

Agenda and Papers

for the

Kent Community Health NHS Foundation Trust
Council of Governors

to be held at 1pm
on

Wednesday 11 November 2020

Virtual meeting via MS Teams

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**Meeting of the Kent Community Health NHS Foundation Trust
Council of Governors
to be held at 1.00pm on Wednesday 11 November 2020
Virtual meeting via MS Teams
([Join Microsoft Teams Meeting](#))**

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 23 July 2020	Chair	Att. 1
1.5	Matters Arising of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 23 July 2020	Chair	Att. 2
1.6	Chair's Report	Chair	
1.7	Trust Quarterly Report	Chief Executive	Att. 3

2. ITEMS FOR REVIEW AND DISCUSSION

2.1	Governor feedback from each of the constituencies	Full Council	
2.2	People Strategy Consultation	Chair of Strategic Workforce Committee/ Director of Workforce, OD and Communications	Att. 4
2.3	Report from Communication and Engagement Committee	Chair of Committee	
2.4	Feedback from Charitable Funds Committee	Public Governor, Dover and Deal	
2.5	Report on Patient and Public Engagement, Experience and Complaints	Director of Participation, Experience and Patient Engagement	Att. 5

2.6	Governor Elections	Corporate Services Director	Att. 6
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3. ITEMS FOR APPROVAL

3.1	Amendment to Trust Constitution - Appointed Governors term of office	Corporate Services Director	Att. 7
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4. PAPERS AVAILABLE FOR GOVERNORS

- | | | |
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| 4.1 | <p>The following papers are shared for Governor information and are available on Flo:</p> <ul style="list-style-type: none"> • Formal Board Agenda – 5 November 2020 • Confirmed Board Minutes – 21 May 2020 • Chief Executive's Report • Committee Assurance Reports • Integrated Performance Report • Kent & Medway Integrated Care System accreditation | For noting only |
|-----|--|-----------------|

5. ANY OTHER BUSINESS

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| 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 20 January 2021, venue to be confirmed.

UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust Council of Governor's Meeting
Held at 13.00 on Thursday 23 July 2020
Held virtually via MS Teams

Present:	John Goulston, Chair Janet Allen, Staff Governor, Corporate Services Maria-Loukia Bratsou, Staff Governor, Children and Families 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 Dawn Gaiger, Staff Governor, Adult Services John Harris, Public Governor, Sevenoaks Dr Amy Heskett, Staff Governor, Adult Services Miles Lemon, Public Governor, Swale Dot Marshall, Public Governor, Gravesham David Price, Public Governor, Maidstone Lynne Spencer, Public Governor, Canterbury Nigel Stratton, Appointed Governor, Age UK John Woolgrove, Public Governor, Rest of England
In Attendance:	Sola Afuape, Non-Executive Director Pippa Barber, Non-Executive Director Paul Bentley, Chief Executive Paul Butler, Non-Executive Director Pauline Butterworth, Chief Operating Officer Ali Carruth, Director of Quality, Improvement and Patient Experience Sive Cavanagh, Deputy Chief Nurse Francis Drobniewski, Non-Executive Director Natalie Davies, Corporate Services Director Joy Fuller, Governor Lead (Minute Taker) Jo Treharne, Head of Campaigns and Engagement

23/07/1 Introduction by Chair

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

Mr Goulston also welcomed to the meeting three new governors; Dot Marshall, Public Governor for Gravesham, Lynne Spencer, Public Governor for Canterbury, and Dawn Gaiger, Staff Governor for Adult Services.

Mr Goulston informed the Council that Brian Varney, Public Governor for Ashford was no longer a member of the Council of Governors.

23/07/2 Apologies for Absence

Apologies were received from Andrew Scott-Clark, Appointed Governor – Public Health, Sue Plummer, Appointed Governor - Universities and Matthew Wright, Appointed Governor – Head Teachers Association.

The meeting was quorate.

23/07/3 Declarations of Interest

Mr Goulston confirmed that he had been appointed as the new interim chair of the Kent and Medway Sustainability and Transformation Partnership. He confirmed that he would remain as interim chair until a substantive Chair was found.

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

23/07/4 Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 15 January 2020

The Council **AGREED** the minutes.

23/07/5 Matters Arising

Mr Goulston confirmed that the update under item 15/01/13 was incorrect. Three governors had come forward to join the sustainability committee; John Harris, Ruth Davies and Carol Coleman. It was agreed that the matters arising would be updated.

All items were confirmed and closed.

The Council **RECEIVED** the Matters Arising.

23/07/6 Chair's Report

Mr Goulston presented the report to the Council for information.

Mr Goulston confirmed that his report showing service and partnership visits by the Chair and Non-Executive Directors could not be presented to the Council due at this time due to no visits taking place during the covid-19 pandemic.

Mr Goulston shared a report that had been presented to the Board in March 2020 related to governance during covid-19. He added that a report to review the reset work would be presented to the board at its meeting on 6 August 2020. The same report would be presented to the Council in November.

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

23/07/7 Trust Quarterly Report

Mr Bentley presented the report to the Council for information.

Mr Bentley highlighted that quality performance remained high during the peak of covid-19, which was due to the hard work of all staff.

Mr Bentley was pleased to report that the Big listen survey had now closed, and approximately 1,200 staff had responded. Mr Bentley agreed to share the outcome at the next Council meeting.

Action – Mr Bentley

In response to a question from Mr Lemon, Mr Bentley confirmed that his biggest concern was the possibility of a second wave, and the Trust would be anticipating and planning for this. Mr Bentley explained that there was a possibility that the second wave could take place during winter which would add extra pressure. He added that the trust had learnt a lot from the first wave.

Mr Bentley mentioned that although the staff had been remarkable, it had been at a cost in that many staff were exhausted. The trust would be encouraging staff to take leave and recharge over the summer months.

In response to a question from Ms Coleman, Mr Bentley confirmed that there had been challenges experienced by all partner organisations during the covid-19 response, but all had sustained the ambition to continue to work collaboratively.

In response to a question from Mr Harris, Mr Bentley confirmed that school nursing, sexual health and community dentistry were some of those services that had been stepped back, and some of the staff in those services had been redeployed to other front line services.

Governors wished to formally record their thanks to all staff at KCHFT. Mr Bentley agreed to mention this in his blog to staff.

Action – Mr Bentley

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

23/07/8 Governor Feedback from each of the Constituencies

Mr Goulston presented the report to the Council.

In response to a question from Ms Coleman, Ms Treharne confirmed that the

communications team would be happy to receive the draft quarterly newsletters from governors, which would be shared with members.

Ms Allen commented that the trust choir had released a song called Stay at Home (This is Me) which had been shown on national television. It was agreed that a link to the video would be shared with governors.

Action – Ms Fuller

Mr Harris confirmed that his involvement with members and patients in Sevenoaks had been largely through his local practice. In response to a question from Mr Harris, Mr Bentley confirmed that the trust had been seeking safer ways for people to wait for their appointments at Minor Injury Units (MIUs), and as such had incorporated bookable appointment systems in some of the MIUs where there had not been a large waiting area. He added that the approach to bookable appointments was likely to be considered NHS-wide, and could be implemented at pace in the coming months.

In response to a question from Mr Harris regarding increased waiting times for Phlebotomy appointments, Ms Allen confirmed the service needed to implement a bookable appointment system, rather than patients just turning up at an allotted time. This had reduced the number of people that could be seen in a day.

The Council **RECEIVED** the report.

23/07/9 Feedback from Communications and Engagement Committee

Ms Coleman presented the report to the Council.

Following consideration, the Council **APPROVED** the recommendations of the Communication and Engagement Committee as follows:

- The Annual Members Meeting on 24 September 2020 to be hosted via a live event on MS Teams.
- To receive the Participation, Engagement and Experience work plan and support its implementation.

