

**Agenda and Papers**

**for the**

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

**to be held at 1pm**  
**on**

**Thursday 23 July 2020**

**Virtual meeting via MS Teams**

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\*Reports included under separate cover due to size

**Meeting of the Kent Community Health NHS Foundation Trust  
Council of Governors  
to be held at 1.00pm on Thursday 23 July 2020  
Virtual meeting via MS Teams**

**AGENDA**

**1. STANDARD ITEMS**

1.1	Introduction by Chair	Chair	
1.2	Apologies for Absence	Chair	
1.3	Declarations of Interest	Chair	
1.4	Minutes of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 15 January 2020	Chair	Att. 1
1.5	Matters Arising of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 15 January 2020	Chair	Att. 2
1.6	Chair's Report <ul style="list-style-type: none"> <li>Governance and Assurance during Covid-19</li> </ul>	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	Att. 5
2.2	Report from Communication and Engagement Committee <ul style="list-style-type: none"> <li>Annual Members Meeting – 24 September</li> </ul>	Chair of Committee	Att. 6
2.3	Feedback from Charitable Funds Committee	Public Governor, Dover and Deal	Att. 7
2.4	Report on Patient Experience and Complaints	Director of Participation, Experience and Patient Engagement	Att. 8
2.5	Report on Patient and Public Engagement	Director of Workforce, OD and Communications	Att. 9

2.6	Annual Report and Accounts	Corporate Services Director	Att. 10
2.7	Quality Account	Corporate Services Director	Att. 11
2.8	Governors Annual Report	Lead Governor	Att. 12
2.9	Report on Governor Elections	Corporate Services Director	Att. 13
2.10	Report on Freedom to Speak Up	Corporate Services Director	Att. 14

### 3. ITEMS FOR APPROVAL

3.1	Nomination Committee Report	Lead Governor	Att. 15
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### 4. PAPERS AVAILABLE FOR GOVERNORS

4.1	The following papers are shared for Governor information and are available on Flo:	For noting only
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- Formal Board Agenda – 21 May 2020
- Confirmed Board Minutes – 6 February
- Chief Executive's Report
- Committee Assurance Reports
- Integrated Performance Report

### 5. ANY OTHER BUSINESS

5.1	Any other items of business previously notified to the Chair.
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### 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 11 November 2020 in the Clive Emson Conference Centre 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 15 January 2020**  
**In the Astor Pavilion, Kent Event Centre, Kent Showground,**  
**Detling, Maidstone, Kent, ME14 3JF**  
**Meeting held in Public**

<b>Present:</b>	John Goulston, Chair Janet Allen, Staff Governor, Corporate Services Claire Buckingham, Staff Governor, Health and Wellbeing Alison Carter, Appointed Governor, Kent Dementia Alliance Carol Coleman, Public Governor, Dover and Deal Ruth Davies, Public Governor, Tonbridge and Malling John Fletcher, Public Governor, Ashford John Harris, Public Governor, Sevenoaks Dr Amy Heskett, Staff Governor, Adult Services Miles Lemon, Public Governor, Swale Dr Sue Plummer, Appointed Governor, Universities David Price, Public Governor, Maidstone Andrew Scott-Clark, Appointed Governor, Kent County Council Mary Straker, Public Governor, Canterbury Nigel Stratton, Appointed Governor, Age UK John Woolgrove, Public Governor, Rest of England Matthew Wright, Appointed Governor, Head Teachers Association
<b>In Attendance:</b>	Pippa Barber, Non-Executive Director Paul Bentley, Chief Executive Ali Carruth, Director of Quality, Improvement and Patient Experience Peter Conway, Non-Executive Director Francis Drobniowski, Non-Executive Director Natalie Davies, Corporate Services Director Joy Fuller, Governor Lead (Minute Taker) Ben Norton, Head of Risk Jo Treharne, Head of Campaigns and Engagement Bridget Skelton, Non-Executive Director

**15/01/1    Introduction by Chair**

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

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

Mr Goulston offered his thanks to the governors whose constituencies were up for re-election for their valuable contribution to the Council, should they not wish to re-stand or be unsuccessful.

#### 15/01/2 **Apologies for Absence**

Apologies were received from Maria-Loukia Bratsou, Staff Governor – Children and Families, Jo Clifford, Public Governor - Shepway and Jane Hetherington, Public Governor - Thanet.

Ms Treharne attended the meeting deputising for Ms Louise Norris, Director of Workforce, OD and Communications. Ms Carruth attended the meeting deputising for Dr Mercia Spare, Chief Nurse.

The meeting was quorate.

#### 15/01/3 **Declarations of Interest**

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

#### 15/01/4 **Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 31 October 2019**

The Council **AGREED** the minutes.

#### 15/01/5 **Matters Arising**

It was agreed that the following items would remain open with the following updates:

Item 31/10/6 – It was agreed that a formal progress update on the Nursing Academy would be provided at the next Council meeting.

**Action** – Mr Bentley

Item 31/10/7 – Mr Bentley explained that due to the general election, ratification of the plan by the trust board had been delayed. He confirmed that the board would receive the plan at the formal board meeting on 6<sup>th</sup> February. It was agreed that the five year strategic delivery plan would be presented to the April Council meeting.

**Action** – Mr Bentley

Item 31/10/15 – Ms N Davies explained that gardening volunteering opportunities would be taken forward as part of the sustainability project. It was agreed that this would be discussed in more detail under agenda item 2.6.

**Action** – Ms N Davies

All other items were confirmed and closed.

The Council **RECEIVED** the Matters Arising.

## 15/01/6 Chair's Report

Mr Goulston presented the report to the Council for information.

Mr Goulston confirmed that two new Non-Executive Directors had been appointed; Sola Afuape and Paul Butler. He thanked the governors who had participated in the recruitment process and interview panel. He added that Ms Afuape had joined the trust on 1 December 2019. Mr Butler would commence on 1 March 2020.

Mr Goulston welcomed Ms Afuape to the meeting.

Mr Goulston confirmed that Jennifer Tippin would step down as non-executive director on 29 February 2020.

Mr Bentley and Mr Goulston had attended an NHS Leadership event on 17 December. He explained that Sir Simon Stevens had provided his key messages for the next five years. The number one priority would be the workforce challenge, and would be the key focus for NHS England and all NHS organisations over the next five years.

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

## 15/01/7 Trust Quarterly Report

Mr Bentley presented the report to the Council for information.

Mr Bentley was pleased to confirm that the trust Board was now fully appointed. He confirmed the appointment of Ms Pauline Butler as Chief Operating Officer, Mr Gordon Flack as Deputy Chief Executive in addition to his Director of Finance role, and Mr Gerard Sammon as Director of Strategy and Partnerships on a substantive basis. He also confirmed the appointment of Ms Afuape and Mr Butler.

Mr Bentley confirmed that the execution of the five year forward view would be a key focus for the trust. He was pleased to confirm that Mr Wilf Williams had been appointed as the new Accountable Officer for Kent and Medway Clinical Commissioning Groups, as the STP system lead.

Mr Bentley reflected on the impact of winter on trust staff and services, as well as the wider health and care system. He thanked all staff for their hard work during the past few weeks which had been a particularly stressful and pressured time.

In response to a question from Ms Allen, Mr Bentley confirmed that the continued to be huge pressures on primary care, which was due to an increase in demand as well as a reduction in the workforce. Mr Bentley confirmed that the trust would continue to work more closely with primary care colleagues via the Primary Care Networks.

In response to a question from Ms Allen, Mr Bentley confirmed that there wasn't much that could be done with regards to London weighting allowances, but the trust would continue to make posts as attractive as possible to staff. Ms Allen commented that the nurse practitioner roles in the trust were a band 7, whereas in London they were an 8a. Mr Bentley agreed to look into this.

**Action** – Mr Bentley

In response to a question from Dr Plummer regarding pressure ulcers, Ms Barber confirmed that the Quality Committee scrutinised themes, trends and lessons learnt. Ms Barber mentioned that the Committee had requested a review into the increased number of pressure ulcers and whether it was due to the change in the way they were being measured. She confirmed that they had also requested a review of the action plan that had been in place for some time.

In response to a question from Ms Buckingham regarding the number of falls, Ms Barber confirmed that the number of falls had decreased. She explained that falls would continue to occur due to patients being encouraged to move around as much as possible, rather than stay in bed. She added that if particular themes or trends were identified, they would be scrutinised by the Quality Committee.

In response to a question from Mr Stratton, Mr Bentley confirmed that income was primarily from NHS commissioning and offered to provide a breakdown outside of the meeting if required. Mr Bentley explained that the forecast underspend was largely attributed to the number of staff vacancies throughout the year.

In response to a question from Dr Plummer, Ms N Davies confirmed that Prevent training helped staff to identify vulnerable people and groups, and all staff were mandated to undertake either online or face to face training.

Mr Bentley was pleased to report that the trust had extended its partnership agreement with Kent County Council for a further five years. He was delighted that KCC had chosen to directly award the agreement, despite other parts of the country going through a protracted market testing exercise. A discussion took place regarding the services included in the partnership agreement and it was agreed to share a list of services with the Council.

**Action** – Mr Bentley

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

#### 15/01/8 **Governor Feedback from each of the Constituencies**

Mr Fletcher reported that the One You shop was well established and doing very well. Mr Fletcher added that he was looking forward to joining Mr Goulston on a visit to the shop in March. Mr Fletcher mentioned the movement towards a single Clinical Commissioning Group from 1 April 2020 and concerns that there was a difference of opinion between primary care and the desire of the CCG to be more efficient by providing more services in a larger area.



Mr Fletcher thanked Mr Goulston for his kind remarks to the governors who would be retiring following the governor elections. Mr Fletcher took the opportunity to thank the governors and the trust staff.

Mr Price had visited Hawkhurst Hospital as part of the PLACE assessments and had been impressed by the facilities on the site. He had participated in the interview panel for the prospective non-executive directors, and explained that it had been a very interesting but tiring day.

Ms Allen had been part of the lockdown exercises that had taken place recently. She added that they had been very successful. Ms Allen confirmed that the trust Choir had performed with Maidstone and Tunbridge Wells NHS Trust's Choir at Maidstone Hospital in December, which had raised over £600 for charity.

Ms R Davies had participated in the interview process for the new non-executive directors. She had attended a GovernWell core skills training course on 3 December, and added that feedback would be provided to the governor support office. Ms R Davies confirmed that she had also attended the formal board meeting in November, as well as the west Kent Heads of Service meeting.

Mr Lemon had attended the stakeholder event for the non-executive director interviews, and commented that it had been a very rewarding experience, both positive and challenging, with a very high standard of candidates. He had also attended the Faversham patient engagement group on 19 November, which discussed patient feedback and improvements on the day room. He added that he had been given a tour of the hospital where he had experienced high staff morale.

Mr Stratton had attended various meetings for Age UK. He was also part of the Rotary Choir which performed in care homes during the Xmas period.

Mr Harris had attended the west Kent Heads of Services meeting, as well as the formal board meeting in November. He attended a primary care patient engagement group meeting where they had discussed the developments in primary care and the plans to increase provision. Mr Harris confirmed that until recently he had been Chair of the west Kent Healthwatch area team. At their last meeting they had discussed the shortage of GPs in west Kent. He confirmed that Healthwatch had planned to visit end of life services.

Mr Harris had also attended patient group meetings with Clinical Commissioning Groups, where there had been discussions relating to the Kent and Medway Care Record.

Mr Scott-Clark was pleased to confirm that Kent County Council (KCC) had extended its partnership agreement with the trust. He commented that the public health budgets had not yet been released which had caused some uncertainty. He commented that KCC and the trust would be working together

to agree plans for the next few years.

Mr Scott-Clark confirmed that KCC would be consulting on its own five year plan. He urged Council members to respond to the consultation before the deadline of 17 February. He confirmed that the KCC draft plan and the NHS long term plan overlapped which was to be expected.

Ms Buckingham had attended the recent staff health and wellbeing meeting, and commented that governors may wish to receive an update at a future meeting on the improvements being made to staff health and wellbeing. Ms Buckingham had also attended the stakeholder event for non-executive director interviews. She had also recently supported the promotion of the staff governor elections.

Mr Woolgrove had attended the formal board meeting in November. He had also participated in the meeting to confirm the appointment of the new non-executive directors.

Ms Coleman had attended a Clinical Commissioning Group forum where it was confirmed that there would be a substantial amount of funding for mental health services for emergency support, mainly provided by peer groups and voluntary groups. Ms Coleman queried whether this information had been shared with the trust. Ms Coleman had also attended a local community forum in Dover where she had received a presentation on a three year project to focus on the health and wellbeing of residents in Dover and Deal. The project would be sited at Betteshanger Park and would be co-run by One You trainers and the park staff and volunteers.

Ms Coleman expressed her interest in the biodiversity and sustainability project, and commented that the Deal patient engagement group (PEG) would be creating a sub-group to work on a sensory garden. She commented that where a PEG exists, a sub-group could be developed to assist with local sustainability and biodiversity projects.

