Workforce, OD and Communications	Att. 7
2.8	Preparedness for Brexit Report	Corporate Services Director	Att. 8

### 3. ITEMS FOR APPROVAL

3.1	Nominations Committee Report	Lead Governor	Att. 9
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### 4. PAPERS AVAILABLE FOR GOVERNORS

4.1 The following papers are shared for Governor information and are available on Flo: For noting only

- Formal Board Agenda - 28 November 2018
- Confirmed Board Minutes - 26 September 2018
- Chief Executive's Report
- Quality Committee Report
- Integrated Performance Report

### 5. ANY OTHER BUSINESS

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

### 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 Thursday 30 May 2019 in the Astor Pavilion at the Kent Event Centre, Detling, Maidstone, Kent, ME14 3JF

**UNCONFIRMED Minutes  
of the Kent Community Health NHS Foundation Trust Council of Governor's Meeting  
Held at 13.00 on Wednesday 14<sup>th</sup> November 2018  
In the Astor Pavilion, Kent Event Centre, Kent Showground,  
Detling, Maidstone, Kent, ME14 3JF**

**Meeting held in Public**

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<b>Present:</b>	John Goulston, Chair Jan Allen, Staff Governor, Corporate Services Carol Coleman, Public Governor, Dover and Deal Jo Clifford, Public Governor, Shepway John Fletcher, Public Governor, Ashford John Harris, Public Governor, Sevenoaks Anthony Moore, Public Governor, Out of Area Dr Susan Plummer, Appointed Governor, Universities David Price, Public Governor, Maidstone Avtar Sandhu, Public Governor, Dartford Nigel Stratton, Appointed Governor, Age UK Mary Straker, Public Governor, Canterbury Pete Sutton, Public Governor, Gravesham Matthew Wright, Appointed Governor, Head Teachers Association
<b>In Attendance:</b>	Pippa Barber, Non-Executive Director Paul Bentley, Chief Executive Natalie Davies, Corporate Services Director Ali Carruth, Chief Nurse Richard Field, Non-Executive Director Joy Fuller, Governor Lead (minute-taker) Steve Howe, Non-Executive Director Louise Norris, Director of Workforce, Organisational Development and Communications Gerard Sammon, Director of Strategy Bridget Skelton, Non-Executive Director Lesley Strong, Chief Operating Officer/Deputy Chief Executive

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**14/11/1 Introduction by Chair**

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

Mr Goulston advised that this was a formal meeting of the Council held in public, rather than a public meeting, and as such there would be an opportunity for public questions at the end of the meeting.

**14/11/2 Apologies for Absence**

Apologies were received from Sonja Bigg (Lead Governor), Maria-Loukia Bratsou (Staff Governor), Claire Buckingham (Staff Governor), Dr Amy Heskett (Staff Governor).

The meeting was quorate.

**14/11/3 Declarations of Interest**

No conflicts of interest were declared.

**14/11/4 New Appointments**

Mr Price was pleased to confirm the appointment of the new Chair; Mr Goulston. The process had been followed as agreed by the Council and the Governors had formally approved the appointment of the Chair at the meeting held virtually on 20 September 2018.

Mr Price was pleased to confirm the appointment of three new Non-Executive Directors; Martin Cook, Nigel Turner and Francis Drobniowski. Mr Cook and Mr Drobniowski were appointed on a designate basis until the expected retirement of two existing Non-Executive Directors next year. Mr Turner began his role with immediate effect. Mr Price confirmed that the process agreed by the Council had been followed and the Governors had approved the appointment of the NED and NED designate positions at a meeting held virtually on 3 August 2018.

**14/11/5 Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 27<sup>th</sup> July 2018**

The minutes were reviewed for accuracy, and the following amendments were agreed:

Item 27/07/20 - Avtar Sandhu, Public Governor, Dartford.

Item 27/07/23 – Mr Fletcher clarified that he felt presenting the figures by 2 decimal points gave the illusion of accuracy, whereas rounding would be more sensible. This was accepted.

With the above amendments, the Council agreed the minutes.

**14/11/6 Matters Arising**

The Council received the Matters Arising, and approved the closure of both items.

In response to a question from Mrs Straker regarding Brexit, Mr Bentley

confirmed that following some analysis undertaken by the Emergency Preparedness, Resilience and Response (EPPR) Team, a paper had been submitted to the Executive Team. It was agreed that a paper would be submitted to the next Council meeting.

**Action** – Ms Davies

#### 14/11/7 Chair's Report

Mr Goulston presented the verbal report to the Council.

Mr Goulston was delighted with his appointment to Kent Community Health NHS Foundation Trust and grateful for the warm welcome he had received. Mr Goulston expressed his thanks to Mr Field for acting as interim Chair.

Mr Goulston had met with Sonja Bigg, Lead Governor and Dr Susan Plummer, Deputy Lead Governor, and welcomed meetings with other Governors if they wished. Mr Goulston, along with Ms Bigg and Dr Plummer, visited the hospital simulation centre at Canterbury Christchurch University and was extremely impressed by the facilities available for students.

Mr Goulston and Mr Bentley attended an NHS Confederation and NHS Providers Community Network. Mr Goulston explained that Professor Martin Vernan, National Director for Older People Services for NHS England, had produced a new Frailty index, due to be launched in 2019. If used well, it would drive a fundamental change in how older people are viewed.

Mr Goulston attended the Team Leaders Conference on 13 November. He reported that it was an excellent session for band 7 managers to show how the Trust was progressing on priorities and workforce, and that the energy in the room was very encouraging.

#### 14/11/8 Trust Quarterly Report

Mr Bentley presented the report to the Council.

A strong quality position was shown through the Key Performance Indicators (KPIs). Patient satisfaction remained high, however turnover remained a challenge for the Trust.

Mr Bentley highlighted the significant challenges in children's services, but despite those challenges the Trust was still meeting its KPIs.

The financial position of the Trust remained strong. Mr Bentley agreed that in future the financial position would be written as a narrative in the main report, with the table as an appendix.

**Action** - Mr Bentley

The Trust's winter planning schemes had been designed with partners and came into effect formally on 5 November.

The Trust continued to work on Quality Improvement (QI) as a new way of working. QI was presented to Team Leaders Conference on 13 November and was well received.

Since the last meeting, the Trust had formally launched its Nursing Academy. Mr Bentley was delighted to report that the Trust had recruited 25 students into the degree-level course and 25 foundation degree nursing associate students from an extremely strong field of applicants for both schemes. Ms Norris reported that there was an overwhelming response for the Nursing Academy, and whilst the Trust was only able to offer 50 places, those that were good candidates but unsuccessful were offered alternative recruitment within the Trust.

Mr Bentley reported that the Trust would be looking to replace the Community Information System (CIS), and a demonstration day had been held in early November for staff to look at alternative systems.

Mr Bentley conveyed his thanks to Mr Field for acting as Interim Chair and formally welcomed Mr Goulston as the new Chair.

In response to a question from Mr Fletcher, Ms Norris agreed to confirm numbers of staff between the current sickness rate and the Trust target of 3.9%.  
**Action** - Ms Norris

In response to a question from Mr Sutton regarding annual turnover, Ms Norris confirmed that updated figures would be available within the next Board papers. Ms Norris was able to confirm that the vacancy rate had dropped in November to just over 9%.

In response to a question from Ms Allen, Mr Howe confirmed that pressure ulcers were recorded in both community hospitals and the community, and that there were no reports on Datex which indicated there were no pressure ulcers of any grade during that period.

In response to a question from Ms Allen, Mr Bentley confirmed that Dr Sarah Phillips, Medical Director, would be invited to attend the next Council meeting to discuss Quality Improvement.  
**Action** – Ms Davies

In response to a question from Mr Wright, Ms Norris confirmed that the Trust investigate the reasons why staff leave, in particular those that indicate work/life balance. Ms Norris explained the work around staff retention and why this was so important.

Ms Norris added that significant recruitment had been undertaken to increase staff on the Trust bank in readiness for winter. Ms Strong added that as part of the winter pressures initiative, a monetary incentive had been put in place for staff working on the bank.

Ms Strong confirmed that a clear way of supporting staff had been the flu vaccinations. The Trust had been actively encouraging staff to have their vaccination and making it as accessible as possible.

In response to a question from Ms Coleman regarding waiting times breaches, Ms Strong confirmed that the Trust remained within the 4 hour target at MIUs. Ms Strong added that the Trust had introduced a triage system to ensure that patients were seen in order of need, not necessarily seen on first come first served basis.

In response to a question from Mr Stratton, Mr Bentley confirmed that the electronic patient record system related to the Trust only, but added that a Memorandum of Understanding had been signed through the work of the Sustainability and Transformation Partnership (STP) for a single Kent and Medway Care Record, meaning that where any system was procured it would be interoperable. Mr Bentley confirmed that the Kent Care Record would include GPs.

In response to a question from Mr Stratton regarding KCC tendering of care and support in the home service, Ms Strong confirmed that the tender provided an opportunity to bring some of the care navigator and social care co-ordinator roles together, where historically there had been some duplication and overlap.

In response to a question from Mr Fletcher, Mr Bentley provided assurance that the Trust was fully committed to the Buurtzorg model.

#### **14/11/9 Governor Feedback from each of the Constituencies**

Mr Stratton commented that he had met with Gill Jacobs, Deputy Director of Finance, to better understand the Trust finances and also attended the Finance, Business and Investment Committee meeting. He had also attended a Buurtzorg seminar where it was confirmed that if research did prove successful, the Trust might roll out the model across the whole county.

Dr Plummer provided an update on the Kent and Medway Medical School, a joint venture between Canterbury Christchurch University and the University of Kent. The programme and curriculum had been written and would be going through internal scrutiny, taking them to stage 3 of the GMC process. Mr Bentley confirmed that the Trust continued to be a strong advocate of the medical school.

It was agreed that the structure of services leaflet would be shared with all Governors.

**Action** - Ms Davies

Mr Harris attended a number of community events, one of which was the Sevenoaks District Senior Action Forum where there was positivity around the Trust services and patients had reported a high degree of patient satisfaction. Mr Harris added that the Trust AGM had been a very good showcase for services.

Mr Harris attended a recent Clinical Commissioning Group (CCG) meeting where they had circulated a new leaflet on end of life care in West Kent. He praised Trust staff who had contributed to the leaflet which he felt was an excellent publication.

Mr Fletcher confirmed that he continued to write articles for local parish newsletters. Mr Fletcher added that he continued to be involved in the ONE YOU shop in Ashford, but felt that it was under-utilised and could be used to greater effect.

Ms Allen had attended the Trust AGM, the Regional Governors Network meeting, the Stakeholder event for the Chair, and sat on the interview panels for the NEDs and the new Governor Lead.

Mr Moore was part of an annual 24 hour survey at the Conquest Hospital which he attended from midnight to 4am. He reported that the 24 hour period was exceptionally busy with a large number of young people with sporting accidents.

Mr Price was involved with the Nominations committee to appoint the new Chair and NEDs. He also attended the Trust AGM and Dementia Workshop and felt that both events were excellent in terms of style and content.

Mr Sutton was involved in the appointment process for the Chair and NEDs. He attended both the Regional Governors Network Meeting and the Trust AGM. Mr Sutton commented that he remained concerned around the MIU and walk in centre in Gravesham and what would happen when they amalgamate.

Ms Hetherington reported that there had been a lot of disquiet in Thanet around the acute hospital and the impact of changes on community services. She attended several local groups and events including, CCG meetings and also local fetes during the summer.

Ms Coleman was involved in the appointment process for the Chair and NEDs. She attended various community events, and reported that she took part in the hospital discharge forum, which included a follow up meeting held at end of August. In response to a question from Ms Coleman regarding an agreement to increase staff numbers in the community to assist with discharge. Mr Bentley

confirmed that the Trust had reshaped the integrated discharge team with local partners, but he did not recognise the investment of an additional 36 wte staff. PB agreed to raise at the A&E delivery board.

**Action** - Mr Bentley

Ms Clifford attended the Safeguarding Conference in October, where they discussed gang culture, counter terrorism, stalking and harassment, sexual assault and modern day slavery. She felt that this was a very well organised event and gained an enormous amount of respect for staff that work in those areas.

Ms Clifford mentioned the Trust Choir, and welcomed any new members particularly in the Ashford area.

#### **14/11/10 Report from Communication and Engagement Committee**

Ms Coleman presented the report to the Council. She was pleased to report that there had been a small increase in membership numbers, since the General Data Protection Regulations (GDPR) purge where one third of the membership had been removed.

Ms Coleman thanked the Communications and Engagement team for arranging the AGM with the Membership Committee.

#### **14/11/11 Feedback from Charitable Funds Committee**

Ms Coleman confirmed that the Committee had not met since the last meeting. The Committee would be meeting at the end of November, with feedback shared at the next Council meeting.

#### **14/11/12 Quarterly Report on Patient Experience**

Ms Carruth presented a monthly report to the Council highlighting key points.

In response to a question from Ms Allen, Ms Carruth confirmed that cleansing of the caseload in West Kent was relating to the community nurses not being able to make contact with patients as they were not at home. Ms Carruth explained that there was strict criteria that patients who received services from the community nurses must be housebound.

In response to a question from Mr Fletcher regarding the podiatry service, Ms Strong confirmed that they had changed the way that appointments were made resulting in a great improvement in access.

In response to a question from Mr Sutton regarding the podiatry service Mr Howe confirmed that this had been a focus for the Quality Committee and Board. He was pleased to report that the Trust had adopted a call centre

approach with better connectivity via an upgraded hub, and the number of first calls being picked up had improved dramatically. This service was still bedding in and in the process of training operators.

Ms Barber confirmed that she attended a We Care visit in Faversham, where there was a lot of evidence of patient feedback, including a clear record of, 'you said we did'.

In response to a question from Mr Goulston regarding Looked after Children (LAC), Ms Carruth confirmed that the LAC team had been subject to its own We Care review, which had rated the service as outstanding.

#### **14/11/13 Quarterly Report on Public Engagement**

Ms Norris presented the report to the Council highlighting key issues, including the AGM.

Ms Norris confirmed that there had been a positive impact from the revamped membership application form, with a small increase in membership numbers.

#### **14/11/14 Election of Public Governors**

Ms Davies presented the report to the Council, highlighting key points.

In response to a question from Ms Allen, Ms Davies confirmed that elections would be advertised on the Trust public website and members would be notified via their preferred communication route. Any member who had registered an interest in becoming a Governor would receive a specific invitation to apply. The elections would also be advertised through the Trust magazine.

In response to a question from Mr Goulston, Ms Fuller agreed to look into whether the date for publication of notice of elections could be brought forward.

**Action** - Ms Fuller

#### **14/11/15 Any Other Business**

In response to a question from Ms Coleman regarding consultant led referral to treatment (RTT) incomplete waits over 18 weeks, Mr Howe confirmed that a deep dive on this area was planned for the next Quality Committee and would also form part of the Quality Committee chairs report to the Board. Mr Howe assured Ms Coleman that these patients would still be seen by their GP and remain part of a care pathway.

In response to a question from Mr Sutton regarding the MIU and walk in centre in Gravesham, Mr Bentley confirmed that CCGs in North Kent had put out to the market a new model looking at Urgent Care Centres with a seamless transfer to acute care. The Trust was therefore not bidding for the contract.

Ms Coleman commented that Victoria Memorial Hospital in Deal still had no disabled access ramp in place, and there were temporary hand written signs to direct patients to the new MIU facility. Ms Davies shared Ms Coleman's frustration and agreed to escalate this issue to ensure its resolution.

**Action** - Ms Davies

**14/11/16 Questions from members of the public**

In response to a question from Mr Zein regarding concerns around property services and buildings, Ms Davies agreed that due to the age of the community hospitals, these building did present risks when compared with new modern facilities. The Trust had been working with NHS Property Services to address these risks. She added that the Trust had started an enormous programme of works which they will complete and then charge back to NHS Property Services.