Mr Goulston confirmed that we would be able to offer governors a venue for the virtual Annual Members Meeting, and asked the Governor Support Office to take this forward.

Action – Ms Fuller

Mr Goulston requested that formal invitations should be circulated to all governors and board members as soon as possible.

Action – Ms Treharne

23/07/10 Feedback from Charitable Funds Committee

Ms Coleman presented the report to the Council.



Our values Compassionate Aspirational Responsive Excellent

Ms Coleman highlighted that the generosity of staff and members of the public to the trust's charity and the wider NHS charity had been phenomenal. It was hoped that all staff in the trust would benefit from it.

Ms Coleman commented that the smaller funds had not been spent, and asked for governors to submit ideas on how it could be spent. Mr Drobniewski commented that they would be looking to spend the small restricted funds as soon as possible.

In response to a question from Ms Allen, Ms Norris confirmed that staff had been able to vote on what the covid-19 fund should be spent on, and the majority had chosen high street vouchers. Mr Drobniewski commented that the trust did not want staff to pay tax on the vouchers, and were currently working through how this could be done. Ms Norris agreed to confirm the date that the vouchers would become available for staff.

Action – Ms Norris

In response to a question from Ms Coleman, Ms Norris confirmed that the trust was able to bid for more money from the NHS charities funds. Mr Drobniewski mentioned that the committee had discussed the next tranche of money and the lack of clarity on how to access it. Ms Norris agreed to look into how the trust could access tranche 2 and 3 of the funds.

Action – Ms Norris

Mr Goulston mentioned that Leeds Castle would like to arrange a thankyou event for all health staff across Kent and Medway, when it was possible to hold such an event.

The Council **RECEIVED** the report.

23/07/11 Report on Patient Experience and Complaints

Ms Carruth presented the report to the Council.

Ms Carruth informed the Council that there was a small error on the first page of the report. The patient experience survey combined satisfaction score should have read 96%, not 97.5%.

In response to a question from Ms Allen, Ms Carruth confirmed that although the complaints process had been halted nationally for all NHS organisations, the trust still recorded and investigated 13 complaints.

In response to a question from Ms Carter, Ms Carruth agreed that the themes of complaints would be included in future reports.

Action – Ms Carruth

The Council **RECEIVED** the report.

23/07/12 Report on Patient and Public Engagement

Ms Norris presented the report to the Council.

Ms Norris highlighted that the interpreting services had responded really well during covid-19. She explained that all interpreting had taken place virtually or over the phone, and as such they had been able to provide a much quicker and more responsive service. It was hoped that this would become a permanent way of working.

Ms Norris confirmed that 150 people had enquired about becoming a volunteer for the trust, of which 50 volunteers joined. Ms Norris added that the trust already had already a significant number of volunteers but many of those had to shield.

In response to a question from Ms Coleman, Ms Norris confirmed that the trust had not received adverse reports or complaints from people with sensory issues. Ms Treharne explained that the trust had not received any complaints about any form of interpreting. Ms Treharne added that from the end of July, NHS staff would be provided with clear face masks to aid their interaction with patients.

In response to a question from Ms Allen, Ms Carruth agreed to review the format and length of the report.

Action – Ms Carruth

Ms Norris confirmed that the engagement team was now being overseen by Ms Carruth in her role as Director of Partnership, Experience and Patient Engagement, and in future Ms Carruth would present this report.

The Council **RECEIVED** the report.

23/07/13 Annual Report and Accounts

Ms N Davies presented the report to the Council.

Ms N Davies commented that the annual report would normally be presented by the external auditors, but due to covid-19 this had been prevented.

Ms N Davies confirmed that the annual report had been published, and would be available for members and the public at the annual members meeting.

The Council **RECEIVED** the report.

23/07/14 Quality Account

Ms N Davies presented the report to the Council for their comments and input.

Ms N Davies confirmed that the quality account was still in draft form, and would be presented to the board in August for approval.

The Council **RECEIVED** the report.

23/07/15 Governors Annual Report

Mr Price presented the report to the Council.

Mr Price confirmed that the draft annual report would be circulated to governors for their input and comments in due course.

The Council **RECEIVED** the report.

23/07/16 Report on Governor Elections

Ms N Davies presented the report to the Council.

Ms N Davies confirmed that the purpose of the report was to formally note the outcome of the previous elections. She added that the proposed timetable for the next elections would be presented at the next meeting.

Ms Davies mentioned that the trust would like to focus on encouraging candidates from a wider range of backgrounds and ethnicities at the next governor elections.

The Council **RECEIVED** the report.

23/07/17 Report on Freedom to Speak Up

Ms Fuller presented the report to the Council.

Ms Barber commented that it was really good news. As the Chair of the Quality Committee, Ms Barber was really pleased to see the improvements that had been made, and that the trust had been embedding all the different ways to raise concerns and issues.

The Council **RECEIVED** the report.

23/07/18 Nomination Committee Report

Mr Price presented the report to the Council.

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

- The agreed appraisal process was carried out for the Chair and NEDs.
- To note the declarations of interest made by John Goulston and Peter Conway.
- David Price to be re-appointed to serve on the Nomination Committee for a further term.
- An appointed or staff governor to be appointed to the Nomination

Committee.

- The approval of the updated Terms of Reference (version 2.1). The Terms of Reference are included as [Appendix 1](#).
- Peter Conway to be 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 to be set at £13,000.
- Remuneration for existing Non-Executive Directors to 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.

23/07/19 Any Other Business

Mr Goulston confirmed that the next Council of Governors meeting would be held on 11 November, and the Council agreed that they would continue to meet in the same way as this meeting; via MS Teams with a venue available for those governors wishing to meet in person. It was agreed that Governors would be updated immediately if the plan changed.

It was agreed that the dates for the 2021 Council of Governors meetings would be confirmed as soon as possible. Mr Goulston mentioned that he would like to discuss future meeting venues with governors, at the next meeting in November.

In response to a question from Ms Coleman, Ms N Davies confirmed that the Council of Governors meeting had been advertised on the public website and members had been notified. Ms N Davies clarified that, due to technical issues related to MS Teams, the meeting couldn't be held live but would be recorded and posted on the public website following the meeting.

Ms Goulston confirmed that the Annual Members Meeting would be held as a live event and any member of the public would be able to join the meeting virtually.

There was no further business to discuss.

23/07/20 Questions from members of the public

Mr Goulston confirmed that a question had been received in advance of the meeting by a member of the public relating to the delays in surgery as a result of the pandemic. In response, Mr Bentley confirmed that the NHS was trying to find a balance, and there was a national debate about how the NHS could continue to deliver elected surgeries. Mr Bentley agreed to respond in writing to Mr Britton.

Action – Mr Bentley

23/07/21 Date and Time of Next Meeting

Wednesday 11 November 2020 at 13.00.
To be held virtually via MS Teams.

The meeting ended at 14.15

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING HELD ON 23 JULY 2020

OPEN ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
23 July 2020	23/07/7	To share the outcome of the Big Listen 2 at the next Council meeting.	Mr Bentley	11/11/20 – update provided in Trust Quarterly Report
23 July 2020	23/07/7	To share Governors thanks to all KCHFT staff within next internal communications.	Mr Bentley	11/11/20 – Governors thanks mentioned in blog which was circulated to all staff.
23 July 2020	23/07/8	To share the Youtube link to the Trust Choir performance of Stay at Home.	Ms Fuller	11/11/20 – Youtube link shared with all governors.
23 July 2020	23/07/9	To organise a venue for governors wishing to meet in person for the Annual General meeting (AGM).	Ms Fuller	11/11/20 – The format of the AGM was changed to a pre-recorded video, meaning that a venue was no longer required.
23 July 2020	23/07/9	Formal invitations for the Annual General Meeting (AGM) to be circulated to Governors and board members as soon as possible.	Ms Treharne	11/11/20 – Invitations to the AGM video was shared as soon as it went live.
23 July 2020	23/07/10	To confirm the date that the shopping vouchers would be made available to staff.	Ms Norris	11/11/20 – Shopping vouchers will be made available to staff during November.
23 July 2020	23/07/10	To look into how the trust could access tranche 2 and 3 of the NHS Charities funds.	Ms Norris	11/11/20 – To be verbally updated.