#### **15/01/9 Feedback from Communications and Engagement Committee**

Ms Coleman provided a verbal report to the Council.

Ms Coleman confirmed that the Committee had discussed the 'Lets discuss Cancer' event in March 2020, as well as ideas for the Annual General meeting showcase which would take place in September 2020.

Ms Coleman confirmed that there had been a discussion around the creation of a youth forum.

The Council **RECEIVED** the Report.

#### **15/01/10 Feedback from Charitable Funds Committee**

Ms Coleman provided a verbal report to the Council.



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Ms Coleman confirmed that the Committee had met in December. She explained that there had been a substantial legacy for Tonbridge cottage hospital, as well as a smaller legacy for Sevenoaks Hospital. Ms Coleman asked governors in those constituencies if they could liaise with their communities and hospitals on how the money should be spent.

Ms Coleman confirmed that the trust had received £15,000 from a HIV charity which had closed and wished to transfer their remaining funds to the trust's sexual health services.

Ms Coleman highlighted that the main area of concern was the lack of movement on Heron Ward at Herne Bay Hospital. She added that it was imperative that this should be expedited during 2020. Ms N Davies provided assurance that, although the trust needed to pause for winter, this would now be progressed at pace.

Ms Coleman confirmed that the Committee had discussed the possibility of rebranding the trust charity. It was agreed that this would be taken forward at the next Communication and Engagement Committee meeting.

**Action** – Ms Coleman

The Council **RECEIVED** the verbal Report.

#### 15/01/11 **Report on Patient Experience and Complaints**

Ms Carruth presented the report to the Council.

Ms Carruth confirmed that the report was in a new format, and welcomed any comments on the style and content.

Ms Carruth highlighted that patient experience remained positive, and survey volumes remained high.

Ms Carruth commented that engagement and work with carers would be a focus for the trust. She added that they would also focus on improving the response rate for the bereavement surveys.

Ms Carter confirmed that she liked the format and content of the report. She added that it would be useful to include a graph showing complaint themes. It was agreed that a graph showing complaint themes would be included in the next report.

**Action** – Ms Carruth

In response to a query from Ms Carter, Ms Carruth clarified that the number of complaints was 67, not 68.

In response to a question from Mr Price regarding the disproportionate number of complaints in community nursing in Maidstone and Malling, Ms Carruth agreed to look into the number of complaints and raise at the next Quality

Committee for scrutiny.

In response to a question from Mr Drobniewski regarding lack of recording for next of kin, Ms Carruth confirmed that this had been flagged as an issue, and would form part of her work with carers.

In response to a question from Ms Coleman, Ms Carruth confirmed that the trust would be looking to create a Carers Council.

Ms Afuape confirmed that she liked the report, and commented that she would be interested to see a breakdown by geography. Ms Carruth agreed to take this forward.

**Action** – Ms Carruth

The Council **RECEIVED** the Report.

## 15/01/12 Report on Patient and Public Engagement

Ms Treharne presented the report to the Council.

Ms Treharne highlighted that the number of people using Browsealoud had increased greatly.

Ms Treharne thanked Mr Price for his participation in the PLACE assessments and highlighted their importance in the improvement of the trust sites and facilities.

Ms Treharne confirmed that she would include the gardening volunteer opportunities in the volunteer strategy.

Mr Wright reminded the trust that he was an appointed governor representing the Head Teachers Association, which could be a useful conduit to get young people involved and enable their voices to be heard. He confirmed that he had agreed to meet Mr Goulston to discuss career opportunities for young people.

A further discussion took place regarding career opportunities for young people, in particular attendance at recruitment and career events. Ms Skelton confirmed that this had also been discussed at the Strategic Workforce Committee.

Ms Treharne added that guidelines had been included on the staff intranet site (FLO) to advise staff on what to do if they had been approached to attend a recruitment or careers event.

Mr Bentley commented that part of Ms Carruth's new role would be the improvement of the trust's collaboration and engagement with service users and their families and carers.

Ms Carter reminded the trust that easy read leaflets for service users with dementia could also be requested directly from the Kent Dementia Action

Alliance.

The Council **RECEIVED** the Report.

#### 15/01/13 Sustainability Update

Ms N Davies and Mr Norton gave a presentation to update the Council on the trust's sustainability project.

In response to a question from Mr Harris, Mr Norton confirmed that they had sought advice from outside experts in relation to sustainability and biodiversity. It was hoped that in future trust staff would be appropriately trained to take forward the sustainability agenda.

Ms N Davies confirmed that a sustainability sub-group would be created, and invited governors to join the group if interested. Governors to let Ms Fuller know if they would be interested in joining the sustainability sub-group.

**Action** – Ms Fuller

In response to a question from Ms Straker, Mr Norton confirmed that they would be looking at initiatives and incentives to encourage staff to change to electric vehicles. Mr Norton added that one of the initiatives being looked at was the staff lease car scheme and whether only electric vehicles could be made available. Ms N Davies confirmed that Mr Flack and the finance team had recently reviewed lease car proposals.

Ms N Davies explained that electric vehicle charging points had already been implemented at a few sites, including the Oast. She added that the trust did not charge staff to charge their vehicles at work.

In response to a question from Ms R Davies, Mr N Davies confirmed that where possible the trust endeavoured to make their buildings as green as possible.

In response to a question from Mr Scott-Clark regarding the reduction of air pollution, Mr Norton confirmed that the trust would ensure that it complied with standard requirements, and would continue to look at other ways to make improvements.

A discussion took place regarding governance, and Mr Bentley confirmed that progress on sustainability and biodiversity would be monitored by the Management Committee.

The Council **RECEIVED** the presentation.

#### 15/01/14 Freedom to Speak Up

Ms Fuller presented the report to the Council for information.

Mr Goulston explained that Jennifer Tippin was the Non-Executive Director (NED) lead for Freedom to Speak Up. Ms Tippin would be stepping down as

NED on 29 February 2020, and a replacement would need to be found. Mr Goulston asked NEDs to indicate if they wished to take on the role.

**Action** – Ms N Davies

The Council **RECEIVED** the Report.

#### **15/01/15 Any Other Business**

There was no further business to discuss.

#### **15/01/16 Questions from members of the public**

Prince Adewale Adeola voiced his concern that the Council membership did not represent the diversity of the communities in Kent. Mr Bentley and Mr Goulston agreed that the trust would welcome a more diverse council. Ms Afuape commented that she had asked about community engagement activity during her interview.

Mr Bentley commented on where the Council chose to hold their meetings, and queried whether future meetings should be held in different parts of Kent to encourage more members of the public to attend.

Mr Goulston, on behalf of the Council and Board, thanked the governors who would be stepping down during the governor elections.

#### **15/01/17 Date and Time of Next Meeting**

Wednesday 29 April 2020 at 13.00.

Clive Emson Conference Centre, Kent Event Centre, Detling, Maidstone, ME14 3JF.

Meeting closed at 14.44

# MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING HELD ON 15 JANUARY 2020

## OPEN ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
15 January 2020	15/01/7	To investigate the salary banding of nurse practitioner roles in the trust.	Mr Bentley	23/7/20 – London has both band 7 and 8a nurse practitioners. The bands vary dependent on the roles.
15 January 2020	15/01/7	To share the list of services included within the KCC partnership agreement.	Mr Bentley	23/7/20 – Shared with governors.
15 January 2020	15/01/10	To discuss the rebranding of the trust charity at the next Communication and Engagement Committee meeting.	Ms Coleman	23/7/20 – To be discussed at the next Committee meeting.
15 January 2020	15/01/11	To include complaint themes within the Patient Experience and Complaints report.	Ms Carruth	23/7/20 – to be included in future reports
15 January 2020	15/01/11	To investigate whether a breakdown by geography could be included in the Patient Experience and Complaints report.	Ms Carruth	23/7/20 – to be updated verbally
15 January 2020	15/01/13	Governors to let Joy Fuller know if they would be interested in joining a newly-created sustainability sub-group.	Ms Fuller	23/7/20 – No governors to date have come forward.
15 January 2020	15/01/14	To appoint a Non-Executive Director Lead for Freedom to Speak Up.	Ms Davies	23/7/20 – Sola Afuape was appointed to the role.

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
31 October 2019	31/10/6	To provide a verbal progress update on the Nursing Academy at future Council meetings.	Mr Goulston	<p>23/7/20 – Update on Nursing Academy circulated to governors.</p> <p>15/1/20 – verbal update to be provided.</p> <p>It was agreed that the five year strategic delivery plan would be presented to the April Council meeting.</p>
31 October 2019	31/10/7	To present the finalised five year strategic delivery plan to the Council of Governors.	Mr Bentley	<p>23/7/20 – To be discussed as part of the Trust Quarterly Report.</p> <p>15/1/20 – To be presented to the Council in due course, following ratification by the Board.</p> <p>Mr Bentley confirmed that the board would receive the plan at the formal board meeting on 6<sup>th</sup> February, and would be presented to the April Council meeting.</p>



## MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING

### CLOSED ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
31 October 2019	31/10/7	To provide an update on planning for exiting the European Union at the Council meeting in January.	Mr Bentley	15/1/20 – Update provided in trust quarterly report.
31 October 2019	31/10/9	Engagement Team to notify the Governor Support Office when the Community Groups had been arranged.	Ms Norris	15/1/20 – Engagement Team agreed to notify Governor Support Office.
31 October 2019	31/10/11	To contact the Communication Team regarding the issue of Patient Advice and Liaison Service (PALS) being restricted to answer complaints due to contact information not being updated on FLO.	Ms Spare	15/1/20 – It is the responsibility of individual teams to keep contact information updated on FLO. Ms Coleman confirmed that the issue had been resolved.
31 October 2019	31/10/11	To review the format and content of the Patient Experience and Complaints Report.	Ms Spare	15/1/20 – New report presented at January meeting.

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
31 October 2019	31/10/15	To pursue volunteering opportunities for keen gardeners in relation to the upkeep of trust grounds.	Ms N Davies	15/1/20 – There is a project to improve the grounds around KCHFT sites, specifically with the objective to improve biodiversity and our green spaces. This project will fit into the trust-wide work around sustainability. The trust would greatly value the input of volunteers to help with biodiversity and improving and maintaining our green spaces. This will be pursued in due course. Ms N Davies explained that gardening volunteering opportunities would be taken forward as part of the sustainability project.

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
31 October 2019	31/10/15	To follow up on the replacement of the door at Herne Bay Hospital, which had been deemed unsuitable for disabled access.	Ms N Davies	15/1/20 – There are a number of building projects ongoing, and this would be part of the plans for the site. Work part-funded by the league of friends is close to completion.

<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	1.6
<b>Subject:</b>	Chair's Report – Governance and Assurance during Covid-19
<b>Presenting Officer:</b>	John Goulston, Chair

**During the recent peak of the Covid-19 pandemic the organisation needed to meet unexpected and unprecedented challenges. In order to facilitate this, the Board of Directors agreed some principles for the Trust governance processes during this time. This paper includes, below the board paper that was considered and approved by members of the board at the end of March. These measures were discussed with the Lead and Deputy Lead Governor at that time and in the on-going monthly meetings.**

**The Council is asked to formally note the content of the report.**

## Introduction and Purpose

This paper covers the principles of Board assurance and governance that Kent Community Health NHS Foundation Trust will follow during the period that we are faced with Emergency Planning and Response because of covid-19.

The starting point is that within the rapidly changing environment, the Executive Directors, Senior Management Team and staff are under significant and long term sustained pressure and the Non-Executive Directors need and want to support them as much as possible but without adding to their burden. At the same time the NEDs need to ensure we support them with a governance and assurance framework that is streamlined and supportive (including from an emotional health and wellbeing perspective).

## 1. Principles of Governance and Assurance during covid-19

The principles that the Kent Community Health NHS Foundation Trust will follow during this period are as follows;

- 1.1. Overall streamlined approach -the Board will adopt a simple, supportive and streamlined approach to Governance during the period of the coronavirus emergency, stripping back to the essentials.
- 1.2. Risk Appetite - the Board acknowledges that its risk appetite and tolerance of risks will need to rise. The BAF has new risks added for covid-19 and these will be reviewed regularly by the Board via its Committees as required (formal review on monthly basis as a minimum).