**14/11/17 Date and Time of Next Meeting** – 7 February 2019, at 1pm in Clive Emson, Kent Event Centre, Detling, Maidstone.

**MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING ON 14 NOVEMBER 2018**

Agenda Item	Action Agreed	By Whom	Current Status/Update
14/11/6 - Matters Arising	To bring the paper on Brexit to the next Council meeting.	Ms Allen	On agenda
14/11/18 - Trust Quarterly Report	The financial position to be written as a narrative in the main report, with the table included as an appendix.	Mr Bentley	Changes reflected in report
14/11/18 - Trust Quarterly Report	To confirm to Mr Fletcher the numbers of staff between the current sickness rate against the Trust target of 3.9%.	Ms Norris	To be updated verbally
14/11/18 - Trust Quarterly Report	Dr Sarah Phillips, Medical Director, to be invited to attend a future Council meeting to discuss Quality Improvement.	Ms Davies	Added to forward plan
14/11/19 - Governor Feedback	A structure of services to be shared with all Governors.	Ms Davies	Services brochure emailed to all governors

Agenda Item	Action Agreed	By Whom	Current Status/Update
14/11/19 - Governor Feedback	To raise the matter of the potential increase of RTT resources by 36 wte staff at the A&E delivery board.	Mr Bentley	PB did explore the changes to the Integrated discharge team for East Kent during the East Kent delivery board, the level of staffing reported is overstated but the Trust is critical to and supportive of the changes to the team which will increase clarity of role and outcomes for patients both through better discharge, improved pathways and increased patient admission avoidance.
14/11/14 - Election of Public Governors	To look into whether the date for publication of notice of elections could be brought forward.	Ms Fuller	Unfortunately, the date could not be moved
14/11/15 - Any Other Business	To escalate the issues at Victoria Memorial Hospital in Deal. No disabled access ramp at the main entrance and the temporary hand written signs to direct patients to the new MIU facility.	Ms Davies	NHSPS informed KCHFT that they are meeting legal requirements with regards to the building

<b>Title of Meeting</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>7 February 2019</b>
<b>Agenda Item:</b>	<b>1.7</b>
<b>Subject:</b>	<b>Trust Quarterly Report</b>
<b>Presenting Officer:</b>	<b>Paul Bentley, Chief Executive</b>

## 1. Performance

### 1.1 Quality

The quality indicators continue to report a strong position, and the Trust is continuing to perform well benchmarked against the national average. Pressure ulcers and falls continue to be areas of focus for the Trust.

The total number of avoidable category 2 harms acquired in our care to the end of December is 12. The trust is on target to achieve the agreed trajectory of a 10% reduction in avoidable harms on the previous year of 18, reaching a 33% reduction in avoidable harm, for the year to date.

There was one Category 2 pressure ulcer acquired in our care during December, that following investigation has now been categorised as avoidable. There were no avoidable category 3 or above pressure ulcers acquired during our care during December.

There were 56 falls reported in December, 4 of these were found to be avoidable. The number of falls for patients in our community hospitals continues to be at a much lower level than last year and lower than our target. Every fall that does occur is rigorously reviewed and assessed for any lessons that could be learnt.

Patient satisfaction remains high with 97% of patients satisfied with the care they have received. 96.3% of patients would recommend the care that they receive.

Our workforce indicators continue to present a challenge, and remain a focus for the trust. Our turnover rate had seen an increase over the last 12 months, albeit there has been a downward trend in turnover in recent months, which is potentially in response to a number of trust initiatives including the action plan associated with the Big Listen. Sickness remains above the trust target at 4.55%. While this benchmarks favourably with similar trusts, work is on-going to support a reduction in the rate to the Trust target of 3.9%.

## 1.2 Operational

Quality Improvement Methodology continues within the Trust, and I am pleased to report that we have rolled out three 5-day QSIR practitioner courses during late 2018/19. At the end of the programme, there will be 107 fully trained practitioners. There will also be four 1-day functionality courses for staff during the first quarter of 2019. To date, 28 staff have booked onto the 1-day course.

## 1.3 Financial Position

The Trust continues to deliver a strong financial position as shown in the table in Appendix 1. While Capital Expenditure and Cost Improvement Programme indicators remain amber, the Trust is confident that these will meet the end of year targets. We have a strong cash position and maintain the best rating for how the Trust uses its resources from our regulator.

## 2. Patients

### 2.1 Hospital at Home

We launched Hospital@home in December 2018, the scheme is designed to reduce the demand on our acute hospital colleagues, this approach was developed with the support of and in conjunction with acute trust colleagues. Early indicators are that in the first six weeks since it launched, we have saved around 150 bed days and helped more than 30 patients.

### 2.2 Winter Planning

Nationally the NHS, although seeing an increase in demand in December and early January, is managing more effectively than last year.

The role of KCHFT services is to maintain patient flow throughout the system and facilitate discharges and prevent hospital admissions. Our staff have been working hard to maintain capacity in the services with the emphasis on reducing the number of patients experiencing delays to discharge. There is an expectation with colder weather forecast that the demand on services will increase towards the end of the month and the services are to creating additional capacity.

### 2.3 Planning for exiting the European Union

The Trust and the Kent and Medway STP has spent time contingency planning in the event of leaving the European Union without a transitional agreement in place. Whilst planning is taking place nationwide, the particular geographical issues presented by delivering services in Kent are being addressed Kent and Medway wide with the STP co-ordinating a system view and the Trust undertaking Trust wide planning.

### **3. Staff**

#### **3.1 Care Quality Commission**

On 2 January 2019, the trust received formal notification that our regulators the CQC will undertake a well-led inspection of the Trust within a maximum of six months. This inspection process will include an inspection of a least one of our seven core services. The information about the forthcoming inspection has been widely communicated throughout the Trust, we welcome the inspection and look forward to welcoming the CQC.

#### **3.2 Launch of NHS 10 Year Plan**

In January, the NHS long term plan was launched, which is significant for both the NHS and the Trust. The direction of the NHS is consistent with that identified in the Five Year Forward View published in 2014, and presents opportunities for the people we serve to receive better care closer to home.

#### **3.3 Nursing Academy**

The launch of the Nursing Academy is scheduled for the 1 February 2019. All nurse posts have been filled, bases have been found and placements mapped out. The Academy will be based at Heathside Health Centre with a variety of placements across the geography of the Trust.

#### **3.5 Staff Flu Vaccinations**

The Trust commenced the staff flu vaccination campaign in October. To date, 50% of our staff have received the vaccination. Staff are still being encouraged to have the vaccination, and flu clinics are taking place up to the end of February.

### **4. Partnerships**

#### **4.1 New Contracting Round**

Contract discussions have started in all systems and all are taking place collaboratively. Local care investments are jointly agreed as the top priority for the Trust.

Following the recent Governor elections, I am delighted to welcome four new governors; Miles Lemon, Tony Quigley, Ruth Davies and John Woolgrove, and I am very pleased that Carol Coleman, David Price and Jane Hetherington have been re-elected to their second term of office.

This is a very busy time of year for all NHS services and I would like to commend the dedication and compassion of our staff to the Council.

**Paul Bentley**  
**Chief Executive**

## Assurance on Financial Sustainability

Surplus			Rag rating: Green	Use of Resource Rating			Rag rating: Green	CIP			Rag rating: Amber				
Actual	Plan	Variance		Year to Date Rating	Year End Forecast Rating			Actual	Plan	Variance					
Year to Date £k	3,721	2,117	1,604	1	1	Capital Service Capacity		Year to Date £k	2,813	3,111	-298				
Year End Forecast £k	5,000	3,128	1,872	1	1	Liquidity		Year End Forecast £k	4,080	4,080	0				
The Trust achieved a surplus of £3,721k to the end of December.				1	1	I&E margin (%)		The Trust achieved CIPs of £2,813k to the end of December against a plan of £3,111k, which is £298k behind target.							
Pay has underspent by £8,337k, and non-pay and depreciation/interest have overspent by £3,471k and £54k respectively.				1	1	Distance from Financial Plan		90.5% of the total annual CIP target has been removed from budgets at month nine.							
Income has under-recovered by £3,208k.				1	1	Agency Spend		The Trust is forecasting to achieve the full plan of £4,080k by the end of the year.							
The forecast is to deliver a surplus of £5 million which is £1,872kk ahead of the plan for the year.				1	1	Overall Rating									
				The Trust has scored the maximum '1' rating against the Use of Resource rating metrics for M9 2018-19.											
Cash and Cash Equivalents			Rag rating: Green	Capital Expenditure			Rag rating: Amber	Agency Trajectories			Rag rating: Green				
Actual	Forecast	Variance		Actual/Forecast	Plan	Variance		M9		YTD					
Year to Date £k	32,531	33,358	-827	YTD Expenditure £k	2,062	3,068	1,006	Actual	Trajectory	Variance	Actual	Trajectory	Variance		
Year End Forecast £k		29,635		Year End Forecast £k	3,749	3,485	-264	£	£	£	£	£	£		
Cash and Cash Equivalents as at M9 close stands at £32,531k, equivalent to 56 days operating expenditure.				Capital Expenditure year to date is £2,062k, representing 67% of the YTD plan. The Trust's forecast capital expenditure for 2018-19 is £3.7m, representing a £264k variance to plan. The forecast overspend of £264k relates to investment in WiFi infrastructure for which additional central funding (PDC) has been agreed.			External Agency Expenditure (inc. Locums) £k			466	628	162	3,686	5,652	1,966
							Locum Expenditure £k			104	106	2	804	956	152
							External Agency Expenditure (Inc. Locums) was £466k against £628k trajectory in December. (YTD £3,686k against £5,652k trajectory).								
							Locum Expenditure in November was £104k against £106k trajectory. (YTD £804k against £956k trajectory).								

<b>Meeting Title:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>7 February 2019</b>
<b>Agenda Item:</b>	<b>2.1</b>
<b>Subject:</b>	<b>Outcome of Governor Elections</b>
<b>Presenting Officer:</b>	<b>Natalie Davies – Director of Corporate Services</b>

### 1. Executive Summary

This paper is to update the Council of Governors on the outcome of the recent governor elections.

### 2. Introduction

Governor elections took place in seven public constituencies:

- Dover / Deal
- Maidstone
- Swale
- Thanet
- Tonbridge and Malling
- Tunbridge Wells
- Rest of England

We are required to use an independent election company to conduct the elections, and Electoral Reform Services (ERS) were selected.

### 3. Election Results

The notice of election was published on 28 November 2018 and the deadline for nominations was 14 December 2018. Following close of nominations, the following candidates were elected uncontested:

<b>Constituency</b>	<b>Candidate</b>	<b>Term of Office</b>
Dover Deal	Carol Coleman	Re-elected for 2 <sup>nd</sup> Term
Maidstone	David Price	Re-elected for 2 <sup>nd</sup> Term
Swale	Miles Lemon	Elected for 1 <sup>st</sup> Term
Tunbridge Wells	Tony Quigley	Elected for 1 <sup>st</sup> Term

The constituencies of Tonbridge and Malling, Thanet and Rest of England were all contested. They each had two candidates stand for election.

The notice of poll was published on our website and all members were sent the ballot papers and election materials on 7 January 2019 (via post or electronically). A reminder email was sent to all non-voters on 17 January 2019.

Voting closed on Friday 25 January 2019, with results declared on Monday 28 January 2019. The outcome is shown in the table below.

Constituency	Candidate	Term of Office
Thanet	Jane Hetherington	Re-elected for 2 <sup>nd</sup> Term
Rest of England	John Woolgrove	Elected for 1 <sup>st</sup> Term
Tonbridge and Malling	Ruth Davies	Elected for 1 <sup>st</sup> Term

All elected candidates are elected for a three year term.

#### 4. **Induction**

A New Governor Induction has been arranged for Friday 15 February 2019 at The Oast. All existing Governors have been invited to meet the new Governors during lunch.

#### 5. **Conclusion**

Governors are asked to note the outcome of the elections.

**Joy Fuller**  
**Governor Lead**  
**February 2019**

<b>Committee / Meeting Title:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>7 February 2019</b>
<b>Agenda Number:</b>	<b>2.3</b>
<b>Agenda Item Title:</b>	<b>NHS Long Term Plan and impact for KCHFT</b>
<b>Presenting Officer:</b>	<b>Gerard Sammon, Director of Strategy</b>

<b>Action - this paper is for:</b>	Decision <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>
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<b>Report Summary</b>
This paper sets out a brief summary of The NHS Long Term Plan (the Plan) which was published earlier in the month. It goes onto provide an initial high level assessment of its impact on the Trust and our planned next steps.

<b>Proposals and /or Recommendations</b>
None

<b>Relevant Legislation and Source Documents</b>
<b>Has an Equality Analysis (EA) been completed?</b>
No <input checked="" type="checkbox"/>
High level position described and no decisions required. The paper will have no impact on people with any of the nine protected characteristics
Yes <input type="checkbox"/>
<a href="#">Include summary of any reasonable adjustments or actions required to avoid significant impact on patients, patients' families and employees and volunteers with protected characteristics. Click here to edit.</a>
<b>NOTE:</b> An Equality Analysis is required for <b>ALL</b> policies, protocols, strategies, significant service changes and new care models, to assess the impact on both patients/families and employees/volunteers with protected characteristics, but it is <b>not</b> required for assurance reports and papers for information. <b>Protected characteristics:</b> Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

Gerard Sammon, Director of Strategy	Tel: 01622211938
	Email: Gerard.sammon@nhs.net

## NHS LONG TERM PLAN

### 1. Introduction

- 1.1 This paper sets out a brief summary of *The NHS Long Term Plan* (the Plan) which was published earlier in the month. It goes on to provide an initial high level assessment of its impact on the Trust and our planned next steps.
- 1.2 A full copy of the Plan alongside a number of case studies can be found at: <https://www.longtermplan.nhs.uk>.

### 2. Background

- 2.1 The Plan sets out a strategy for the NHS for the next ten years. This follows on from last June's announcement by the Prime Minister of a £20.5bn annual real terms uplift for the NHS by 2023/24.
- 2.2 It is therefore a broad reaching and aspirational document which describes a new service model for the 21<sup>st</sup> Century and the continuation of a policy direction towards an Integrated Care System (ICS) architecture. There is greater emphasis on primary and community care, mental healthcare, prevention and tackling health inequalities.
- 2.3 Prominence is also placed on giving a strong start in life for children and young people and better care for major health conditions tackling causes of early death in areas such as heart disease and stroke, cancer, respiratory conditions, dementias, and self-harm.
- 2.4 The principles behind workforce reforms are also set out and so too are far reaching ambitions for the NHS in digital services and changes to the financial regime.
- 2.5 The Plan emphasises the importance of the NHS returning to sustainable financial balance and confirms a funding path containing an average increase of 3.4% a year over the next five years. It gives a new guarantee that during this same time period the investment in primary medical and community services will grow faster than the overall NHS budget to create a ring-fenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24.

### 3. Assessment

- 3.1 Much of what the Plan describes is not new, but a continuation of the direction set out in the 2014 Five Year Forward View with collaboration and integration as its touchstones. The organisation has already aligned to the Plan's direction and continuity is welcomed as it is consistent with our

current strategies and priorities and means the organisation is already well calibrated to make the best of the opportunities that it presents.

