

Agenda and Papers

for the

Kent Community Health NHS
Foundation Trust

Council of Governors

in Public

to be held at 1pm on

Thursday 31 October 2019

In

Astor Pavilion
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 1.00pm on 31 October 2019
in the Astor Pavilion, 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 31 July 2019	Chair	Att. 1
1.5	Matters Arising of the Kent Community Health NHS Foundation Trust Council of Governors meeting	Chair	Att. 2
1.6	Chair's Report <ul style="list-style-type: none"> • Report on Service Visits by the Chair and Non-Executive Directors 	Chair	Att. 3
1.7	Trust Quarterly Report	CEO	Att. 4

2. REPORTS TO THE COUNCIL

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

3. ITEMS FOR APPROVAL

- | | | | |
|-----|--------------------|--------------------------------|--------|
| 3.1 | Governor Elections | Corporate Services
Director | Att. 7 |
|-----|--------------------|--------------------------------|--------|

4. PAPERS AVAILABLE FOR GOVERNORS

<p>The July Formal Board papers were previously shared with Governors. The next Formal Board meeting will take place on 28 November 2019.</p>	<p>For noting</p>
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5. ANY OTHER BUSINESS

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

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

7 DATE AND VENUE OF NEXT MEETING

The next meeting of the Kent Community Health NHS Foundation Trust Council of Governors will take place in public at 1pm on Wednesday 15 January 2020 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 31 July 2019
In the Astor Pavilion, Kent Event Centre, Kent Showground,
Detling, Maidstone, Kent, ME14 3JF

Meeting held in Public

Present:

John Goulston, Chair
Janet Allen, Staff Governor
Sonja Bigg, Staff Governor
Jo Clifford, Public Governor, Shepway
Carol Coleman, Public Governor, Dover and Deal
Ruth Davies, Public Governor, Tonbridge and Malling
John Fletcher, Public Governor, Ashford
John Harris, Public Governor, Sevenoaks
Jane Hetherington, Public Governor, Thanet
Miles Lemon, Public Governor, Swale
Dr Sue Plummer, Partner Governor, Universities
David Price, Public Governor, Maidstone
Tony Quigley, Public Governor, Tunbridge Wells
Andrew Scott-Clark, Partner Governor, Kent County Council
Mary Straker, Public Governor, Canterbury
Nigel Stratton, Appointed Governor, Age UK
John Woolgrove, Public Governor, Rest of England

In Attendance:

Pippa Barber, Non-Executive Director
Paul Bentley, Chief Executive
Natalie Davies, Corporate Services Director
Francis Drobniewski, Non-Executive Director
Joy Fuller, Governor Lead (Minute Taker)
Louise Norris, Director of Workforce, Organisational Development and Communications
Bridget Skelton, Non-Executive Director
Mercia Spare, Chief Nurse

31/07/1 Introduction by Chair

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



Our values Compassionate Aspirational Responsive Excellent

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

31/07/2 Apologies for Absence

Apologies were received from Claire Buckingham – Staff Governor, Maria-Loukia Bratsou – Staff Governor and Matthew Wright – Partner Governor.

The meeting was quorate.

31/07/3 Declarations of Interest

Mr Scott-Clark confirmed that he was an employee of Kent County Council.

No other conflicts of interest were declared.

31/07/4 Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 30 May 2019

The minutes were read for accuracy.

Ms Hetherington confirmed that she did attend the meeting.

The Council **APPROVED** the minutes, subject to the above amendment.

31/07/5 Matters Arising

In relation to the action regarding the delay in the Buurtzorg Pilot, Mr Bentley agreed to provide an update at the next meeting.

Action – Mr Bentley

All other items were confirmed and closed.

Mr Goulston invited the Council to raise any additional matters arising. Ms Coleman requested an update on the exploration of holding a dementia event in Thanet. Dr Spare confirmed that the Trust was pulling together a programme of events, and would take into account governor's views that an event in Thanet would be worthwhile.

The Council **RECEIVED** the Matters Arising.

31/07/6 Chair's Report

Mr Goulston presented the report to the Council. Mr Goulston confirmed that the report detailed all visits and meetings attended by the Chair and Non-Executive Directors since the previous meeting.

The Council was informed that the log for Mr Turner and Prof. Drobniowski were incomplete and would be corrected. Mr Goulston confirmed that the report would be updated and recirculated to Governors.

Action – Ms Davies

Mr Goulston reminded Governors that they would be welcome to join him and the Non-Executive Director on any informal visits, and would continue to inform the Governors via the Governor Support Office of any agreed dates.

Mr Goulston commented on the Quality Improvement (QI) Conference, and found the progress of QI projects really enlightening.

Ms Barber commented on her recent visit to Tonbridge Cottage Hospital where she was able to see the development of combining the two wards. She added that she had also attended a Learning Disabilities Academic Session, which highlighted some of the great work happening in the service.

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

31/07/7 Trust Quarterly Report

Mr Bentley presented the report to the Council.

Mr Bentley provided an overview of capital constraints. He confirmed that NHS was facing a significant challenge around the amount of capital that was available to invest in capital schemes. As a consequence, all provider Trusts in Kent and Medway were asked to review its capital programme with regards to delaying or stopping some of the investments. Mr Bentley confirmed that the Trust had made its contribution toward that. He added that the outcome of this would not be released until after the comprehensive spending review.

Mr Bentley commented on the Quality Improvement Conference, and was pleased to report that the Trust was getting to a point where quality improvement was becoming much more business as usual.

Mr Bentley highlighted the Staff Awards held in June, and that every story told was remarkable and a testament to staff.

Mr Bentley confirmed that since the last Council meeting, there were now over 40 Primary Care Networks in place. He added that there was a move to one Clinical Commissioning Group for Kent and Medway, rather than the eight in place currently. He confirmed that there was an increasing alignment of NHS England and NHS Improvement, and explained that whilst they were still two statutory bodies, they were working together much more as one.

In response to a question from Mr Fletcher regarding pressure ulcers, Dr Spare confirmed that all pressure ulcers reported on Datix were reviewed. She added that those reported as serious incidents were also reviewed, as well as how many of those were lapses in care. She confirmed that the two category 2 pressure ulcers mentioned in the report were new to the reporting period.

In response to a question from Mr Price regarding the large high level variances in the financial position, Mr Bentley responded that the variances were interrelated, and gave an example of locum staff which sometimes needed to be recruited through agencies which would come under Non-Pay rather than the usual Pay route.

In response to a question from Mr Quigley regarding the Cost Improvement Plan (CIP), Mr Bentley and Ms Skelton provided assurance that the Finance, Business and Investment Committee review the CIP programme, and every new initiative goes through a rigorous quality impact assessment process. Ms Skelton added that as part of the quality impact assessment, they meet with all services involved to look at different ways of working, ie review skills mix or pathways.

In response to a question from Mr Lemon regarding the underspend on Capital Expenditure, Mr Bentley confirmed that it was rated Amber as it was not on plan, however there was confidence that it would met by year end.

In response to a question from Ms Straker regarding Brexit, Mr Bentley responded that the Trust was required to identify a lead director, confirmed as Ms Davies. Mr Bentley provided his assurance that the Trust had put a number of contingency plans in place. He added that the main issue, which had been flagged nationally, continued to be the significant consequences to the road infrastructure around Kent.

Ms N Davies confirmed that the trust had worked both regionally and nationally with regards to planning. She explained that as a Trust they continued to remain concerned as to the potential impact, but they had done as much as they could at this stage. She added that the Trust had dealt with traffic problems before and gave the example of Operation Stack, which had been well managed by the Trust.

Prof. Drobniowski added that the Trust was as prepared as it could be, and explained that he had asked this question at Board and received assurance that winter planning was now being incorporated into the plans. Mr Goulston confirmed that the Audit and Risk Committee would continue to review the plans very carefully, and would be meeting again at the beginning of September.

Mr Scott-Clark provided his assurance as Co-Chair of the Local Health Resilience Partnership, that there was much more national recognition of the special nature of Kent, which would bear the brunt of a no deal Brexit with regards to transport issues.

Mr Stratton commented on the changes to the system architecture, and was concerned that there had not been much co-ordination with the voluntary sector. He requested that anything the Trust could do to help would be appreciated. Ms Allen confirmed that she sat on the Kent Voluntary Sector Emergency Group, and would ensure that this was discussed at the next meeting.

Action – Ms Allen

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

31/07/8 Governor Feedback from each of the Constituencies

Ms Coleman had attended the Quality Improvement Conference and thanked the Trust for allowing her to be there. She added that she had found it to be an incredibly informative event, and would take away a lot of tips to use in her other roles. She confirmed that she had given a presentation to Learning Disabilities staff at one of their team development session. She had attended a Dover Disability Association meeting which discussed Primary Care Networks and the use of hubs. She had also attended CCG meetings, as well as a multicultural event in Dover.

Ms Clifford had attended an engagement meeting in Dover to discuss the Frailty Strategy.

Mr Quigley had observed the recent Finance, Business and Investment Committee which he found valuable.

Ms Allen had attended the Quality Improvement Conference, and had participated in two We Care visits. She added that she had attended the Staff Awards, and was pleased that the Trust Choir had been shortlisted for an award.

Ms Bigg had attended the Quality Improvement Conference which she found to be a fantastic event. She added that the speaker who talked about human factors was a highlight. She confirmed that she had attended the Nomination Committee meeting. Ms Bigg wished to formally record that the Informal Governor meeting and Governor Development Session which took place earlier that day had been informative and extremely useful for Governors.

Mr Scott-Clark confirmed that he had been part of the Special Educational Needs (SEN) Review. He informed the Council that two consultations had commenced relating to the Domestic Abuse Strategy and Energy Low Emissions Strategy. He mentioned that the latter was also mentioned in the Long Term Plan. He added that he had written to all Chief Executives to confirm that the consultations had commenced.

Ms Hetherington had attended SONIC meetings in Thanet, as well as a Public Health meeting which talked about the increase in the number of suicides in the Thanet area. She added that there had been a number of meetings regarding this issue. She confirmed that she had also attended CCG meetings and had a personal experience at Deal Minor Injuries Unit which was positive.

Mr Fletcher confirmed that he had participated in a We Care Visit to Ashford Long Term Services at Westview and commented on the quality of the visit and member of staff he spoke to. He mentioned that he had attended the opening of the One You Shop in Ashford, and added that the shop was the only one in the Country and had been doing an excellent job so far.

Mr Harris had visited local meeting on health issues, as well as two meetings of the Sevenoaks District Senior Action Forum. He had attended a Healthwatch meeting where there was an update on the falls service, as well as discussions relating to male suicide and cancer waiting times. He added that Bob Bowes had also provided an update relating to the Primary Care Networks including the potential benefits for GP practices. He had also confirmed that there had been some social media presence from the Sevenoaks Women's Forum relating to an offer for a community hub to be established there.

Mr Price confirmed that he had attended the Staff Awards which he found to be a very uplifting experience. He confirmed that he was also a member of the Trust Choir.

Ms R Davies confirmed that she had enjoyed the Trust Choir. She had visited Tonbridge Community Hospital with Ms Barber. She also attended a SECAMB event and participated in a We Care visit to the Rapid Response Team.

Mr Woolgrove confirmed that he had joined the Chair on a visit to the Dental Service. He attended the Formal Board meeting on 25 July. He confirmed that he was also booked onto a GovernWell training course on holding NEDs to account, and he agreed to provide feedback at the next meeting.

Action – Mr Woolgrove

Dr Plummer confirmed that the development of the Kent and Medway Medical School was progressing well, and there had been a lot of interest from local students. She added that she and Ms Bigg as Deputy Lead Governor and Lead Governor respectively, had arranged to meet with their counterparts at other NHS Trusts.

Mr Stratton confirmed that he had attended the recent Quality Committee meeting. He had attended meetings of Age UK where they had discussed collaborative working.

Mr Lemon had participated in a We Care visit to Westview which was an interesting experience and good opportunity to see the service in detail. The visit was led very professionally by Karen Kessack. He noted that there was a very positive and professional staff team led by Carly Edmed and that they had progressed very well over a short time in developing good practice, although there were some areas that still needed to be addressed over the forthcoming months.

31/07/9 Feedback from Communications and Engagement Committee

Ms Coleman provided a verbal report to the Council.

Ms Coleman was pleased to report that there had been a steady increase in membership numbers over the past 3 months. In response to a question from Ms Coleman, Ms Norris agreed to look into what caused the particular spike in membership during May.

Action – Ms Norris

Ms Coleman confirmed that the Committee had agreed the Engagement Strategy with a few minor amendments.