- 1.3. Authority in an environment of rapid decision making – the Board will operate based on “the Executive has permission” to facilitate rapid response to the fast-changing environment. The Executive should feel empowered to make decisions without reference to the Board unless;
  - they want a second opinion and/or
  - they feel they need the ‘air cover’ and formal approval.
- 1.4. Board and its Committees - in order to free up Executive and their senior staff from the “usual” governance and assurance (i.e. preparing papers, attending meetings and taking forward actions) the following changes will take place;
  - 1.4.1. Board of Directors – formal, virtual monthly meeting of no more than 90 minutes with the Chair and CEO agreeing the substantive items. At the virtual Board meeting on 23 April, we will review the best way to undertake (or cancel) the Board meeting in public scheduled for 21 May The next phase of the Board development programme is delayed until 16 July 2020 (to be reviewed in June).
  - 1.4.2. Combining Board Committees – the following combining of the Board Committees will further free up Executives and their teams;
  - 1.4.3. Finance, Business and Investment and Audit and Risk Assurance Committees should be combined forthwith and meet on an ad hoc basis as needed and judged by the 2 Committee Chairs, Peter Conway and Paul Butler and the CFO & Deputy CEO, Gordon Flack.
  - 1.4.4. Quality and Workforce should be combined forthwith and meet on an ad hoc basis as needed and judged by the Chairs of the Committees, Pippa Barber and Bridget Skelton and the CNO, Mercia Spare and the Director of Workforce, Louise Norris.
  - 1.4.5. All Board and Committee papers should be kept brief, as only critical issues / points need to be brought to the attention of the Board or Committee. The reports will cover the following;
    1. Purpose
    2. Decision required
    3. Summary of the problem / issue / risks
    4. Proposed actions / mitigations
    5. Residual risks after actions / mitigations
    6. Escalation or communication required with the Kent & Medway STP/CCG, Kent County Council or NHSE/I
    7. SRO / lead for actions / next steps
    8. Follow up – report back to Board or Committee or CEO by date and method - i.e. Skype meeting or email.
- 1.5. Council of Governors - the next meeting of the Council of Governors is scheduled for 29 April. This will be reviewed 2 weeks prior to the meeting. The Chair and Corporate Services Director will keep the Governors informed as required. For example, the Governors will be forwarded a copy of this paper after it is approved by the Board on 26 March. The Chair will

also contact the lead and deputy lead Governors as required to keep them in the picture.

1.6. Weekly Skype meetings

1.6.1. The Chair and CEO will have a weekly Skype meeting (or more frequently as required). If necessary, the vice chair and the Senior Independent Director will join part or all the meeting as required.

1.6.2. The NEDs will meet virtually with the Chair, CEO and Deputy CEO once a week by Skype for no more than 30 minutes (or more frequently if the Chair and CEO require). The CEO will ask other Executives to attend as required. The virtual meetings will have an agenda but **no other papers** unless the CEO decides otherwise. Minutes will be taken by a NED (by rotation)

1.7. The Chair will email to the NEDs important emails, documents that are received from DHSC/ NHSE/I and or NHS Providers.

1.8. Buddying - NEDs with Executives

Executive Directors s will have the option to 'buddy' with a NED on an informal basis so there is someone there for them to bounce ideas off and act as counsel/supporter.

1.9. NED behaviour will consist of only asking critical and urgent questions of the Executive, at the same time being supportive, behaving appropriately for the situation and acting as a sounding board when required. Outside of the virtual meetings, NEDs should raise any questions / queries / concerns that they have with the Chair in the first instance.

1.10. Appraisals – as agreed last week, all appraisals of the NEDs and executives are delayed by 2 months. Chair and NED appraisals are now due in May 2020, this timeline will be reviewed after Easter.

1.11. All other extant governance is suspended (some may need to be re-introduced by exception).

## 2. Recommendation

The Board is asked to receive and approve the above Governance and Assurance "Lite" measures, for implementation in full from 30 March 2020.

**23 March 2020**  
**John Goulston**  
 Chair"

<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	1.7
<b>Subject:</b>	Trust Quarterly Report
<b>Presenting Officer:</b>	Paul Bentley, Chief Executive

The past few months have been some of the most challenging for health services across the country and Kent and Medway is no different. Although the peak of the pandemic has been reached we are experiencing the greatest levels of demand upon community services since the pandemic commenced. The Trust will continue to take all necessary steps to ensure the people we serve are well cared for and treated throughout all our services.

I also do wish to highlight that the Trust has been involved in matters other than the response to the pandemic. To remain consistent with my previous reports, I have shared the latest trust performance, and included detail in the following categories; patients, our people, and partnerships.

## 1. Performance

### 1.1 Quality

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

Patient experience continues to be high with 95.5% of patients saying they were satisfied with their care in May. There was a considerable reduction in the number of surveys completed in March and April, which was directly attributable to Covid-19. However, survey volumes have increased in May as a result of the introduction of a remote survey.

I am pleased to report that employee turnover continued to reduce steadily over the past 10 months, and the rate in June was 14.80%. It sat marginally above the revised target of 14.47% to be met by the end of 2020/21.

The sickness figure for May was 3.96% which sat below the target level. Following a downward trajectory since October 2019, the trust saw the lowest sickness absence in February 2020. However, during March and April we saw a significant spike in sickness absence, rising to 5.14% in April. This significant increase was a direct result of Covid-19 sickness absence.

The stress absence figure for May was 1.24% which was an increase of 0.13% since April, its highest level since December 2018. While this figure still benchmarks favourably with other organisations, we are looking closely at this rise as part of the monitoring and response to the Covid-19 pandemic, and will be monitored closely in the coming months.

During April 2020, there were four lapses in care which related to four patients that developed category 2 pressure ulcers resulting in low harm. Key themes were identified and all lessons learnt were shared and cascaded. The Trust has not found an increase in harms during the response to the Covid Pandemic.

## **1.2 Financial Position**

The Trust continues to deliver a strong financial position as shown in the tables in Appendix 1. Albeit it is important for Council to note that the NHS has revised the financial regime during the response to the pandemic.

## **2. Patients**

### **2.1 Our services**

As part of the Phase 1 response to managing the pandemic, the Trust moved rapidly to scale down tier 2 and tier 3 clinical services (those that provide important but non-life threatening healthcare), in line with national guidance the emphasis was placed on ensuring suitable staffing was available in life threatening services through the redeployment of staff to tier 1 services. The supply of equipment, including PPE was overseen and supported to ensure services continued safely for staff and patients.

At the end of April, the trust moved into Phase 2 response which identified those services which met certain criteria for step-up and our Incident Management Team oversaw the planned and phased approach to the step up of the following service elements; Podiatric surgery, increase in face to face consultations for more complex or safeguarding case management such as community paediatrics, audiology, sexual health, children's emotional health and wellbeing and health visiting services.

Our Incident Management team have worked with full assurance provided to the Board to establish a reset programme to respond to Phase 2 prevention of Non Covid harm, and from July will commence a wider reset of services over a planned Phase 3 (working with restrictions due to COVID) and Phase 4 (Post COVID – new normal) timescale. A reset working group was established to ensure the reset of services is undertaken in a structured, consistent, phased and safe way.

Whilst the demands of the pandemic has been profound on the whole the quality of care provided by KCHFT has remained high with a large number of our patients and their loved ones observing how team members have gone above and beyond the call of duty in delivering care.

## **3. Our people**

### **3.1 Our Strategy**

The Trust Strategy was approved by the Board at its meeting in May. The Trust's vision and mission remain unchanged. The strategic goals are supported by four long term enablers that provide new focus and delivery mechanisms. The strategy will span a new three year cycle commencing in 2021/22. The strategy is set out in Appendix 2.



### 3.2 Big Listen 2

The BIG Listen survey gives staff the opportunity to tell the trust how they feel about being part of KCHFT. Our first BIG Listen took place in 2018 and more than 1,300 staff took part. It was followed up a year later in 2019 with the BIG Response, which explained the changes that had been made in 12 months following feedback received.

I am pleased to report that the trust recently launched the BIG Listen 2: the sequel, which opened on Thursday 9<sup>th</sup> July for just 36 hours. As well as being able to share how they feel about being part of KCHFT, it also gave staff the opportunity to feedback about their experience of working during COVID-19, the good, the not so good and what they are most proud of. We also asked for ideas to refresh our People Strategy.

At our next meeting, I hope to be able to share with governors the outcome of the BIG Listen 2.

## 4. Partnerships

### 4.1 New architecture of the NHS in Kent and Medway

The eight clinical commissioning groups (CCGs) in Kent and Medway came together on 1 April 2020, to become a single Kent and Medway Clinical Commissioning Group. This is the first step towards Kent and Medway becoming an integrated care system. The trust continues to engage in discussions to create the four new integrated care partnerships (ICPs), and we are still working toward establishing the Kent and Medway integrated care system by April 2021.

There are now 42 Primary Care Networks (PCNs) in Kent and Medway and the majority of these networks serve between 30,000 and 50,000 patients. The PCNs will be aligned to their regional ICP which will support them to work more closely with other health and care partners in the area.

Throughout the response to the Covid-19 pandemic, the Trust has worked as a full partner with other parties across Kent and Medway to ensure the quality and availability of services has been maintained. Initially this took the form of working across the 4 geographical integrated care partnerships across Kent and Medway to provide an integrated service between health, public health and adult social healthcare and in more recent times the trust has turned its attention to exiting the first phase of the response to the pandemic and exploring safe and manageable ways to return to a more comprehensive provision of community health services and other health services.

Finally, I would like to invite the Council of Governors to join me in taking this opportunity to thank each member of the team of KCHFT for their remarkable response and continued dedication to the people we serve.

**Paul Bentley**  
**Chief Executive**  
**July 2020**

## Appendix 1

## Assurance on Financial Sustainability

Surplus		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	0	25	-25
Year End Forecast £k	0	150	-150
<p>The Trust is in a breakeven position to the end of May in line with guidance received from NHSEI, which is £35k behind plan.</p> <p>Pay and non-pay have overspent by £57k and £1,091k respectively, partly offset by an underspend on depreciation/interest of £50k and an over-recovery of income of £1,074k.</p> <p>The forecast for 2020/21 is to break even.</p>			

Cash and Cash Equivalents		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	55,610	53,285	2,325
Year End Forecast £k		34,064	
<p>Cash and Cash Equivalents as at M2 close stands at £55,610k equivalent to 81 days operating expenditure.</p> <p>The Trust recorded the following YTD public sector payment statistics 97% for volume and 96% 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	
The Trust has scored the maximum rating against the Use of Resource rating metrics for M2 2020-21.			

Capital Expenditure		Rag rating: Green	
	Actual/Forecast	Plan	Variance
YTD Expenditure £k	618	909	291
Year End Forecast £k	7,686	7,686	0
<p>Capital Expenditure year to date is £618k, representing 68% of the YTD initial plan submitted.</p> <p>The full year forecast is £7,686k and the Trust expects to utilise this in full.</p>			

CIP		Rag rating: Amber	
	Actual	Plan	Variance
Year to Date £k	685	685	0
Year End Forecast £k	4,210	4,210	0
<p>The Trust achieved CIPs of £685k to the end of May against a risk rated plan of £685k.</p> <p>63.7% of the total annual CIP target has been removed from budgets at month two.</p> <p>The Trust is forecasting to achieve the full plan of £4,210k by the end of the year.</p>			

Agency Trajectories		Rag rating: Green				
	M2			YTD		
	Actual	Trajectory	Variance	Actual	Trajectory	Variance
External Agency Excluding Covid-19 Expenditure £k	497	491	-6	1,019	983	-36
External Agency Including Covid-19 Expenditure £k	750	491	-259	1,314	983	-331
<p>External Agency and Locums excluding Covid-19 expenditure was £497k against £491k target in May. (YTD £1,019k against £983k target).</p> <p>External Agency and Locums including Covid-19 expenditure in May was £750k against £491k target. (YTD £1,314k against £983k trajectory).</p>						

## Appendix 2

### Trust Strategy

#### Our Vision

A community that **supports each other** to live well

#### Our Mission

To **empower adults and children** to live well, to be the **best employer** and **work with our partners** as one

#### Our Goals

- **Prevent** ill health
- Deliver **high-quality care** at home and in the community
- **Integrate** services
- Develop **sustainable** services

#### Our Enablers

- **People**
- **System Leadership**
- **Digital**
- **Environmental sustainability**

<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	2.1
<b>Subject:</b>	Governor Feedback from each of the Constituencies
<b>Presenting Officer:</b>	John Goulston, Chair

## 1. Purpose

The purpose of this report is for governors to share feedback or updates within their constituencies with the full Council of Governors.

Note: This item would usually be conducted verbally by each governor wishing to share feedback or updates. It was agreed that on this occasion, this item should be presented via a short paper due to the meeting taking place virtually.

## 2. Feedback

### David Price – Public Governor, Maidstone

As Lead Governor, I have had monthly meetings with the Chair, John Goulston.

I have attended a Nominations Committee and a Communication and Engagement Committee, as well as observing a board meeting.

### Carol Coleman – Public Governor, Dover/Deal

In early March along with representatives of the One You initiative, I took part in a community event in one of the more deprived areas of Dover. This was very well attended and many visitors took the opportunity to register for further consultations. I also participated in Deal Hospitals Patient Group where the main topics of conversation were the promotion of the Hub by Channel Health Alliance, siting of the sensory garden and the introduction of the Forget me not questionnaire and discharge pack. We had a short presentation from one of the newly introduced Therapeutic workers who are working to improve patient's psychological and physical health to shorten hospital stays.