- 3.2 The Trust is uniquely placed in Kent to enable more joined-up care in the community and will have a key leadership role to play in ensuring that the greater investment and focus on community, primary care and mental health services is optimised.
- 3.3 We have already been co-creating better integrated and more collaborative care models for people and are actively involved in both partnering and providing leadership to local care and frailty services. As the Plan signals the further development of primary care networks and new funding models to back them can be supported by the Trust's scale and range of offerings, This will mean is has a key role to play in supporting their development and exploring innovations. It also endorses the current organisational priority of workforce which will be required to meet the ambitions of these new care models, and has already led to initiatives such as the establishment of our Nursing Academy.
- 3.4 The roll out of ICS's across the country by 2021, and the enhancements of the role of system working through the revised financial framework and in relation to commissioning structures, regulation and performance management is significant. As noted earlier, much of this direction is not new and so work is already underway in the Kent and Medway Sustainability and Transformation Partnership (STP) in making changes. The STP footprint is already aligned to how the Plan describes an ICS and CCG's are collaborating in strategic commissioning. The Trust will therefore continue to be fully engaged in shaping what they will look like.
- 3.5 Having previously embedded the prevention of ill health as part of its strategy and one of its four key goals the Trust is again well positioned to continue to take a key role with implementing this particular part of the Plan. The Trust's existing partnership with Kent County Council will continue to assist in making the move away from reactive to anticipatory care and active population health management.
- 3.6 The Trust had hitherto recognised that digital technology can transform how staff and people engage with services and make improvements in care co-ordination. Investment in technology to enable new ways of working has been one of the four key priorities for the Trust in 2018/19 and the Plan will assist in securing further investments against it at a system level.
- 3.7 The Clinical Commissioning Group (CCG) allocation formulae have been updated, making them more responsive to extremes of health inequalities and un-met need. Kent and Medway CCG cash uplifts for 2019/20 are 5.9% for core services and 6.8% for primary care The control total in 2019/20 for the Trust has been set at a £2.2m surplus (£3.1m in 2018-19) supported by a £2.2m (£2.5m in 2018-19) Provider Sustainability Fund.

- 3.8 A number of key interdependencies for the success of the Plan remain to be addressed and are awaited in future publications. Notably, they include the national workforce implementation plan, along with training and education funding, capital investment, and a sustainable solution for social care funding.

#### 4. **Next steps**

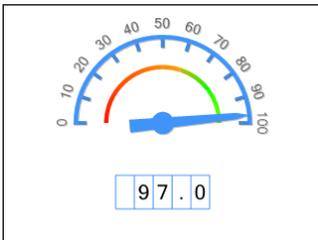
- 4.1 The Trust will continue to engage the organisation in sharing what the Plan means and the challenge will then turn to how the plan is implemented. The timing of its publication does give an opportunity for involvement to be had with the development of our 2019/20 priorities and operational plans. This is the start of engagement with local populations and Health Watch has been given a funding source to take that forward.
- 4.2 The Trust will be working closely with Kent and Medway STP about the future of its integrated care system and the changes it requires given its alignment to the development of an integrated care system.
- 4.3 We will also be working with the STP to engage in the development of the detailed national implementation programme which is required by the autumn. To support this planning, local health systems will receive five-year indicative financial allocations for 2012/20 to 2023/24, but will still be asked to produce local plans by Spring for implementing commitments in 2019/20 as it is being viewed as a transitional year.

<b>Meeting Title:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>7 February 2019</b>
<b>Agenda Item:</b>	<b>2.6</b>
<b>Subject:</b>	<b>Patient Experience and Complaints Quarterly Performance Report (Quarter 3)</b>
<b>Presenting Officer:</b>	<b>Mercia Spare, Interim Chief Nurse</b>

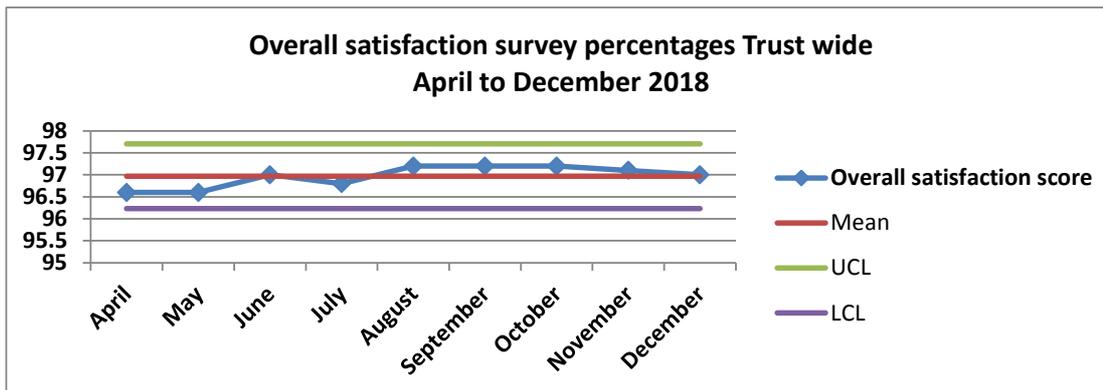
This report provides a summary of information regarding complaints, Patient Advisory Liaison Service (PALS) and patient experience feedback across all clinical services for Quarter 3, 1 October to 31 December 2018.

**1.0 Combined Satisfaction Score (local surveys)**

15,662 surveys were completed by KCHFT patients, relatives and carers with a strong combined satisfaction score of **97%** in Quarter 3.

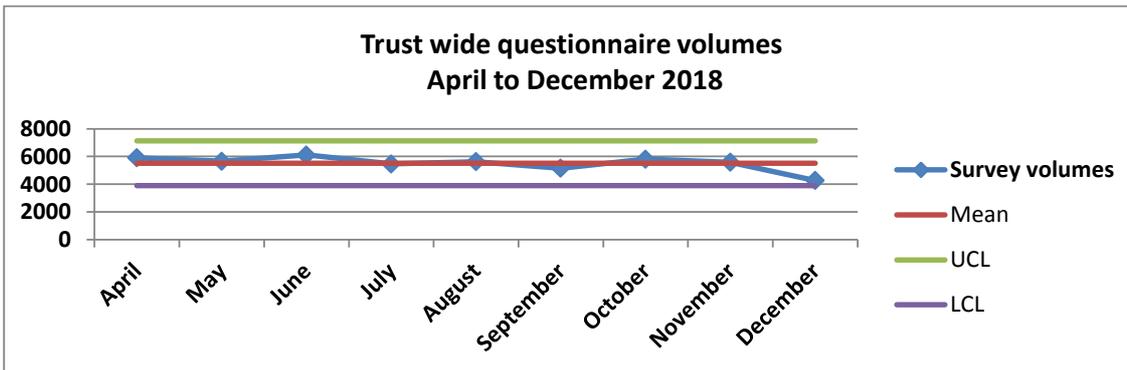


Overall satisfaction survey percentages Trust wide from April to December 2018 were consistently good, with a fluctuation from month to month of less than 1%.



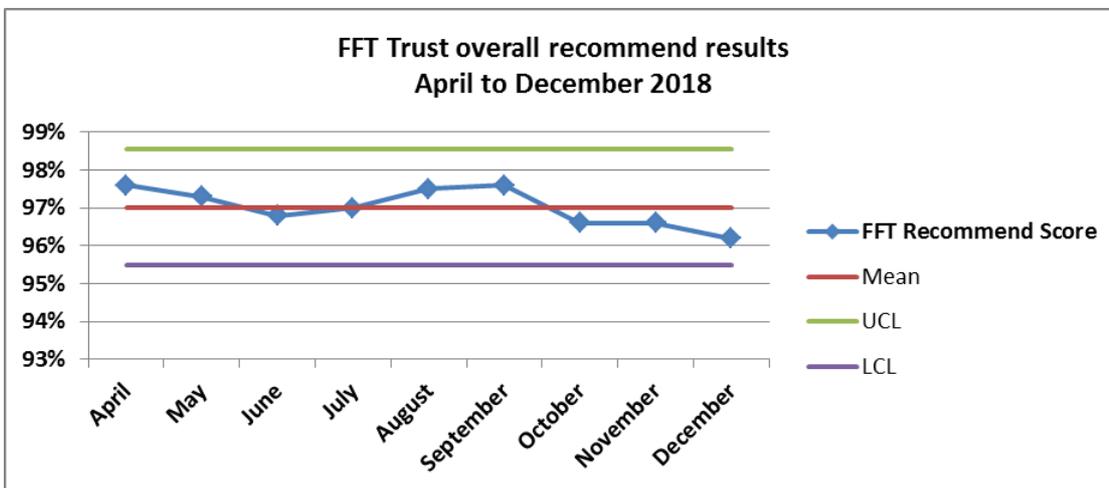
**2.0 Meridian Surveys**

Survey volumes have decreased slightly in Q3 when compared with Q2. This is in line with the general trend seen over recent years due to the run up to and over the Christmas period and is not related to any specific services. Survey volumes are anticipated to follow the usual trend and increase in January 2019.

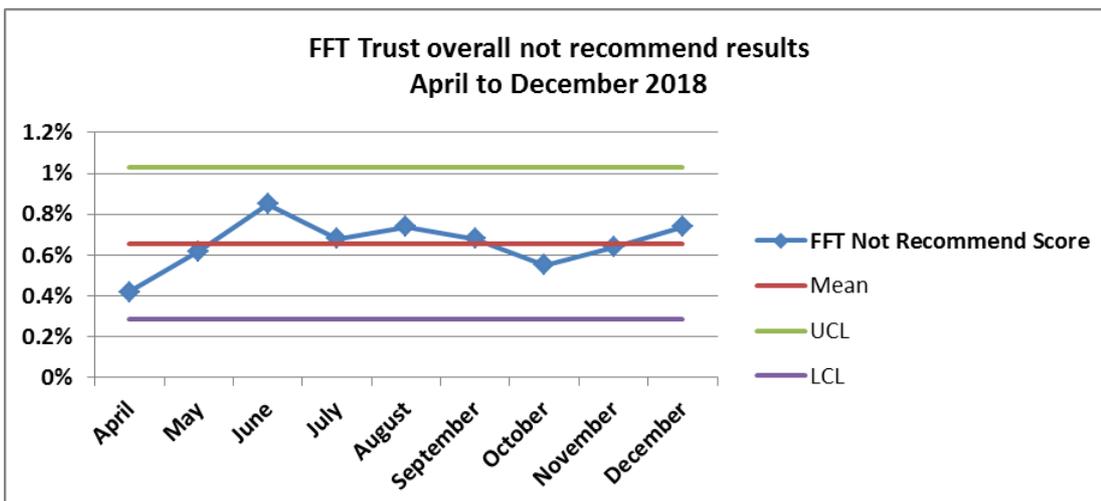


**3.0 NHS Friends and Family Test (FFT) - How likely are you to recommend this service to friends and family if they needed similar care or treatment?**

14,818 FFT surveys were completed during Q3. The FFT recommend score for Q3 was 96.5%, slightly lower than the Q2 score of 97.4% and showing a slight overall reduction since April 2018.



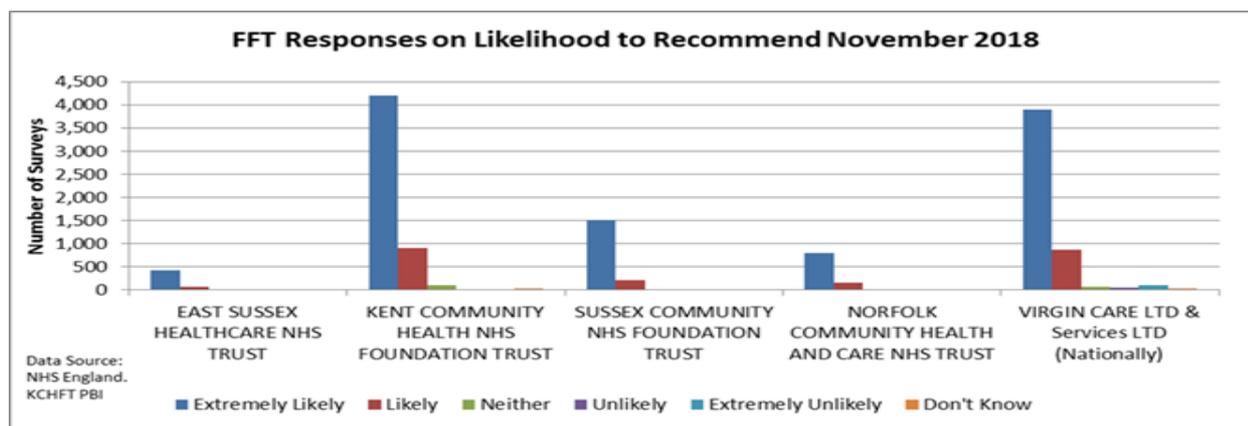
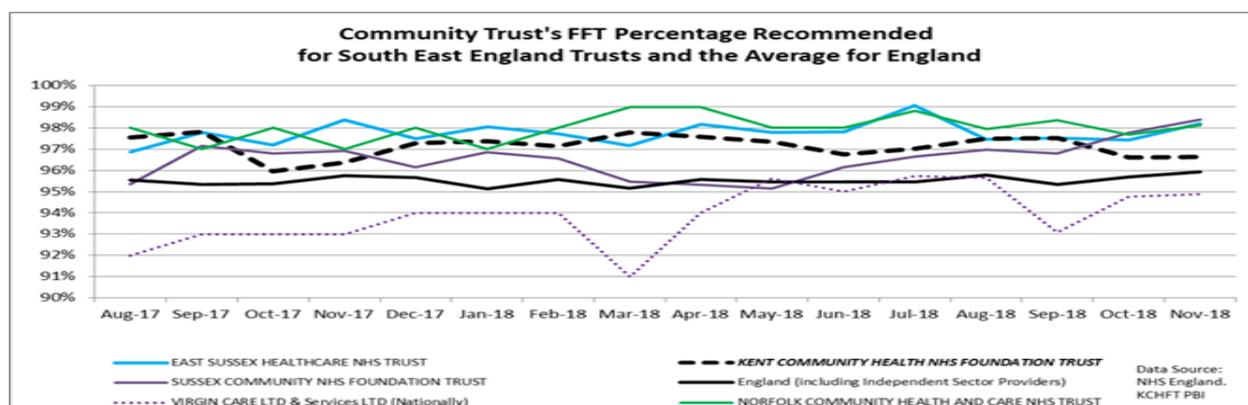
0.6% (94) of our patients chose not to recommend the service they received by answering unlikely or extremely unlikely response, compared with 0.7% in Q2. However, since April 2018 Not Recommend results have increased.



The percentage for each FFT question response in relation to the number of surveys is shown below:

Quarter	Total responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Q3 2018/19	14818	79.1%	17.4%	2.0%	0.3%	0.4%	0.8%
Q2 2018/19	15058	78.8%	18.6%	1.3%	0.3%	0.4%	0.6%
Q1 2018/19	15694	77.7%	19.5%	1.4%	0.3%	0.4%	0.7%
Q4 2017/18	12903	79.1%	18.2%	1.3%	0.2%	0.4%	0.7%

To assist with benchmarking, Norfolk Community Health and Care NHS Trust, who have been given a CQC rating of outstanding, are now being included in reporting. Norfolk averages around **98%** for their NHS FFT score, however they collect less than a ¼ of the surveys conducted by KCHFT as a ratio of their service provision.



### 3.1 FFT - Minor Injury Units (MIUs)

FFT recommend scores for all MIUs were high in Q3, ranging from Sevenoaks (96%) to Sittingbourne (100%). Only 8 unlikely / extremely unlikely responses were received out of a total of 3,892 completed surveys, equating to 0.2%. Gravesham had the greatest number of surveys completed (1,473), followed by Folkestone (957) and Deal (518).