Ms Coleman offered her congratulations to the Engagement Team on the organisation of the Annual General Meeting, in particular the arrangement of the Marketplace.

Ms Coleman confirmed that the Committee would be meeting immediately following the Council meeting.

The Council **RECEIVED** the verbal Report.

31/07/10 Feedback from Charitable Funds Committee

Ms Coleman confirmed that the Committee had met on Friday 26 July, and was pleased to report that the funds looked healthy. She confirmed that the Committee had agreed to fund the innovation to trial a donation envelope within the community hospitals.

Ms Coleman highlighted that the Committee was restricted on what they could and could not fund. She added that non-restricted funds were very limited, and were further constrained by the subsidisation of the Staff Awards and Trust Choir. Ms Allen queried whether funds were used for the Trust Choir as this was not her understanding, and asked for this to be confirmed.

Action – Ms Davies

Mr Bentley acknowledged the restriction on funds and agreed that this warranted further discussion.

The Council **RECEIVED** the verbal Report.

31/07/11 Report on Patient Experience and Complaints

Dr Spare presented the report to the Council.

Dr Spare highlighted key points, which included that patient satisfaction remained high and there had been an increase in satisfaction and Friends and Family Test (FFT) scores at the Minor Injuries Units.

Dr Spare confirmed that there had been an improvement in how well complaints had been handled by the Trust. There had been a general reduction in complaints where staff attitude was the reason.

Dr Spare referred the Council to the 'You said...., we did....' actions contained within the report.

There were no questions from the Council.

The Council **RECEIVED** the Report.

31/07/12 Report on Patient and Public Engagement

Ms Norris presented the quarterly report to the Council.

Ms Norris highlighted that the tender process for the new interpreting and translation service had been concluded, and the start date for the new provider would be September 2019. She added that past service issues had included the availability and quality of the interpreters.

Ms Norris confirmed that the Engagement Team had further developed the support provided for patients and staff with speech and hearing challenges.

They had worked with East Kent Mencap to implement Easy Read advice sheets.

Ms Norris was pleased to report that a Patient Experience Group (PEG) in Thanet had been established, and the Engagement Team would be relaunching the Sevenoaks and Edenbridge PEGs in the near future.

Ms Norris explained that a co-designed training session, focussing on patient and carer involvement, was being developed which would be delivered Trust-wide to staff, patients and carers.

In response to a question from Ms Clifford, Ms Norris agreed to share the number of interpreting requests.

Action – Ms Norris

A discussion followed regarding the interpreting service and whether there was a link to private patient's income. It was confirmed that the Trust did not recognise a link and therefore the information was not recorded in this way.

In response to a question from Ms Bigg regarding safeguarding in relation to interpreters, Ms Norris responded that the interpreters would never be left alone with vulnerable patients. Dr Spare added that trafficking was a main discussion item at the Safeguarding Board.

Mr Drobniewski confirmed that in terms of trafficking, the last week at school is a prime time for services to be on alert at UK ports and airports. The Trust does what it can within the framework of its services.

In response to a question from Ms Allen regarding volunteer recruitment, Mr Norris confirmed that the recruitment of volunteers is as straight forward as possible. She added that the Trust would also be looking to expand the number of volunteers.

In response to a question from Ms Coleman, Ms Norris confirmed that she would clarify whether the End of Life Steering Group had received Easy Read leaflets.

Action – Ms Norris

In response to a question from Ms R Davies, Ms Norris agreed to request the dates of all known Patient Experience Group meetings, which should be shared with the Governor Support Office.

Action – Ms Norris

The Council **RECEIVED** the Report.

31/07/13 Annual Report and Accounts

Ms N Davies presented the report to the Council.

Ms N Davies explained that the final report had been approved by the Board, signed by Mr Bentley and submitted to NHS Improvement.

A number of Governors highlighted that they wished to query a number of potential inaccuracies contained within the report, and Ms N Davies agreed to receive these following the meeting, and that they would be considered for inclusion and learning for next year.

Action – Ms N Davies

Ms N Davies confirmed that the report would be presented to members at the Annual General Meeting in September.

Mr Quigley remarked that it was a very impressive read.

The Council **RECEIVED** the Report.

31/07/14 Governors Annual Report

Ms Bigg presented the report to the Council.

Ms Bigg confirmed that the Governors Annual Report was still work in progress, and would be circulated to governors electronically for their comment and input in due course.

Action – Ms Bigg

Ms Bigg confirmed that she was unable to present the report at the Annual General Meeting due to annual leave, and that Dr Plummer, Deputy Lead Governor, was also unable to attend. Ms Bigg confirmed that she would be seeking another Governor to present the report.

Action – Ms Bigg

The Council **RECEIVED** the report.

31/07/15 Care Quality Commission (CQC) Inspection Report

Mr Bentley presented the report to the Council.

Mr Bentley confirmed that the report had been published last week, and was now available on the CQC website. He was delighted to report that the Trust

had received an overall rating of Outstanding.

He explained that the Trust had become the 23rd NHS Trust, and only the 3rd Community Trust, to be rated as Outstanding in the country.

Mr Bentley confirmed that the Trust had written to every member of staff to thank them for their contribution. Mr Bentley confirmed that in recognition, every member of staff would receive an additional day of annual leave this year pro rata.

Mr Goulston was pleased to report that the Trust had received some very supportive feedback from MPs, as well as personal messages of congratulations from partners, including the Leader of Kent County Council. They had also received some moving emails from members of staff.

Mr Goulston, on behalf of all Governors, recorded their congratulations and thanks to all of the staff, and there was a round of applause.

The Council **RECEIVED** the report.

31/07/16 **Nomination Committee Report**

Ms Bigg presented the report to the Council for approval.

Following consideration, the Council **APPROVED** the recommendations of the Nomination Committee as follows:

- The re-appointment of Pippa Barber for a further three year term to 30 November 2022.
- Remuneration of the Non-Executive Directors should be uplifted by 6% to £13,800 for a three year period. The 20% uplift for Chairs of the major Board Committees would remain in place.
- Ms R Davies and Mr Lemon would be invited to serve on the Nomination Committee. Both Ms R Davies and Mr Lemon verbally accepted the invitation.

Ms Bigg confirmed that the 6% uplift related to the Non-Executive Directors only, not the Chair.

31/07/17 **Amendments to the Constitution**

Ms N Davies presented the report to the Council for approval.

Following consideration, the Council **APPROVED** the following amendments to the Trust Constitution:

- The removal of Paragraph 2.17 "The Trust shall nominate a Non-Executive Director to oversee the NHS security management service which will report to the Board".

- The amendment to the Partnership Governors listed under 1.1.4 and 2.2 of Annex 2 – Composition of Council of Governors.

Ms N Davies confirmed that both amendments would need to be approved by the Board. She added that any amendment to the composition of the Council of Governors, namely the amendment to the Partnership Governors, would also need to be approved by members at the Annual General Meeting.

Action – Ms N Davies

In response to a question from Ms Coleman, Mr Goulston confirmed that the proposed new Partnership Governors had been approached by letter. It was agreed that each organisation would be contacted again to seek a nomination.

Action – Ms N Davies

In response to a question from Mr Fletcher, Ms N Davies confirmed that the proposed new Partnership Governors were Carers FIRST, Kent Dementia Alliance and Young Lives Foundation. She added that there would be no change to the appointed Partnership Governors currently in post.

As a point of accuracy, Dr Plummer confirmed that Christ Church was two words, which had been depicted incorrectly in the report.

Mr Goulston provided assurance that security management was a regular agenda item at the Audit and Risk Committee.

31/07/18 Any Other Business

Ms Allen confirmed that four defibrillators had been purchased and were now placed at different sites across the Trust.

In response to a question from Dr Plummer, it was agreed that an update on the Research Strategy would be presented at the next meeting.

Action – Dr Spare

There was no further business to discuss.

31/07/19 Questions from members of the public

No specific questions were asked.

31/07/20 Date and Time of Next Meeting

Thursday 31 October 2019 at 13.00.

The Astor Pavilion, Kent Event Centre, Detling, Maidstone, ME14 3JF.



Our values Compassionate Aspirational Responsive Excellent

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETINGS

OPEN ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
31 July 2019	31/07/6 – Chair's Report	To update the Chair and NED service visit report, and re-circulate to the governors.	Ms Davies	31.10.19 – report updated and circulated.
31 July 2019	31/07/7 – Trust Quarterly Report	To raise the concern regarding the lack of co-ordination with the voluntary sector in relation to the changes to the system architecture at the next Kent Voluntary Sector Emergency Group (KVSEG) meeting.	Ms Allen	31.10.19 – KVSEG is well established, and managed by the Kent Resilience Team. There are ongoing discussions around system architecture. Ms Allen will respond directly to Mr Stratton regarding the involvement of Age UK.
31 July 2019	31/07/8 - Governor Feedback from each of the Constituencies	To provide feedback regarding the 'Holding NEDs to Account' GovernWell course at the next meeting.	Mr Woolgrove	31.10.19 - feedback to be provided within governor constituency update
31 July 2019	31/07/8 - Governor Feedback from each of the Constituencies	To identify the cause of the increase in membership during May.	Ms Norris	31.10.19 – The increase in membership was due to the recruitment of breast feeding support volunteers who, on their induction, were encouraged to sign up as public members.

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
31 July 2019	31/07/10 – Feedback from Charitable Funds Committee	To confirm whether funds were used for the Trust Choir.	Ms Davies	31.10.19 – The funding arrangement was for a fixed period and was not agreed to be funded as a continued arrangement via the Charitable Funds Committee.
31 July 2019	31/07/12 – Report on Patient and Public Engagement	To share the number of interpreting requests.	Ms Norris	31.10.19 – Information has been included within the report on Patient and Public Engagement.
31 July 2019	31/07/12 – Report on Patient and Public Engagement	To clarify whether the End of Life Steering Group had received Easy Read leaflets.	Ms Norris	31.10.19 – to be updated at the meeting.
31 July 2019	31/07/12 – Report on Patient and Public Engagement	To share the dates of all known Patient Experience Group meetings with the governor support office.	Ms Norris	31.10.19 – Governor support office received dates, and shared with governors.
31 July 2019	31/07/13 – Annual Report and Accounts	To receive points of accuracy from governors in relation to the Annual Report and Accounts.	Ms Davies	31.10.19 – Received.
31 July 2019	31/07/14 – Governors Annual Report	To share the draft annual report with governors prior to publication.	Ms Bigg	31.10.19 – completed. Annual report published in Autumn trust magazine.
31 July 2019	31/07/14 – Governors Annual Report	To seek a governor to present the governor report at the Annual General meeting in September.	Ms Bigg	31.10.19 – Ms Coleman agreed to present the governor report.

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
31 July 2019	31/07/17 – Amendments to the Constitution	To ensure that the amendment to the composition of the council of governors would be included in the governor report at the Annual General Meeting.	Ms Davies	31.10.19 – Amendment to the composition of the Council was included in the governor report at the AGM.
31 July 2019	31/07/17 – Amendments to the Constitution	To contact the proposed new partnership governor organisations to seek a representative.	Ms Davies	31.10.19 – Organisations contacted and two new partnership governors were appointed to represent Carers FIRST and the Kent Dementia Alliance.
31 July 2019	31/07/18 – Any Other Business	To provide an update on the Research Strategy at the next meeting.	Dr Spare	31.10.19 – on agenda for the October development session.
30 May 2019	30/05/7 – Trust Quarterly Report	To provide more detail about the background of the delay referenced in the report regarding the Buurtzorg pilot in Edenbridge.	Mr Bentley	31.10.19 – to be updated at the meeting. 31.7.19 – update will be provided at the October meeting.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETINGS
CLOSED ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
30 May 2019	30/05/7 – Trust Quarterly Report	To explore the possibility of holding another Lets Discuss Dementia event in Thanet.	Mr Bentley	31.7.19 – discussed at Communications and Engagement Committee - closed
30 May 2019	30/05/13 – Operating Plan Report	To ensure that the trust avoids the use of acronyms wherever possible in future reports.	Ms Davies	31.7.19 - Reported back to trust – closed.
30 May 2019	30/05/13 – Operating Plan Report	To incorporate more detail on prevention, health of the population and public health in the operating report next year.	Ms Davies	31.7.19 - Reported back to trust – closed.
30 May 2019	30/05/13 – Operating Plan Report	To amend the Operating Plan; section on Capital Planning to read as £7.7 million, not £2.7 million.	Mr Goulston	31.7.19 - Operating Plan amended.
30 May 2019	30/05/13 – Operating Plan Report	To remove the reference to percentage increase in membership from the Operating Plan.	Mr Bentley	31.7.19 - Operating Plan amended - closed
30 May 2019	30/05/6 – Chair's report	To amend the service visit report on page one to amend meeting on 12 March from KCH Council of Governors to Leaders Conference	Mr Goulston	31.7.19 - Report amended – closed.
30 May 2019	30/05/7 – Trust Quarterly Report	To share the outcome of the CQC Inspection at the July Council of Governors meeting.	Mr Bentley	31.7.19 - on agenda – closed.
30 May 2019	30/05/14 – Kent and Medway Care Record Update	To provide an update on the Kent and Medway Care Record (KMCR) at a future Council meeting.	Mr Bentley	31.7.19 – update to be provided at a future meeting.