Since the lockdown via Zoom and Microsoft Teams I have continued to participate in Safemeds, CCG, Surgery PEG's and community group meetings.

I would recommend that governors attend Kent and Medway CCG public meetings (virtual) as it looks like there will be major changes going forwards.

The CCG have appointed a number of Independent Associate Lay Members - Patient and Public Engagement. The Governor Support Office will share contact details with all governors.

### **Miles Lemon, Public Governor, Swale**

As with everyone else, this is a very brief feedback report due to the restrictions of Covid 19 lockdown.

Having attended the last Faversham Cottage Hospital PEG in November, I sat in on the virtual inaugural East Kent Adult Clinical Services Community Engagement Group in June. This has been set up by Sharon Picken and her Patient Experience and Engagement Team with the aim of bringing together a wide range of stakeholders in order to harness good practice and experience for the benefit of all users in East Kent area; it is planned to set up similar groups elsewhere in Kent. The next meeting is on 27<sup>th</sup> July.

### **Nigel Stratton, Appointed Governor Age UK**

Just before the Lockdown, on 20<sup>th</sup> March I had a very useful meeting with Peter Brook about the Buurtzorg Project. He was very interested in speaking to Age UKs in Kent and when we are back to normal again we will invite him to one of the county-wide meetings.

Throughout the Pandemic I have continued my work with Age UK, especially as Chairman of Age UK Tunbridge Wells, where we set up a home meal delivery service from scratch and have been looking after approximately 400 people in their own homes providing a wide range of services. Some of these people were existing clients, but a number were new to the organisation.

### **John Woolgrove, Public Governor, Rest of England**

On 18<sup>th</sup> June, I attended both the virtual Council of Governors meeting of Oxleas NHS Trust and the virtual Board of Directors meeting of Kings College.

## **3. Recommendation**

The Council of Governors is asked to receive this report.

**Council of Governors**  
**July 2020**

<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	2.2
<b>Subject:</b>	Report from Communication and Engagement Committee
<b>Presenting Officer:</b>	Carol Coleman, Chair of Committee

### 1. Purpose

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

The Committee held an extraordinary meeting on 7 July 2020 and the meeting was quorate.

### 2. Annual Members Meeting – 24 September 2020

The Committee received a report outlining a proposal to hold the Annual Members Meeting (AMM), via a live event on MS Teams. The proposal made the following recommendations:

- Replace the physical AMM with a virtual event. This would be run as an MS Teams live event.
- It would last for approximately one hour and would include: Welcome by Chair/Chief Executive/Lead Governor, followed by a film (arranged by the Communications Team) to replace presentations. It would also include a section on finance and the information that needs to be shared. This would be followed by a ‘theme’ section to replace the usual marketplace.
- The event would be recorded, so that it could be shared on the public website and staff intranet.

It was proposed that the theme for this year’s AMM should incorporate Covid-19 and the reset plans, with a particular focus on ‘staying independent’.

The Committee supported the recommendations.

### 3. Participation, Engagement and Experience Work Plan

The Trust has a Communications, Engagement and Patient Experience Strategy for 2019-2022. In light of Covid-19, a refreshed approach to Participation, Engagement and Experience was devised to incorporate new ways of working and ways to deliver the strategy. This refreshed approach has been documented in a work plan (appendix 1).

The Committee received the work plan, and fully supported its implementation.

#### **4. Recommendation**

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

- The Annual Members Meeting on 24 September 2020 to be hosted via a live event on MS Teams.
- To receive the work plan (Appendix 1) and support its implementation.

**Carol Coleman, Public Governor Dover/Deal**  
**Chair of the Communication and Engagement Committee**  
**July 2020**



<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	2.3
<b>Subject:</b>	Report from Charitable Funds Committee
<b>Presenting Officer:</b>	Carol Coleman, Public Governor Dover/Deal

## 1. Purpose

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

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

## 2. Summary of the previous meeting

The Committee met on Wednesday 8 July 2020.

The two main ongoing projects are the allocation of funds from the bequest to the Tonbridge Hospital and the long awaited refurbishment of the Heron Ward using the Mermikides bequest. It was agreed to support the funding of a garden at Tonbridge with future projects put on hold until the repairs to the ward are completed. The only caveat for the garden was finding enough volunteers to maintain it as this has been an issue in the past. With regards the Heron ward it is unlikely that works will commence before spring next year.

The Chair raised the fact that some funds hadn't been touched for some time. There were suggestions for Pod packs to be provided to families who could not afford the basic equipment to undertake the virtual Physio, Speech and Language and other therapies which have been delivered virtually. This will be revisited at the next meeting in November.

Public and patients have been incredibly generous in their donations supporting the NHS during the pandemic. Two new COVID-19 funds have been set up and the fund manager is Louise Norris. One fund receives money donated directly to the Trust by individuals and the second fund is specifically for money that is distributed to the Trust from NHS Charities.

Staff were surveyed for suggestions as to how they would like the money spent. Suggestions from staff included supermarket voucher scheme, sponsorship of days out for colleagues with their family and/or friends; pampering vouchers; health and wellbeing

gardens at the community hospitals; outdoor furniture for these gardens and for other Trust sites. The Executive Team have approved the shortlist.

The committee was informed that care needed to be given on how the money was distributed to ensure that there were no tax issues for staff members. This was being addressed by the executive team.

The over-riding principle for spending the funds would be that they were distributed equitably, available to everyone and not linked to performance.

The Chair suggested that funds might be made available to have some type of memorial at our hospitals for those that lost their lives to the COVID-19. Although agreed in principal it was considered that this needed greater consideration.

### **3. Recommendation**

The Council of Governors is asked to receive this report.

**Carol Coleman, Public Governor Dover/Deal**  
**July 2020**



**Kent Community Health**  
NHS Foundation Trust

<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	2.4
<b>Subject:</b>	Patient Experience and Complaints
<b>Presenting Officer:</b>	Ali Carruth, Director of Participation, Experience and Patient Engagement

The attached report provides a summary of information regarding feedback from complaints and patient experience surveys received across all clinical services during the Covid-19 Pandemic. The report also includes details of specific projects to improve patient experience during the pandemic undertaken by the Patient Experience Team (PET).

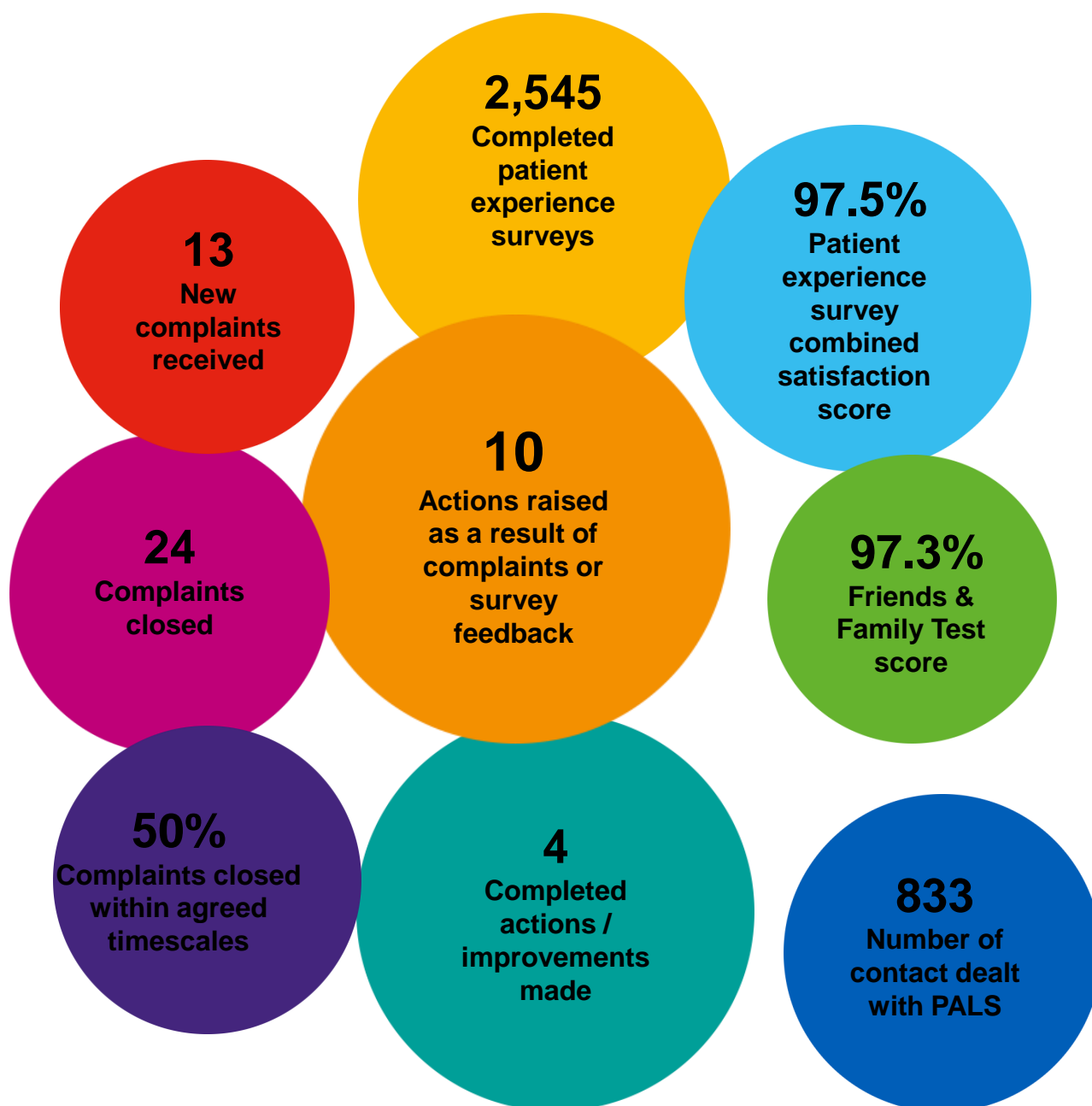
**Ali Carruth**  
**Director of Participation, Experience and Patient Engagement**  
**July 2020**

## 'Patient experience during Covid-19' April / May 2020



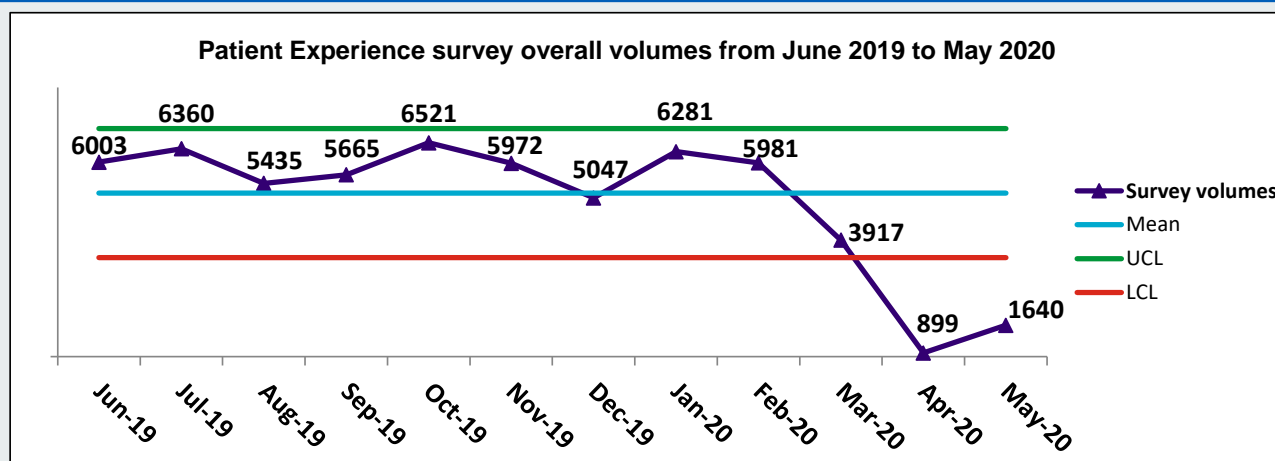
**Kent Community Health**  
NHS Foundation Trust

This report provides a summary of information regarding feedback from complaints and patient experience surveys received across all clinical services during the Covid-19 Pandemic. The report also includes details of specific projects to improve patient experience pandemic undertaken by the Patient Experience Team (PET).