23 July 2020	23/07/11	To include themes of complaints in future reports	Ms Carruth	11/11/20 – To be included in future reports.
23 July 2020	23/07/12	To review the format and length of the Patient and Public Engagement report.	Ms Carruth	11/11/20 – This report has now been combined with the Report on Patient Experience and Complaints and will come under one agenda item entitled 'Patient and Public Engagement, Experience and Complaints'.
23 July 2020	23/07/20	To respond to the member of the public in relation to his question.	Mr Bentley	11/11/20 – Member of public was contacted and responded to.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING

CLOSED 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 – Closed. London has both band 7 and 8a nurse practitioners. The bands vary dependent on the roles.
15 January 2020	15/01/7	To share the list of services included within the KCC partnership agreement.	Mr Bentley	23/7/20 – Closed. Shared with governors.
15 January 2020	15/01/10	To discuss the rebranding of the trust charity at the next Communication and Engagement Committee meeting.	Ms Coleman	23/7/20 – Closed. To be discussed at the next Committee meeting.
15 January 2020	15/01/11	To include complaint themes within the Patient Experience and Complaints report.	Ms Carruth	23/7/20 – Closed. To be included in future reports
15 January 2020	15/01/11	To investigate whether a breakdown by geography could be included in the Patient Experience and Complaints report.	Ms Carruth	23/7/20 – Closed. To be updated verbally
15 January 2020	15/01/13	Governors to let Joy Fuller know if they would be interested in joining a newly-created sustainability sub-group.	Ms Fuller	23/7/20 – Closed. Governors names put forward.

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
15 January 2020	15/01/14	To appoint a Non-Executive Director Lead for Freedom to Speak Up.	Ms Davies	23/7/20 – Closed. Sola Afuape was appointed to the role.
31 October 2019	31/10/6	To provide a verbal progress update on the Nursing Academy at future Council meetings.	Mr Goulston	23/7/20 – Closed, Update on Nursing Academy circulated to governors. 15/1/20 – verbal update to be provided.
31 October 2019	31/10/7	To present the finalised five year strategic delivery plan to the Council of Governors.	Mr Bentley	23/7/20 – Closed. To be discussed as part of the Trust Quarterly Report. 15/1/20 – To be presented to the Council in due course, following ratification by the Board. Mr Bentley confirmed that the board would receive the plan at the formal board meeting on 6th February, and would be presented to the April Council meeting.

Title of Meeting	Council of Governors
Date of Meeting:	11 November 2020
Agenda Item:	1.7
Subject:	Trust Quarterly Report
Presenting Officer:	Paul Bentley, Chief Executive

Since the last time the Council of Governors met, the country and the NHS has continued to meet the challenges of responding to the COVID-19 outbreak. The last three months have seen the number of Covid positive patients who the Trust cares for reduce, both in our hospitals and in our community services. However the impact of the pandemic continues to be felt amongst patients who may be receiving their healthcare in a different way, for example digitally rather than in person and for our team members who continue to operate using higher requirements for PPE (personal protective equipment) in line with the national guidance. I would like the Council to note and formally thank all our team members who continue to practice in the conditions presented by a once in a generation pandemic reports.

I do wish to highlight to the Council a number of issues which have arisen since the last time we met, grouped as previously into the following categories quality, patients, our people, and partnerships.

1. Performance

1.1 Quality

Quality indicators continue to report a strong position providing assurance that we are continuing to deliver high quality care. One of the quality indicators most adversely affected by the Covid-19 pandemic has been Did Not Attends (DNAs), which saw an increased level of DNAs due to the willingness of patients to attend appointments, as well as increased instances of patients not showing for virtual consultations. Contractual activity was also affected due to some services being reduced or stopped, but this is expected to increase during the next two to three months.

Patient experience continues to be high with 94.5% of patients saying they were satisfied with their care in August and September, which is fractionally lower than the previous two months (95.4%). Survey volumes continue to be low due to Covid-19, however there has been an encouraging increase seen during September.

I am pleased to report that employee turnover has continued on a downward trajectory, and the rate in September was 13.27%. Turnover rates remain below average and below the target of 14.47%.

Sickness absence is in a stable position following an expected increase earlier in the year due to Covid-19. September in month absence was 3.51% which sat below the mean and below target. Absence due to stress was 1.17% in September.

During August and September, six lapses in care were reported. These related to a patient that developed a category two pressure damage resulting in low harm. The remaining five were three category three pressure ulcers and two ungradable pressure ulcers which are currently under review. Key themes were identified and all lessons learnt were shared and cascaded.

1.2 Financial Position

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

2. Patients

2.1 Winter plan

KCHFT has developed a winter plan to ensure the organisation is prepared for managing the complex competing priorities which will need to be managed in the coming months. The plan acts as a guide for our teams enabling rapid decision making and transparency. The plan has been developed with the following considerations.

- The expected COVID-19 scenarios
- EU Transition
- Flu
- Workforce
- Severe Weather

In addition to our own planning we have actively participated in the plans for the systems in both East and West Kent. The system plans are broadly built around the same considerations with an emphasis on collective demand and capacity modelling to support patient flow and the delivery of safe services, including the requirement to protect elective activity. The Care Quality Commission (CQC) have taken the step to review all acute trust winter plans. They have not replicated this with community trusts as their emphasis is on the safe delivery of services in Type 1 Emergency Departments.

3. Our People

3.1 Schwartz Rounds

Since June 2020, Schwartz Rounds have been delivered each month in KCHFT. The Schwartz round concept is one which has operated internationally for many years, allowing a group of healthcare professionals to come together and explore an issue in a confidential and mutually supportive environment. Each Round has been attended by an average of 60 members of staff. The rounds have been delivered virtually and as a result have been more accessible for staff. The Schwartz Rounds were implemented at a particularly significant time during the height of the first surge of Covid-19. Therefore it is not unsurprising that some themes have arisen which demonstrate the impact on the health and wellbeing of staff. These themes have been in relation to the impact of the pandemic on leadership; psychological safety and staff vulnerability. Organisational learning is being reported to the Strategic Workforce Committee and Reset and Reimagine Groups.

We have also been responsive to live themes and requests for support from staff in the organisation. An additional session was facilitated in September for staff who were either redeployed or involved in redeployment, and a further session focused on providing End of Life Care during COVID is planned for November.

The Rounds have received overwhelmingly positive feedback from staff. Furthermore, the Trust has been approached by neighbouring NHS acute Trusts to see how they can learn from our successful digital delivery.

3.2 Rio and KMCR project update

The Trust went live on its electronic patient record (EPR) in adult community services on 19th October, this was the final and largest cohort of 1,900 staff involving migrating 0.5 million records to use our new record joining our children's and specialist services who went live earlier in the year. This final move marked the culmination of a tremendous effort from the project team and services who have worked diligently over months to get to this point. We now look forward to reaping the benefits from this modern redesigned system.

The Kent and Medway care record project continues to progress with 89% of GP practices information now flowing into the new system with work progressing on the remainder. The Trust expects its records to be incorporated by April 2021. A dashboard to assist the system manage the COVID-19 pandemic is being tested and the Trust is actively involved in clinical pilots on an advanced 'lite' version of the record as a fast track COVID-19 response ahead of the main record being available next year.

3.3 Staff flu vaccination programme

We are now entering week 6 of the flu vaccination programme and momentum remains high with 2,168 (41.5%) of our workforce vaccinated to date. Of these 1,701 (43.3%) are patient facing and 467 (36.3%) are non-patient facing.