7 Feb 2019	07/02/9 – Governor Feedback	To obtain information from the CCG regarding the plans for the local Walk-In Centre and MIU at Gravesham.	Mr Bentley	30/5/19 - Mr Bentley contacted Dartford, Gravesham and Swale CCG as agreed. The CCG thanked Mr Bentley for the contact and confirmed more information would be produced in due course. 31.7.19 - Closed
14 Nov 2018	14/11/18 – Trust Quarterly Report	To confirm to Mr Fletcher the numbers of staff between the current sickness rate against the Trust target of 3.9%.	Ms Norris	7/2/19 - Information be re-sent. 30/5/19 – Information shared with Mr Fletcher. Closed
14 Nov 2018	14/11/18 – Trust Quarterly Report	Dr Sarah Phillips, Medical Director, to be invited to attend a future Council meeting to discuss Quality Improvement.	Ms Davies	30/5/19 – On agenda. Lisa Scobbie, Deputy Medical Director attending May Council meeting. Closed
7 Feb 2019	07/02/5 – Matters Arising	It add a new standard agenda item to highlight the service visits made by the Chairman and Non-Executive Directors.	Mr Goulston	30/5/19 – On agenda. Closed.
7 Feb 2019	07/02/7 – Trust Quarterly Report	To present the financial tables under Appendix 1 in an easy to read format.	Mr Bentley	30/5/19 – Report reformatted. Closed.

7 Feb 2019	07/02/13 – Quarterly Report on Patient Experience	To arrange for governors to receive training on reporting methods.	Ms Davies	30/5/19 – Added to Forward Plan for July Development Session. Closed.
7 Feb 2019	07/02/17 – Any other business	To investigate whether Treat Me Well folders had been distributed within community hospitals for patients with learning disabilities.	Mr Bentley	30/5/19 – The trust routinely uses a Hospital Passport for service users with Learning Disabilities. The passport contains details of their condition, their communication needs and how they should be supported whilst in hospital. The service user will take this into hospital with them. Closed.
7 Feb 2019	07/02/17 – Any other business	To circulate Governors Terms of Office	Ms Davies	30/5/19 – Terms of Office circulated. Closed.
14 Nov 2018	14/11/6 - Matters Arising	To bring the paper on Brexit to the next Council meeting.	Ms Allen	7/2/19 - Discussed at February meeting. Closed.
14 Nov 2018	14/11/18 - Trust Quarterly Report	The financial position to be written as a narrative in the main report, with the table included as an appendix.	Mr Bentley	7/2/19 - Changes reflected in report. Closed.

14 Nov 2018	14/11/19 - Governor Feedback	A structure of services to be shared with all Governors.	Ms Davies	7/2/19 - Services brochure emailed to all governors. Closed.
14 Nov 2018	14/11/19 - Governor Feedback	To raise the matter of the potential increase of RTT resources by 36 wte staff at the A&E delivery board.	Mr Bentley	7/2/19 - Mr Bentley added that the A&E Delivery Board for East Kent was supportive of the Integrated Discharge Team (IDT). Closed.
14 Nov 2018	14/11/14 - Election of Public Governors	To look into whether the date for publication of notice of elections could be brought forward.	Ms Fuller	7/2/19 - Unfortunately, the date could not be moved. Closed.
14 Nov 2018	14/11/15 - Any Other Business	To escalate the issues at Victoria Memorial Hospital in Deal. No disabled access ramp at the main entrance and the temporary hand written signs to direct patients to the new MIU facility.	Ms Davies	7/2/19 - NHSPS informed KCHFT that they are meeting legal requirements with regards to the building. Closed.
27 July 2018	27/07/25 - Trust Quarterly Report	It was agreed that the graph on Friends and Family feedback would include the comparison with other trusts to give context.	Ms Carruth	14/11/18 - Will be included in future reports to the Council. Closed

27 July 2018	27/07/30 - Quarterly Report on Public Engagement	Mr Price commented that they had been seeking the breakdown of membership by age, sex, ethnicity for some time and he was not aware it had been received. He received assurance that they had now been sent out and he highlighted the importance of being able to compare engagement across the whole population. It was agreed that this would be provided.	Ms Norris	14/11/18 - Membership Data sent to Governor Support Office before each meeting. Data is then circulated to all Governors. Closed
9 May 2018	08/05/11 – Quality Report on Patient Experience	Regarding the complaints recorded concerning the lack of night cover within the Rapid Response Team, Ms Heskett asked if the effect on patient experience was being captured and whether there would be an opportunity to present case studies to the End of Life Strategy Group, to see how overnight work is structured going forward.	Ms Strowman	27/07/18 - The EOL Nurse Consultant is undertaking a review of the incidents of concern regarding patient experience at night and this will include recommendations on appropriate actions. Closed

Title of Meeting	Council of Governors
Date of Meeting:	31 October 2019
Agenda Item:	1.6
Subject:	Service Visits and Partnership Meetings attended by the Chair and Non-Executive Directors
Presenting Officer:	John Goulston, Chair

Period covered – 1 August – 31 October 2019

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

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

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

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

Key -

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

Title of Meeting	Council of Governors
Date of Meeting:	31 October 2019
Agenda Item:	1.7
Subject:	Trust Quarterly Report
Presenting Officer:	Paul Bentley, Chief Executive

1. Performance

1.1 Quality

The Quality indicators continue to report a strong position and provide assurance that we are delivering high quality care.

Patient experience continues to be high with 96.7% of patients saying they were satisfied with their care during August. This is a slight decrease on 97.4% reported in July.

The year to date sickness absence figure for August is 4.06%, which is below the target of 4.20%. I am pleased to report that both turnover and stress-related absence have continued to reduce (16.63% and 1.18% respectively) with a fall in vacancy rate to just over 8.3%.

During June and July 2019, there were 13 lapses in care identified that related to 18 pressure ulcers. There were ten category 2 pressure ulcers, one category 3 pressure ulcer, a deep tissue injury and six ungradable pressure ulcers.

There were 104 falls reported in June and July 2019, five of which were found to be avoidable. One has been declared as a serious incident and the remaining four resulted in no harm to the patient. With the exception of June, the number of avoidable falls has reduced since March 2018 and the number of falls per month has consistently remained below 4.

1.2 Quality Surveillance Group (QSG) – trust surveillance level

The QSG meets bi-monthly and brings together different parts of the health and care economy to routinely and methodically share information and intelligence about quality. The group is made up of representatives from NHS England and NHS Improvement, Clinical Commissioning Groups, Care Quality Commission, local authorities, Health Education England and Healthwatch. The QSG wrote to all Kent and Medway Providers in August to confirm their current surveillance level. I am pleased to report that our trust was awarded the level 'Routine', which means that there were no persistent or increasing quality concerns identified.

1.3 Financial Position

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

2. Patients

2.1 Winter Planning

Winter preparations are well under way. To support the delivery of services throughout winter we will work in partnership with members of the local health and social care systems.

Work has continued to support system flow through improving patient discharge and preventing admission, and will see the introduction of a number of new initiatives to support patients and staff through the winter period.

Clear escalation plans will be agreed with early warning triggers, and the trust will be closely monitoring workforce, community hospitals, specific project outcomes e.g Rapid Transfer Service and Virtual Ward, A&E performance, system wide plans through the A&E Delivery Board and MIU attendances.

2.2 New Interpreting Service

Our interpreting service is now being provided by OnCall. OnCall provides telephone and face to face interpreting, as well as British Sign Language and other forms of support for service users with hearing loss.

2.3 World Patient Safety Day

On 17 September, we celebrated World Patient Safety Day where we highlighted some of the good work across going on across the trust to improve patient safety. We were delighted to welcome Linda Dempster, Head of Infection Prevention and Control at NHS Improvement. She visited both Whitstable and Tankerton Community Hospital and Hawkhurst Community Hospital to see how we are keeping patients safe. At Trinity House, there was a World Patient Safety Day stand in reception where colleagues could complete a questionnaire and talk about what patient safety means to them. There were also many blogs on FLO where colleagues shared information about patient safety projects and events they were involved in.

3. Our people

3.1 Leaders Conference

Over 200 colleagues attended the Leaders Conference in October. The topic of the day was equality and diversity, which included a session on unconscious bias, and an explanation around equality monitoring. There was also a presentation about the work we are doing with Kent Support Employment in job carving and supporting people with disabilities in the workplace.

3.2 Staff Flu Campaign

The annual campaign is now underway and we are encouraging staff to have the free flu vaccination. This year, we have made it even easier to have the vaccine by ensuring that peer vaccinators are located in all the different workplaces across the trust. We also held flu clinics at two of our recent staff conferences.

3.3 Menopause Network

We held our first ever Menopause Networking event in October, which was attended by around 40 staff including partners. It was a great evening which allowed people to share experiences and find out information and get support. There were presentations from Dee O'Brien, associate specialist in sexual and reproductive health, who talked about HRT and menopause symptoms and Donna Osborn, urogynaecology physiotherapist, who talked about physiotherapy of the pelvic floor. The event was also attended by Elizabeth Ellis from the campaign group Pausitivity.

3.4 World Physiotherapy Day Conference

I was delighted to open our first physiotherapy conference in September, which was a huge success. The event was attended by over 65 physiotherapists and physio support workers. Every clinical service was represented and there were some great presentations. We also presented an award for Physiotherapist of the Year to Burnett Hartzenberg from Swale MSK Physiotherapy Team, and an award for Physiotherapist Support Worker of the Year to James Page from West Kent Falls Prevention Service.

Coaching Workshops and Action Learning Sets

Earlier this year, we introduced coaching workshops which are now under way and delivering positive outcomes. This is a two-day training programme in coaching skills which we expect around 800 line managers to complete during the next two years.

We have also recently launched action learning sets, which is a simple yet powerful way for us to learn from each other in groups using an approach to solving real-life problems with actions and reflecting on the results. It supports problem solving, resilience building and the development of a community of leaders. It's different to some learning in that it encourages people to talk about practical and theoretical experiences to help each other to develop.

4. Partnerships

4.1 New architecture of the NHS in Kent and Medway

The eight clinical commissioning groups (CCGs) in Kent and Medway have agreed that they wish to form a single CCG to improve the care for the people we all serve. This is a first step towards Kent and Medway becoming an integrated care system. This change has been approved to take effect from 1 April 2020, subject meeting certain conditions. The CCGs strongly believe this will improve the quality of life and quality of care for patients, and will help people to live their best life. The trust continues to engage in discussions about setting up the four new integrated care partnerships, and we are still working toward establishing a Kent and Medway integrated care system by April 2021.

In January 2019, the NHS published its Long Term Plan (LTP) setting out a strategy for the next ten years. It was therefore a broad reaching and aspirational document which described a new service model for the 21st Century and the continuation of a policy direction towards an Integrated Care System (ICS) architecture. There was greater emphasis on primary and community care, mental healthcare, prevention, population health and tackling health inequalities.

The Kent and Medway five year strategy delivery plan is now being developed that articulates what will be achieved for the population over the next five years, and in doing so the document will set out the local delivery intentions for the NHS Long Term Plan. The Plan builds on the NHS Long Term Plan which Governors received reports and presentations on in previous meeting have seen and been consulted on previously. In addition, Governors may be aware that there have been consultative public events held in local areas which have been very helpful in developing the draft plan.

4.2 Planning for exiting the European Union

At the time of writing this report, the United Kingdom (UK) is scheduled to exit the European Union (EU) on 31st October 2019. The clarification of the date will occur following debates in parliament. In the meantime, preparations in the Trust have continued without pause. The uncertainty surrounding the United Kingdom's intended exit means that the Trust, and our partners, need to be ready for an exit on whichever date it takes place. An operational Board has been established, chaired by the Senior Responsible Officer (SRO) for the exit from the EU; the Corporate Services Director. This group oversees Trust preparations. Meeting fortnightly, this group receives reports from the established work streams through their appointed leads. Regular reports to the Executive Team and the Board are on-going with a report to Board Committees as required.