### 3.2 FFT - Community Hospitals

Community hospitals also scored very highly with the FFT question in Q3, with the exception of QVMH (88.2%). 34 surveys were completed for QVMH during the period and only 1 patient gave a negative FFT response (unlikely). One patient chose 'neither likely nor unlikely' and 15 chose the

'likely' response. The low score is as a result of the weighting calculation used for the FFT responses. Survey volumes for most hospitals saw either a decrease in numbers throughout Q3 or a fluctuation from month to month, with the exception of Hawkhurst and Sevenoaks hospitals. The number of completed surveys for Sevenoaks increased over Q3 and Hawkhurst returns remained level over the whole period.

### 3.3 FFT Extremely likely and unlikely responses in December 2018

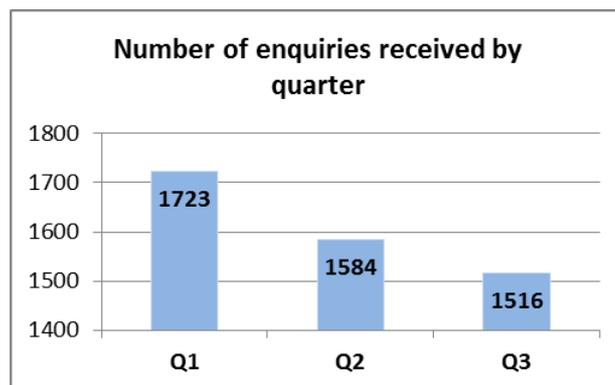
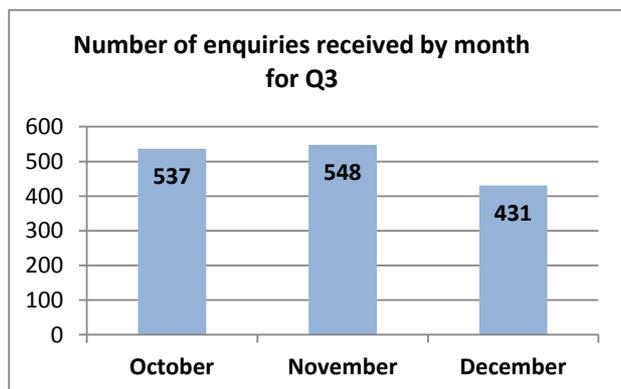
Directorate	Unlikely	Extremely unlikely	Total
Public Health and Children's Specialist and Learning Disability Services inc Dental (5) & Sexual Health (3)	5	10	15
Adult	8	7	15
Health Improvements	0	0	0
	13	17	30

Of the 30 unlikely/extremely unlikely response, 5 surveys completed by children 10 responses appear to have been answered incorrectly as the remainder of the feedback was positive. In the remaining 15 responses, the majority of feedback was linked to waiting times to be seen in walk-in clinics and for scheduled appointments. 2 responses were about the treatment received not meeting expectations. Single comments were made about staff attitude; misplaced records at an MIU appointment and one patient felt that staff ignored their request. 2 people gave multiple reasons for not recommending the service they used.

The following surveys were responded to in detail by services concerned:

395211	52.50%	13 Dec 2018	<b>Children's Speech and Language Therapy - Gravesham</b>	Extremely unlikely
Feedback: Huge waiting time of 1 year! Awful. Group workshop not appropriate to specific cases, all just general advice. Actually see our child! Not actually seen by the service! Shocking!!				
The service is aware that there are long waiting times for children to access therapy, but there shouldn't be a year wait for a workshop. The current pathway is that a parent workshop is the first contact for many of the pre-school referrals that come in. One of the locality teams has been trialling group assessments so a child is seen for a quick screening assessment before the parent is asked to attend a workshop. This makes sure the child is put on the right pathway. In January 2019 the service plans to consider duplicating this approach in other localities.				
397247	8.33%	27 Dec 2018	<b>Community Nursing – Sevenoaks</b>	Extremely unlikely
Feedback: The nurse today blatantly ignored a very important request I've previously made regarding access to my home. Only one or two DNs take into account my severe Autism. I feel discriminated against for having a disability by the very people who are meant to be helping me.				
At the next team meeting staff are to be reminded of the importance of accessing a patient's property through the agreed access point. Action added to improvement plan.				
394781	85.71%	12 Dec 2018	<b>Community Chronic Pain - Ashford</b>	Extremely unlikely
Feedback: The building is completely inappropriate for our visit, the appointment was for pain clinic - the room we were seen in was next to a gym which had a negative emotional effect on my husband's health. The building is miles away from the car park; the reception is round the back of the building making it uncomfortable to get there by mobility scooter. We have previously been seen at St Stephens Walk, which has parking nearer and is much more accessible for disabled people and doesn't have super fit people staring at a young disabled man making him feel inferior and useless. Please change the pain clinic venue from the Stour Health Centre. (Contact details left for service to make contact).				
The clinician apologised to this patient at the time of the appointment. The patient has been reassured that future appointments will not be booked at the same location. Following completion of this survey, the service undertook to contact the patient to offer a further apology. This feedback will be discussed with the admin coordinator and project lead as this is a new venue that the service has recently starting using. The service are looking for alternative locations, however, in order to provide a service to patients in the Ashford area, there are currently no alternative locations.				

#### 4.0 Patient Advisory Liaison Service (PALS) enquiries for Q3 2018



Most calls received during Q3 were telephone number enquiries (1,132) and 384 other enquiries which mainly related to appointments (96) and signposting (67). 44 of the signposting calls were from KCHFT staff and 23 from external people indicating that this service is valuable to both staff and patients.

Other main themes related to access/treatment (38), complaints (27) and communication (11). The number of calls taken regarding staff attitude was very low during Q3 (6). The highest number of calls related to Podiatry (55), Health Visiting (33), Chronic Pain (27), Community Orthopaedics (20), Community Nursing (15), Community Paediatrics (14) and MSK Physiotherapy (14).

Calls for Podiatry were high in October (35) due to patients having difficulty with booking appointments / getting through on the appointment line. The issue was resolved by the service having new a telephone booking system installed and new staff appointments to manage the phone lines. Calls reduced over the remainder of Q3 (12 November / 8 December).

In relation to reduced provision by the commissioners for breastfeeding support peers and groups earlier in 2019, calls were still being received by PALS in relation to signposting (18). As a result of the changes in provision, breast feeding champions were appointed within the service, new breastfeeding information has been added into the Red Book and details added to all answerphone messages directing women to the national helpline and website for out of hours' advice. Calls continued to reduce over Q3 (9 in November / 6 in December).

#### 5.0 Patient reviews received via NHS Choices / Patient Experience generic email for Q3, 2018

25 reviews were received for services listed below. 13 were positive, 7 negative and 5 mixed.

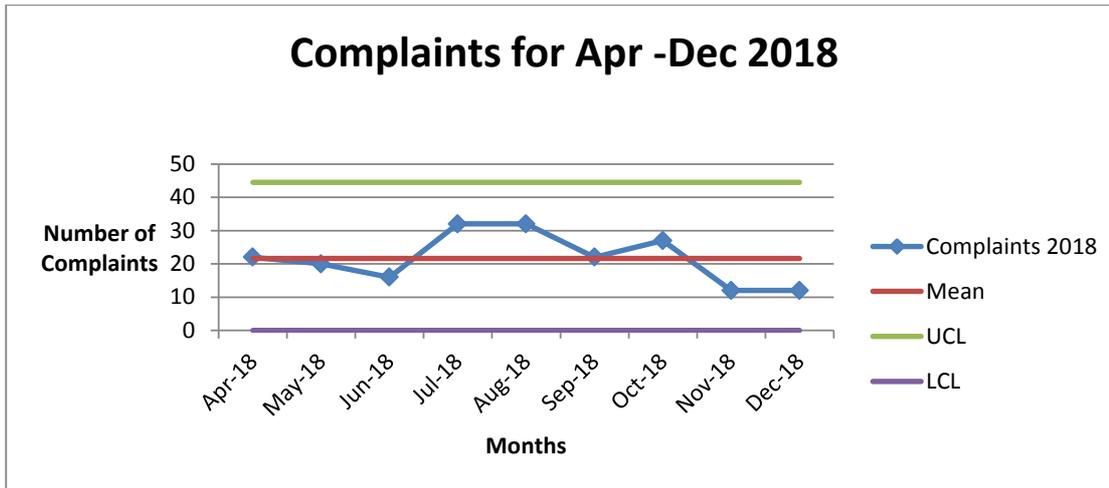
Service	Number of reviews:		
	Positive	Negative	Mixed
Community Nursing			2
Dental Service, New Street Clinic			1
Minor Injury Unit, Deal	3		
Minor Injury Unit, Gravesham	1		1
Minor Injury Unit, Sevenoaks	4	2	
Minor Injury Unit, Sittingbourne	2	1	1
Phlebotomy, Herne Bay		1	
Podiatry	1	2	
Physiotherapy (MSK) - Sheppey Community Hospital	1	1	
Pulmonary Rehabilitation Service	1		

The majority were for the MIUs, with Deal and Sevenoaks receiving the most. The main positive themes related to care and compassion, short waiting times and treatment. Themes from negative feedback related mainly to waiting times at MIUs, lack of information and accessing other services.

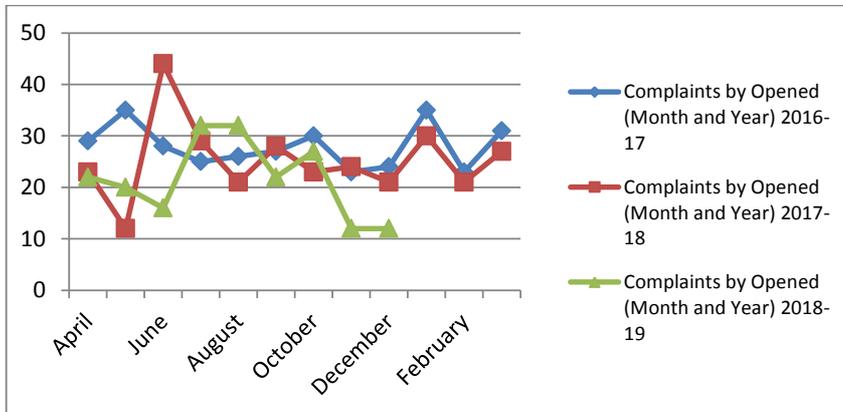
**6.0 Complaints received in Q3**

In Quarter 3 a total of 51 complaints were logged. Of these 11 were multi-agency complaints, 6 being led by KCHFT, 3 by EKHUFT and two by NHS England. 3 of the 51 cases were related to end of life care.

The following graph shows numbers of complaints received since April 2018.



The following graph shows complaints received by month for the last 3 years.



**6.1 Themes and trends of complaints for Q3**

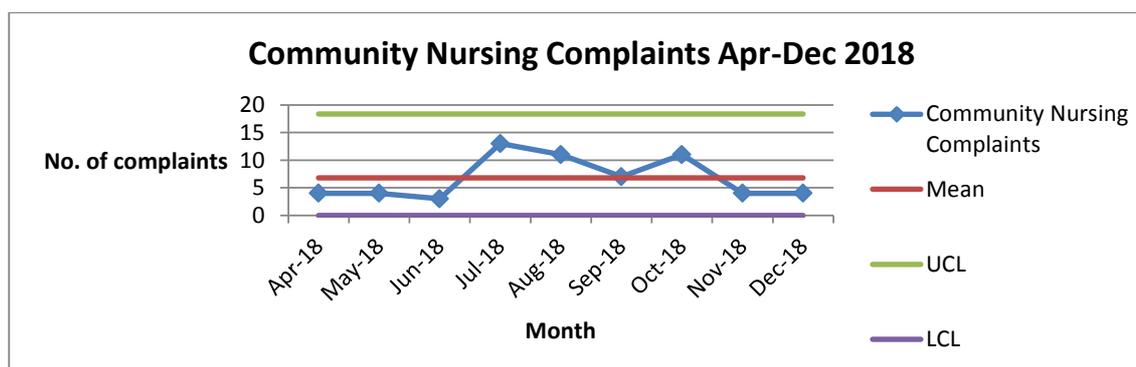
Theme	No. of complaints	Subject of complaints
Access to treatment and drugs	7	<ul style="list-style-type: none"> <li>• Continence issues</li> <li>• Access to children’s therapies and equipment – escalated and reported as a Serious Incident</li> <li>• Referrals (chronic pain and dental)</li> <li>• Lack of speech and language therapy and occupational therapy</li> </ul>
Clinical treatment	16	<ul style="list-style-type: none"> <li>• Querying care provided</li> <li>• Catheter change issues and lubricant used</li> <li>• Complainant felt not listened to about paediatric concerns</li> <li>• Querying speech and language therapy input</li> <li>• Querying implant removal process</li> </ul>

		<ul style="list-style-type: none"> <li>• Querying advice given at Minor Injury Unit (MIU) visit</li> <li>• Missed fracture at MIU (escalated and reported as a Serious Incident)</li> <li>• Deteriorating pressure sores</li> <li>• End of life care</li> </ul>
Referrals, appointments, admissions, discharges and transfers	11	<ul style="list-style-type: none"> <li>• Delays in visit for blood tests, blocked catheters, podiatry and flu jabs (one was escalated and reported as a Serious Incident)</li> <li>• Lack of / delay in getting dental appointments</li> <li>• Patient believed to be unfit for discharge from community hospital</li> <li>• Missed and reduced numbers of visits</li> <li>• Lack of appointments for therapy</li> </ul>
Values and behaviours	3	<ul style="list-style-type: none"> <li>• staff attitude being considered as rudeness when dealing with patients</li> <li>• a parent's perceived discrimination of their child as part of the National Child Measurement Programme (NCMP).</li> </ul>
Communication	14	<p>communication with</p> <ul style="list-style-type: none"> <li>• staff, other organisations, information given to patients and their families (one was escalated and reported as a Serious Incident)</li> </ul>

### 6.2 Community nursing complaints

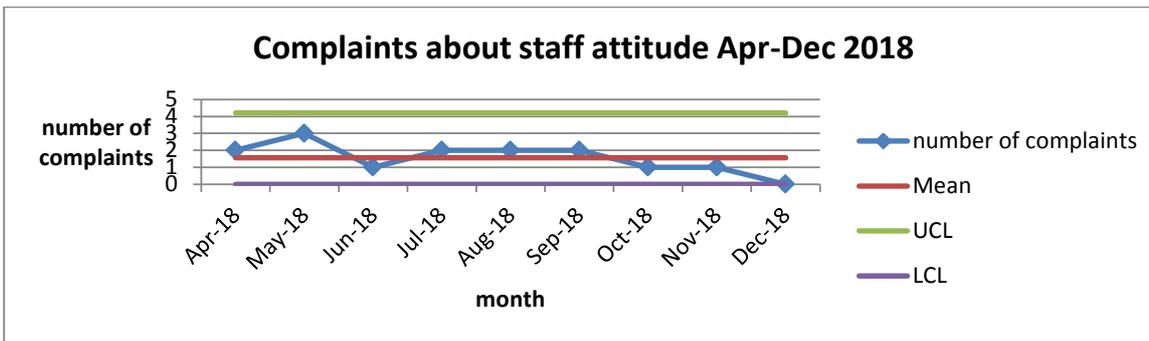
Community nursing services received 18 (35.3%) of the 51 complaints between October and December 2018, of all complaints received.