All vaccine received to date has been allocated to clinical teams and there is a small amount of stock held in MIUs for opportune staff access. We expect the final 1,200 vaccines to be delivered in the next few days which will form the final push for patient facing team-member vaccination and support those non-patient facing staff working from home who are unable to get their vaccine at the local pharmacy or GP. We have seen a number of staff (336) able to access vaccination locally via their GP and Pharmacy.

There are a further 500 vaccines on order with the supplier however these are unlikely to be released until early December as there is a directive from NHSE that the first phase of excess vaccine manufacture should be distributed to primary care.

Current focus is to ensure all vaccines distributed are administered at the earliest opportunity. The flu team are working with services to maintain a clear uptake position and the return of consent forms so this can be reported in a timely way.

3.4 Big Listen 2 update

During the summer, we held Big Listen 2, where 1,200 staff took part. This was a further stage of the program to listen to our workforce and use their feedback to be the best employer we can be, below is a little more detail about what we have done and are doing in response to the feedback.

Health and wellbeing

We have put many support tools in place to help people maintain good mental and physical health and wellbeing, including physical and virtual wobble rooms, Time to Talk sessions and sessions with our occupational health provider. There is now an extensive list of support available on our staff intranet too.

Redeployment

Powerful feedback around your experiences of redeployment, the experiences were varied, some were great and others not quite so positive.

As a result, we also held a special Schwartz round enabling colleagues to share their thoughts in a safe environment with others who had been redeployed too. Louise Norris, Director of Workforce, Organisational Development and Communications also wrote to colleagues who had been redeployed to offer any support they may need as they returned to their own services.

Travel and commuting

While some expressed concern at social isolation and potential effects on their mental health and wellbeing, the vast majority of people said they valued not needing to travel or commute as much. We have developed a home working guide for managers to ensure that colleagues working from home still feel part of the KCHFT family.

Working digitally

Thanks to the tremendous hard work by our IT colleagues, lots had found our IT systems worked really well during the first wave of the pandemic and they valued the support given by IT to be able to do their job well, including MS Teams. The trust has committed to keeping MS teams.

Personal development

We have moved lots of training online to make it simpler for colleague to participate. We recognise that some face-to-face training is necessary but that is done in Covid-secure surroundings.

4. Partnerships

4.1 Property repatriation

The Trust was very pleased to receive Department of Health approval for the Business Cases for the transfer of four properties to trust ownership from the current ownership of NHS Property Services. These properties are Tonbridge Cottage Hospital; Victoria Hospital, Deal; College Road in Thanet and Dover Health Centre. As a result of this approval the Trust has now entered the due diligence phase of the transfer where the Trust is able to review the properties in detail including physical surveys and understanding of the finance which will inform the final decision of whether to transfer. Once the trust has completed this and if we wish to proceed, all four transfers will need to be completed by the middle of March 2021.

This transfer is important as it will allow the Trust to own the assets from which it operates, enabling greater synergy between all parts of the service operating from a building.

Once these transfers are progressed further the Trust will identify the next phase of possible transfers.

4.2 Edenbridge project

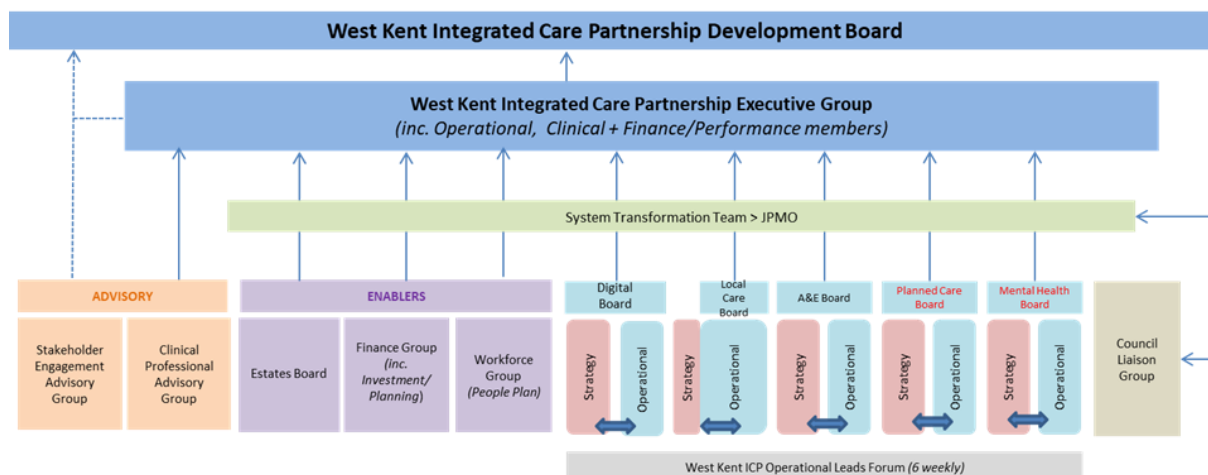
Kent Community Health NHS Foundation Trust are working in partnership with Edenbridge Medical Practice and Kent and Medway CCG to develop a new shared facility designed to provide the latest in healthcare innovation. Following approval by the CCG in October 2020, a procurement process will start in the coming weeks to identify a developer. The new facility is scheduled to open in 2022 and host a wide range of services from both KCHFT and The Edenbridge Medical Practice, in part replacing the outdated GP practice and the hospital.

4.3 Investment in Urgent Treatment Centres (UTC)

I am delighted to be able to report the investment of £1.5m capital, allocated from NHSE to modernise the UTC's in Sevenoaks, Deal and Folkestone. The work has been commissioned and will be in place this year. The investment coincides with the change at Sevenoaks from the Minor Injury Unit to the UTC model which is being delivered in conjunction with our partners Maidstone and Tunbridge Wells NHS Trust. The change in service will enable patients to see nursing team members and a general practitioner.

4.4 West Kent Alliance

The West Kent Integrated Care Partnership (ICP) Executive has now formally refreshed the governance arrangements which are outlined below. It is chaired by the Chief Operating Officer of KCHFT and reports into the West Kent ICP Development Board of which the Chief Operating Officer of KCHFT is a member. The membership of the West Kent Alliance Executive includes Maidstone Tunbridge Wells Trust, West Kent Primary Care CIC, Kent & Medway Partnership Trust, the CCG and KCHFT.



The agreed priorities for the WK ICP are:

- COVID-19 virtual ward
- Diagnostics
- Video Consultation Appointments
- Integrated Urgent Care
- Integrated Therapies
- Dementia
- Frailty
- Workforce Forum

- Care Homes
- Health Needs for Rough Sleepers
- Adult Mental Health

4.5 Kent and Medway Partnership Trust (KMPT)

I am delighted to be able to report that the board of the KMPT approved the proposed collaboration between our Trusts and authorised the two chief executives to draft a memorandum of understanding (MoU). Once drafted, the MoU will be shared with both boards and progress the work to identify shared opportunities.

Paul Bentley
Chief Executive
November 2020

Appendix 1

Assurance on Financial Sustainability

Surplus		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	0	75	-75
Year End Forecast £k	0	150	-150
<p>The Trust is in a breakeven position to the end of September in line with guidance received from NHSEI, which is £75k behind plan.</p> <p>Non-pay has overspent by £3,173k, partly offset by underspends on pay and depreciation/interest of £344k and £339k respectively and an over-recovery of income of £2,415k.</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	59,582	59,802	-220
Year End Forecast £k		37,970	
<p>Cash and Cash Equivalents as at M6 close stands at £59,582k, equivalent to 87 days operating expenditure. The Trust recorded the following YTD public sector payment statistics: 98% for volume and 97% for value.</p>			

Use of Resourcing Rating		Rag rating: Green	
	Year to Date Rating	Year End Forecast Rating	
Capital Service Capacity	1	1	
Liquidity	1	1	
I&E margin (%)	2	2	
Distance from Financial Plan	1	1	
Agency Spend	2	2	
Overall Rating	1	1	
The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M6 2020-21. The YTD I&E margin 1.4% has returned a rating of 2 as a result of the current break-even regime and the YTD Agency spend rating is 2 following an increase in actual agency costs due to Covid-19.			