In addition, the Trust is an active member of the Local System planning with attendance at the Sustainability and Transformation Plan Brexit meetings, exercises and the Local Health Resilience Partnership meetings.

Our highest risk in Kent remains the potential impact on the ability to travel around the county. This impact has been extensively scenario planned and tested both internally and with partners. These plans include contingency in case the delivery of care to our patients is threatened. Communication channels are established and clear with regular information to staff and patients regarding the plans and a clear communications strategy for the event has been agreed across the system. While we are not able to eliminate all risks in this scenario, the planning and testing can provide confidence that we are as prepared as we can be in the face of the current uncertainty.

Paul Bentley
Chief Executive

October 2019

Appendix 1

Assurance on Financial Sustainability

Surplus		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	1,223	972	251
Year End Forecast £k	2,463	2,350	113
<p>The Trust achieved a surplus of £1,223k to the end of August.</p> <p>Pay and depreciation/interest have underspent by £2,489k and £14k respectively non-pay has overspent by £1,385k.</p> <p>Income has under-recovered by £867k.</p> <p>The forecast is to deliver a surplus of £2,463k which is £113k ahead of the plan for the year, due to additional provider support funding received in 2019/20 but relating to 2018/19 of £113k.</p>			

Cash and Cash Equivalents		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	40,428	36,142	4,286
Year End Forecast £k		32,302	
<p>Cash and Cash Equivalents as at M5 close stands at £40,428k, equivalent to 65 days operating expenditure.</p> <p>The Trust recorded the following YTD public sector payment statistics 98% for volume and 97% for value.</p>			

Use of Resourcing Rating		Rag rating: Green	
	Year to Date Rating	Year End Forecast Rating	
Capital Service Capacity	1	1	
Liquidity	1	1	
I&E margin (%)	1	1	
Distance from Financial Plan	1	1	
Agency Spend	1	1	
Overall Rating	1	1	
<p>The Trust has scored the maximum rating against the Use of Resource rating metrics for M5 2019-20.</p>			

Capital Expenditure		Rag rating: Amber	
	Actual/Forecast	Plan	Variance
YTD Expenditure £k	836	2,355	1,519
Year End Forecast £k	7,372	7,654	282
<p>Capital Expenditure year to date is £836k, representing 35% of the YTD initial plan submitted.</p> <p>The full year forecast is as per the revised plan submitted to NHSI on 15 July and the Trust expects to utilise this in full.</p>			

CIP		Rag rating: Amber	
	Actual	Plan	Variance
Year to Date £k	1,919	2,202	-283
Year End Forecast £k	5,299	5,299	0
<p>The Trust achieved CIPs of £1,919k to the end of August against a risk rated plan of £2,202k, which is £283k behind target.</p> <p>83% of the total annual CIP target has been removed from budgets at month five.</p> <p>The Trust is forecasting to achieve the full plan of £5,299k by the end of the year.</p>			

Agency Trajectories		Rag rating: Green				
	M5			YTD		
	Actual	Trajectory	Variance	Actual	Trajectory	Variance
External Agency Expenditure (inc. Locums) £k	482	628	146	2,622	3,140	518
Locum Expenditure £k	78	106	28	459	530	71
<p>External agency expenditure (including locums) was £482k against £628k trajectory in August. (YTD £2,622k against £3,140k trajectory).</p> <p>Locum expenditure in August was £78k against £106k trajectory. (YTD £459k against £530k trajectory).</p>						

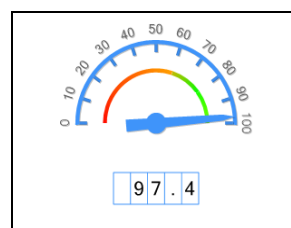
Title of Meeting	Council of Governors
Date of Meeting:	31 October 2019
Agenda Item:	2.4
Subject:	Report on Patient Experience and Complaints
Presenting Officer:	Mercia Spare, Chief Nurse (interim)

Patient Experience and Complaints Quarterly Performance Report Quarter 1 – 2019/20

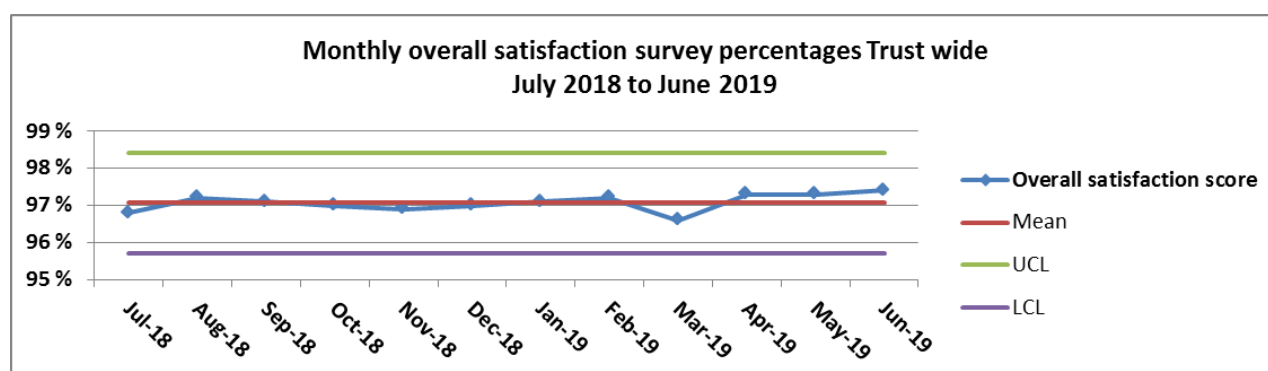
This report provides a summary of information regarding complaints, Patient Advice and Liaison Service (PALS) and patient experience feedback across all clinical services for Quarter 1 (Q1), 1 April to 30 June 2019.

1.0 Combined Satisfaction Score (local surveys)

17,792 surveys were completed by KCHFT patients, relatives and carers with a strong combined satisfaction score of **97%** in Q1.

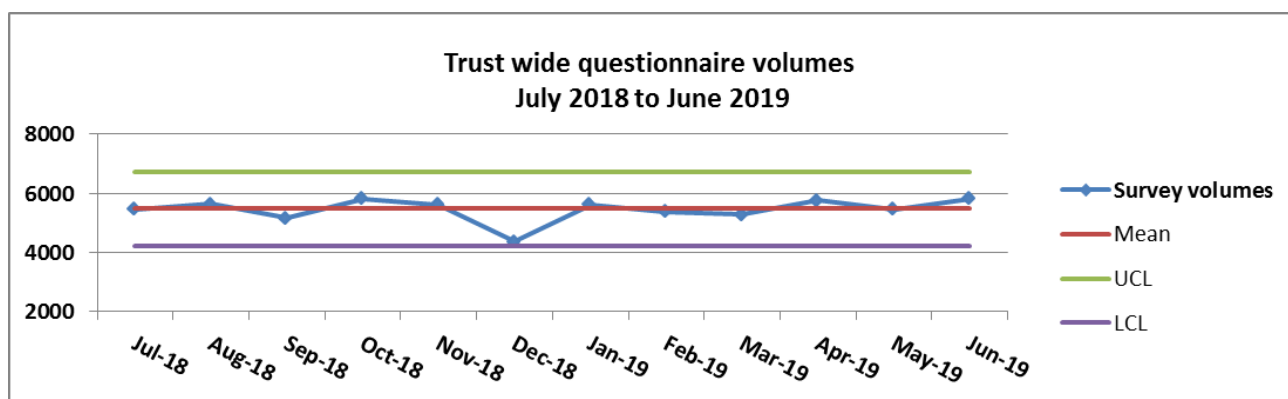


Overall satisfaction survey percentages trust wide from July 2018 to June 2019 were consistently good, with a slight increase in scores in Q1.



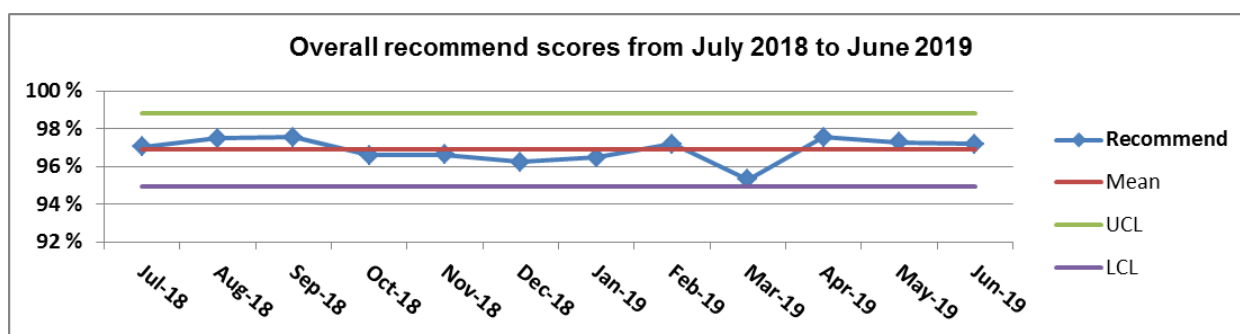
2.0 Meridian Survey volumes

Survey volumes increased in Q1 when compared with Q4 2018/19, consistent with the same period in 2018.

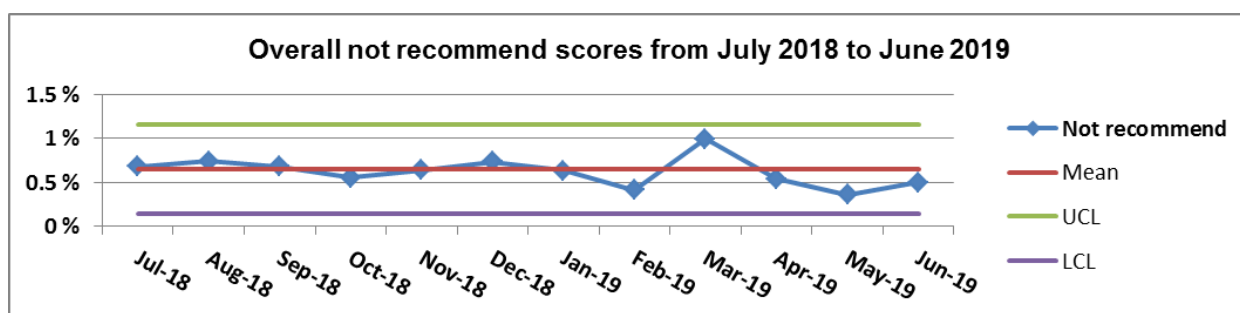


3.0 NHS Friends and Family Test (FFT) - How likely are you to recommend this service to friends and family if they needed similar care or treatment?

15,771 FFT surveys were completed during Q1. The FFT recommend score for Q1 was **97.2%**, slightly higher than the Q4 2018/19 score of **96.4%**.



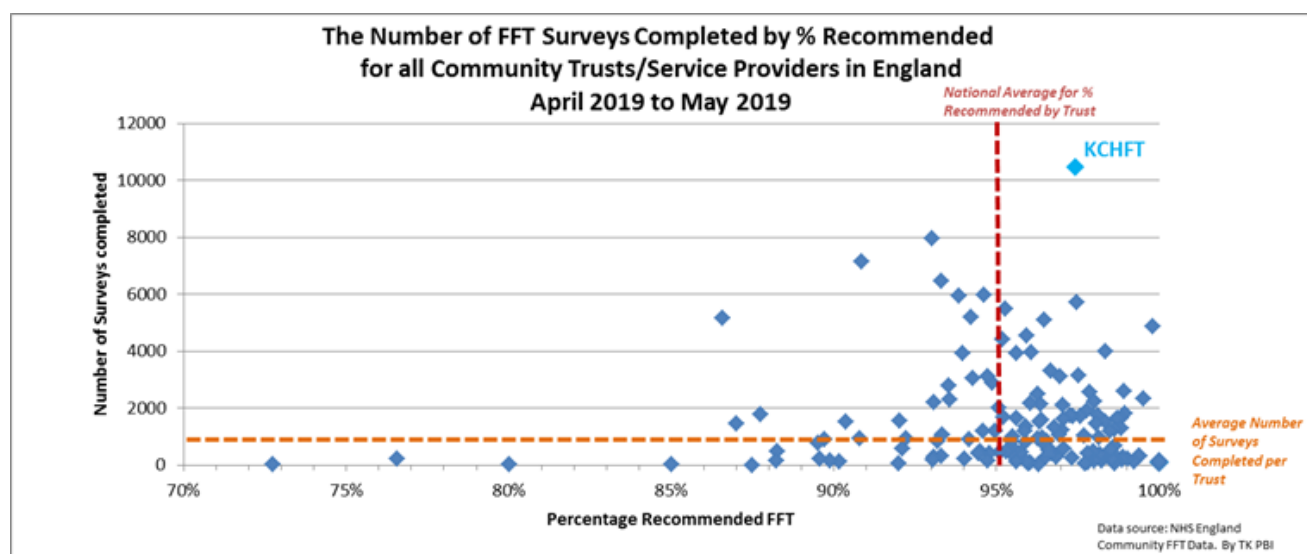
0.5% (76) of our patients chose not to recommend the service they received by answering unlikely or extremely unlikely, compared with **0.7%** in Q4 2018/19. A positive reduction of **0.5%** for the not recommend score was seen in Q1 when compared with the same period for 2018.