Sue Mitchell  
AD Patient Safety and Experience  
15 June 2020

## Patient experience survey volumes

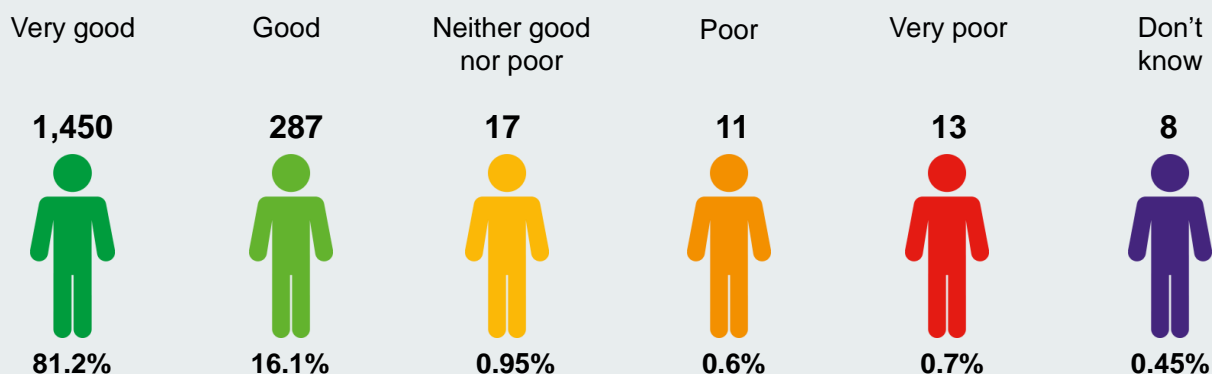


Survey volumes declined in March due to the outbreak of Covid-19 with a further drop seen for April. This was as a result of the trust wide reduction in some service provision. There was also a restriction on the use of paper surveys for those services that have continued to operate as usual. An encouraging increase was seen in May as a result of services using a new 'Remote survey', created specifically for use to gain patient feedback about the experience of appointments/consultations undertaken by virtual methods. More details about this survey and the results can be found on page 3 of this report.

Overall satisfaction scores remained high in April (**96.5%**) and consistent with the usual data. A minimal decrease from typical scores was seen in May (**94.8%**). This is due to some patients not being entirely happy with their appointment/consultation being conducted via a virtual method.

## NHS Friends and Family Test (FFT)

### Overall, how was your experience of our service?

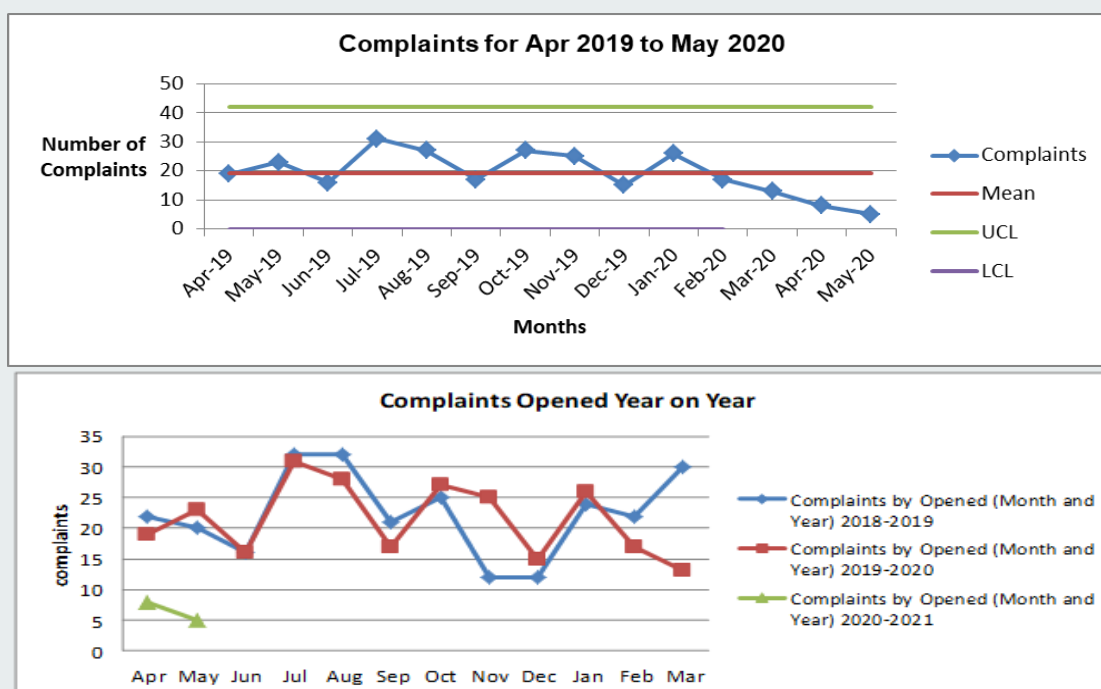


In accordance with new guidance from NHS England, all trust surveys were updated with the revised FFT question 'Overall, how was your experience of our service?', with the answer options 'Very good / Good / Neither good nor poor / Poor / Very poor / Don't know' and a follow up free text question 'Please can you tell us why you gave your answer?.'

Due to Covid-19, the national guidance was to stop the collection of FFT. Despite this some services were able to continue to actively collect feedback and a total of **1,786** people answered the FFT question during April and May 2020, giving a combined overall recommend score of **97.3%**, consistent with usual results.

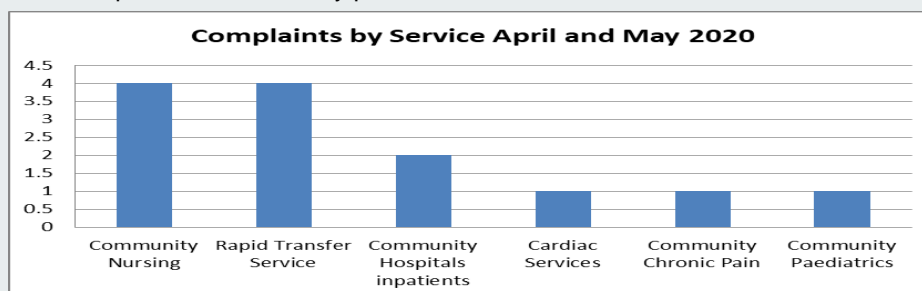
Thirteen, from a total of 299 people, who rated their experience as 'poor' or 'very poor' were triaged over the telephone by the dental service. Patients felt they did not get the help they needed, as due to the tight restrictions on the availability of clinic based appointments at the current time, they were not given a face-to-face appointment. Eight 'poor' or 'very' poor responses were given for a variety of services and these were highlighted and the appropriate action was taken, where needed. Patients who had given a negative response were contacted, where possible, to understand the issues and feedback was given to staff where appropriate.

## Complaints



The number of complaints received reduced in March with a further drop seen in April and then again in May. This was due to the outbreak of Covid-19 and the trust wide reduction in some service provision. National Guidance was released by NHS England for a 'pause' in the complaints process in order to focus operational attention on providing services. All complainants with open complaints were advised that there maybe delays in response times. New complaints received at this time are being acknowledged and triaged as normal. Some are on hold dependent on the level of complaint and demand on the service, however many are continuing as usual. These decisions are being made on a case by case basis.

4 of the 13 cases received in April and May were for the Rapid Transfer Service. The service has dealt with an increased number of patient discharges from hospitals into community settings at a time when family members are unable to visit and involving them in discharge planning is more challenging. There were also 4 complaints received for Community Nursing and 1 each for Cardiac Services, Community Chronic Pain, Faversham Cottage Hospital, Hawkhurst Hospital and Community paediatrics.



There were 24 cases closed in April and May 2020; 11 did not meet the 25 or 60 working day response. 8 of the 11 cases were delayed as the complaint was put on hold due to Covid-19. This was because staff involved being unwell, self-isolating or the service did not have the capacity to investigate at the time. 2 of the other delays were due to the service being late in responding and 1 due to waiting for external comments.

3 of the complaints closed included plans for improvement:

- The vision and hearing service will be including information in a new leaflet for families regarding the purpose of screenings and the difference to an opticians eye tests.
- East Sussex SLT have created new letters to confirm changes in therapists and for a follow up appointment for the new SLT including the One Point contact now available.
- Sexual Health services are looking into modern slavery issues to better support patients at appointments. Staff will also be receiving further training on how to communicate well during clinical consultations needing interpreters.

## Remote consultations patient experience survey

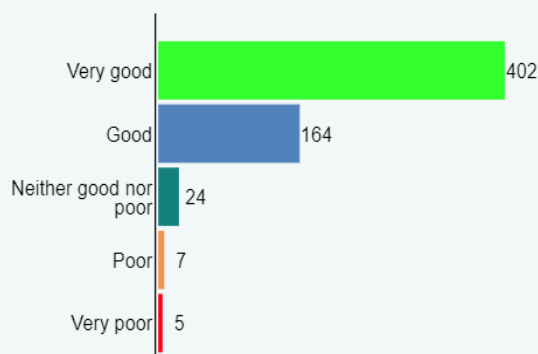
At the end of April a survey was built for services to collect feedback from patients about their experience of their appointments/consultations conducted by virtual methods (telephone/video). These are completed with patients at the end of their appointment, or by emailing a survey link if preferred. The survey is short, giving consideration to the duration of each appointment. The data gained from this survey is assisting with the trust's reset, restore and recovery work and for planning new, future ways of working.

A total of **602** surveys were completed for 25 different services. The MSK Physiotherapy service had the highest number of completions, followed by Lymphedema and Cardiac Rehabilitation. The table below shows the number of surveys completed per service:

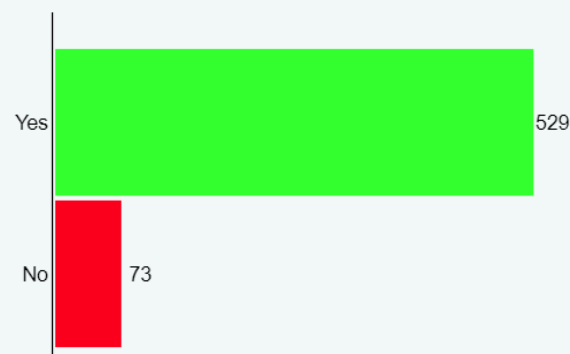
Service	Surveys	Service	Surveys
ADHD Nurse (Community Paediatrics)	16	Health Visiting	1
Adult Continence	1	HEN Service	10
Adult Speech and Language Therapy	33	KM CAT Service CYP team	3
Cardiac Rehabilitation	70	Lymphoedema	79
CHATTS	2	Oncology Dietitian	1
Children's Audiology	28	One YOU Lifestyle Advisors	3
Children's Therapies (East Sussex)	1	Orthopaedics	26
Children's Therapies (Kent)	1	Pharmacy Services	10
Chronic Pain	21	Physiotherapy	172
Community Dietetics	34	Podiatry	1
Community Paediatrics	3	Pulmonary Rehabilitation	20
Dental service	40	Sexual Health Service	1
Diabetes Nursing	26		

Results from the survey have been very positive, with **566** people rating their experience as very good or good and **529** being happy to have future consultations conducted via virtual methods.

### 2. How did you find the experience of having your consultation by telephone or video?



### 3. Would you be happy for any future consultations to be conducted in the same way?



People who rated their experience as poor or very poor were for MSK Physiotherapy (10), Pharmacy service (1) and Community Dietetics (1). The main reasons people gave for choosing these ratings related to poor telephone line reception, being unhappy that they were discharged without having a face-to-face consultation and because they thought the nature of their condition needed face-to-face contact. Some positive feedback was also given along with the negative feedback:

#### Physiotherapy (MSK) - Balmoral GP Surgery, Deal

Very pleased with the physiotherapist, she was patient and very helpful despite the technology faults we had along the way. The phone IT let us down a number of times. Have started with the recommendations so time will see if they help.

#### Physiotherapy (MSK) - Sheppey Community Hospital

The physio was good. Having it over the phone made it very difficult to achieve anything.



## Patient Experience surveys via telephone

With the current restrictions on the use of paper version surveys, to avoid risk of infection, a number of services have been conducting their bespoke surveys with their patients over the telephone. This has proved successful and enabled many services to continue to gain patient feedback during these unprecedented times.

Staff working from both their normal bases and home have been able to take advantage of conducting surveys over the telephone. Electronic versions of the required surveys have been accessed by staff via the 'Have your say' page on the KCHFT public website and completed whilst undertaking with patients.

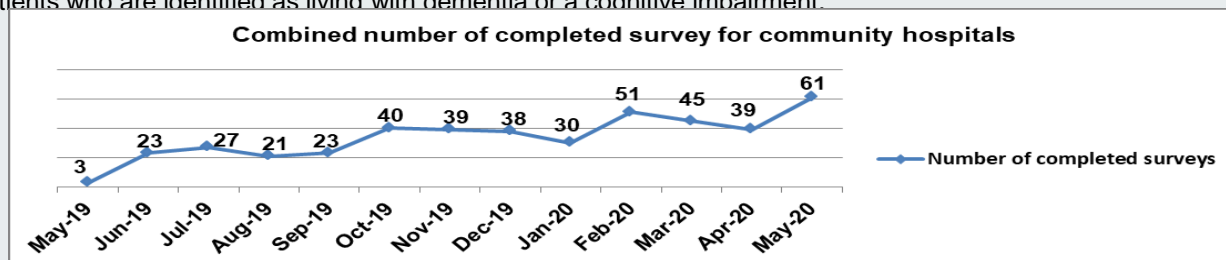
Examples of the services that have been using this method to gain their patient experience feedback:

- Children's Hearing service
- Children's Therapies (Kent)
- Chronic Pain
- Dental service
- Heart Failure Specialist Nursing
- Home First Service teams
- Home with Support
- ICT Rapid Response and Rehabilitations teams
- Podiatry service



## Forget-Me-Not dementia survey

During the Covid-19 pandemic, feedback from patients with dementia has continued to be gained in the community hospitals, with an increase in survey volumes seen when compared with previous months. The increase is as a result of survey completions for Faversham Cottage hospital. The therapeutic workers undertake a survey with all patients who are identified as living with dementia or a cognitive impairment.