Capital Expenditure		Rag rating: Amber	
	Actual/Forecast	Plan	Variance
YTD Expenditure £k	3,339	5,070	1,731
Year End Forecast £k	10,352	10,352	0
<p>Spend to September was £3,339k against a YTD plan of £5,070k (55% achieved). The full year forecast is £10,352k and the Trust expects to utilise this in full. The full year forecast now includes £1,500k capital expenditure on the Trusts Urgent Care Treatment Centres. This expenditure will be fully funded by PDC (Urgent and Emergency Care Programme) following the approval of the submitted MoU by DHSC in early September.</p>			

CIP		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	2,118	2,118	0
Year End Forecast £k	4,210	4,210	0
<p>The Trust achieved CIPs of £2,118k to the end of September against a risk rated plan of £2,118k.</p> <p>84.6% of the total annual CIP target has been removed from budgets at month six.</p> <p>The Trust is forecasting to achieve the full plan of £4,210k by the end of the year.</p>			

Agency Targets		Rag rating: Green				
	M6			YTD		
	Actual	Trajectory	Variance	Actual	Trajectory	Variance
External Agency Excluding Covid-19 Expenditure £k	394	491	97	2,306	2,948	642
External Agency Including Covid-19 Expenditure £k	577	491	-86	3,559	2,948	-611
<p>External Agency and Locums excluding Covid-19 expenditure was £394k against £491k target in September. (YTD £2,306k against £2,948k target).</p> <p>External Agency and Locums including Covid-19 expenditure in September was £577k against £491k target. (YTD £3,559k against £2,948k target).</p>						



Kent Community Health
NHS Foundation Trust

Title of Meeting	Council of Governors
Date of Meeting:	11 November 2020
Agenda Item:	2.2
Subject:	People Strategy Consultation
Presenting Officer:	Bridget Skelton, Chair of Strategic Workforce Committee Louise Norris, Director of Workforce, Organisational Development and Communications

1. Introduction

This one-page draft People Strategy sets out the themes, ambitions and focus areas for the trust. The draft strategy will be submitted to the Strategic Workforce Committee in November for final approval.

2. Recommendation

The Council of Governors is asked to receive the draft People Strategy for information.

Bridget Skelton, Chair of Strategic Workforce Committee
Louise Norris, Director of Workforce, Organisational Development and Communications

November 2020

Alignment to NHS people promise	Theme	Ambition	Area of focus
We are recognised and rewarded We each have a voice that counts	Engage our people	People are proud to work here, feel supported and recognised. They feel able to speak up and enjoy coming to work.	Staff communication and engagement Reward and recognition Building confidence to speak up
We are a team	Empower our people	Decisions are made as close to the patient as possible. High-performing teams have all the authority they need to make the right decisions, quickly.	Reimagine Teams wrapped around PCNs where appropriate Team effectiveness Decision making framework
We are safe and healthy We work flexibly	Looking after our people	Our people are safe, healthy and well in their mental and physical wellbeing. Our approach is to value every member of the KCHFT team; supporting them in their role, but also as an individual.	Wellbeing passports Continue to build our wellbeing offer Risk assessments Flexibility by default Supporting people with career responsibilities
We are always learning	Developing our people	Whether it's personal or professional development, all colleagues have everything they need to build on their potential. We regularly learn from our success, as well as when things don't go right	Clear career pathways Career conversations Talent management Digital capability Expanding e-learning Helping and supporting staff to understand the choices they take, to reduce usage carbon and use more sustainable options can support staff and families well-being in the future.
We each have a voice that counts	Treating all our people fairly	We are an employer known for our inclusivity. We celebrate diversity and our workforce represents the communities we serve. Everyone has what they need in a just, safe and respectful place of work.	Reverse mentoring Cultural awareness training Resolution and accountability framework Just culture embedded Further expand our work with Kent Supported Employment (KSE) Equality change agents Work with Princes Trust (introducing young people into the workforce)
We are compassionate and inclusive	Compassionate, inclusive and effective leaders for our people	Our leaders are highly visible, capable, positive, confident and enthusiastic leaders, who exemplify our values. Our leaders understand daily work, recognise what team members are doing and celebrate outcomes.	Coaching culture Listening and responding Role modelling from the top Leadership academy
	People of the future	We plan for the future and we do it well. We act quickly, responding to need and all our services are staffed appropriately.	Recruitment and retention Long term workforce planning Workforce innovation Expanding the Academy Employment schemes expansion Facilitating opportunities to retire and return

Title of Meeting	Council of Governors
Date of Meeting:	11 November 2020
Agenda Item:	2.5
Subject:	Patient and Public Engagement, Experience and Complaints
Presenting Officer:	Sue Mitchell, Assistant Director of Participation and Involvement

This report provides a summary of the work undertaken by the Patient and Carer Partnership Team, information/data for the services managed by the team and patient/carer feedback via complaints, experience surveys and other sources. An update on membership is also included at the end of the report.

This report is in a new draft format, which combines the Report on Patient and Public Engagement and the Report on Patient Experience and Complaints. This report will come under one agenda item entitled 'Patient and Public Engagement, Experience and Complaints'.

The Council of Governors are asked to give their feedback to inform future reports.

Sue Mitchell
Assistant Director of Participation and Involvement
November 2020



Patient and Carer Partnership Team report **Quarter 2 – July to September 2020**

Kent Community Health
 NHS Foundation Trust

This report provides a summary of the work undertaken by the Patient and Carer Partnership Team, information/data for the services managed by the team and patient/carer feedback via complaints, experience surveys and other sources.

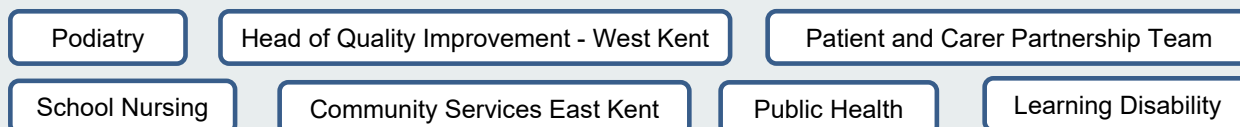


Sue Mitchell
 AD Participation & Involvement
 15 October 2020

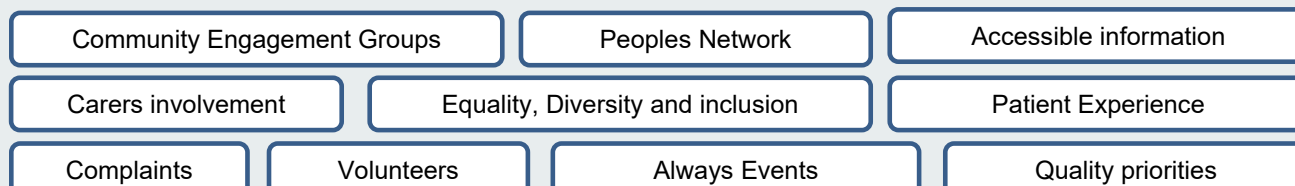


Patient and Carers Council

The Patient and Carer Council held its first meeting in July 2020 and has continued to meet monthly. The council is growing its membership and includes six Patient and Carer members with representation from the following services:



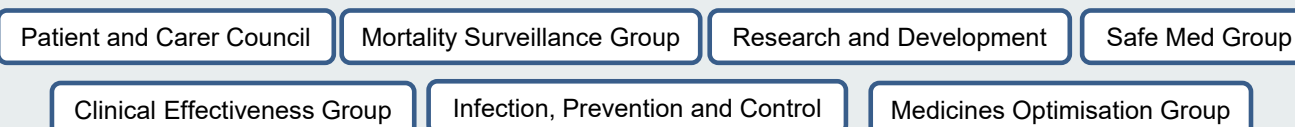
The Council is currently overseeing the progress of the Patient and Carer Partnership Team (PCPT) work plan, which includes the following work streams:



The Patient and Carer Council oversees the following Quality Priorities

Quality Priority 1

50% of services will have an identified patient/carer voice in the delivery of care by March 2021 increasing to 100% by March 2022. During Q2 patient representatives were mapped to the services used by the We Care Review panel to ensure consistency in reporting. There are currently 70 services, 34% of which have a patient or carer voice. There are also 11 governance groups reporting to Quality Committee. There is patient and or carer representation on the following governance groups and work is ongoing to recruit representatives to the remaining groups:



The East Kent Community Engagement Group, has been established, comprising of patients and carers representing 16 services who give their views and experiences to improve services. The group has been involved in co designing a new web page for East Kent Community Services and patient and carer representatives were able to influence the content and design of the web page. Other work undertaken include devising a "This is Me" booklet. It will be used to hold information about a patient when they are receiving services from multiple agencies in the community

Quality Priority 2

Fully implement the requirements of Ask, Listen, Do and good practice resources to improve feedback, concerns or complaints for children, young people and adults with a learning disability and/or autism. We are working with learning disability/autism organisations and groups to make sure they 1) Know that they can raise a concern/make a complaint 2) Know how to raise a concern/make a complaint 3) Know who to contact for support and guidance. This project aims to increase the amount of feedback from patients and carers who have a learning disability or autism, ensuring that we can act on their concerns and complaints and make changes to improve their experience of care. The project group was established, with representatives from PALS, LD Team, SALT, Special Schools and the CCG.



Peoples Network

During Q2 we redesigned our previous Patient Engagement Network (PEN) to establish our new Peoples' Network. Previous members of the PEN have transferred to the new Network and the work they are involved in is continuing. There are 37 current members with 15 active members who take part in our involvement initiatives.

The Aims of the Peoples Network:

- To enable users of our services to have a voice and provide input into how services are run.
- To feedback on where they perceive issues to be and to provide suggestions on how to rectify concerns.
- For users of our services to feel fully engaged and equal partners in their care.
- To work with our staff and services to support the principles of co production and joint working across the Trust.



Peoples Network

Members are currently involved in the following initiatives and work streams:

- As panel members on interview panels
- As members of our governance groups, for example; medicines management, infection prevention and control, end of life steering group and mortality reference group.
- Involved in co designing and delivering training
- Members of our Patient and Carer Council
- Involved as part of our task and finish group
- Part of a quality improvement project
- Members of our Community Engagement Group

The first meeting of the Peoples Network took place in September 2020, this was an opportunity to discuss the current participation work plan, identify future work streams and to discuss specific information the Network would like to receive, including opportunities for specific involvement in service development and Quality Improvement involvement opportunities. The meeting was well received and we continue to recruit additional members.

Future work plan for the People's Network will include:

- Involvement in staff induction session at KCHFT
- Co deliver interview and involvement training for staff, patient and carer representatives.
- Co designing a quarterly newsletter to include for internal and external dissemination.
- Co design new terms of reference for the PN
- Involved in development of Experts by Experience Job description and role guidance.



Accessible information and Easy Read

In February, due to Covid-19, all planned focus groups with East Kent Mencap and North Kent Independent Advocacy Scheme were cancelled. Virtual groups with East Kent Mencap re-commenced in September. Several Easy Read documents were created during Q2 and are scheduled to be tested over the next few months with the virtual group:

- Volunteer Service documents including training pack, introduction pack and application form
- Diabetes appointment letter - Community Adults Diabetes Nursing Service
- Practical advice for staying at home - Learning Disability Service, adapted from advice on Mind website
- Cardiac rehab documents including new starter letter, final review letter and instructions for the 10m shuttle walk - Cardiac Rehab Service
- How to manage a hypo, how to manage a hypo before a meal and symptoms of a hypo - Medicines Management Team

The following documents were tested with the virtual group or the Learning Disability Practice Partners:

- Get Involved leaflet - Patient and Carer Partnership Team
- Adult Epilepsy Specialist Nursing Service leaflet
- Ask Listen Do contact form - Patient and Carer Partnership Team

Following feedback from the North Kent Independent Advocacy Scheme focus group in January, the services pages in the Easy Read Community Health magazine were redesigned. Changes were made to the format and content of some pages including details of services that are frequently used by people with communication needs or a learning disability. The new services pages will appear in the Easy Read autumn edition.



Browsealoud

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

TextHelp Ltd updated the Browsealoud toolbar in August, creating some additional features including a picture dictionary, producing Makaton-style signs when a word is highlighted.



Browsealoud

Between July and September the toolbar was accessed by public and patients as follows:

2020	Speech	Toolbar	Simplify	Translate	Text magnify	MP3	Settings	Picture diction
July	793	1191	5	170	2	3	18	-
August	896	1331	17	104	15	0	13	3
September	2054	5599	11	14	13	3	1	23

Figures compared to this time last year:

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

When compared to last year, use of the Browsealoud toolbar has increased considerably, especially for the 'speech' and 'translate' functions. This shows that more people are accessing the toolbar on the public website and therefore more people are able to view the information in accessible formats that suit their requirements.



Interpreting and translation

Top 10 languages of completed interpreting bookings from July to September 2020:

	Language		Language
1	Romanian	6	Punjabi
2	Slovak	7	Bulgarian
3	Polish	8	Albanian
4	Turkish	9	Arabic
5	Bengali	10	Lithuanian

Number of interpreting bookings by method:

Month	Face to face	Telephone	Video
July 2020	10	356	20
August 2020	16	328	13
September 2020	24	389	20



Interpreting and translation

Since the start of the Covid-19 pandemic:

Face-to-face interpreting appointments have reduced from 439 bookings in January to 10 in July

Telephone interpreting has substituted this, increasing from 55 bookings in January to 356 in July

Video interpreting has been available for all services since 31 March. A slow uptake was seen for video bookings, with a good increase in July (20) when compared to June (6)

Video interpreting has been advertised to colleagues on flo and via flo mail. Those services that regularly book British Sign Language (BSL) Interpreters were advised by email that video appointments with their BSL clients could continue.

Two services, Podiatry and Health Visiting, have been identified as the highest users of face to face interpreters. We are working closely with those services to encourage the use of virtual interpreters which will reduce the cost to the budget and reduce the risk of exposure to COVID-19 as it removes the need for travel.

With the Health Visiting service, we are drafting a set of principles for face to face bookings, following a focus group with health visitors to discuss their requirements when booking interpreters.



REVAMP (Recognition of Excellent Volunteer & Management Practice)

REVAMP is a Kent wide quality mark aimed at increasing and showcasing best practice in volunteer management. KCHFT first received this accreditation in June 2018 and this has now been renewed for a further two years.

In August an annual volunteers survey was distributed to volunteers. The summary will be published in the Autumn newsletter and on the public website. Some of the responses to the survey are as follows:

- 100% response from volunteers that they were treated with kindness and respect by our colleagues.
- Over 98% said they found their volunteering role rewarding.
- 92% said becoming a volunteer has improved their own health and wellbeing. This was an increase overall when compared with data collected in 2019.
- When asked, what positive experience have you gained from being a volunteer, a majority of volunteers (95.6%) felt they have gained by having more confidence, learning new skills, having experience in an NHS environment and a majority of volunteers meeting new people.

The volunteer survey summary and new roles available will be included in the Autumn/Winter edition of the volunteer newsletter and published on the Trust website. In the newsletter, we shall be capturing volunteers who wish to be involved with the People's Network and other volunteer opportunities.