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
Q1 2019/20	15771	77.0%	20.1%	1.6%	0.2%	0.3%	0.8%
Q4 2018/19	15065	77.1%	19.3%	1.9%	0.3%	0.4%	1.0%
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%

The scatter graph below shows KCHFT's percentage (97.5%) recommend for the FFT is above the national average for the April to May period and at the top of the upper quartile for numbers of surveys completed (10,938). June's data is not available until after 8 August.



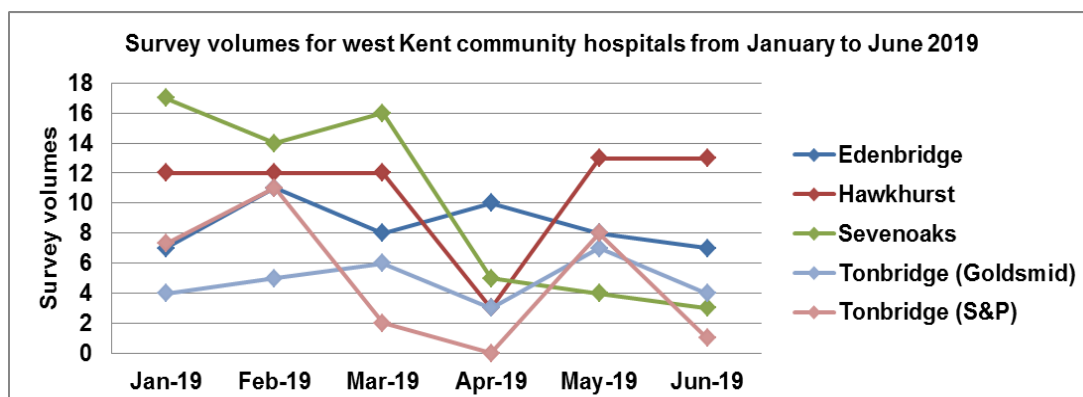
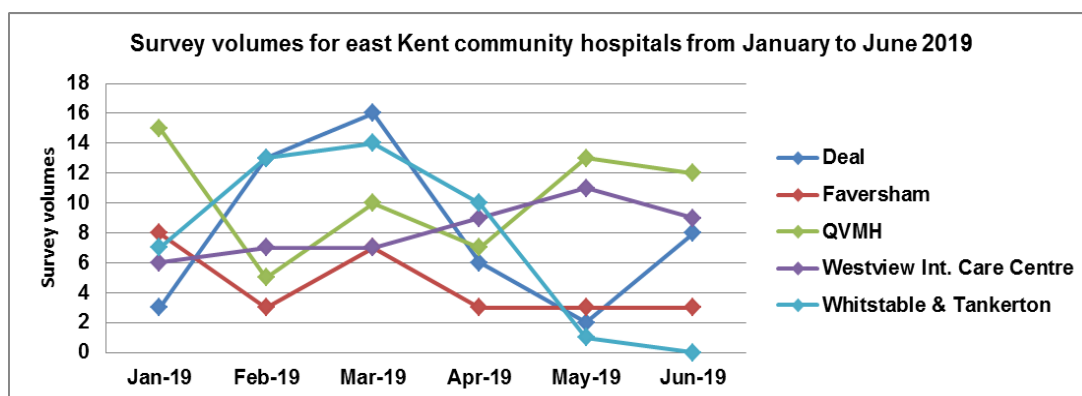
3.1 FFT - Minor Injury Units (MIUs)

FFT recommend scores for all MIUs were high in Q1, ranging from Sevenoaks (98.5%) to Edenbridge (100%). Only 7 unlikely / extremely unlikely responses were received out of a total of 4,614 completed surveys, equating to 0.2%. Gravesham had the greatest number of surveys completed (1,813), followed by Folkestone (908), Sheppey (735) and Deal (532). Survey volumes for Edenbridge (61) and Sevenoaks (67) remain low.

3.2 FFT - Community Hospitals

Community hospitals also scored very highly with the FFT question in Q1, with Deal, Faversham, Tonbridge, Westview and Whitstable achieving 100%. Hawkhurst was an exception and scored lower (89.66%) due to the weighting calculation used for the FFT responses. This was as a result of 1 person choosing 'don't know' and 2 selecting the 'neither likely nor unlikely' response, yet no one said they would not recommend the service.

Survey volumes for most hospitals saw either a decrease in numbers throughout Q1 or continued low returns when compared with Q4 2018/19. A decrease was seen in April for all hospitals when compared to March 2019, with the exception of Edenbridge and Westview. Survey volumes for Westview remained consistent throughout Q1, with an increase when compared with the previous quarter. An increase was seen at the end of Q1 for Deal and after a dip at the beginning volumes increased for QVMH throughout Q1. Faversham saw low returns throughout Q1 and following a good start at the beginning of the period, no returns were recorded in June for Whitstable and Tankerton. Following the low returns in April an increase was seen for Hawkhurst and both wards at Tonbridge. Tonbridge then saw another decrease at the end of Q1. Survey volumes for Sevenoaks declined throughout Q1 and are lower when compared with the previous quarter. Edenbridge returns remain the most consistent.



3.3 FFT Extremely likely and unlikely responses in June 2019

Directorate	Unlikely	Extremely unlikely	Total
Adult	6	7	13
Health Improvements	0	0	0
Public Health and Children's Specialist and Learning Disability Services inc Dental (3) & Sexual Health (5)	6	11	17
	12	18	30

Of the 30 unlikely/extremely unlikely responses, 7 surveys were completed by children. 9 responses appear to have been answered incorrectly as the remainder of the feedback was positive and 2 had no comments made. For the remaining 12 responses, the main themes related to communication and the environment. 2 people commented about waiting times, one when attending an MIU and the other about an appointment for a MRI. A patient in a community hospital commented on the staff and about preferring to be closer to home and another about lack of treatment as an inpatient at QVMH (further details below). Single comments were made about car park charges at Sevenoaks Hospital, one parent would have liked more detailed explanations from the health visitor and one child at a school health session said it was not that private being in a group.

The following surveys were responded to in detail by services concerned in June 2019:

Community Orthopaedics - Gravesham	Unlikely	433821
Feedback: Long wait to finally get a much needed MRI. Results badly explained in layman's terms.		
Patient left contact details:		
Service response: Clinical Quality and Development Manager spoke to the patient who was generally discontented with her pathway within Community Orthopaedics. The service is unable to change the situation and has advised the patient to see her GP for a medication review. A steroid injection offered for pain relief was declined. The feedback and details of the telephone conversation are to be shared with the clinical lead and service management.		

Sexual Health Service, Folkestone	Extremely unlikely	432471
Feedback: On arrival I was immediately made to feel as though I was being judged by everyone in there, when actually going in and talking to the nurse she was under minding everything I said even though I was telling her about MY body and MY experiences with past medication she wasn't listening. As a young girl who suffers with anxiety and mental health, walking into a place like this and then having your experience be exactly as bad as you thought it was gonna be, no wonder we have so many young mums. Luckily not all of the staff were horrible, mainly just this lady who I saw. She had an apprentice nurse with her who was amazing, just a shame the actual nurse was rude		
Patient left contact details: Service response: The service has made several attempts to contact the patient, by email and telephone and to date has had no response. The locality nurse manager is to discuss the matter with all staff at the locality meeting in August to ensure the teams are aware of this feedback.		

Sexual Health, Folkestone	Extremely unlikely	430633
Feedback: My GP does not fit the coil so this place was my only option. Though the staff were friendly and polite .. the questioning and procedure were intrusive and made me feel extremely uncomfortable. I did not have an option if I want this form of contraception & period control and the waiting list and options to get it fitted are ridiculous. I was assured that the service is confidential, however many of the questions I felt were unnecessary & made me slightly doubtful of how confidential it was. The questions and procedures should be tailored to individual needs.		
Patient left contact details: Service response: Locality nurse manager spoke to the patient. She explained that the service needs to gather relevant information to ascertain if there has been an STI risk and offer the most appropriate tests. This is never intended to cause offence or make judgements on people's relationships. The team are trained to ask these questions in a sensitive manner and patients are given the option to decline to answer if they wish to. An apology was given to the patient who felt there is a lack of choice for contraception services. GPs are commissioned to offer contraception to their patients and this feedback is to be escalated to the commissioners to take forward with the CCG and the GP. The patient was reassured that all information is confidential and not shared with anyone else.		

QMVH – Inpatient	Unlikely	431086
Feedback: Was left in bed for the whole of my stay with no treatment whatsoever. Give the patients more than five minutes per day with the physios.		
Service response: There were issues with waiting for a care package and equipment provision. After several attempts it was deemed unsafe to transfer the patient out of bed. The patient was waiting to see the surgeon to be assessed for further treatment.		

4.0 Capturing feedback from patients with dementia and at end of life

4.1 Forget me not surveys

A survey is used in the community hospitals to collect feedback from patients with dementia or a cognitive impairment. 44 were completed in Q1 (18 in April, 3 in May and 23 in June) with an overall satisfaction score of 81%. This was a reduction on the 102 surveys completed in Q4 of 2018/19. The two specialist nurses for dementia continue to promote the use of this survey which is often completed by the patient with the help of dementia link worker. There was a substantial drop in surveys at Hawkhurst Community Hospital due to workload and staffing shortages; however the matron has allocated the completion of surveys as an appraisal objective to a member of nursing staff who is also a dementia champion for the ward in an attempt to regain the excellent response rates they achieved during the pilot of the survey. As a result of the survey patients have made comments such as 'not enough fruit being available' and 'being too cold at night' resulting in more fruit now being offered and the provision of additional blankets as required.

4.2 Palliative care surveys

17 surveys were completed regarding end of life care with a satisfaction score of 99%. This was a number consistent with the 15 surveys completed in Q4 of 2018/19 scoring 100% satisfaction. In the

last two quarters Maidstone Central community nursing team captured feedback from 11 relatives/carers about the care they delivered to patients with a satisfaction score of 99%. It is hoped that other community nursing teams will follow their lead and feel able to ask for feedback at such an important and sensitive time. Other services that collected 4 or more surveys were community nursing in Tonbridge and Friends Ward in Whitstable & Tankerton Community Hospital.

4.3 Bereavement survey

No bereavement surveys were completed in Q1, with only two having been completed in Q4 of 2018/19. The current method of asking for feedback from bereaved families is under review as part of a Quality Improvement Project.

5.0 Patient Advisory Liaison Service (PALS) enquiries for Q1

During Q1 a total of 2,190 calls were received by the PALS Team. 1,925 were general phone enquiries and 265 enquiries were recorded by theme on Datix. The main themes of these enquiries related to were appointments, accessing services and communication.

A large number of calls (226 in June) continued to be received from patients who believe they are contacting the service but are telephoning the PALS team instead. The Comms Team notified the CIS support manager as it was thought that this could be due to the content of the letter or the letter template being used. The CIS team went through a number of appointment letters for the services highlighted by PALS and all of those checked were in line with current standards. Due to the volume of mail merge letters on the system, services have been asked to check and flag up any old templates. The CIS team is aware that some letters still have the old header and footers and they are updating these when new letters or changes to letters are requested and over time they will review all others as agreed. The letter template is to be reviewed at the Patient Experience Group meeting in July 2019.

The PALS team dealt with 52 contacts received via the new on-line form on the public website within 24 hours of receipt. 12 compliments, 26 queries and 14 concerns/complaints (2 of which weren't for KCHFT). The concerns/complaints were dealt with by the services concerned and resolved.

6.0 Patient reviews received via NHS Choices / Patient Experience generic email for Q1, 2019

21 reviews were received for services listed below. 17 were positive, 2 negative and 2 mixed.