Survey volumes and overall scores for April and May 2020, per community hospital are shown in the table below. The highest number of completed surveys was seen for Faversham, followed by QVMH. There were no completions for Hawkhurst, Westbrook or West View Integrated Care Centre.

Service	Overall scores %	Completed surveys
Deal	75	3
Edenbridge	98.6	9
Faversham	76.7	43
QVMH, Herne Bay	86.6	28
Sevenoaks	80	5
Tonbridge	87.5	6
Whitstable and Tankerton	87.5	6

High overall scores are seen for Edenbridge and lower scores for all other hospitals. The lowest scoring question 'Are you involved in decisions about your care?' for April and May 2020, was seen for Faversham, where 15 patients gave the answer 'no', with 4 follow-up comments. One patient said 'will not tell or discuss what is wrong with me with' and the other 3 comments were non-qualitative.

In a March 2019 report it was highlighted that patients often say that they are not included in decisions about their care because families make these kinds of decisions for them. The MCA Coordinator, Safeguarding Team has a QI project in relation to improving staff confidence in the MCA and part of this is supporting patients to make decisions.





## Working well together during the Covid-19 pandemic

### Zoom for use in community hospitals

With the support of IT, the Patient Experience Team were able to provide the community hospitals with tablets for patients to use for virtual visiting with their families/friend during their stay. 5 tablets per hospital were supplied uploaded with Zoom software.

Some examples of the feedback received from our community hospitals about the positive impact the use of Zoom has had for patients, families and staff:

QMVH, Herne Bay: The use of Zoom on the ward has been a game changer for the emotional and psychological wellbeing of the patients and their families at this time. Many of the patients have been in hospital for a number of weeks, and in self-isolation before that. It has been a long time since they have spoken to anyone not wearing a surgical mask and/or a visor, with all the communication problems this includes. They may not have had any visitors in several weeks. We were able to arrange several zoom chats for a gentleman with learning difficulties, who had been in hospital since before the lockdown. As he saw his father and sister for the first time in months his face lit up, he was smiling and waving.

Hawkhurst: We have used the iPad for a patient suffering with Covid. It was easily set up by the family and he was able to have a conversation from his bed. Sadly this gentleman passed away soon after, so to have this communication was so important.

Feedback received from a relative of a patient with dementia at Faversham: 'How greatly appreciated, staff member setting up zoom and supporting my dad through his stay . I didn't know the value of a therapeutic worker.'

### Community hospital visitors guidance during Covid-19

A Visitors Guidance Leaflet was developed for relatives/carers who wish to and are eligible to visit patients within our community hospitals during the Covid-19 pandemic. This was developed by the Patient Experience Team, in accordance with NHS England guidance and with input from the Infection Prevention and Control team and the Lead Practitioner for Palliative and End of Life Care.

The guidance includes information of the processes people need to follow before, during and after visiting their relatives, including details of personal protective equipment requirements. A copy of the guidance is available on the Community hospital page on the KCHFT public website.

### Volunteers to assist with telephone surveys

The Patient Experience and Engagement team have been working on a project whereby volunteers can conduct patient experience surveys on behalf of services. This is helpful to those services who have low staff capacity due to redeployment or other work priorities.

- a job role description for volunteers
- advice sheet for volunteers
- an article was included in flo mail, asking for service's to note their interest with the Engagement Team

Three services have shown an interest, Sexual health service, Infant feeding team and East Sussex Children's Integrated Therapy. Four volunteers are ready to assist once definitive decisions are made.

### Minor Injury Unit feedback for social media

The Communications team has been using social media messaging to promote that people can still attend the minor injury units during the Covid-19 pandemic. As part of this promotion, positive comments received via patient experience feedback for the minor injury units, has been continually shared with the Communications team.



## Kent Community Health

NHS Foundation Trust

<b>Meeting Title:</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	2.5
<b>Subject:</b>	Patient and Public Engagement
<b>Presenting Officer:</b>	Louise Norris, Director of Workforce, OD and Communications

## Engagement report January to June 2020

### Executive Summary

This report gives an overview of public and patient engagement, membership engagement and volunteer services during quarter four (January to March 2020) and quarter one (April to June 2020).

### 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 2022 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.

Please note that the engagement function of this team (patient engagement, accessible information and volunteers) will be moving to a new directorate from Monday, 20 July under the new Director of Participation, Experience and Patient Engagement. Membership will fall under the Communications department in the HR, OD and Comms Directorate.

**KCHFT Engagement Team**  
**July 2020**

## 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.**

As detailed in previous reports, the new contracts to support the trust with an interpreting and translation service have started with OnCall

At the start of the year, we arranged to pilot video interpreting with OnCall, to help reduce cancellations and the cost of interpreters' travel. The original plan was to pilot video interpreting from 1 March with the One You service but due to Covid-19, we pushed this out to all services and video interpreting was available to book from 31 March.

During Covid-19, face-to-face interpreting requests have reduced to almost zero and have been replaced by telephone or video interpreting. These bookings are working extremely well as it's much easier for OnCall to provide an interpreter for these sessions. In the last two months we have had 100 per cent call fulfilment rates for interpreting services.

There has been a gradual uptake in video interpreting bookings and we have advertised the service to colleagues bi-monthly in the flomail bulletins and on flo. Three-way video interpreting is especially helpful for British Sign Language (BSL) interpreting needs.

We are working in partnership with the provider to improve and enhance the service, and we hope that colleagues will continue to use telephone and video interpreting instead of face-to-face, as this represents a significant cost saving to the trust, as well as being more reliable.

Top 10 languages requested for face-to-face and telephone interpreting provided by our suppliers from January to June 2020:

Face to face interpreting		Telephone interpreting	
Languages:		Languages:	
(1)	Bengali	(1)	Romanian
(2)	Romanian	(2)	Slovak
(3)	Slovak	(3)	Polish
(4)	Turkish	(4)	Bulgarian
(5)	British Sign Language	(5)	Nepali
(6)	Punjabi	(6)	Arabic
(7)	Polish	(7)	Turkish
(8)	Kurdish Sorani	(8)	Kurdish Sorani
(9)	Arabic	(9)	Punjabi
(10)	Nepalese	(10)	Bengali

#### Bookings made for face-to-face interpreting

January 2020	439
February 2020	419
March 2020	256
April 2020	4
May 2020	2
June 2020	1

#### Bookings made for telephone interpreting

January 2020	55
February 2020	62
March 2020	103
April 2020	218
May 2020	301
June 2020	323

#### Bookings made for video interpreting

April 2020	2
May 2020	4
June 2020	6

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

At the latest Deaf Community Access Project Support Group, hosted by KCC on 14 January, we informed the group that the Next Generation Text (NGT) app project was on hold due to capacity within the engagement team. NGT is now called Relay UK and there has been mixed feedback from the Deaf community. The project will be reviewed at a later date.

At the latest Deaf Community Access Meeting, hosted by the One You service on 23 January, we discussed the process of making emails secure in order to send confidential information to service users. Members of the Deaf community have found the guide document confusing so we are going to create an Easy Read version and test it with members of the group.

Following a meeting with the Community Cardiac Rehabilitation Team on 12 February, we are going to implement some initiatives to improve access for clients with a learning disability. We have started by creating Easy Read guides.

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

AIS E-Learning: 721 colleagues completed AIS E-Learning.  
Due to the trust electronic patient record system changing from CIS to RIO, we do not have data for the quarter to show what AIS requirements were recorded for patients and carers. A full update will be available in the next quarterly report.

### 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:

2020	Speech	Toolbar	Simplify	Translate	Text magnifier	MP3	Settings
<b>January</b>	896	2285	7	193	11	4	26
<b>February</b>	1165	1199	1	87	0	0	2
<b>March</b>	609	1210	1	118	1	2	1
<b>April</b>	416	634	5	44	2	0	5
<b>May</b>	930	644	9	85	7	5	8
<b>June</b>	2000	981	6	98	4	12	14

Figures compared to this time last year:

2019	Speech	Toolbar	Simplify	Translate	Text magnifier	MP3	Settings
<b>January</b>	586	567	10	8	7	0	1
<b>February</b>	1335	509	1	12	0	1	0
<b>March</b>	704	472	4	19	6	2	0

<b>April</b>	396	386	6	15	14	3	0
<b>May</b>	428	528	4	15	1	0	0
<b>June</b>	557	401	3	38	7	0	12

## Additional tasks and progress

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

Since January, we have produced the following Easy Read patient leaflets/letters:

- One You Kent referral letter – this was tested by members of East Kent Mencap and OYK's Deaf clients and is now being used by the service
- One You Kent Smokefree referral letter - this was tested by members of East Kent Mencap and OYK's Deaf clients and is now being used by the service
- Patient Care Charter – this was updated from the 2016 version and is now available on the public website
- Volunteer training pack and introduction pack – these will be tested when focus groups with East Kent Mencap resume
- Volunteer application form - this will be tested when focus groups with East Kent Mencap resume
- Diabetes appointment letter – the service will ask their clients for feedback when they use the letter

Documents that are in production or waiting to be tested:

- Cervical screening letters – waiting for feedback from the service
- Cardiac rehab letters – on hold due to Covid-19
- How to make your emails secure – on hold due to Covid-19
- Practical advice for staying at home – waiting for feedback from the service
- Confidentiality and information security form – waiting for production

We have met with members of North Kent Independent Advocacy Scheme to re-introduce a focus group to test Easy Read information. As a taster, we looked through an Easy Read Community Health magazine. Following their feedback, we are going to redesign the layout of the service listings in the Easy Read magazine. Due to Covid-19, we were unable to organise any further meetings but the group is keen to resume when possible.

## 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

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.

All KCHFT services are able to easily access patient representatives for feedback and co-design purposes.

## Tasks and progress

**TASK** 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 has been devising and promoting new ways for people to get involved in the work of the trust. These are the People's Network (formerly the Patient Engagement Network (PEN)) and the Patient and Carer's Council.

The People's Network will function in the same way as the previous PEN. It will bring together patients and family carers to have a voice and input in to how services are run, to feedback on issues and to work with services to co design and develop new initiatives.

People's Network members will receive newsletters, opportunities to be involved in specific groups, meetings and sub-groups, as well as take part in surveys, work with us to develop and deliver training and opportunities to sit on interview panels.

The Patient and Carers' Council has been developed to replace the Trust PEG and participants will be asked to input at a more strategic level. More details are provided below.

The new opportunities were advertised in the spring/ summer edition of Community Health Magazine (this was provided digitally only due to COVID-19), is now available on KCHFT public website and will have been promoted via social media as well as advertised through our services.



**TASK** 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.

In light of Covid19, a refreshed approach to patient and carer participation, engagement and experience has been devised to incorporate new ways of working and identify other ways to deliver on the objectives in the Communications, Engagement and Experience Strategy.

**The Senior Engagement Manager has been working with the Director and Assistant Director for Patient Experience to develop a new participation, engagement and experience work plan.**

The work plan highlights how we will embed patient and carer involvement throughout the Trust and review the reporting structures to ensure that we improve our feedback from patients, families and carers.

#### **Patient and Carers' Council (PCC)**

A new Patient and Carers' Council has been developed to replace the Trust Patient Experience Group (Trust PEG)

The Patient and Carer Council is Co-Chaired by the Director for Experience, Quality and Improvement and will be the vehicle that drives the cultural changes needed in participation, co design, shared decision making and engagement across the Trust.

The Patient and Carer Council is made up of Patients and Carers who have expressed an interest to become a member, members of the new Participation and Experience Team, Heads of Service, Learning Disability Service Practice Partners, Governor representation and external partners.

There will be more joined up working between the PCC and The People's Network with the PCC delegating pieces of work to the People's network. The PCC will also receive information about all patient and carer participation initiatives and activities across the Trust and will submit reports to the Quality and Workforce Committees for assurance.

Aligned with the Communication, Engagement and Experience strategy – the PCC will oversee and ensure delivery of the following quality priority; **100% of services to have an identified patient/carers voice in the delivery of care. In the first year, 50% of services will have an identified patient/carers voice in the delivery of care.**

As this work is part of the new developments regarding patient and carer involvement and participation, the COG report will update progress on progress against the new work plan and the quality priority.