Voluntary Services

During Q2, an increase in enquires were received from people wishing to offer their services. During the height of the first surge in Q1, we recruited over 45 volunteers to help in case of emergency in various services i.e. kitchens, facilities and delivery drivers. We used volunteers in these areas due to staff shortages or redeployment of staff across Kent. The majority of these volunteers have returned to their substantive jobs, but we have retained five who are still active in our services.



Voluntary Services

Roles for these emergency volunteers were:

Assisting with administration in the community hospitals

Taking Personal Protective Equipment out to services

Drivers delivering equipment to doctors and staff working from home and DNAR letters to patients homes

Beverage serving in kitchens and facilities volunteers to help clean wards in the community hospitals

Risk assessments are being completed to ensure volunteers are returning in a safe environment and support put in place where necessary.

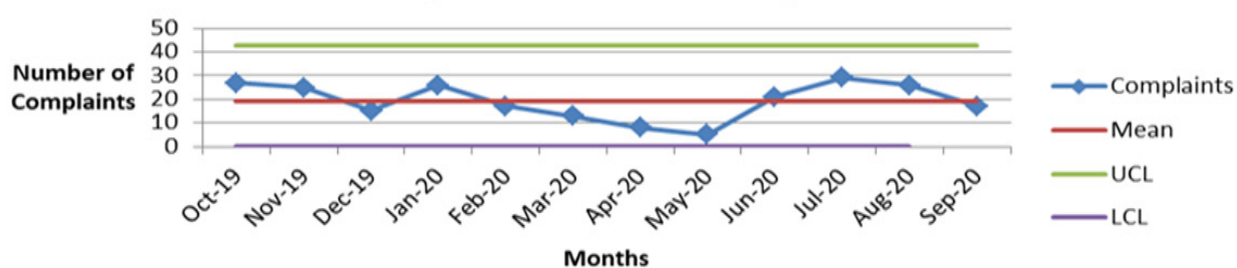
- 10 volunteers returned to in September to help with vaccine deliveries across Kent, administration in Sevenoaks and Faversham.
- Meet and greet volunteers have returned to assist patients and staff for hospital clinics in Gravesham, Faversham and Herne Bay. 12 garden volunteers were recruited to help at Edenbridge War Memorial Hospital with volunteers returning in the kitchen and day hospital there.

In Q2 there were 554 volunteers recorded on our database, an increase of 38 compared to Q1. Health Walkers will not resume walks until April 2021.

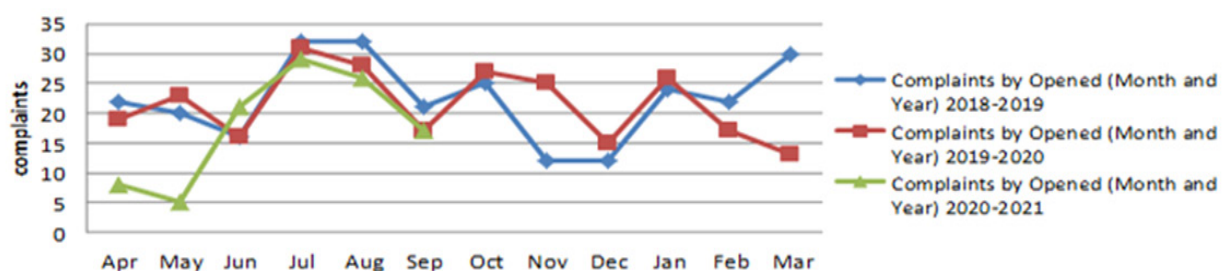


Complaints

Complaints for Oct 2019 to Sep 2020



Complaints Opened Year on Year



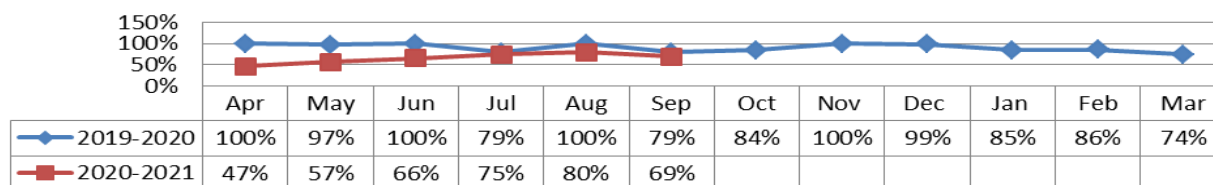
The number of complaints received in Q2 increased significantly when compared to those received prior to May 2020. This was due to the re-starting of service provision and the complaints process, following the easing of lockdown protocols. The numbers are in line with complaints for these months in previous years.



Complaints

Of the 72 cases received in Q2, there continued to be a number of complaints received for the Rapid Transfer Service (8). There were 11 complaints received for Community Nursing, 9 for Dental services, 6 for Minor Injury Units, 5 for East Sussex CITES, 4 for Clinical Nutrition and Dietetics as well as 3 for Health Visiting and MSK services. There were also complaints for Community Chronic Pain, Community Hospitals, Community paediatrics, TB service, SE Drivability, One You Smoke Free, Health Check, Lymphoedema, Community Children's Nursing, ICT, Immunisations, Community Orthopaedics and Children's Therapies.

% of complaints closed within timescale



There were 68 cases closed in Q2 and 22 of these did not meet the 25 or 60 working day response target:

- 2 of the 22 cases were delayed as the complaint was put on hold due to Covid-19
- 12 were due to late responses from services and the approval process
- 8 were extended with the complainant due to meetings, appointments or due to complex nature of investigation and response
- 2 were delayed by the complaints team

We continue to work with services to encourage the staff investigating complaints to provide their findings and drafts in a timely manner and escalate issues using our SOP when this does not occur. The issues within the team have been addressed and changes made to allocation of complaints. We have also recruited to a new role which will assist with their own complaints caseload to support the Patient and Carer Partnership team.

38% (26) cases were not upheld and needed no service improvements, a further 40% (27) provided apologies or had individual changes needed. The remaining 15 did need service changes.

11 of these cases raised actions to make improvements as a result of the complaint, these included:

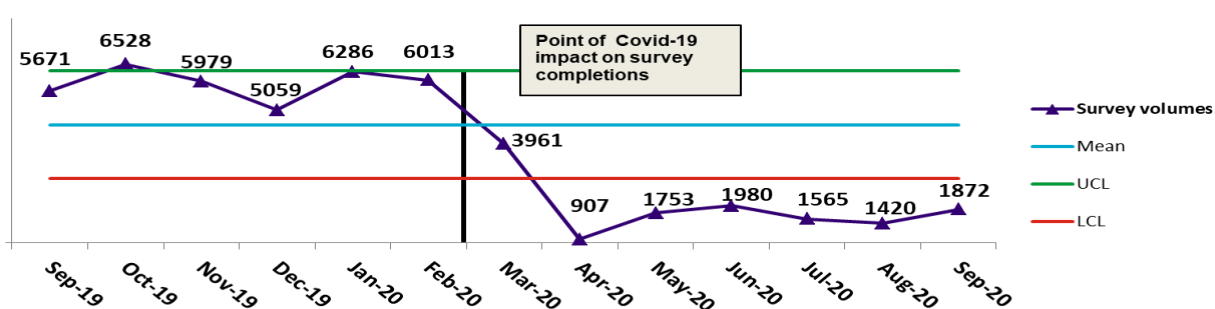
The Dental service will make changes to the process when sending people a referral by SMS message. If no response is received the service will follow up.

Community nursing will implement a process change to include a daily referral coordinator to manage triage in timely way. Minor injuries unit is introducing written instructions to support the verbal information given to patients on when they need to return to the unit and exercises etc.