Service	Number of reviews:		
	Positive	Negative	Mixed
Community Chronic Pain			1
Dental Service - Sandwich (New Street Clinic)	1		
Health Checks	1		
Intermediate Care Team - Herne Bay	1		
Minor Injury Unit – Deal	1		
Minor Injury Unit – Edenbridge	1		
Minor Injury Unit – Sevenoaks	2		
Minor Injury Unit - Gravesham	3		1
Minor Injury Unit – Sheppey	1		
Minor Injury Unit – Sittingbourne	2		
Phlebotomy - Community Hospital, Deal		1	
Phlebotomy - Community Hospital, Herne Bay	2	1	
Physiotherapy (MSK) - Sevenoaks Hospital	1		
Physiotherapy (MSK) - Sittingbourne Medical Centre	1		

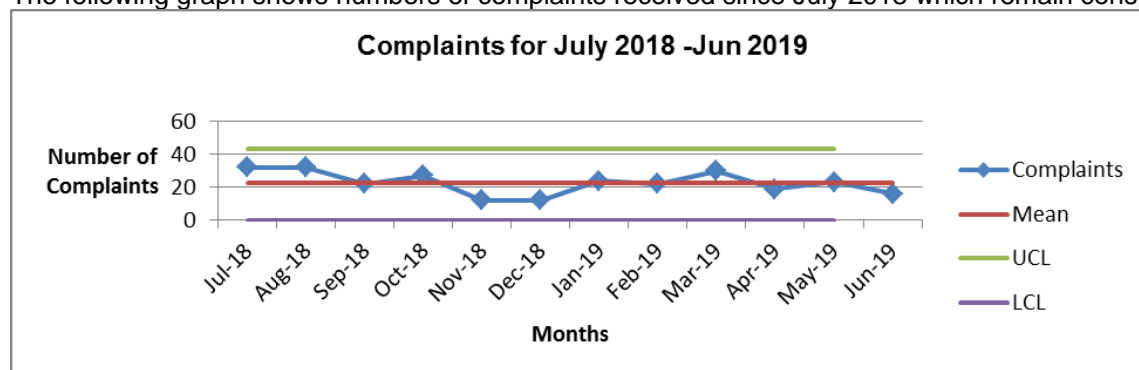
The majority of reviews were for the minor injury units (MIUs), with Gravesham receiving the most followed by the phlebotomy service at QVMH. The main positive themes related to care and compassion, staff attitude, short waiting times and treatment. There were no reoccurring themes from the negative comments. Single negative comments included staff attitude, waiting time at a MIU and

feedback from a patient who attended a chronic pain group session. One person complained about on-line information regarding the phlebotomy service being incorrect; however this has been checked and is accurate.

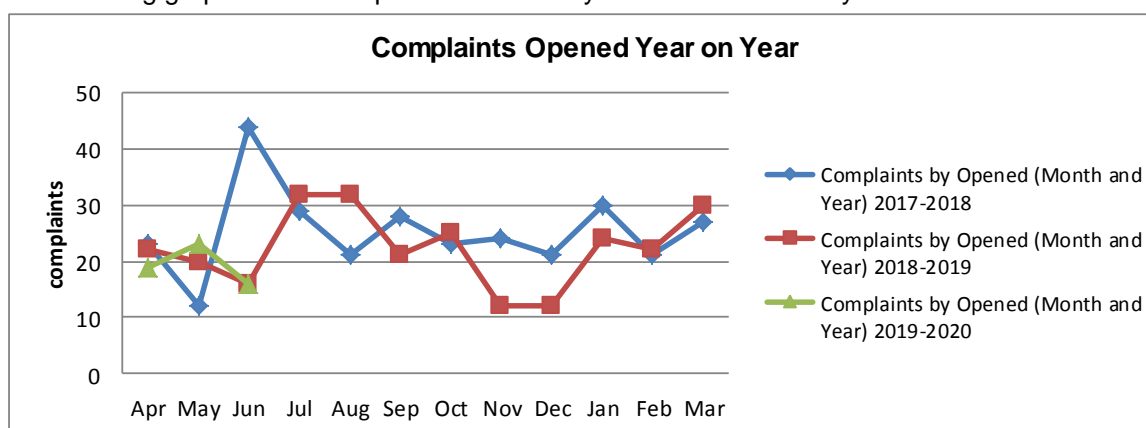
7.0 Complaints received in Q1

In Quarter 1 a total of 58 complaints were logged. Of these 10 were multi-agency complaints, 5 led by KCHFT, 3 by EKHUFT and 2 by KCC. 3 of the 58 cases related to end of life care.

The following graph shows numbers of complaints received since July 2018 which remain consistent.



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



7.1 Themes and trends of complaints for Q1

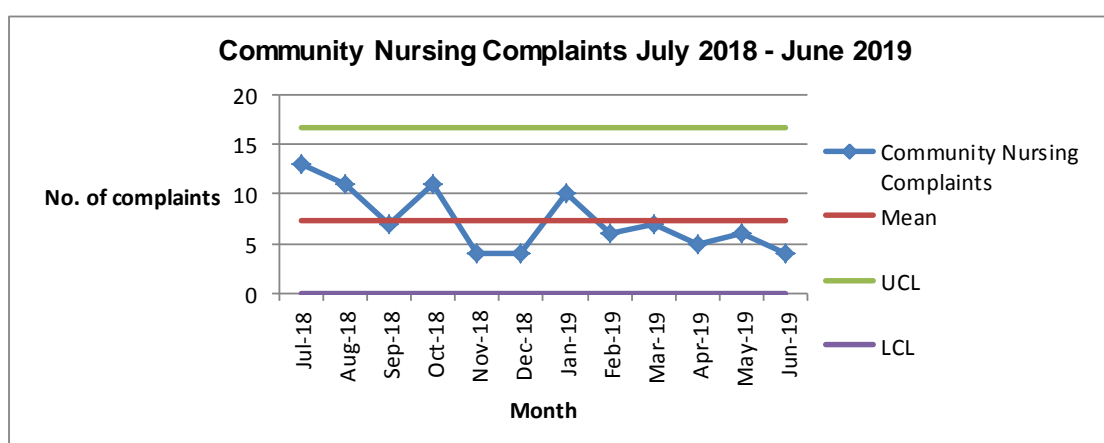
Theme	No. of complaints	Subject of complaints
Access to treatment and drugs	13	<ul style="list-style-type: none"> Delays in getting access to treatment (Lymphoedema, dental and children's psychology) Delays in end of life care receiving visit and prescriptions Criteria for nursing visits, CHC assessments and dental policy Referrals (children's bladder and bowel and dental) Delay in visiting for catheter care Discharge with lack of care package in place
Clinical treatment	21	<ul style="list-style-type: none"> Wound care provided Catheter, stent and Hickman line care Speech and language therapy input Care at minor injury unit (MIU) visits Querying dental care provided Unhappy with 1st chronic pain appointment Unhappy with psychosexual therapy appointment Care provided at Faversham Cottage Hospital Lack of nursing visits

Referrals, appointments, admissions, discharges and transfers	11	<ul style="list-style-type: none"> Discharge from community hospitals (Faversham and Whitstable and Tankerton) Lack of / delay in getting dental appointments Difficulty getting appointment for podiatry, community orthopaedics and sexual health Delay in discharge by Rapid Transfer Service due to shortage of staff Lack of appointments for therapy Delay in getting continence appointment
Values and behaviours	6	<ul style="list-style-type: none"> Staff attitude being considered as rudeness when dealing with patients Child fitted for shoulder gauntlet without parent consent Patient believes records accessed inappropriately – confirmed no breach.
Communication	7	<p>Communication with</p> <ul style="list-style-type: none"> Staff, other organisations, patients and their families, including report being incorrect and information provided unclear.

7.2 Community nursing complaints

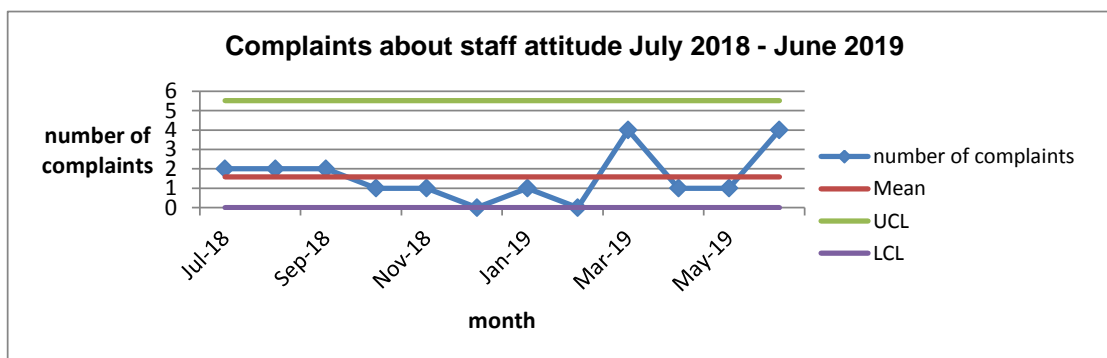
Community nursing services received 15 (26.3%) of the 58 complaints for all services in Q1. These are showing a downward trajectory from January 2019.

Team	No. of complaints	Subject of complaint
Ashford	4	<ul style="list-style-type: none"> CHC assessment query Continence assessment query Wound and catheter care
South Kent Coast	1 x Shepway 2 x Dover/Deal	<ul style="list-style-type: none"> Lack of nursing visit, after letter advising visiting End of life care x 2
Thanet	1	<ul style="list-style-type: none"> Failure to visit for catheter care
West Kent	5 x Maidstone and Malling 1x Sevenoaks, Tonbridge and Tunbridge Wells	<ul style="list-style-type: none"> Query over stent, catheter (x2) and wound care Query over housebound criteria EOL care
Canterbury	1	<ul style="list-style-type: none"> Wound care



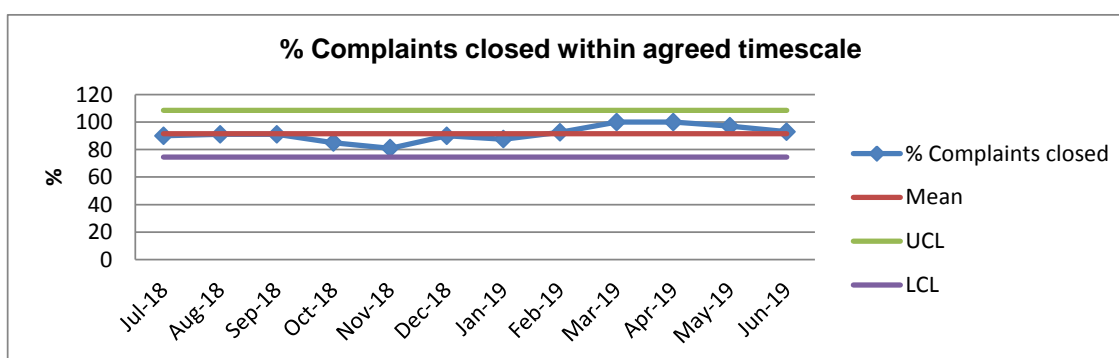
7.3 Complaints regarding staff attitude

4 complaints were received about staff attitude in Q1. The graph below shows the complaints received about staff attitude from July 2018 to June 2019. This has been a fluctuating increase in the last 4 months compared to the previous decline in the 5 months prior to March 2019.



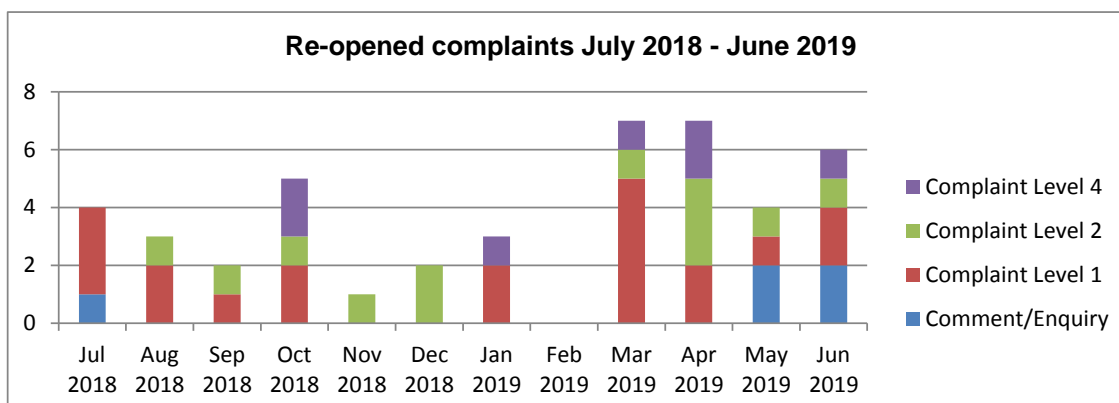
7.4 Closed Complaints

During Q1, 61 complaint cases were closed, 60 (98.3%) within the agreed timescales. The 1 complaint falling outside the time frame was due to delays in the service investigating and drafting the response. Complainants are kept updated on any delays using their preferred method of communication. Delays are closely monitored and an escalation process is in place which is detailed in the complaints handling standard operating procedure.