Team	No. of complaints	Subject of complaint
Ashford	2	<ul style="list-style-type: none"> <li>• 2 x end of life care</li> <li>• continence assessment query</li> <li>• care provided by Hilton nursing</li> </ul>
South Kent Coast	2 x Shepway 2 x Dover/Deal	<ul style="list-style-type: none"> <li>• Delay in visit after fall</li> <li>• End of life care</li> <li>• Delay in contacting patient after referral</li> <li>• Delay in contact after being notified patient had died</li> </ul>
Thanet	9	<ul style="list-style-type: none"> <li>• 3 x failure to visit by nurses</li> <li>• Delay in visit for flu jab</li> <li>• Catheter care query</li> <li>• Visit by nurse when patient was in bathroom, patient not located before nurse left without providing care</li> <li>• Delays in getting blood test</li> <li>• Not listening to patient's views about treatment</li> <li>• Nursing care for pressure ulcers</li> </ul>
Maidstone and Malling	1	<ul style="list-style-type: none"> <li>• queries over catheter care and whether policy was being followed</li> </ul>



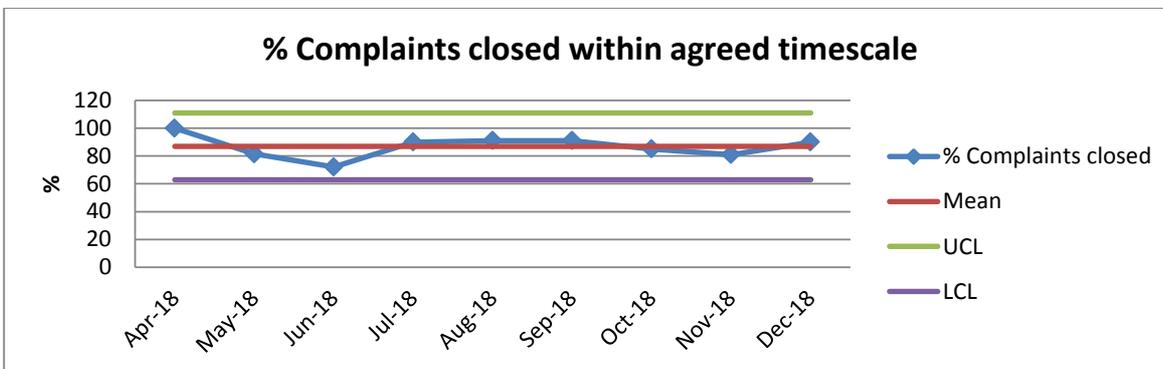
### 6.3 Complaints regarding staff attitude

2 complaints were received about staff attitude between October and December 2018. The graph below shows the decline in complaints received about staff attitude from April to December 2018.



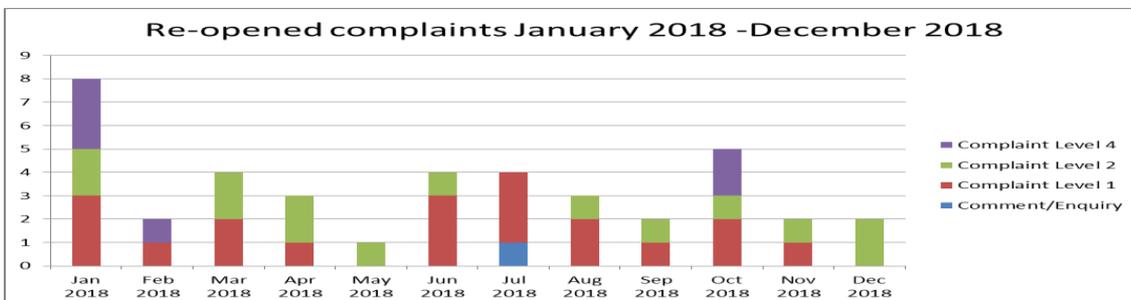
**6.4 Closed Complaints**

During Q3, 63 complaint cases were closed. 55 (87.5%) were closed within the agreed timescales. The 8 complaints falling outside the time frame were due to delays in the service investigating/drafting the response and delays in the approval process. Complainants are kept updated on any delays using their preferred method of communication. Delays are closely monitored and an escalation process is in place. This process is detailed in the Complaint Handling Guidance ratified by the KCHFT Patient Experience Group on 26.9.18. The guidance has been distributed to senior managers and is also available on flo. It includes a Standard Operating Procedure (SOP) and the complaints approval process structure.



**6.5 Re-opened complaints from January 2018 to December 2018**

Numbers generally remain low, Level 1 complaints appear more likely to re-open, although it was two level 2 complaints in December. Staff are supported by the complaints officers to provide a robust response. The Patient Experience Team flo page has a resource pack providing information on handling telephone calls with complainants, setting up meetings and creating draft responses. This along with our e-learning and face to face training package supports staff throughout the complaints process. A Standard Operating Procedure (SOP) for complaints handling is also now available.



**6.6 General question on surveys relating to complaints handling Q3 2018**

During Q3, 10,449 people answered the survey question 'If you recently raised a concern or complaint directly with this service, do you feel it was responded to and acted upon?' The Trust wide satisfaction score is a positive 97.5%, an increase when compared to Q2 when 9,731 people answered this question with a lower satisfaction score of 93.23%.

### 6.7 Feedback from complaints process survey

The complaints survey continues to be sent to complainants with their response. 33 surveys were sent during Q3. 5 completed surveys were received in total which equates to a response rate of almost 15%.

- 3 complainants felt overall their complaint had been handled well or very well. Results for the overall handling of the complaints question are shown below.
- One complainant felt their complaint had been handled poorly and one very poorly as follows:

**Poorly:** The complainant gave mainly positive answers, yet felt their complaint had been handled 'poorly' overall. They felt their parent had been treated badly due to their age. As a result of this feedback the complaint was re-opened. A response addressing the remaining issues raised was sent from the local clinical resource manager, Ashford locality.

**Very poorly:** The complainant had left their details asking for a response to their feedback. The Patient Experience Manager has been unable to make contact despite using the method requested by the complainant.

### 7.0 Lessons learned and improvements made

During Q3, a total of 27 actions were raised as a result of patient feedback received via the Meridian surveys or complaints. 21 actions were closed during the quarter and details of these have either been included in previous monthly reports or are shown in point 7.1 and 7.2 below.

#### 7.1 Actions / improvements made during December 2018 from complaints

Service	Issue or problem identified and action taken
Rapid Response, Maidstone	Family member was unhappy with visit from nurses to confirm death of a relative as they did not inform the GP. <b>Action taken:</b> <ul style="list-style-type: none"> <li>• Verification of Death policy has been updated accordingly</li> <li>• A copy of the policy is available as a mail merge document on CIS and Flo</li> <li>• Staff are now emailing patient details to GPs when verifying a death</li> </ul>
Rapid Response, Ashford	Patient felt that the staff member did not provide appropriate treatment when dealing with a blocked catheter. <b>Action taken:</b> The importance of ensuring consent without patients/families feeling pressurised was discussed in a team meeting held on 30.10.18.
Diabetes Nursing	Patient was unhappy with the attitude of a staff member. <b>Action taken:</b> The staff member has received additional peer review sessions with the diabetes lead specialist nurse.
Rapid Response, Maidstone	Following the insertion of a syringe driver, the nurse gave the patient additional dosages of prescribed oral medication. The nurse should have sought advice from medicines management. <b>Action taken:</b> <ul style="list-style-type: none"> <li>• Rapid Response and community nursing staff attended a training session on syringe driver medication management and symptom control facilitated by the lead pharmacist of medicines information and education and the nurse consultant for end of life care</li> <li>• KCHFT has extended access to 3 Boots pharmacy stores that are keeping a stock of end of life medication</li> <li>• All nurses have been made aware of the availability of the KCHFT on call pharmacist</li> <li>• Nurses have been advised that they must contact either the hospice or on call GP if they feel the prescribed medication is not providing adequate symptom control for a patient, regardless of the time of day or night</li> <li>• The service spoke with the complainant (patient's husband) to explain the action taken</li> </ul>
Community Hospital (Inpatient), Faversham	Family unhappy with the care provided by hospital regarding the following: <ul style="list-style-type: none"> <li>• antibiotics were stopped</li> <li>• the discharge process</li> <li>• physio for patient</li> <li>• lack of buff sheet on discharge</li> <li>• changes to medication not communicated</li> <li>• poor communication with family from staff member</li> </ul> <b>Action taken:</b> Staff attended 2 workshops; 1 on complaints and the other on how staff can work effectively together to provide the best care for their patients.
Community Nursing, Ashford	A family member was concerned when a staff member revisited patient's home unexpectedly. <b>Action taken:</b> <ul style="list-style-type: none"> <li>• A development plan for the member of staff was put in place</li> </ul>

Service	Issue or problem identified and action taken
	<ul style="list-style-type: none"> <li>This included re-reading and understanding the KCHFT Sharps policy and No Access policy. A refresher in Information Governance (IG) knowledge was undertaken, in particular the documentation of key codes</li> <li>Training was identified and completed for clinical record keeping and the law and dementia awareness</li> <li>Member of staff reminded to document any untoward event on CIS</li> <li>Member of staff agreed to telephone patients if their visit time changes</li> <li>A full review took place at the member of staff's probation meeting</li> </ul>
Community Nursing, Ashford	<p>A family member was unhappy that the patient should have received community nursing visits twice daily, however the nurse only came once.</p> <p><b>Action taken:</b></p> <ul style="list-style-type: none"> <li>A new allocation process has been implemented within the locality. Patients are RAG rated on CIS, red – visit within 24 hours, amber - visit within 48hrs green – visit within 3 days. If a patient's visit is deferred the RAG rating is changed to red</li> <li>All admin posts are now filled to enable CIS to be monitored effectively</li> </ul>
Community Nursing, Ashford	<p>EKHUFT led on this complaint and requested comments on the nursing care provided by KCHFT regarding deterioration and continence issues to include in their response.</p> <p><b>Action taken:</b></p> <ul style="list-style-type: none"> <li>A new internal referral has been implemented from the bladder and bowel team facilitated via CIS.</li> <li>GPs informed of referral process</li> </ul>

## 7.2 You said, we did (YSWD): feeding back changes that have been made to our patients

A total of 18 You said, We did examples from closed actions were uploaded onto the relevant service pages on the public website during Q3. The below YSWD examples were uploaded onto the KCHFT public website during December.

Service	You said	We did
East Sussex Children's Int. Therapy Service	Parents were unhappy that their child had to wait for suitable equipment.	All localities have adopted a new process for monitoring equipment requests to ensure deliveries are made efficiently.
Adult Diabetes Nursing Service	A patient was unhappy with the attitude of a member of staff.	The staff member has received additional peer review sessions with the diabetes lead specialist nurse.
Community nursing, Ashford	A relative was concerned when a staff member revisited the patient's home unannounced.	The staff member has been reminded of the importance of the No Access Policy and in future will always telephone patients in advance if their visit time changes.
Community nursing, Ashford	A family member was unhappy that the patient should have received community nursing visits twice daily, however nurse had only visited once.	A new allocation process has been implemented within the locality and admin staff appointed to monitor this.
Community nursing, Ashford	A continence assessment was delayed as the referral process had not been well organised.	An internal process has been implemented to ensure continence referrals are carried out efficiently. The GP surgery has been advised of the new process.
Faversham Cottage Hospital	A patient felt a staff member had come across as being uncaring and rude.	All staff have undertaken or are booked to attend customer care training.

## 8.0 Compliments recorded on Meridian

### 8.1 Compliments received from patients/carers/families

During Q3, 461 compliments were recorded on Meridian. This equates to 247 for adult services, 151 for Public Health and Children's Specialist and Learning Disability Services, 57 for health improvement services and 6 for Nursing and Quality (Community Medicines Team and Pharmacy Services). Compliments are made by patients and relatives thanking staff for their excellent care. Staff are often complimented on their kindness and friendliness and praised for being understanding and supportive.

### 8.2 Compliments received from other services and external providers

During Q3, 57 compliments were recorded on Meridian (18 in October, 24 in November and 15 in December). 8 for adult services, 44 for Public Health and Children's Specialist and Learning Disability Services, 4 for health improvement services and 1 for Nursing and Quality. Compliments were mainly

from other organisations thanking staff for reasons such as providing training, working with students, undertaking health checks and assisting social workers with finding placements for young children.

### 9.0 Key improvements

During Q3 the Patient Experience Team produced 3 specialist surveys to assist services in collecting feedback from hard to reach patients:

- **Community Learning Disability Service:** The trial of a short audio/pictorial survey was rolled out at the end of November and is going well with a total of 29 completed surveys during Q3. All surveys have scored extremely well. The overall scores were 100% for questions 'Did we help you today?' and 'Were you happy with what we did?' and 96.6% for 'Would you like us to come back?'.
- **Forget Me Not Patient Feedback form** (for patients with a confirmed diagnosis of dementia or those with a cognitive impairment): A total of 41 surveys were completed during the pilot that commenced in Hawkhurst and Faversham community hospitals in October. The survey is being rolled out for use across all community hospitals in January 2019.
- **Dental Services:** An easy read/pictorial survey was introduced during December. It is available in paper format, via the public website and was uploaded onto the service's Meridian iPads. This survey is targeted for completion by patients with learning disabilities and those for whom English is not their first language. The Immigration Removal Centres and London clinics hope to gain valuable feedback using this survey as they treat patients with a wide range of diverse cultures. A total of **80** surveys were completed by 5 of the dental clinics during the 2 week period in December with very good overall satisfaction scores.

### 10.0 Recommendations

The committee to note the report.

**Sue Mitchell**

**AD Patient Safety & Experience**

**14 January 2018**

<b>Meeting Title:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>7 February 2019</b>
<b>Agenda Item:</b>	<b>2.7</b>
<b>Subject:</b>	<b>Patient and Public Engagement Report</b>
<b>Presenting Officer:</b>	<b>Louise Norris, Director of Workforce, OD and Communications</b>

**ENGAGEMENT REPORT – February 2019**

**1. Executive Summary**

This report gives an overview of public and patient engagement 1 October to 31 December 2018.

**2. Introduction**

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

- those we find harder to reach
- ensuring everyone has a voice
- involvement in continuous service improvement.

**3. Membership/supporting governors**

The trust’s public membership at 31 December 2018 was 8,132. Of the membership:

- 709 are from black, Asian or minority ethnic communities
- 289 are aged 21 or under
- 848 are aged over 75.

**Winter Council of Governors (COG) meeting**

Objective: Advise public of autumn COG meeting

Outcome: 762 public members invited. Adverts also placed for members of the public via networks and on social media platforms at INVOLVE, Red Zebra, Healthwatch Kent, Kent CAN and Kent Carers Matter.

**Winter Community Health magazine**

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

Outcome: 4,030 public members emailed and posted to 2,862 public members.

**Patient-Led Assessments of the Care Environment (PLACE)**

Objective: A PLACE debrief took place in November 2018 to summarise and feedback outcomes from the assessment.

Outcome: Feedback from PLACE is attached as [Appendix 1](#). Governors will be invited and receive training with other public members for the next PLACE assessment in 2019 which is expected to take place in August or September.

**Winter Flu campaign**

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

Outcome: 4,020 public members emailed and advised and how to and who should access flu vaccination. Open rate of 7.1 per cent and no questions or response to the engagement team.

**Expert Patients Programme**

Objective: Advise members in Dover and Faversham of upcoming Expert Patients Programme course

Involvement: 491 public members invited by email, 7.3 per cent open rate.

Outcome: Unknown attendance rate

**West Kent fertility service focus groups**

Objective: Advise members in west Kent of two focus groups to discuss future delivery of fertility services.

Numbers: 944 public members invited by email, 9.2 per cent open rate.

Outcome: Unknown attendance rate

**Governor quarterly reports**

Objective: Share quarterly governor reports with members.

Involvement: 895 public members in Gravesham, Dover, Sevenoaks and Shepway emailed with contact details for the governor support team provided for replies.

Outcome: Open rates of 13.1 per cent for Dover, 11.3 per cent for Gravesham, 20.1 per cent for Sevenoaks and 11.3 per cent for Shepway. No replies received to the engagement team.

**Governor elections**

Objective: Share information on upcoming public governor elections with public members.

Involvement: 1,955 Dover, Maidstone, Swale, Thanet, Tonbridge and Malling, Tunbridge Wells and Rest of England emailed.