## **Public Health engagement activity**

### **Sexual Health**

#### **HIV service co-design project – Jan – March 2020**

27 HIV patients were recruited to a co-design project. Preparatory focus groups and telephone interviews identified the lack of need for service redesign as the service was universally praised for providing “healthcare as it should be”. However, an unexpected outcome has been the emergence of an HIV peer support group/advisory group after the identification of extremely high levels of isolation amongst HIV patients leading to incredibly high reliance on their nurses and doctors for support beyond medical needs. Severn patients of the HIV service have met virtually to establish a peer support group/advisory group. Having worked out how they want to structure the meetings and what aims they wish to achieve we are now looking at expanding the reach of the group and are meeting with Medway Sexual health services to support the establishment of a group for Medway.

The Trans/non-binary working group is currently planning a virtual event for Pride.

#### **Kent and Medway sexual health PAGs**

These have restarted virtually with higher attendance than when held physically. The Trans/non-binary advisory group, HIV advisory group as well as Public Health’s CYP are now feeding into the Kent and Medway Sexual health PAGs which will operate as overarching strategic PAGs.

316 service users have recently participated in a service evaluation of sexual health COVID response service delivery to ensure that any reset plans include the perspective of patients.

#### **Public Health CYP Forum**

Public Health CYP forum meet with 5 children & young people at Oasis Academy to get their feedback on the Chat Health emotional health and wellbeing and insights into advertising the text help service.

12 children and young people helped us rename School Public Health’s Children & Young person counselling service through the forum by sending us their comments and thoughts.

Porchlight’s Be You project has agreed to be part of our forum by working with us on changes to the Kent Youth Health website development.

### Health Visiting Service

During March and April 2020, 97 parents across Kent and an additional 13 parents of children with additional needs participated into insights research for the health visiting service, undertaken by an external organisation, Activmob. Workshops with ActivMob are underway to ensure that this learning from our clients informs Health Visiting's reset plans.

Health Visiting is soon to start service user interviews of clients who have used its service during COVID to include patient experience within the evaluation of the COVID offer and to inform the reset plans going forward.

Health visiting service PAGs have resumed virtually. To date, nine parents have helped develop the health visiting service offer around key topics (so far perinatal mental health and development reviews). These PAGs will continue to work with the service to ensure parents are involved in designing the reset plans and the health visiting offer moving forward.

**TASK** 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 has been developed, delivering trust-wide to colleagues, patients and carers. The training focuses on patient and carer involvement, why it is important and how to overcome barriers.

First-level training will provide colleagues with a toolkit, enabling them to effectively engage and involve patients and carers in service improvements and developments.

The first session of the training was delivered on 12 December to a group of managers from health visiting teams. Overall, feedback from the session was very positive and confirmed that participants found the training informative, interesting and much needed and felt more empowered to involve patients and family carers in their work to develop services. The training will be available for all colleagues from January 2020, details to be confirmed.

#### **Bite size patient involvement training**

A less intensive version of the training has also been developed, and been included in local induction training for new healthcare assistants (HCAs) in east Kent, as part of a quality improvement objective to promote patient and carer involvement.

The session includes personal stories from a patient and a carer who talk first-hand about their experiences. This is the first time that patients and family carers have been included as co-presenters in a training session. The sessions will continue to be delivered throughout 2020 on a quarterly basis.

Feedback from the training has been extremely positive, with colleagues stating that the training has been really impactful, giving an insight in to patient involvement and the impact of being a carer and how this can affect relationships with professionals and family members.

In light of Covid19 training has not taken place during the pandemic lockdown period. However, the Involvement Training will be delivered virtually, using a webinar style presentation and slido.com to capture participant’s views and feedback.

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

As part of the new participation work plan, there is an objective to; **Recruit 50 Experts by Experience (EBE) roles by March 2022 to work on a bank basis.** Our EBE will be involved in a number of ongoing initiatives and will play a crucial role in shaping services alongside Trust staff. Experts By Experience are people who have an experience of using our services or are carers caring for someone who has used our services.

**TASK** 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.

We have worked closely with the team introducing the new patient record system for the trust (Rio) and have made contributions on the importance of equality monitoring.

#### **Additional tasks – Beside You breastfeeding campaign engagement**

In the previous report we reported on engagement around the Beside You breastfeeding campaign, initially developed by Medway Council and Best Beginnings in 2016.

The Beside You campaign was relaunched in February as a joint Kent and Medway initiative to support breastfeeding women and their families. KCHFT now hosts a brand new website full of information and details of local support as well as co-facilitating joint Facebook, Instagram and Twitter accounts. We have worked with midwifery, health visiting, children centres, third sector organisations and local authority colleagues in both Kent and Medway to produce and maintain the momentum behind this campaign. KCHFT led a launch day in February with over 50 attendees from all partner agencies, as well as volunteers, breastfeeding women and their children. Radio Kent ran a series of interviews the week after the launch with women and staff to support the promotion.

The [www.wearebesideyou.co.uk](http://www.wearebesideyou.co.uk) website has had over 30,000 hits since it launched in January (six months to the end of June)

Our social media presence has increased, with over 3,500 followers across our channels (a rise of 68%) since January.

The Beside You Facebook page has had 12 live sessions with members of our infant feeding specialist team covering topics such as getting off to a good start, sleep and going back to work. These have had over 20,000 viewers with a total viewing time of 325 hours

Goal	<b>Integrate services:</b> Support a climate for change by building relationships and mechanisms to support partnerships and system transformation.
	<b>Objective</b> Ensure KCHFT colleagues and its patients' voices are heard and demonstrate how their feedback shapes the future of the Sustainability and Transformation Partnership
<b>Tasks and progress</b>	
<b>Promote individual elements of the STP, such as stroke consultation, as they emerge from the partnership.</b>	
<p>During COVID we have worked closely with our colleagues in the newly-formed Kent and Medway CCG, as well as with other providers in Kent and Medway. We have had thrice-weekly calls with all other comms providers and the CCG to ensure that COVID and other messages are aligned. This work is ongoing and will be built upon during the reset phase. It's safe to say that collaborative working between trusts in terms of comms and engagement has greatly improved during the pandemic.</p>	

Goal	<b>Develop sustainable services:</b> Ensure our colleagues, patients and the public are kept informed, involved and feel valued.
	<b>Objective</b> 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.
	<b>Tasks and progress</b>
<b>TASK Increase partnership working with our stakeholders and partner organisations, so we can promote opportunities to work together to improve services, for example events.</b>	
<p>The 'Let's discuss cancer' event planned for 14 March, in Westgate Hall in Canterbury, was cancelled due to Covid-19. All members and colleagues were invited to attend and, before cancelling, 51 people were booked to attend the event, including 14 stallholders and speakers.</p>	
<b>TASK Provide the opportunity for our public members to regularly meet to share experiences, identify opportunities and to promote their work.</b>	
Members were invited to 'Let's discuss cancer' event, as above.	
<b>TASK Increase representation from carers and representatives from Carers' organisations on KCHFT's Patient Experience Group and local PEGs.</b>	
<p>A new Carer Involvement Steering Group has been set up and will have its first meeting at the end of July 2020.</p> <p>The carer Involvement Steering Group will aim to raise the profile of carers and</p>	

young carers and celebrate and acknowledge the work they do.  
The initial work for the group will be to deliver a virtual Carers conference by December 2020 and to establish a carers online forum.

## 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 1, July 2020 was 8,473. Of the membership:

- 776 are from Black, Asian or minority ethnic communities
- 108 are aged 21 or under
- 965 are aged over 75 (11.41 per cent)

Month	Joiners	Leavers*	Net	Cumulative
January 2020	30	9	21	8,418
February 2020	16	10	6	8,424
March 2020	24	6	23	8,447
April 2020	36	4	32	8,479
May 2020	0	2	-2	8,477
June 2020	8	12	-4	8,473

*\*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.**

On 10 February, 345 public members in Dover received their local governor newsletter by email, with open rates of 35.9 per cent.

### Objective

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

On 26 March, 3741 members were sent an email with links to resources and information to support their health and wellbeing during Covid-19 and lockdown, with a 47.8 per cent open rate.

On 17 April, 3748 members were sent an email about how KCHFT is looking after colleagues, patients and the public during Covid-19, with a 48 per cent open rate.

On 30 April, 4027 members were sent the spring/summer Community Health Magazine by email, with a 31.3 per cent open rate.

On 21 May, 3719 members were sent a Covid-19 update email, including information about PPE, health and wellbeing, and carers, with a 29 per cent open rate.

On 12 June, 3950 members were sent an email with information about face coverings, with a 38.5 per cent open rate.

## Objective

**Increase opportunities for members to feedback on service improvements.**

On 3 March, 704 members were emailed to ask them for their comments and suggestions on KCHFT's 2020/21 quality priorities, with a 13.5 per cent open rate and 13 members offering their feedback.

## Volunteer strategy

### Goal 1

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

### Tasks and progress

**TASK 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**

A number of roles were recruited to including dining companions, meet and greet volunteers and volunteers to assist with the new Activities Coordinators based in the community hospitals to help with the dementia patients.

Over 150 enquiries were received from mid-March to 20 June 2020 to assist with Covid 19. We were able to recruit nearly 50 of these emergency volunteers to help with facilitates in our hospital kitchens and assist with teams keeping the wards and public areas clean.

New roles for the emergency volunteers were:

- to assist with administration in the community hospitals
- PPE deliveries
- Drivers to deliver equipment to Doctors and staff working from home
- Drivers to deliver DNAR letters to patients homes
- Beverage serving volunteers
- Telephone survey's from home

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

Total volunteer hours 2,500 (4,000 previous quarter), but this figure is for January to early march before lockdown and does not include hours for the health walk leaders. Number of active volunteers 516 (502 previous quarter) recorded on MES.

This includes:

Breastfeeding: 84

Health walkers: 194

EPEC: 11

PEN: 37

**Covid: 48**

Other: 185 other volunteers in various roles across KCHFT sites.

Total: 559

## Goal 2

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

## Tasks and progress

**TASK 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 is given to volunteers via MES database about training and awareness sessions and regular information bulletins. Many events, which during Covid many had to be cancelled or postponed.

Regular newsletters about Covid, health and wellbeing and updates on staying safe and PPE were sent out via MES to all volunteers.



Dear Volunteer,

Volunteers Week is an opportunity to show our appreciation for and say thank you to all our volunteers. We have more than 500 volunteers across the trust, with diverse roles in hospitals and out in the community.

Unfortunately due to the Coronavirus (COVID-19) pandemic, many of you have been unable to continue in your volunteer roles. We also know that many of you are in



isolation, and are unable to give your time. This must be frustrating for you all. Remember to look after your health and wellbeing - you can find lots of useful information and advice for you and your loved ones [here](#).

Despite some of you not being able to volunteer during this time, we are truly grateful for all you do throughout the year. In the coming days and weeks, we will work to reset our services, and are looking forward to seeing you back in your role soon.

Keep safe and thank you.

The Spring/Summer newsletter was distributed in June during National Volunteers week via MES and post, plus published on the trust's website.

To commence volunteers week, a press release was sent out as well as a thank you letter and a message from Paul Bentley and other volunteers stories, all these published on the trust website and social media, plus shared with other volunteer organisations.

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

Further end of life sessions will be held in 2020.

Breast Feeding Support training was completed in March 2020, but the graduations had to be postponed due to Covid. A new cohort training session for Ashford area was also recruited and this has been postponed until July 2020.

Different ways of liaising with the new volunteers virtually was put into place during lockdown and the new volunteers received all training materials and links via email and online. In future, these links may be used to enhance volunteers training rather than all face to face sessions.

REVAMP accreditation to be resubmitted in June 2020. REVAMP (Recognition of Excellent Volunteer & Management Practice) is a Kent wide quality mark aimed at increasing and showcasing best practice in volunteer management. KCHFT first received this accreditation in June 2018.

#### **VOLUNTEER APPRECIATION**

With messages from the Chief Executive and voluntary services manager during national volunteers' week, plus publication of volunteer stories, we have ensured that all volunteers are valued and kept up to date with all developments and changes during covid.

As many volunteers are not on social media or via email, the voluntary services manager has kept in contact with these volunteers via telephone and posting letters and notes.

### **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

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

All volunteer vacancies are advertised with HELPFORCE nationwide and local volunteer centres and via their website. We also link with KCC and Kent Supported Employment, IMAGO Kent-wide and Strong Kent Communities organisations, East Kent MENCAP and North Kent Advocacy service.

Update of the voluntary services section on the Trust website to include messages from CEO and volunteer stories.

### **TASK 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**

New volunteering opportunities are to be developed via NHS England and the new role descriptions to be available for volunteers during reset. These include discharge support and telephone feedback roles.

New links created with NHS England and NHS Improvement, Ben Jones STP/CCG lead for volunteers in Kent, Healthwatch Kent UK and Future NHS Collaboration Platform which have voluntary services managers forums for NHS organisations nationwide.