7.5 Re-opened complaints from July 2018 to June 2019

Numbers generally remain low with equal numbers of level 1 and level 2 complaints being reopened in Q1. Staff are supported by the complaints officers to provide a comprehensive 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. As previously mentioned a standard operating procedure (SOP) for complaints handling is also available.



7.6 General question on surveys relating to complaints handling Q1 2019

During Q1, 11,809 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 98.8%, consistent with Q4 2018/19 when 11,128 people answered this question with a similar satisfaction score of 98.6%.

7.7 Feedback from complaints process survey

The complaints survey continues to be sent to complainants with their final response letters. 23 surveys were sent during Q1. 5 completed surveys were received in total which equates to a response rate of almost 15%.

- 2 complainants felt they had definitely been taken seriously when they first raised their complaint and 3 to some extent.
- 2 complainants felt overall their complaint had been handled very well, 1 well, 1 neither well nor poorly and 1 poorly.
- 2 complainants felt the outcome of their complaint had been explained in a way they could completely understand and 3 to some extent.
- 2 felt the tone of their response was appropriate, compassionate and person to them and 3 answered that this was the case to some extent.
- Two complainants had left their contact details. a) The School Public Health service lead confirmed that they had been communicating further with the complainant regarding an assessment for his son. This is now resolved. b) The comments for the other complainant had been flagged to the Lymphoedema service. The service lead called the complainant to talk through the issues raised in their survey with regard to ease of contacting the service and how the prescription process works with the GP.

8.0 Lessons learned and improvements made

During Q1, a total of 15 actions were raised as a result of patient feedback received via the Meridian surveys or complaints. 12 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 below.

8.1 Actions / improvements made during June 2019 following complaints

Service	Issue or problem identified and action taken
Children's Therapies, Canterbury	Parent unhappy with referral from physiotherapy to speech and language therapy (SLT) and from SLT to Ear, Nose and Throat (ENT). Also that a report was not sent to ENT specialist and no referral made to a dietician as agreed at last appointment. Action taken: The service reviewed the existing letters and confirmed that they already clearly direct families to contact the local service base if they have queries and therefore no changes were needed.
West Kent Urgent Care Home Treatment	Family unhappy with end of life (EOL) care and felt patient's issues were not attempted to be resolved and was just put on EOL pathway. Family felt there was a lack of communication between KCHFT and the hospice. Difficulty getting medication from pharmacies and not told of on call pharmacy process. Action taken: <ul style="list-style-type: none"> • Lead practitioner for palliative and end of life care provided 2 bespoke training sessions to the Home Treatment Service. The doctor involved in the incident attended a session. • Lead Practitioner is working closely with the team to support around end of life care issues.

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

A total of 7 You said, We did examples from closed actions were uploaded onto the relevant service pages on the public website during Q1. Details of these have already been included in previous reports. Two further actions were completed in late June and these will be included in July's reporting.

9.0 Compliments recorded on Meridian

9.1 Compliments received from patients/carers/families

During Q1, 430 compliments were recorded on Meridian. 273 for adult services, 94 for Public Health and Children's Specialist and Learning Disability Services (dental 5 and sexual health 32), 61 for health improvement services and 2 for the medical directorate (pharmacy services). Compliments continue to be made by patients and relatives thanking staff for their excellent care and support. Staff are often described as being kind and caring.

9.2 Compliments received from other services and external providers

During Q1, 75 compliments were recorded on Meridian. 12 for adult services, 42 for Public Health and Children's Specialist and Learning Disability Services, 20 for health improvement services and 1 for the medical directorate (pharmacy self-administration team). Compliments were mainly from other organisations thanking staff for providing training, from students praising their mentors and KCHFT employees giving feedback after shadowing other staff.

10.0 Key improvements

In Q1 the Patient Experience Team reported on these key improvements:

10.1 Launch of updated community nursing survey

The revised and shortened community nursing survey rolled out from 12 April 2019 has led to increased survey volumes. In Q1 a total of 936 surveys were completed compared to 749 in Q4 2018/19.

10.2 On-line feedback form on KCHFT public website

The on-line form on the public website made available for use at the end of April is being successfully used as an alternative option for patients, relatives, carers and members of the public to pay a compliment, request help with a query or to raise a concern/complaint for investigation.

10.3 Updated reporting of PALS contacts

The PALS team play a vital role in answering patients' enquiries, queries and concerns. The team revised their reporting in May to reflect what contacts they received for each clinical service and what the enquirer was calling about. They also record how many phone calls have been received in relation to general enquiries. As mentioned above, the PALS team also deal with the on-line forms submitted via the public website and to date these have been actioned within 24 hours.

10.4 Communications, Engagement and Patient Experience Strategy 2019 to 2022

This strategy has been jointly worked on and is now finalised. The communications, engagement and patient experience teams are working together to achieve their goals and objectives as follows:

- To take every opportunity to give people and the public information that is relevant and accessible, which supports them to stay well and recover faster.
- To establish a culture of co-production to ensure a range of voices help shape the development of high quality services.
- To support a climate for change by building relationships to support partnerships and system transformation.
- To ensure our colleagues, patients, carers and public are kept informed, involved and feel valued.
- To enhance the trust as a place to work.

Sue Mitchell

AD Patient Safety & Experience

Title of Meeting	Council of Governors
Date of Meeting:	31 October 2019
Agenda Item:	2.5
Subject:	Report on Patient and Public Engagement
Presenting Officer:	Louise Norris, Director of Workforce, OD and Communications

Engagement report – October 2019

Executive Summary

This report gives an overview of public and patient engagement, membership engagement and volunteer services from 1 July to 30 September 2019.

Introduction

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

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

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

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

KCHFT Engagement Team
October 2019

Communication, Engagement and Patient Experience strategy

Goal

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

Objective

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

Tasks and progress

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

The set up and transition of new contracts took place during this quarter with a start date of 4 September 2019 to support the Trust with an interpreting and translation service.

Details of the new contract and provider were provided to staff via Flo throughout August, coordinated with a campaign to encourage telephone interpreting where appropriate.

Details of the following contracts:

Name of provider – OnCall

Service provided – Foreign language face to face and telephone interpreting, British Sign Language (BSL) interpreting and other forms of support for the Deaf.

Name of provider – Medway Council (Community Interpreting System)

Service provided – Foreign language written translation service

Name of provider – Kent Association for the Blind (KAB)

Service provided – Audio and braille transcriptions

Top 10 languages requested for face-to-face and telephone interpreting provided by our suppliers from July to September 2019:

Face to Face interpreting		Telephone interpreting	
Languages:		Languages:	
(1)	Bengali	(1)	Slovak
(2)	Slovak	(2)	Romanian
(3)	Romanian	(3)	Polish
(4)	Turkish	(4)	Nepali
(5)	Polish	(5)	Bulgarian
(6)	Punjabi, Eastern (India)	(6)	Turkish

(7)	Russian	(7)	Albanian
(8)	Lithuanian	(8)	Kurdish (Sorani)
(9)	Arabic	(9)	Czech
(10)	Portuguese	(10)	Tigrinya

Bookings made for face-to-face interpreting

July -19	385
August -19	271
Sept -19	386

Bookings made for telephone interpreting

July -19	71
August -19	79
Sept -19	42

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

A smartphone app to help people with hearing and speech impairments to communicate with anyone over the phone using a confidential Relay Assistant service is still in the planning stage. The NGT (Next Generation Text) app has been tested involving a number of deaf people and guidance information is currently being designed for staff to help them install and use the app. This information will be used and trialled when testing it further with specific services.

The Specialist Diabetes Team organised two bespoke diabetes courses for deaf patients in August. This was promoted widely to the deaf community by Kent County Council Sensory and Autism services, but sadly no-one from the community registered to attend. These bespoke courses were designed and arranged by the trust in response to receiving feedback that many of the deaf community need advice and information on how to prevent and treat diabetes. Kent County Council (KCC) is investigating why no-one registered, but have explained that this could be due to the summer season and maybe more lead time is needed. Once feedback has been received by KCC they will decide with the Specialist Diabetes Team as to whether another course is to be arranged.

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

AIS E-Learning: A total of 763 colleagues have completed AIS E-Learning.

AIS recorded on CIS (the Trust's electronic patient record)

- Quarter 2: July – September 2019 Patients = 909 Carers = 70

These figures are lower than the quarter we have figures for in 2018:

- Quarter 2: July - September 2018 Patients = 1624 Carers = 266

Browsealoud statistics

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

2019	Speech	Toolbar	Simplify	Translate	Text magnifier	MP3	Settings
July	103	330	5	24	6	0	6
August	290	575	5	59	2	0	9
Sept	901	1454	7	111	15	4	12

Figures compared to this time last year:

2018	Speech	Toolbar	Simplify	Translate	Text magnifier	MP3	Settings
July	378	222	8	22	7	6	11
August	266	170	0	2	0	0	0
Sept	764	240	23	6	0	3	0

Additional tasks and progress

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

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

- Brexit / EU exit leaflet
- Making cancer services better – survey
- Helping children and young people live their life better

The trust's revised communication poster to inform patients, carers and parents that information in different formats and communication support is available is now being used and promoted by Kent and Medway NHS and Social Care Partnership Trust. This has already been adopted by East Kent Hospitals NHS University Foundation Trust and Maidstone and Tunbridge Wells Hospital. These posters will provide consistent messages across many hospitals within Kent.

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

Tasks and progress

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

The Engagement Team have designed a new leaflet for the purpose of recruiting new members to the Patient Engagement Network (PEN).

This leaflet is separate to the membership leaflet and advertises opportunities to be involved in initiatives related to the development of Trust services.

A copy of the new leaflet will be available to the COG once it has been ratified by the Communications Team.

The Engagement Team continue to promote PEN membership at local events and meetings.

There has been an increase in patients and public representation at the local Patient Engagement Groups (PEGs). Volunteers are taking a more proactive role in the meetings and feeding back on observations and anecdotal feedback.

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

The number of Patient Engagement Network (PEN) members at end of October is 37 compared to 36 in June. This follows an exercise to identify inactive PEN members and make sure we only retain the details of patient and public representatives who want to be actively involved.

East Kent Patient Engagement Groups (PEGs):

- Meetings take place once every quarter.
- Meetings for the PEGs in East Kent have now all taken place.
- There will be an emphasis on increasing the membership of these meetings, both of staff and patient and public representation.

Notable highlights from the PEGS

Deal PEG

- A project for the garden area at the hospital to be set up. This will be to tidy up and raised beds to be erected. Patients, carers and public will have the opportunity to be involved in the implantation.
- Patients and carers to be involved in the refurbishment of the day room in the hospital.
- Dining companions are being sort for patients to be encouraged to eat. Volunteer Manager is recruiting volunteers to this role.

Faversham, Whitstable and Tankerton and Herne Bay PEGs are due to take place in late October after this report has been submitted.
Report on activity in next COG report.

Sevenoaks PEG

The first restructured meeting for this group took place on 5 September 2019.

- Terms of Reference agreed.
- Meeting structure agreed
- Membership confirmed
- Patient representative attending feedback that his experience of the inpatient service had been good. Staff had been respectful, supportive and helpful. The patient said that he felt the follow up he received had been excellent

New flyers have been developed for the PEG meetings.

Transgender Focus Group.

As part of Sexual Health Services patient engagement initiatives, a Transgender Focus group has been set up to look at access to services. The group is currently analysing themes from a survey to ask how transgender people receive and access services.

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

A co- designed training session is being developed which will be delivered Trust wide to staff, patients and carers.

The training will focus on patient and carer involvement, why it is important and how to overcome barriers.

The first level training will provide staff with a tool kit which will enable them to engage and involve patients and carers effectively in service improvements and developments.

A trail of an exercise included in the training was tested at the Trust Wide Patient Experience Group in September. The exercise was well received at the meeting. Attendees thought that the new involvement training will be an essential resource for staff to be able to better understand the process of patient involvement and embed tis through the organisation.

The first sessions for delivery of this training have been booked for early December 2019.

Bite Size Patient Involvement Training

A less intensive version of the involvement training has been developed and has been included in the in house training for new Health Care Support Assistants (HCSA) in East Kent.