Outcome: 15.1 per cent open rate. Two questions received by the engagement team which were directed to the Governor Lead.

**Dementia research cafe**

**Objective:** Invite public members to a world cafe event to discuss how artificial intelligence and digital technology can play a part in the future of healthcare, especially for people living with dementia.

**Involvement:** 2732 public members emailed, 23.5 per cent open rate.

**Outcome:** Two questions received by the engagement team which were directed to the event organiser. Event organiser confirmed the event was full but was unable to share details of who booked on, therefore unknown number of KCHFT public members attending.

**Kent and Medway STP**

**Objective:** To advise public members of the East Kent listening events

**Outcome:** 4,016 public members emailed, 8.4 per cent open rate, unknown attendance rate as held by STP team.

**Objective:** To invite public members to feedback on a new carer app

**Involvement:** 20 public members emailed (those who have expressed an interest in joining a working group in the area of the focus group).

**Outcome:** 15 per cent open rate, unknown attendance rate as held by STP team.

**Objective:** To update public members on the East Kent listening events, share the presentation and audio recordings and advise of two extra dates.

**Involvement:** 4,209 public members emailed, 7.6 per cent open rate.

**Outcome:** No responses received to engagement team and unknown attendance at extra events as held by the STP team.

**Public membership recruitment**

**Objective:** To increase public membership levels by two percent (157 members) over the year

**Action:** To actively encourage attendees of the annual members meeting, who were not already public members, to sign-up and supply staff attending events with membership materials. The online public membership form remains on the front page of the public website.

**Outcome:**

Month	Joiners	Leavers*	Net	Cumulative
October 2018	25	7	18	8,130
Nov 2018	16	9	7	8,137
Dec 2018	13	18	-5	8,132

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

**Continence service**

**Objective:** Ask public members to feedback on the bladder and bowel diary to ensure it was easy to understand and complete. Members were also asked to feedback on the name of the service as the word continence can sometimes have negative connotations for people who often think the service can only help with incontinence.

**Involvement:** 352 public members emailed, 26.8 per cent open rate, 25 responses received.

**Outcome:** 76 per cent of respondents said they found the instructions on the diary clear however, several suggested including millimetre markings and explaining words such as urgency which were taken on board.

27 per cent of respondents said they found the example diary helpful, however words such as 'wetness indicator' were deemed confusing so were removed.

96 per cent of respondents found the image of the Bristol stool chart helpful, however it was suggested it should be explained it would be available later in the diary on page one, which was included.

84 per cent of respondents understood what they were being asked to record in each column of the diary however, it was suggested large print options of the diary should be available. The service will ensure large print versions are available on request.

60 per cent of respondents said the diary used words they or other people might not understand, for example faecal so it was suggested to include 'bowel leak' which the service have done.

80 per cent of respondents said the diary would be very easy or easy to complete.

The majority of respondents said they understood the term continence and it was not necessary to change the service's name but suggested a strap line might be helpful. The service lead will take that suggestion back to the team to discuss.

**4. Patient engagement**

Number of Patient Engagement Network (PEN) members at end of December: 43

Patient experience groups active at end of December: 14

Number of internal groups including patient and public representation: 12. These include Medicines Management Governance Group, Mortality Surveillance Group and Research and Development Governance Group.

The engagement team are reviewing patient experience groups (PEGs) across the trust to understand:

- What has changed, in terms of service provision and development, as a result of patient and public representation in the groups.
- How to increase the number of patient and public members attending the groups.
- How to look more creatively in involving people who are seldom heard.

Sharon Picken, Engagement Manager, is attending all PEG's to support and develop patient engagement where needed.

### **Kent and Medway Sexual health Patient Advisory Group (PAG)**

The engagement team are currently supporting the development of a new young person's Sexual Health PAG. This group will be open to people under the age of 25 and will give the opportunity, through various mediums, for young people to support the Sexual Health Team to develop the under 25's services.

### **PEN Thank You event**

**Objective:** To hold an event for PEN members and governors to acknowledge their commitment in working with us to improve the quality of our services.

**Involvement:** Engagement team, Clinical Audit and Research Department, Dementia Specialist Nurse, PEN members, public governors and other patient representatives who have worked with us over the last year. Presentations included information about clinical audit and research in KCHFT, a Dementia Friend session and information about the work KCHFT is doing to support people with dementia. Certificates were presented by Sonja Bigg, KCHFT Lead Governor as a record of involvement.

At the end of the event, attendees took part in a table top exercise, looking at developing objectives for the coming year.

**Outcome:** PEN members would like more information about involvement opportunities and would like to support the engagement team with future work and objectives.  
They would also welcome regular opportunities to share information and link in with other PEN members at informal peer support meetings.

### **Communication and Engagement Strategy**

A Communications and Engagement strategy 2019 to 2021 is currently being developed with measurable objectives relating to patient, carer, public and staff participation in shaping services and working towards embedding co-design principles in all that we do. Plans include working with patients and carers to develop an 'introduction to coproduction and working together workshop' for staff, patients and carers, developing a toolkit across the trust to provide guidance for staff on the process for involvement, develop patient and carer champion roles and increase the number of patients and carers involved in the development of services.

The draft will be presented to patient and voluntary and community service representatives at trust PEG and public governors at

## 5. Equality and diversity and partnerships

### Ongoing functions:

- 11 equality analysis (EA) supported.
- Fortnightly equality and diversity training delivered at corporate induction.
- Managing contracts for language interpreting including British Sign Language (BSL), written translation, sign Braille and audio. Plus, trouble-shooting problems booking interpreters.

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

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

<b>Bookings made with prime supplier for face to face interpreting</b>	
Oct -18	341
Nov-18	359
Dec-18	222

<b>Bookings made with prime supplier for telephone interpreting</b>	
Oct -18	77
Nov-18	71
Dec-18	55

**Interpreting and translation services tender**

**Objective:** To tender for the provision of interpreting and translation services joint with Maidstone and Tunbridge Wells NHS Trust.

The services tendered are:

- face to face, telephone and written translation services in foreign languages,
- audio and braille transcription
- British Sign Language interpretation and other communication support for the deaf

**Outcome:** The evaluation panel reviewed all bids during November 2018. Further evaluation is being carried out by the Procurement team and discussions to take place with Maidstone and Tunbridge Wells Hospital. A decision on next steps will be agreed during January.

**Accessible Information**

**Objective:** Test our Easy Read advice sheets with people with mild to moderate learning disabilities from East Kent Mencap and North Kent Independent Advocacy Scheme.

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

- Accessible Information Standard (AIS) leaflet and poster
- Privacy and Dignity (v5 draft and v6 final has been attached)
- Urinary catheter passport
- BCG injection

Examples of an easyread privacy and dignity leaflet draft (with amends after testing) is attached as [Appendix 2](#).

**Objective:** Test the accessibility of our public website for blind and sight impaired people.

**Outcome:** Two sight impaired people working with the Kent Association of the Blind (KAB) tested the accessibility of our public website. Feedback was positive and our website was found to be good to navigate and find information. A few suggestions were made with regards to changes to our Browsealoud tool which is being addressed.

**Hard of hearing**

**Objective:** Devices called Roger Pens and Sonidos to support patients, parents and carers who are hard of hearing when accessing our services have been purchased.

**Outcome:** Final demonstrations and distribution of the remainder of devices will be given out at matron meetings for east and west Kent during January. Feedback from patients' who have used a device under the care of the Falls Prevention Service has been shared and an article in our latest Community Health Magazine.

**Objective:** To implement across the trust the Next Generation Text (NGT) app which is a free download app to help people with hearing and speech impairments to communicate with anyone over the phone using a confidential Relay Assistant service.

**Outcome:** The app will be tested involving the deaf community and guidance given to staff on how to use it. Launch date is to be advised.

**Objective:** Specific Diabetes Education Revision in East Kent (DEREK) courses to be arranged with the Diabetes Education Nursing team for the deaf community.

**Outcome:** Feedback from the deaf community tells us that they find it difficult to obtain information on how to manage diabetes. Links with a deaf community worker from Kent County Council, Sensory and Autism Services and the Diabetes Education Nursing team has resulted in additional DEREK courses to be arranged by the trust specifically for the deaf community.

### **Browsealoud**

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

**Outcome:** During the last quarter the toolbar has been accessed by public and patients as follows:

	Speech	Toolbar	Simplify	Translate	Text magnifier	MP3
October	234	218	6	3	4	2
November	736	247	4	1	3	2
December	334	235	0	33	2	0

Description of functions on Browsealoud:

Speech: text-to-speech function has been used

Toolbar: toolbar has been launched

Simplify: pictures and clutter was removed from page

Translate: translation into different language

Text magnifier: magnifies and reads texts

MP3: number of downloads

### **Trust Patient Experience Group (PEG)**

**Objective:** To present to the trust PEG on equality and diversity activity

**Outcome:**

## 6. **Volunteers Service**

Total volunteer hours 4,584  
Number of active volunteers 300

### **Trust hospital shops in Sheppey & Sittingbourne**

**Objective:** Transfer of the trust hospital shops completed in October 2018  
**Involvement:** Approximately 50 volunteers transferred over to the respective leagues with some leaving and finding different roles within the trust  
**Outcome:** Voluntary Services will continue to support the Leagues with security checks and ID badges for volunteers of the shops. As the shops are on trust sites, this will ensure best practice and volunteers are fit to hold the position.

### **Retirement of Voluntary Services Manager**

**Objective:** Caroline Wheeler, part time Voluntary Services Manager for Swale, Faversham, Herne Bay & Whitstable areas retired on 31 November 2018.  
**Outcomes:** A full time Engagement Business Assistant was recruited to support the remaining voluntary services manager (VSM) and Engagement Team at Trinity House, Ashford. Admin support will free up time for the VSM to travel across Kent to liaise with volunteers, staff, heads of service and external partners, plus work with the engagement team.

### **Volunteer documents**

**Objective:** To incorporate three documents into one which are distributed to volunteers when enquiring about volunteering for the trust.  
**Involvement:** All members of the Engagement Team  
**Outcomes:** All voluntary services documents are correctly branded. To reduce repetition and, the VSM will merge information pack, roles and responsibilities information and volunteer induction pack into one document. This document will be available on the public website and will include details of Freedom to Speak Up and information on public governors. The same documentation will be used by the engagement team for public engagement volunteers.

### **Volunteer Newsletter Autumn**

**Objective:** Share information and updates about voluntary services and the trust with volunteers.  
**Involvement:** 340 volunteers.  
**Outcomes:** Shared on flomail and flo, distributed via paper copies and email to all volunteers and league of friends' colleagues, plus supervisors and staff.

## 7. Clinical Audit and Research Department

**Objective:** Review of pre and post Community Cardiac Rehab service walking session questionnaires by people who had experienced a cardiac event.

**Outcome:** Service users suggested changes to the wording, a consistent answer format and removed questions that were not essential, reducing the length of the questionnaire. The service tested the questionnaire with patients who suggested further changes. This resulted in some questions being reworded to make them easier to understand. The questionnaires are now in use and feedback received has been valuable to the service.

**Objective:** Sexual Health Service users trialling a self-injectable contraception.

**Outcome:** Positive feedback about the product resulted in the trust securing funding for clients involved in the trial to continue using the product after the trial ended, as well as becoming standard issue for clients outside of the trial. The trial ended in December 2018, and data queries are currently being finalised.

**Engagement Team and Clinical Audit and Research Department  
February 2019**

## Feedback from PLACE 2018

### 1. Were we kind to you?

- Yes overly kind and helpful and the nursing staff too and they thank us for all the work we do which is nice to have it recognised
- Yes warmly welcomed and given a wonderful lunch.
- You were kind, the venues expected us and we were greeted and directed appropriately. Refreshments were available and offered. Lunches were gorgeous.
- Everyone was exceptionally kind, helpful, polite and very caring
- Very! Couldn't have been taken better care of. Everyone involved very solicitous and all our needs were catered for throughout process. Especially at Edenbridge where food was delicious!
- Yes you all were kind to us on the day I visited.
- Everybody was kind and respectful of other's opinions and I felt listened to.

### 2. Did you feel listened to?

- Yes, because I have seen the changes in a year from when we went to Herne Bay with suggestions I made
- I did feel listened to and able to express opinions. All the staff involved appeared to be friendly and open. I did not feel anything was being kept from us.
- We were listened to and we in return we listened too. Patients were also listened to with comments which were all excellent. Overall, Patients were very impressed with the Community Hospitals in comparison with the major Hospitals.
- Most of the time yes - couple of minor issues where possibly views were not entirely represented when written feedback was being collated following the inspection.
- Yes, we were listened to. This was noticeable when I was not happy passing an area as secure and we relooked at it.

### 3. How could we be better next year?

- Yes maybe do one section at a time rather than all at the end as it's hard to recall. To have more breaks as I get a little fidgety and need to walk around
- Having the same process of you being able to choose dates for the visits.
- Difficult to say how it could be better as I felt it all went well. I suppose I felt a bit nervous of disturbing patients and looking in to places where private matters might be underway. Would it be possible to identify one or two

patients who would be happy to discuss how they were finding their care and accommodation?

- I think it worked well splitting up into smaller groups. The initial briefing was really helpful to set the scene and meet key people involved in the Trust. I would like to have heard estates/NHS Property Services response to some of the items we have raised year-on-year.
- Difficult to improve but possibly might suggest that the Hotel services manager for that particular site does not lead on the site inspection as may not always result in a completely objective assessment, although I appreciate it might be difficult to roster the inspections if that happened. Also - minor caveat - request to lock our bags away at Sevenoaks caused a minor frisson - almost as if request wasn't expected!

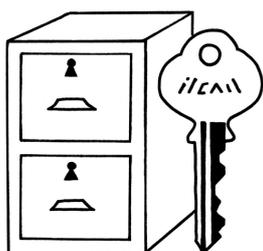
#### 4. Anything else you would like to say?

- Thank you for your support it's great to be making good changes for other Id people
- Enjoyed the visits much more this time around.
- I hope feedback goes to the staff involved as the NHS is always being slated, but in actual fact everyone I met appeared to be committed to their place in the team. They really care about their workplace and their duties and deserve to be commended and congratulated.
- A thank you also for the wonderful lunches provided.
- Thoroughly enjoyed whole process and has re4lly helped having an insight into work of community hospitals. Looking forward to doing more next year - when hopefully once again you will be able to choose the dates!
- I would just like to thank everyone involved in this years 'PLACE' assessments which were so much better in the relaying of information to the very welcome early planning of our diaries dates in readiness for the visits.
- I particularly welcomed the way the assessments were carried out on site, whereby only Rachel or Jo had a note pad taking special note of our comments. The appropriate form was then completed to finalise our findings - thus reducing the use of paper and saving confusion as to what part of the form everyone should be on.
- One observation made this year which I'm not sure is appropriate but I did notice that on more than one occasion the Matron walked with us while doing the assessments. I found that a bit un-nerving for her and for me as at times when I observed something to be noted I felt guilty for saying anything in front of her, as they all go on the defensive and take any comments made very much to heart. After all it is there pride and joy they have worked very hard to "get it right", and to hear someone picking up on something is a bit disheartening for them and the staff.

- Apart from my comments about I found the experience very enjoyable and knowledgeable, thank you to all involved.
- I had the privilege of taking part.
- After last years' disappointing outcome I am really pleased that the procedure this year will reflect much more accurately what care provision is present in the Trust's hospitals'. The whole approach was much more measured and the conduct of your staff greatly helped to ensure that visits were carried out entirely satisfactorily.
- Thank you for the opportunity to take part. I hope our participation has been constructively helpful.
- Yes, I did feel listened to whether one agreed or not. It was of interest to discover plans for the hospital so one knew that problems had already been addressed.
- I was glad to be part of the Place team again this year.