All roles advertised via social media, KCHFT website, volunteer newsletter plus via other links mentioned above

<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	2.6
<b>Subject:</b>	Annual Report and Accounts
<b>Presenting Officer:</b>	Natalie Davies, Corporate Services Director

## 1. Introduction

The Annual Report and Accounts looks back at Trust performance over the past year. It looks at the performance of the Trust, both in terms of quality and finances and assesses the framework which was in place to both ensure and assure the performance of the trust.

As part of their statutory duties, Governors must be presented with the NHS foundation trust's annual accounts, any report of the auditor on them and the annual report at a general meeting of the council. This is an opportunity for the Governors to reflect on the performance of the trust over the last previous financial year and to provide feedback to the board of directors based on its view of overall performance of the Board.

The annual report is included under separate cover due to its size.

## 2. Recommendation

The Council is asked to consider the Annual Report and Accounts.

**Natalie Davies**  
Corporate Services Director

<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	2.7
<b>Subject:</b>	2019/20 Quality Account
<b>Presenting Officer:</b>	Natalie Davies, Corporate Services Director

## 1. Introduction

The purpose of this report is to present the 2019/20 draft Quality Account which describes and provides assurance of the view of quality of relevant health services provided or subcontracted by KCHFT during 2019/20. It has been prepared in accordance with the NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality account regulations)

Amendments to regulations for the 2019/20 quality accounts are now in force; NHS providers are no longer expected to obtain assurance from their external auditor on their quality accounts and NHS foundation trusts are no longer required to include a quality report in their annual report for this year.

As required by quality account regulations, the draft Quality Account must go out to consultation with stakeholders, including the Council of Governors, for document assurance. The final version will be presented to the Quality Committee in July for assurance before submission to board in August.

The report is included under separate cover due to its size.

## 2. Recommendation

The Council is asked to consider the 2019/20 draft Quality Account.

**Natalie Davies**  
Corporate Services Director

<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	2.8
<b>Subject:</b>	Governors Annual Report
<b>Presenting Officer:</b>	David Price, Lead Governor

## 1. Introduction

The Council of Governors publishes an Annual Report outlining the work undertaken during the past 12 months on behalf of the Foundation Trust members and the wider public.

This report is in the process of being compiled using activity records held by the Governor Support team and will be designed for us by the Communications team. A copy will be circulated to all governors for their comments and input.

The final report will be outlined at the Annual Members Meeting in September and published in the Trust magazine. The report will also be sent electronically to all members unless they have requested written communication.

**David Price**  
**Lead Governor**



## Kent Community Health

NHS Foundation Trust

<b>Meeting Title:</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	2.9
<b>Subject:</b>	Outcome of Governor Elections
<b>Presenting Officer:</b>	Natalie Davies – Director of Corporate Services

### 1. Purpose

The purpose of this paper is to update the Council of Governors on the outcome of the governor elections that took place throughout February and March 2020.

### 2. Introduction

Governor elections took place in six public constituencies:

- Ashford
- Dartford
- Shepway
- Tunbridge Wells
- Gravesham
- Canterbury

An election also took place for one staff governor for Adult Services.

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

### 3. Election Results

The notice of election was published on 20 January 2020 and the deadline for nominations was 5 February 2020. Following close of nominations, the following candidates were elected uncontested:

Constituency	Candidate	Term of Office
Ashford	Brian Varney	Elected for 1 <sup>st</sup> Term
Staff Governor – Adult Services	Dawn Gaiger	Elected for 1 <sup>st</sup> Term

Unfortunately, we received no candidates for the constituencies of Dartford, Tunbridge Wells and Shepway. These seats remain unfilled.

The constituencies of Gravesham and Canterbury were contested. Gravesham had 4 candidates stand for election, and Canterbury had 5 candidates stand for election.

The notice of poll was published on our website and all members were sent the ballot papers and election materials on 24 February 2020 (via post or electronically).

Voting closed on 13 March 2020, with results declared on 16 March 2020. The outcome is shown in the table below.

Constituency	Candidate	Term of Office
Gravesham	Dot Marshall	Elected for 1 <sup>st</sup> Term
Canterbury	Lynne Spencer	Elected for 1 <sup>st</sup> Term

All elected candidates are elected for a three year term.

Throughout the election process, a series of promotional activities took place in conjunction with the Communications and Engagement Teams. A number of save the dates and reminder emails were circulated to members, as well as advertisements in local community newsletters and networks, and via our staff networks.

#### 4. Conclusion

Governors are asked to note the outcome of the elections.

**Joy Fuller**  
**Governor Lead**  
**July 2020**

<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	2.10
<b>Subject:</b>	Freedom to Speak Up
<b>Presenting Officer:</b>	Natalie Davies, Corporate Services Director

## 1. Purpose

The purpose of this paper is to inform the Council of Governors of the recently published Freedom to Speak Up Index Report 2020.

## 2. Freedom to Speak Up Index Report

### Background

In September 2019, the National Guardian's Office published the first 'Freedom to Speak Up Index Report 2019'. The Index identified the view of staff on the speaking up culture in all NHS Trusts and NHS Foundation Trusts across the country. The index calculations were based on the mean average of responses to four questions in the 2018 annual staff survey. The survey questions used were:

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

On 9 July 2020, the National Guardian's Office published the Freedom to Speak Up Index Report 2020, based on the responses of the same four questions in the 2019 annual staff survey.

### Assessment

I am pleased to report that there has been a notable improvement in the index score for Kent Community Health NHS Foundation Trust from 2019 to 2020. The summary below provides a comparison between the two reports:

2019 - Index score: 81%  
**2020 - Index score: 84.2%**



2019 - Position in the Country: 32<sup>nd</sup>

**2020 - Position in the Country: 11<sup>th</sup>**

2019 - Number of community trusts with a greater index score: 10

**2020 - Number of community trusts with a greater index score: 5**

I also wish to highlight that Kent Community Health NHS Foundation Trust has the greatest index score across all NHS Trusts and Foundation Trusts in Kent, Medway and Sussex.

A full copy of the index report can be found here: [FTSU Index Report 2020](#)

### **Next Steps**

I plan to contact the Freedom to Speak Up Guardian's at the five Community Trusts with a greater index score in order to discuss their Freedom to Speak Up arrangements, and to share learning and best practice.

### **3. Recommendation**

The Council of Governors is asked to receive this report.

**Joy Fuller**  
**Freedom to Speak Up Guardian**  
**July 2020**

<b>Meeting Title:</b>	Council of Governors
<b>Date of Meeting:</b>	23 July 2020
<b>Agenda Item:</b>	3.1
<b>Subject:</b>	Nomination Committee
<b>Presenting Officer:</b>	David Price, Lead Governor

## 1. Introduction

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

The Committee met on 6 July 2020. In attendance were David Price, Miles Lemon, Ruth Davies, Governors; and John Goulston, Chair. The meeting was quorate. In attendance was Natalie Davies, Corporate Services Director and Bridget Skelton, Senior Independent Director.

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

## 2. NED and Chair Appraisals

The Committee received reports from both the Chair and Senior Independent Director outlining the process undertaken for the appraisals. The Committee agreed that the appraisals had been carried out in accordance with the approved process.

It was concluded that the Chair and NEDs were all performing satisfactorily and that individual objectives and personal development plans had been agreed.

The Committee discussed the importance of completing the 360 appraisal surveys, and it was agreed that governors would receive a dedicated development session on holding NEDs to account, which should provide governors with the confidence to complete the surveys in future.

## 3. Declarations of Interest

The Committee received the report outlining the following declarations of interest:

- John Goulston, Chair: Interim Chair of Kent and Medway STP/ICS with effect from 1 April 2020 to 31 March 2021 (or until a substantive chair is appointed).
- Peter Conway, NED: NED of Kent & Medway NHS & Social Care Partnership Trust with effect from 1 August 2020.

#### 4. Membership and Terms of Reference of the Nominations Committee

The Committee received the report. The Committee agreed that in order to support succession planning, a further governor should be elected to the Committee, ideally an appointed or staff governor to represent a wider range of views.

David Price informed the Committee that he had been a member of the Committee for 3 years. The Terms of Reference states that appointments to the Committee are for a period of up to three years, which may be extended for a further three year period. The Committee supported David Price's re-appointment to the Committee for a further three years.

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

- Committee membership to include the Senior Independent Director;
- Amend paragraph 1.3 from "Member (and governor as appropriate)" to "member and governor".

#### 5. Extension of Peter Conway's appointment by 1 year

Peter Conway's term of office as Non-Executive Director expires on 31 March 2021.

The Committee received a report outlining the Chair's proposal to extend Peter Conway's term by a further one year term to 31 March 2022. This was fully supported by all members of the Committee.

#### 6. Non-Executive Director Remuneration

In September 2019, a new remuneration structure for NHS trusts and NHS foundation trusts was published by NHS England and NHS Improvement.

At a meeting held on 31 October 2019, the Committee received a report outlining the new structure, and agreed to support the following recommendations:

- Remuneration for newly appointed Non-Executive Directors will be set at £13,000.
- Remuneration for existing Non-Executive Directors will remain at £13,800 for the remainder of their term of office.
- Subject to agreement from NHS Improvement, the remuneration for all four Non-Executive Directors who are also chairs of committees will receive a 20% remuneration uplift.

## 7. Recommendations

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

- The agreed appraisal process was carried out for the Chair and NEDs. The Council is asked to note that the Chair and NEDs were all performing satisfactorily and that individual objectives and personal development plans had been agreed.
- To note the declarations of interest made by John Goulston and Peter Conway.
- David Price to be re-appointed to serve on the Nominations Committee for a further term.
- An appointed or staff governor to be appointed to the Nominations Committee.
- The approval of the updated Terms of Reference (version 2.1). The Terms of Reference are included as [Appendix 1](#).
- Peter Conway is offered a further one year term as Non-Executive Director, commencing on 1 April 2021 and ending on 31 March 2022.
- Remuneration for newly appointed Non-Executive Directors will be set at £13,000.
- Remuneration for existing Non-Executive Directors will remain at £13,800 for the remainder of their term of office.
- Subject to agreement from NHS Improvement, the remuneration for all four Non-Executive Directors who are also chairs of committees will receive the 20% remuneration uplift.

## Terms of reference

### Nominations Committee

#### Document Control

Version	Draft/Final	Date	Author	Summary of changes
1.0	Final	April 2019		
1.1	Draft	07/12/18	Joy Fuller	Amended to include further detail around succession and diversity
2.0	Draft	07/02/19	Joy Fuller	Membership of the committee amended to state that there should be a majority of public governors. All references to Chairman amended to Chair.
2.1	Draft	07/07/20	Joy Fuller	Membership of Committee to include the Senior Independent Director Paragraph 1.3 amended from "Member (and governor as appropriate)" to "member and governor"

#### Review

Version	Approved date	Approved by	Next review due
1.0	April 2014	Council of Governors	
2.0	February 2019	Council of Governors	

## **1 Membership**

- 1.1 Members of the committee shall be appointed by the Council of Governors in consultation with the chair of the board of directors and shall be made up of at least 5 members, the majority of whom shall be public governors, and free of any conflict of interest. Membership also includes the Chair and Senior Independent Director of the NHS foundation trust.
- 1.2 Only members of the committee have the right to attend committee meetings. Other individuals such as the chief executive, Directors and external advisers may be invited to attend for all, or part of, any meeting, as and when appropriate.
- 1.3 Appointments to the committee shall be for a period of up to three years, which may be extended for a further three-year period, provided the committee member remains a member and governor of the foundation trust.
- 1.4 The foundation trust chair shall be the chair of the committee, or vice-chair of the board of directors or an independent non-executive director. The chair of the foundation trust shall not chair the committee when it is dealing with the matter of succession to the chair, and shall not participate in discussions concerning their performance or possible re-appointment.
- 1.5 Members conflicted on any aspect of an agenda presented to the committee, such as succession planning for a non-executive director vacancy or the chair's position shall declare their conflict and withdraw from discussions.

## **2 Secretary**

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

## **3 Quorum**

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

## **4 Frequency of meetings**

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

## **5 Notice of meetings**

- 5.1 Meetings of the committee shall be summoned by the secretary of the committee at the request of the chair of the committee.
- 5.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded to each member of the committee, any other person required to attend and all other governors, no later than 5 working days before the date of the meeting.

Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

## **6 Minutes of meetings**

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

## **7 Annual members' meeting**

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

## **8 Duties**

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

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



- 8.2.5 Any matters relating to the continuation in office of any non-executive director at any time including the suspension or termination of service, and
- 8.2.6 Any recommendation to the board of governors pertaining to the removal of any nonexecutive director, including the chair of the board of directors, shall be subject to a  $\frac{3}{4}$  vote in favour by all governors
- 8.3 The committee shall ensure that the foundation trust's annual report provides sufficient information about its role and duties and the process by which it fulfilled those duties, including its approach to succession planning and diversity.
- 8.4 The committee will ensure that the full range of eligibility checks have been performed and references taken and found to be satisfactory.

## 9 Reporting responsibilities

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

## 10 Other matters

The committee shall:

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

## 11 Authority

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

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