This is part of a quality improvement objective to promote patient and carer involvement in community services.

The session includes personal stories from a patient and a carer who talk about their experiences of using and being supported by our services.

The first session was delivered on 7th September by the Senior Engagement Manager along with a patient and carer representative. The training was very much praised by attendees as being an impactful and thought provoking session.

Co Design Initiatives

The Senior Engagement Manager represents the Engagement Team on the following co-design pieces of work;

- **15 Step Challenge** – Working with the learning Disability Team to start to co-produce a guide to the 15 Step Challenge, process for identifying and gathering feedback from a patients first impressions of a service, for people with a learning disability
- **Sweeney Project** – Experienced based co design(EBCD) project, using EB CD methodology to improve communication in our West Kent End of Life services
- We are working closely with the new Engagement Lead in public health to support on cod-design mapping and initiatives. This will be reported in more detail in the next report.

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

Following feedback from PEN members we have scheduled quarterly informal meetings of the PEN through 2019 and two meetings have now been held. Notable outcomes from the meetings:

- Feedback from meetings that patients, public and carers attend.
- Feedback from the Engagement Team about up and coming involvement opportunities and a report on Engagement Team initiatives and work plans.
- Overview of Quality Improvement (QI) and opportunities to be involved in QI initiatives, from Sarah Donovan, Head of Service Improvements
- Any issues forthcoming from the PEN meetings will be fed to the Quality committee via the Trust PEG

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

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

Senior Leaders' Conference planning to include Equality Monitoring.

Goal	Integrate services: Support a climate for change by building relationships and mechanisms to support partnerships and system transformation.
Objective	Ensure KCHFT colleagues and its patients' voices are heard and demonstrate how their feedback shapes the future of the STP.

Tasks and progress

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

4,085 public members were emailed inviting them to feedback on the Kent and Medway Sustainability and Transformation Partnership (STP) long-term plan, with a 25.7 per cent open rate. All queries were directed to the STP communications and engagement team.

3,929 public members emailed inviting them to complete a survey by the Kent and Medway STP on children and young people's services. 17.8 per cent open rate. All queries were directed to the STP communications and engagement team.

3,893 public members emailed inviting them to a survey by the Kent and Medway STP on cancer services. 23 per cent open rate. All queries were directed to the STP communications and engagement team.

3,873 public members emailed inviting them to attend Kent and Medway STP long term plan engagement events. 24.5 per cent open rate. All queries were directed to the STP communications and engagement team.

Members of the engagement team attended and helped to facilitate STP 'listening events' in September ('Bringing the Long Term Plan to life') in Canterbury, Dartford, Aylesford and Gillingham.

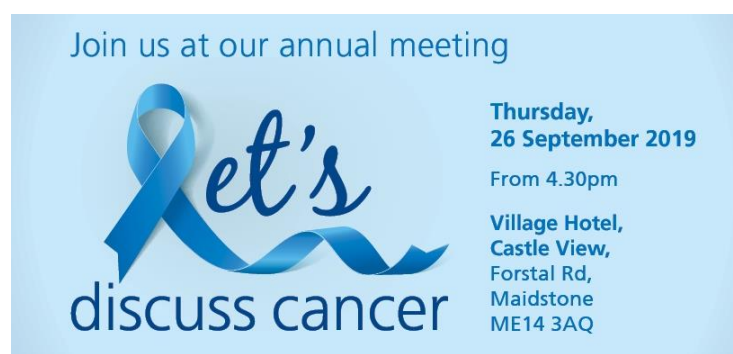


Goal	Develop sustainable services: Ensure our colleagues, patients and the public are kept informed, involved and feel valued.
	Enhance the trust as a place to work.
Objective	Increase year-on year the number of patients and public who say they feel informed, involved and valued.

Tasks and progress

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

We organised our Let's Discuss Cancer event on 26 September, which formed part of our AMM, and worked with other NHS trusts and the voluntary and community sector as part of this (more information on this in 'Membership strategy' section).



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

Members were invited to attend the Let's Discuss Cancer event (see below)

Increase representation from carers and representatives from Carers' organisations on KCHFT's Patient Experience Group and local PEGs.

There is a carers' organisation on the trust's Patient Experience Group. We are in the process of encouraging carers to join the revamped Patient Experience Groups at community hospitals.

Membership strategy

Objective

To continue to recruit public members in order to ensure our membership reflects the population that we serve.

The trust's public membership at 30 September 2019 was 8,332. Of the membership:

- 734 are from Black, Asian or minority ethnic communities
- 159 are aged 21 or under
- 916 are aged over 75.

Month	Joiners	Leavers*	Net	Cumulative
July 2019	24	6	18	8,309
August 2019	2	4	-2	8,332
September 2019	32	7	25	8,332

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

Objective

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

431 public members in Dover and Tunbridge Wells sent their local governor newsletter by email. Open rates of 25.2 per cent for Dover and 45.1 per cent for Tunbridge Wells. No replies received to the engagement team.

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

Objective

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

Public members were sent by email the summer and autumn Community Health Magazines with between a 23 and 26 per cent open rate.

On Thursday, 26 September we held our annual members' meeting, let's discuss cancer and annual general meeting. All public members were invited to attend via post, including in large print and easy read and by email. All staff members invited to attend via flomail and flo.

80 public members, stakeholders and colleagues attended the event which began with a packed market place with KCHFT, partner and voluntary organisations explaining what support was locally on offer. There was hardly a dry eye in the house when cancer survivor Cat Perry spoke about her battle with the disease and how it had affected those closest to her. Attendees also heard from Ellen in a pre-recorded film about how she had been supported through her cancer journey by our Learning Disability Nursing Team and an NHS England speaker too who talked about screening. The cancer event culminated in a rousing performance from some of the KCHFT choir.

The evening was wrapped up with presentations from Public Governor Carol Coleman reflecting on the past year for governors and what they had been doing, while Chief Executive Paul Bentley spoke about achievements in 2018/19 and our financial position. Chief Nurse Dr Mercia Spare and Medical Director Dr Sarah Phillips gave an insight into the Quality Report, while Chair John Goulston welcomed everyone.



Objective

Increase opportunities for members to feedback on service improvements.

4,085 public members emailed inviting them to feedback on the Kent and Medway Sustainability and Transformation Partnership (STP) long-term plan with a 25.7 per cent open rate. All queries were directed to the STP communications and engagement team.

1,301 public members emailed inviting them to feedback on South East Coast Ambulance Service NHS Foundation Trust's (SECAmb) draft patient experience strategy. 51.7 per cent open rate. All queries were directed to SECAmb.

1,138 public members emailed inviting them to feedback on a leaflet about healthy urine, urinary tract infections (UTIs) and how to keep hydrated. 48.2 per cent open rate, 120 responses received. Feedback was wide and various, changes made were reducing the number of colours in the inside pages, changes to the language used and some font styles changed.



At 9am on the day of the CQC announcement 4,438 public members were emailed advising them of the outstanding outcome. 28.6 per cent open rate.

3,929 public members emailed inviting them to complete a survey by the Kent and Medway STP on children and young people's services. 17.8 per cent open rate. All queries were directed to the STP communications and engagement team.

3,893 public members emailed inviting them to a survey by the Kent and Medway STP on cancer services. 23 per cent open rate. All queries were directed to the STP communications and engagement team.

3,873 public members emailed inviting them to attend Kent and Medway STP long term plan engagement events. 24.5 per cent open rate. All queries were directed to the STP communications and engagement team.

Volunteer strategy

Goal 1

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

Tasks and progress

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

There is ongoing recruitment for meet and greet volunteers across Kent, including newly identified roles for meet and greet volunteers in baby clinics in Tonbridge & Tunbridge Wells areas. We have vacancies for admin support volunteers with Health Visiting teams in Tunbridge Wells, and a meet and greet volunteer vacancy in Tonbridge Cottage Hospital.

There is a national campaign around dining companions in hospital and we have increased numbers by three, with ongoing recruitment in our community hospitals.

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

July to September 2019:

Total volunteer hours 4,200 (4,500 previous quarter), but this does not include hours for the health walk leaders.

Number of active volunteers 480 (485 previous quarter) recorded on MES. The breakdown in volunteers are:

- 75 breastfeeding volunteers (17 new cohort volunteers scheduled for training in Autumn 2019 – not recorded on MES).
- 202 health walk volunteers (including Paul Pinder from our LD service, see pic)
- 11 EPEC volunteers
- 35 PEN volunteers
- 157 volunteers in various roles in community hospitals, clinics and groups.



New cohort of breast feeding volunteers planned in Maidstone, Swale and Shepway in Autumn 2019.

Two new volunteers in pulmonary rehab groups, two in cardiac rehab groups, plus new admin volunteer with children services.

A new PAT dog volunteer in Edenbridge War Memorial Hospital.

Goal 2

To support, train, engage and retain volunteers so they have a positive experience of volunteering with us.

Tasks and progress

Provide a range of high-quality information about their role; what is expected of them and where they can find out more. Offer training opportunities that develop our volunteers. Act upon volunteer feedback to improve their volunteering experience and satisfaction and develop a reward and recognition scheme for volunteers.

Information sent to volunteers via MES system with regards to end-of-life awareness sessions, AGM, dementia awareness sessions and general information bulletins.

Breastfeeding volunteers graduations in Tunbridge Wells and Dartford. Presentation certificates to volunteers, plus photos shared on social media and article in volunteer Autumn newsletter and on website.

Article in Community Health Magazine about breastfeeding volunteers.



Training:

Safeguarding and Prevent training facilitated by Voluntary Services Manager to breastfeeding volunteers in July and August. Health Walk training facilitated in August.

Provide regular updates to volunteers on the trust and the added value volunteering brings and support staff to effectively involve volunteers.

No volunteer events over summer 2019 but Autumn newsletter to be distributed in October 2019 with events planned for November and December 2019, and January 2020.

Goal 3

To establish a reputation for excellence in volunteering and explore partnership roles to ensure we achieve a more diverse pool of volunteers who better reflect our population

Tasks and progress

Communicate the quality and impact of volunteering at KCHFT and the difference it makes

Regular updates are on FLO, social media and website, with all vacancies advertised. All volunteer vacancies advertised with HELPFORCE nationwide and local volunteer centres and via their website. We also link with IMAGO Kent-wide and Kent County Council.

Make it easy to access volunteering opportunities at KCHFT; increase the volume and diversity of our volunteer team through targeted recruitment campaigns; explore partnerships to grow the volunteer base in health and social care

Volunteering Services recruitment, induction and training documentation updated via communications department and awaiting distribution and uploading onto website Autumn 2019.

We continue to receive enquiries about volunteering from the public via email, the website and telephone. In July – September we had 40 enquiries with regards to volunteering and work experience, mostly via website.

Ongoing work with Learning Disabilities team, who have recruited a number of young people in their supported employment scheme and Kent County Council.

Ongoing work with EPEC volunteers and Expert Patient Programme. Voluntary Services Manager facilitating Safeguarding and PREVENT training to volunteers in those services.

We have links with other NHS organisations in Kent to share good practice.

Title of Meeting	Council of Governors
Date of Meeting:	31 October 2019
Agenda Item:	3.1
Subject:	Governor Elections
Presenting Officer:	Natalie Davies, Corporate Services Director

1. Introduction

Governor elections are due to commence in five public constituencies:

- Ashford
- Canterbury
- Gravesham
- Shepway
- Tunbridge Wells

The constituencies of Gravesham and Tunbridge Wells are currently vacant. The constituencies Ashford, Canterbury and Shepway are a result of the existing governors coming to the end of their three year term of office in early 2020.

We will also be holding an election for a new staff governor representing Adult Services, to replace Sonja Bigg.

2. Proposal

Following a review of the Governor elections process and timetable, it was viewed that the timing of the elections may be contributing to the low numbers of people standing as a governor or voting. Following a discussion at the Communication and Engagement Committee, it was proposed that future elections should be delayed slightly to avoid the Christmas period completely.

We therefore propose that the election process should commence on Monday 7th January 2020, in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Monday 7 January 2020
Deadline for delivery of nominations	Thursday 23 January 2020
Publication of statement of nominated candidates	Friday 24 January 2020
Final day for candidate withdrawal	Tuesday 28 January 2020

Notice of Poll published	Tuesday 11 February 2020
Close of election	Tuesday 3 March 2020
Declaration of results	Wednesday 4 March 2020

The outcome of the elections would be reported to the Governor Development Day on 11 March 2020.

3. Conclusion

Governors are asked to approve the proposed timetable.

Joy Fuller
Governor Lead
October 2019