# Privacy and dignity

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## We will keep your information safe

Sometimes staff might need to tell other doctors and nurses about your care.



## We treat everyone the same.

We will make sure that:

- you know what is wrong with you
- you are treated fairly
- you know who is looking after you
- we wear name badges
- we communicate with you in the way you want
- we involve you in decisions about your care.





### If you are staying in one of our community hospitals we will:

- make sure you have the right kind of food and drink
- show you where you can go if you want a quiet space
- help you look after yourself – you can still ask us for help if you want to
- tell you about the ward you are staying on and who else is there.



### When we are looking after you at home we will:

- ask you which room you would like us to see you in
- turn our mobile phones off.

# Need help?



## Our Patient Advice and Liaison Service (PALS) can support you.

You can ask a question or tell them if you are unhappy about something.



**Phone:** 0300 123 1807

The team can phone you back.



**Email:** [kentchft.PALS@nhs.net](mailto:kentchft.PALS@nhs.net)



### Post:

Patient Advice and Liaison Service (PALS)  
 Kent Community Health NHS Foundation Trust  
 Unit J, Concept Court  
 Shearway Business Park  
 Folkestone  
 Kent CT19 4RJ

easy read



**(we care)**

Our information is made with help from people with a communication need. Created using CHANGE and stock images.

00132a | Published in December 2018  
 Made by the Communications and Engagement Team | 10.12.18

## Privacy and dignity

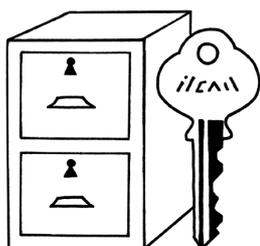
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- you know what is wrong with you
- you have a say in your care and treatment.



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Sometimes staff might need to tell other doctors and nurses about your care.



### We will make sure that:

- you are treated fairly
- you know who is looking after you
- we wear name badges
- we communicate with you in the way you want
- talk to you and involve you in decisions about your care.





### If you are staying in one of our community hospitals we will:

- make sure you have the right kind of food and drink
- show you where you can go if you want a quiet space
- help you look after yourself – you can still ask us for help if you want to
- tell you about the ward you are staying on and who else is there.



### When we are looking after you at home we will:

- ask you which room you would like us to see you in
- turn mobile phones off.

# Need help?



## Our Patient Advice and Liaison Service (PALS) can support you.

You can ask a question or tell them if you are unhappy about something.

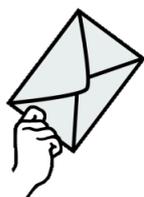


**Phone:** 0300 123 1807

The team can phone you back.



**Email:** [kentchft.PALS@nhs.net](mailto:kentchft.PALS@nhs.net)



### Post:

Patient Advice and Liaison Service (PALS)  
Kent Community Health NHS Foundation Trust  
Unit J, Concept Court  
Shearway Business Park  
Folkestone  
Kent CT19 4RJ

easy read



Our information is made with help from people with a communication need. Created using CHANGE and stock images.

00132a | Review in June 2018  
Made by the Communications and Engagement Team | 7.6.18

<b>Meeting Title:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>7 February 2019</b>
<b>Agenda Item:</b>	<b>2.8</b>
<b>Subject:</b>	<b>Brexit</b>
<b>Presenting Officer:</b>	<b>Natalie Davies, Corporate Services Director</b>

## 1. Introduction

At its previous meeting, the Chief Executive suggested that the Council of Governors may wish to receive an update on the trust's preparations for the United Kingdom's exit of the European Union referred to as "Brexit". The Council supported this and, as a result, this paper updates the Council as to the local preparations for Brexit.

## 2. Overview

As Council members are aware, this is an area which is subject to uncertainty regarding the form and impact of the UK's exit from the EU. Within this context, the Trust has been undertaking significant planning and assessment in partnership with other stakeholders including the Clinical Commissioning Groups, Kent Police and Social Care.

The paper attached as an appendix was sent to the Board at the end of January to provide it with assurance regarding the preparations.

Since this report, a further assurance return has been requested by the Regional team which has been successfully submitted. This highlighted the key risks which the Trust is looking to mitigate particularly around potential travel disruption. Plans continue to be developed and refined to address all the areas of potential risk in collaboration with partners and in response to emerging national guidance.

The Trust is participating in the system "table top" test and undertaking an internal test of our business continuity plans in mid-February. The results of these tests and any lessons learnt will be incorporated in the future iteration of the response plans. While the situation of Brexit is unique, there are common themes to previous incidents and events. The Trust has well developed Business Continuity and Major Incident Plans which are tested regularly and assured externally, these plans are being refined and developed to meet the specific risks presented by the UK's exit from the EU.

## 4. Recommendations

The Council of Governors is asked to note the report.

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	31 January 2019
<b>Agenda Number:</b>	2.8
<b>Agenda Item Title:</b>	Preparedness for Brexit Report
<b>Presenting Officer:</b>	Natalie Davies, Corporate Services Director

<b>Action - this paper is for:</b>	Decision	<input type="checkbox"/>	Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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<b>Report Summary</b>
This report provides information and assurance to the Board of the Trust's position in relation to its preparedness for Brexit.

<b>Proposals and /or Recommendations</b>
For the Board to note the report.

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

Natalie Davies, Corporate Services Director	Tel: 01622 211904
	Email: Natalie.davies1@nhs.net

## PREPAREDNESS FOR BREXIT

### 1. Introduction

The United Kingdom (UK) is scheduled to exit the European Union (EU) at 2300 (GMT) on 29 March 2019.

The Secretary of State for Health and Social Care has issued a number of letters and information on the Government's revised Border Planning Assumptions to industry and the health and care system.

These letters focus on supply chain implications in the event that the UK leaves the EU without a ratified agreement – a 'no deal' exit.

The potential implications of a 'no deal' exit or indeed one with a deal are difficult to fully quantify but it is our duty to prepare for all scenarios. The impact in Kent could be felt particularly acutely with the entry and exit points to mainland Europe and in response a coordinated plan across the county is required. This preparation is being undertaken in partnership with health, social care, police and other organisations in Kent.

### 2. Background

With the publication of the Department of Health and Social Care's 'EU Exit Operational Readiness Guidance' in December 2018, the Government set out its expectation for all health and care commissioners and providers (including adult social care providers) to undertake local EU Exit readiness planning, local risk assessments and test and plan appropriately for the UK's withdrawal from the EU on the 29 March 2019.

The guidance covered seven key areas of risk:

1. supply of medicines and vaccines,
2. supply of medical devices and clinical consumables,
3. supply of non-clinical consumables, goods and services,
4. workforce,
5. reciprocal healthcare,
6. research and clinical trials,
7. data sharing, processing and access.

In addition, Kent and Medway health and care organisations are part of the Kent Resilience Forum (KRF) multi-agency EU Exit planning.

Owing to its unique geography and large number of UK border ports, (Dover Harbour, Euro Tunnel and Ramsgate Harbour) these plans focus primarily on the potential increased traffic volume caused by border checking delays.

To ensure a consistent and joined up approach to planning and assurance, the Kent and Medway Sustainability and Transformation Partnership (STP) is coordinating the business continuity (BC) review and planning for health and care commissioners and providers.

In November 2018, NHS provider organisations were also directed by NHS Improvement to review their supply chains. The outputs from these reviews were fed into the Governments EU Exit Operational Readiness Guidance.

### 3. Assessment

#### 3.1 Governance structure

The Chief Executive has appointed the Corporate Services Director as the lead Director for the EU exit. The Trust has set up a small team lead by the emergency planning function to coordinate the Trust response. A Trust wide committee has been formed reporting to the Executive Team to develop and test the readiness plans.

A number of working groups report to the Committee. These are:

- Adults East including CYP and SES
- Adults West
- Pharmacy
- Contracts, Procurement and Estates
- Service Prioritisation
- IT
- Dental
- Facilities

The issue of transportation and movement across the county is considered by each group and coordinated through the committee.

The Trust work programme echoes the Sustainability and Transformation Partnership in dividing it into three phases:

- Planning phase (Current – March 2019)
  - Identification of impacts
  - Assurance of Business Continuity plan and service plans
  - Coordination of plans with key partners

- Command and Control structure review
- Training, testing and exercise
- Communications
- Response phase (March 2019 - )
  - Operational response active
  - STP Strategic and tactical response teams operational
  - Communications
- Recovery phase
  - Asses and support recovery as required
  - Communications

The STP has appointed a Director with responsibility for EU Exit and is coordinating with the Local Health Resilience Partnership (LHRP) and the other statutory organisations. Monthly meetings of the LHRP are being held at which the Trust is represented.

## 3.2 Committee Sub-Groups

### 3.2.1 Workforce

The impact on the workforce of Britain leaving the EU has been considered. The Trust is aware of 101 members of staff with nationality aligned with the EU. Each of these members of staff has been written to and the Trust has offered to fund their application fee to remain. There will be no change to staff's current rights under EU law until the end of the planned implementation period on 31 December 2020.

### 3.2.2 Medicines

The Chief Pharmacist is part of a communication group with NHS England (NHSE) reviewing the implications of Brexit. This group communicates weekly to assess the on-going implications. At this stage, NHSE advises that no drugs should be stockpiled but to ensure that stores are kept up to date. This is in place.

### 3.2.3 Procurement contract

Procurement has completed a review of all expenditure contracts with suppliers which has been, or is set to be, over £100k. Suppliers have been reviewed for any implications for the supply chain. NHSE has requested a return on this matter in which the trust identified priority areas for review. 17 contracts have been identified under these categories with an assessment and mitigations completed.

Services are in the process of identifying any contract that they hold directly with suppliers or are held through a third party. Clinical commissioning groups

who hold some contracts e.g. the supply of continence products, have been contacted for assurance. This is being coordinated through the STP.

### 3.2.4 Medical devices

Medical devices have been considered as part of the supply of contracts and suppliers. In addition, assurance has been provided that the list of devices is up to date and maintained appropriately.

## 4. Travel

The STP, on behalf of the Kent and Medway CCGs and providers, has been contributing to the KRF road traffic planning to ensure the health and care needs are recognised in these national plans.

Several tests of the Kent Resilience Forum plan have been held; including the recent lorry test between Manston and Dover, and the learning from these is being collated and will be fed into a series of health specific exercises. The potential impact of Brexit on Kent's roads could be significant. The Police are planning for between three and six months of disruption to Kent roads. This has been the discussion of the Local Health Resilience Partnership over the last few months. However, preparations in the last two months have increased.

A Brexit workshop was held on 22 November 2018 where the plans for Operation Brock including plans for haulage storage at Manston and the potential closure of the M26 will all be reviewed together with corresponding management plans and tactical response. The introduction of Operation Brock and related plans is solely the decision of the Kent Police Service. The decision to implement one of these operations will also trigger command groups to be established to coordinate the implementation and take an over view. The NHS will be required to attend these command groups and NHSE has asked both commissioners and providers to ensure they are ready to attend as needed. In readiness for this, the Police are holding training days for both Strategic and Tactical Command. A multi-agency table top exercise is scheduled for 12 February 2019 at which the Trust will be represented.

In the Trust, services have been looking at the potential impact of Brexit on travel for a number of months. The issue of travel across the county is incorporated in service Business Continuity Plans and these measures are being coordinated across the trust. A specific transport plan, akin to the previous Fuel Strike plan is being refreshed. This will include different levels of response and work is on-going to identify:

- Staff's closest base
- Alternative methods of travel and their feasibility for specific services
- Alternative methods of communication
- Staff accommodation at bases

- Use of the voluntary sector
- Core service response

## 5. Plans

The Trust has a draft operational Brexit plan which will be tested through a number of table top exercises, the STP exercise held on 12 February 2019 and an internal exercise facilitated by the Head of Emergency Preparedness, Resilience and Response on 13 February 2019.

Following this exercise and the identified learning, the plan will be updated and brought for approval to the executive early March 2019.

## 6. Multi Agency Assurance and Risk

An assurance template has been created by the STP and circulated to all commissioners and providers (including general practice) of health and social care. It has been designed to identify assurance gaps and risks as well as prompt organisations to test their contingency plans against the seven key areas of activity and the scenario of major traffic disruption caused by delays at the borders. This will be completed by the Trust by the deadline of the end of January. The STP will then collate responses into an action plan to address any identified gaps. The current Trust risk register is shown at Appendix A and the STP EU Exit Risk Register is shown at Appendix B.

## 7. Conclusion

Planning is well underway for the UK's exit from the European union, however, it is an area of uncertainty and plans must remain flexible to respond.

Kent Community Trust is integrated into the whole system planning and work to coordinate across organisations has stepped up in the last few weeks.

**Natalie Davies**  
**Corporate Services Director**  
**24 January 2019**

## Appendix A KCHFT Risk Register

Risk Type	Likelihood	Impact	Risk Score	Mitigation
Clinical Reputational Regulatory	2	3	6	Trust has written to all known effected staff and request that they apply for citizenship. The Trust will refund the application fee of £65.Update 10.01.19 There may be other staff not known to HR who are not UK citizens <b>Update: No longer a fee for Citizenship</b>
Clinical Reputational Regulatory	2	3	6	Chief Pharmacist is in communication with NHS E pharmacists and receiving weekly advice from Deputy Chief Pharmacist England. Advised to keep under review at this stage but not to take any further action. <b>Update: New agreement with Boots for access to 24 hour medicines through Pharmacist on call.</b>
Financial Reputational Regulatory	2	3	6	NHS Self assessment methodology completed Estates KCHFT work stream are reviewing these issues Contract is being reviewed
Clinical Reputational Regulatory Financial	1	3	3	The Trust to agree and identify a lead
Clinical Reputational Financial	3	4	12	Ensure current information is communicated to appropriate staff as it is available. Business Continuity Plans refreshed and updated. Trigger documents currently being written which will form part of the Trust operational plan. Mapping of staff is in progress. NHS E and the KRT are facilitating workshops.
Clinical Reputational Regulatory Financial	2	3	6	Consider with the CQC their requirements Review the locations of staff
Clinical Reputational Regulatory Financial	1	3	3	Comms/ training to encourage staff to download SKYPE for business Replace telephones in key areas and replace with a robust system Investigate the purchase of laptops Be assured the impact of staff working from home will not impact on delivery of care
Clinical Reputational Regulatory Financial	1	3	3	Raise issue with Chief Operating Officer at KSS Clinical Research Network. Individual strategies required for each study. Monitor progress against national audits and discuss alternate strategies for submission with audit leads.

## Appendix B STP Risk Register

Area	Concern	Possible mitigation
Business Continuity (BC)	Existing BC plans have not been tested against EU Exit risk assessment scenarios.	<ul style="list-style-type: none"> <li>- Kent and Medway NHS organisations involved in the EU Exit planning programme.</li> <li>- CCG table top exercises to be held in February against key risks.</li> <li>- Assurance around provider BC plans and risk assessment being collated and reviewed.</li> <li>-</li> </ul>
Medication	Management of drug stocks in England is being centrally managed by the DoH and NHSE. This sits outside the control of the STP.	<ul style="list-style-type: none"> <li>- Ensuring a consistent message goes out to patients and clinicians about not stockpiling medication.</li> <li>- Encouraging 28 day prescribing in the majority of patients to reduce medication 'held' by patients</li> <li>- Encouraging patients to only order what they need.</li> <li>- Working with local community pharmacies and GP practices to manage specific stock issues</li> <li>-</li> </ul>
Command and Control	The potential longevity and input requirement to Tactical Command Group (TCG) during the response phase presents capacity issues for Category two responders.	<ul style="list-style-type: none"> <li>- CCGs to review its on-call provision (including equipment and training) and availability for an extended period of time.</li> <li>- Providers to review their incident response provision and availability for an extended period of time.</li> <li>- CCGs consider creating a dedicated resource to respond to the demands of the TCG.</li> </ul>

Area	Concern	Possible mitigation
Traffic disruption	Traffic management actions may increase local traffic levels and impact on staff movement and service delivery. Impact for all agencies.	<ul style="list-style-type: none"> <li>- Assurance around provider BC plans and risk assessment being collated and reviewed.</li> <li>- Input into traffic management plans to ensure mitigations are identified.</li> <li>- Map potential “hot spots” and design specific solutions.</li> </ul>
Communications	National communications have centred on supply chain maintenance. In addition local plans will address any issue that could impact patients and service delivery, including, traffic disruption.	<ul style="list-style-type: none"> <li>- Kent and Medway comms plan.</li> </ul>

<b>Meeting Title:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	7 February 2019
<b>Agenda Item:</b>	3.1
<b>Subject:</b>	Nomination Committee Report
<b>Presenting Officer:</b>	Sonja Bigg, Lead Governor

## 1. Introduction

The Nomination Committee (the Committee) held a meeting on 16 January 2019. The agenda considered the:

- Nominations Committee Terms of Reference
- Non-Executive Director and Chair Appraisal process
- Re-Appointment of Bridget Skelton
- Board Membership and Responsibilities

This report advises the Council of Governors (the Council) of the recommendations of the Committee.

## 2. Items

### 2.1 Review of the Terms of Reference

The Committee considered the Terms of Reference and agreed the following changes:

- updated detail on diversity and succession planning.
- the Committee membership should be updated to explicitly state it should include a majority of public governors.

#### **Recommendation**

The Committee recommends the approval of the updated Terms of Reference (version 2.0). The Terms of Reference are included as [Appendix A](#).

### 2.2 Appraisal Process for the Chair and NEDs

The Committee considered the appraisal process for the Chair and the NEDs and agreed to recommend the same process as used in previous years, which consists of:

- a 360 appraisal whereby the NED receives feedback from other NEDs, the executive and Governors against an agreed set of questions;

- a report on this feedback being generated by the Trust Secretary and provided to the appraiser (Chair or Senior Independent Director as appropriate) and
- the outcome of the appraisal being reported to the Nominations Committee.

The Nominations Committee will then be able to report to the Council regarding whether the process has been followed and a very high level outcome of the appraisal. The full appraisal processes for the Chair and NED's are included as Appendix B.

### **Recommendation**

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 Council is asked to note that appraisals for all NEDs will be undertaken, however the 360 questionnaire will not be completed by Governors for the NEDs appointed on 1 February 2019.

### **2.3 Re-appointment of Bridget Skelton**

Bridget Skelton's three year term of office expires on 6 April 2019.

#### **Recommendation**

The Committee recommends the re-appointment of Bridget Skelton for a three year term of office, to 6 April 2022.

The Committee also recommends that Bridget Skelton continues during her second term of office as the Senior Independent Director.

### **2.4 Appointment of Vice chairperson**

Richard Field is standing down as Vice Chair from 1 February 2019.

Paragraph 13.1 of the Trust's Constitution states that "The Council of Governors at a formal meeting of the Council of Governors shall appoint one of the Non-Executive Directors as a Deputy Chairman for such period not exceeding his term of office as a Non-Executive Director, as the Council of Governors may specify on appointing him."

#### **Recommendation**

The Committee recommends the appointment of Peter Conway as Vice Chair of the Trust.

### **2.5 Start Date of Term of Office for Martin Cook and Francis Drobniowski**

Richard Field and Steve Howe have both given notice to the Council of Governors and the Board that they wish to resign from the Board in 2019. The

agreed date for this is now 31 January 2019. Therefore, the newly appointed designate NEDs, Martin Cook and Francis Drobniowski will become NEDs of the Board from 1 February 2019.

#### **Recommendation**

The Council is asked to note that the Mr Cook and Professor Drobniowski become NEDs on 1 February 2019.

### **2.6 Appointment of Associate NEDs**

As agreed with the Committee and the Council as part of the recruitment process for the new Chair and NEDs, it is proposed that Richard Field and Steve Howe are appointed as Associate NEDs (no voting rights) for the period 1 February 2019 to 30 April 2019. This will enable the completion of the six-month transition period for the new NEDs; Martin Cook and Francis Drobniowski.

#### **Recommendation**

The Council approves the proposal that Richard Field and Steve Howe become NED Designates from 1 February and that they receive the same remuneration as a Non-Executive Director for the period 1 February 2019 to 30 April 2019.

### **3. Recommendations**

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

- The updated Terms of Reference (version 2), The Terms of Reference are included as Appendix 1.
- The proposed appraisal process
- The re-appointment of Bridget Skelton for a three year term of office, to 6 April 2022.
- That Bridget Skelton continues during her second term of office as the Senior Independent Director.
- The appointment of Peter Conway as Vice Chair of the Trust.
- That Richard Field and Steve Howe become NED Designates from 1 February and that they receive the same remuneration as a Non-Executive Director for the period 1 February 2019 to 30 April 2019.
- Note that Mr Cook and Professor Drobniowski become full NEDs on 1 February.

**Appendix 1**



**Terms of reference  
Nominations Committee**

**Document Control**

Version	Draft/Final	Date	Author	Summary of changes
1.0	Final	April 2019		
1.1	Draft	07/12/18	Joy Fuller	Amended to include further detail around succession and diversity
1.2	Draft	16/01/19	Nominations Committee	Membership of the committee amended to state that there should be a majority of public governors

**Review**

Version	Approved date	Approved by	Next review due
1.0	April 2014	Council of Governors	

## **1 Membership**

- 1.1 Members of the committee shall be appointed by the Council of Governors in consultation with the chair of the board of directors and shall be made up of at least 4 members, including the chairman of the NHS foundation trust and the majority of whom shall be public governors, and free of any conflict of interest.
- 1.2 Only members of the committee have the right to attend committee meetings. Other individuals such as the chief executive, Directors and external advisers may be invited to attend for all, or part of, any meeting, as and when appropriate.
- 1.3 Appointments to the committee shall be for a period of up to three years, which may be extended for a further three-year period, provided the committee member remains a member (and Governor as appropriate) of the foundation trust.
- 1.4 The foundation trust chairman shall be the chair of the committee, or vice-chairman of the board of directors or an independent non-executive director. The chairman of the foundation trust shall not chair the committee when it is dealing with the matter of succession to the chairmanship, and shall not participate in discussions concerning their performance or possible re-appointment.
- 1.5 Members conflicted on any aspect of an agenda presented to the committee, such as succession planning for a non-executive director vacancy or the chair's position shall declare their conflict and withdraw from discussions.

## **2 Secretary**

- 2.1 The trust secretary or their nominee shall act as the secretary of the committee.

## **3 Quorum**

- 3.1 The quorum necessary for the transaction of committee business shall be 3 the majority of whom must be governors. A duly convened meeting of the committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

## **4 Frequency of meetings**

- 4.1 The committee shall meet at least twice a year and at such other times as the chair of the committee shall require.

## **5 Notice of meetings**

- 5.1 Meetings of the committee shall be summoned by the secretary of the committee at the request of the chairman of the committee.

- 5.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded to each member of the committee, any other person required to attend and all other governors, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

## **6 Minutes of meetings**

- 6.1 The secretary shall minute the proceedings and resolutions of all meetings of the committee, including recording the names of those present and in attendance.
- 6.2 The secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.
- 6.3 Minutes of committee meetings shall be circulated promptly to all members of the committee and, once agreed, to all members of the board of directors unless a conflict of interest exists.

## **7 Annual members' meeting**

- 7.1 The chairman of the committee shall attend the annual members' meeting prepared to respond to any members questions on the committee's activities.

## **8 Duties**

- 8.1 The committee shall:
- 8.1.1 Regularly review the structure, size and composition (including the skills, knowledge and experience) required of non-executive directors of the board of directors compared to its current position and make recommendations to the board of governors with regard to any changes
- 8.1.2 Give full consideration to succession planning for all non-executive directors in the course of its work, taking into account the challenges and opportunities facing the foundation trust, and what skills and expertise are therefore needed on the board of directors in the future
- 8.1.3 Be responsible for identifying and nominating, for the approval of the council of governors at general meeting, candidates to fill non-executive director vacancies, including the chair as and when they arise
- 8.1.4 Before any appointment is made by the council of governors, evaluate the balance of skills, knowledge and experience on the board of directors, and, in the light of this evaluation prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates the committee shall:
- Use open advertising or the services of external advisers to facilitate the search.

- Consider candidates from a wide range of backgrounds, promoting diversity and equality with particular reference to the protected strands of diversity.
  - Consider candidates on merit and against objective criteria, taking care that appointees have enough time available to devote to the position.
  - Take into account the views of the board of directors as to the skills, experience and attributes required for each position.
- 8.1.5 Review the job descriptions of the non-executive director role and that of the chair on an on-going basis
- 8.1.6 At least once every three years, receive and consider a recommendation from the Trust Secretary regarding the remuneration of Non-Executive Directors. The Committee will then make a recommendation to the Council for approval.
- 8.1.7 Keep under review the leadership needs of the organisation, with a view to ensuring the continued ability of the organisation to deliver services effectively.
- 8.1.8 Keep up to date and fully informed about strategic issues and commercial changes affecting the foundation trust and the environment in which it operates.
- 8.1.9 Review annually the time required from non-executive directors to perform their roles effectively. Performance evaluation should be used to assess whether the nonexecutive directors are sufficiently fulfilling their duties.
- 8.1.10 The committee, having consulted the board of directors, will make recommendations to the governors on the appropriate process for evaluating the chair which is led by the Senior Independent Director.
- 8.1.11 Ensure there are a majority of governors on the interview panel when recruiting a new chair, and
- 8.1.12 Ensure that on appointment to the board of directors, non-executive directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board meetings, and that all non-executive directors have confirmed that they have the time to serve. Terms and conditions of appointment should be made available for public inspection.
- 8.2 The committee shall make recommendations to the board of governors concerning:
- 8.2.1 Formulating plans for succession for non-executive directors and in particular for the key role of chairman
- 8.2.2 Suitable candidates to fulfil the role of senior independent director

- 8.2.3 Proposals for the position of vice-chair, where appropriate and with due regard for the opinions of the board of directors
  - 8.2.4 The re-appointment of any non-executive director at the conclusion of their three-year term of office having given due regard to their performance and ability to continue to contribute to the board of directors in the light of the knowledge, skills and experience required
  - 8.2.5 Any matters relating to the continuation in office of any non-executive director at any time including the suspension or termination of service, and
  - 8.2.6 Any recommendation to the board of governors pertaining to the removal of any nonexecutive director, including the chairman of the board of directors, shall be subject to a  $\frac{3}{4}$  vote in favour by all governors
- 8.3 The committee shall ensure that the foundation trust's annual report provides sufficient information about its role and duties and the process by which it fulfilled those duties, including its approach to succession planning and diversity.
- 8.4 The committee will ensure that the full range of eligibility checks have been performed and references taken and found to be satisfactory.

## 9 Reporting responsibilities

- 9.1 The committee chairman shall report formally to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 9.2 The committee shall make whatever recommendations to the Council of Governors it deems appropriate on any area within its remit where action or improvement is needed.
- 9.3 The committee shall make a statement in the annual report about its activities, the process used to make appointments, its approach to succession planning and diversity, and explain if external advice or open advertising has not been used.
- 9.4 The committee shall make available upon request, in a format they deem appropriate, information regarding the attendance of all members at committee meetings.

## 10 Other matters

The committee shall:

- 10.1 have access to sufficient resources in order to carry out its duties, including access to the trust secretariat for assistance as required

- 10.2 be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members
- 10.3 give due consideration to laws and regulations, and the provisions of the NHS Foundation Trust Code of Governance
- 10.4 oversee any investigation of activities which are within its terms of reference, and
- 10.5 at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the board of governors for approval.

## 11 Authority

The committee is a committee of the Council of Governors and has no executive powers, other than those specifically delegated in these Terms of Reference. The committee is authorised:

- 11.1 to seek any information it requires from any employee of the foundation trust in order to perform its duties
- 11.2 to obtain, at the trust's expense, outside legal or other professional advice on any matter within its terms of reference to the total of £5,000 per annum, and
- 11.3 to call any employee to be questioned at a meeting of the committee as and when required.

## Appendix 2

### **The Chair's appraisal process**

- a) Before the appraisal meeting the Chair should complete a self-assessment form and forward it to the Senior Independent Director (SID) in a timely manner, prior to the appraisal.
- b) The Members of the Board of Directors (executive and non-executive) will be asked to complete a peer assessment survey whose questions reflect the constitution of the Trust and the terms and conditions of appointment i.e. strategic awareness, leadership of the Board, commitment, independence etc. The responses will be collated by the Trust Secretary, who will prepare a consolidated report for the Senior Independent Director (SID).
- c) The Senior Independent Director will ask the Trust Secretary to coordinate the views of Members of the Council of Governors of the performance of the Chair by way of an anonymous feedback survey whose questions reflect the constitution of the Trust and the terms and conditions of appointment i.e. strategic awareness, leadership of the Board, commitment, independence etc.

Note - The feedback form could be prefaced by a short self-appraisal summary.

- d) Trust Secretary to prepare a consolidated report of feedback from the Board and the Council of Governors for the SID to review and then for the SID to share with the Chair.
- e) The SID will then meet with the Chief Executive, to receive any additional feedback on behalf of the Executive Directors. The SID will also obtain feedback from a number of external stakeholders, informally and in confidence to establish evidence of external relationship building.
- f) The SID will meet with the NEDs, without the Chair present to receive any additional feedback from the NEDs.
- g) The SID will then discuss with the Lead Governor any additional feedback from the Governors.
- h) The SID will then consolidate the feedback received and update the report prior to meeting the Chair to discuss all the feedback received, and to complete the appraisal form.
- i) The appraisal outcome will be summarised for a meeting of the Nominations Committee, which shall be chaired by the SID for this purpose only. Any recommendations from the Panel will be presented to the next appropriate meeting of the Council of Governors by the SID and supported by the Lead Governor in closed session; the Chair shall vacate the Chair in favour of the SID during the discussion and debate on this matter only.
- j) The SID will then feedback to the Chair on the outcome of the meeting of the Members Council and document the decisions of the Council of Governors.

### The NED appraisal Process

- a) Before the appraisal process begins the Non-Executive Director should complete the self-assessment form and forward it to the Chair in a timely manner. The self-assessment form will be structured to show evidence of performance.
- b) The Members of the Board of Directors (executive and non-executive) will be asked to complete a peer assessment survey whose questions reflect the constitution of the Trust and the terms and conditions of appointment, i.e. strategic awareness, independence, objectivity, commitment etc. The responses will be collated by the Trust Secretary, who will prepare a consolidated report for the Chair.

Note - The feedback form could be prefaced by a short self-appraisal summary.

The Chair will also ask the Trust Secretary to coordinate the views of the Council of Governors, by way of an anonymous feedback survey whose questions reflect the constitution of the Trust and the terms and conditions of appointment, i.e. strategic awareness, independence, objectivity, commitment etc. of the Non-Executive Director. The NED self-assessment summary will be sent to Governors along with the feedback form.

- c) The Trust Secretary will prepare a consolidated report of feedback for the Chair.
- d) The Chair will discuss with the Lead Governor any additional feedback from the Governors.
- e) The Chair will meet with each Non-Executive Director to discuss all the feedback received including the Chair's own input, and to complete the appraisal form.
- f) The appraisal form will be summarised for a meeting of the Nominations Committee and any recommendations from the Panel will be presented to the next appropriate meeting of the Council of Governors by the Chair in closed session.
- g) The Chair will feedback to the NED's on the outcome of the meeting and document the feedback of the Council of Governors.

In both processes the Nominations Committee will give assurance to the full Council of Governors that all due process have been followed.