Patient experience survey volumes

Patient Experience survey overall volumes from September 2019 to September 2020



Survey volumes continued to decline in Q2 due to the Covid-19 pandemic, with an encouraging increase seen in September. This increase is due to the reinstatement of service provision that was restricted during Q1 and the push on the emphasis on collecting patient feedback. Survey completions are still low when compared to the usual numbers achieved prior to Covid-19, mainly due to the restriction on the use of paper version surveys. The use of paper versions is gradually being introduced across services, once changes/updates are made. Changes include the addition of questions, one asking if people know how to raise a concern or complaint and a selection to collect demographic data. The aim is for all services to have the use of paper versions by 1st December 2020.

Patient experience survey volumes

The use of the remote survey continued to be successful during Q2. Data and results for this can be found further down this page and details of a new survey introduced to replace the remote survey can be found on page 9.

Overall satisfaction scores remained lower than seen prior to Covid-19, with a combined score of **94.3%** for Q2.



NHS Friends and Family Test (FFT)

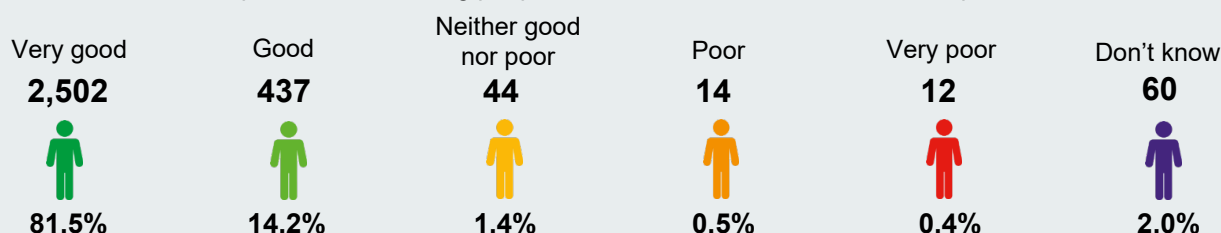
Overall, how was your experience of our service?

At the out-set of 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 **3,069** people answered the FFT question during Q2, giving a combined overall recommend score of **95.7%**, slightly lower than usual results. NHS England recently announced that with effect from January 2021, national reporting will recommence with the results from December 2020.

The main themes seen from poor or very poor responses related to communication and appointments, for a variety of services. Where relevant, feedback was highlighted to services for their review and to take action, where possible.

Poor or very poor responses:

- 3 surveys contained positive results/feedback on the remainder of the survey
- Services were already aware of and had dealt with the concerns raised with the patients who had completed 2 of surveys
- 4 people had left their details which enabled services to make contact to discuss and resolve any issues
- Feedback on 1 survey for the learning disability service related to another provider. The service has forwarded the feedback onto KMPT.
- As a result of feedback given on 1 survey for sexual health, the service will include details in their staff weekly bulletin about the importance of directing people who want to raise a concern or complaint to the PALS team.



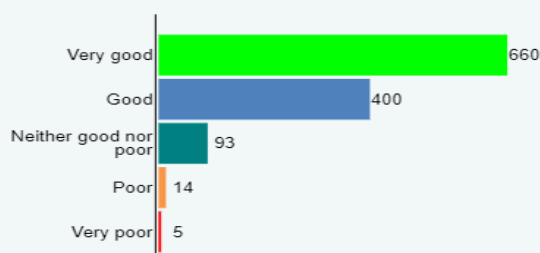
Remote consultations patient experience survey

During Q2, a total of 1,172 remote appointment/consultation surveys were completed by services trust wide.

The dental service achieved the highest number of completions (472), followed by MSK physiotherapy (90), cardiac rehabilitation service (89), the ADHD nurse for community paediatrics (83), diabetes nursing service (80) and East Sussex School Health. The table below shows the number of surveys completed per service.

Results from the survey were very positive, with **1,066 (90.96%)** people rating their experience as very good or good and **1,032 (88.1%)** 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?





Remote consultations patient experience survey

People who rated their experience as poor or very poor were for the dental services (12) MSK physiotherapy (4), community orthopaedics (1) children's therapies, Kent (1) and school health (1).

The highest number of people who would not be happy for their future appointments to be conducted via a virtual method were for the dental services (87), followed by MSK physiotherapy (14) and children's bladder and bowel nursing (10). Numbers under 10 were received for a variety of other services.

The main reasons people gave for choosing these ratings was because they felt a virtual consultation was not appropriate for the nature of their condition and needed face-to-face contact.

At the end of Q2, the remote survey was replaced with a new tool 'Virtual appointments/consultations patient experience survey', available for use by all services trust wide.



New 'Virtual appointment/consultation patient experience survey'

The new survey was produced by the team with input from the Digital Solutions Task and Finish Group. The questions ask about the general experience of the appointment/consultation, details specifically about virtual methods as well as demographic information to determine if people providing feedback are representative of our patient group.

Several data collection methods are available for use with the new survey; people can complete this via the 'have your say' page on the public website, the survey can be conducted by staff over the telephone or an email invitation can be sent by staff.

The survey has been set up to enable collected data to be extracted by the usual options available for service bespoke surveys, i.e. service wide, individual location/area/team etc. and a new filter is available for extracting data by 'division' i.e. Adult Clinical Services – East Kent, Public Health, Specialist and Elective Services, etc.



Surveys by telephone

During Q2 a number of services conducted patient experience surveys over the telephone. Staff working from both their normal bases and home have been able to take advantage of this method of data collection and two volunteers have also been able to assist with this. This has proved successful and enabled many services to continue to gain patient feedback during the recent restriction on the use of paper version surveys. Some of the services using this method are:

- Children's Hearing service
- Children's Therapies (Kent)
- Community Nursing
- Dental service (triage service)
- Heart Failure Specialist Nursing
- Home with Support
- ICT teams (east Kent)
- School Public Health (Kent)



Shout about it! Community nursing service

During recent months, our community nursing teams have been able to continue gaining valuable feedback from their patients using their tablets. In Q2, 877 patient experience surveys were completed by patients and their relatives/carers, giving a high overall satisfaction score of **98.4%**.

Feedback shows that our patients felt they were very well looked after and given support that had a positive impact on their physical needs and their mental health too. Patients often mentioned that they looked forward to their nursing visits. Examples of comments received:

Lift my mood , sometimes I sit worrying about my problems and they always make me feel better when they visit.

Very good care from the nurses, they also cheer me up if I'm feeling low.

Lovely, friendly and always cheerful, which is great when you are housebound and look forward to seeing them.



Covid-19 safety measures question in patient experience surveys

At the end of July, as services resumed, a question asking people if they felt Covid-19 measures were in place to make them feel safe and comfortable during their appointment was added to all adults surveys, including those available for completion by parent/carers for children's services and those used by children/young people. The question included in children/young people, learning disability service and the generic easy read survey is supported by a graphic and where relevant by an additional audio facility.

Examples of the wording used for the questions:

- Adult: Did you feel we had measures in place to help you feel comfortable and safe when you attended the appointment or we visited you during COVID-19? For example, social distancing, hand sanitiser, floor markings and personal protective equipment (if necessary).
- Child/young person: Did I make you feel safe at your appointment or when I visited you during COVID-19?

99.2% of 2,902 adults and **98.1%** of 231 children/young people who answered the question felt the measures were in place to make them feel safe and comfortable during their appointment. Examples of feedback given:

Staff make use of their PPE, I never feel at risk.

The nurse always wore the correct PPE and made us feel safe.

The people who came in to see me always wore the PPE and kept to the guidelines.

They came to visit the home, used the correct PPE.

I felt safe, all the staff were wearing their PPE stuff.

16 (0.6%) of adults answered 'no' to the question and 8 of these had their appointments via telephone so measures were not applicable. 2 of the no responses had valid comments related to staff PPE. Feedback was discussed with the Phlebotomy staff at Herne Bay and the Matron is undertaking spots checks to ensure PPE is being worn correctly. The remaining 6 'no' responses had none or unrelated comments.

3 (1.3%) children/young people seen by the Targeted Service (CHATTS) answered 'no' to the question. One of these was given by a 12-18 year old who added a comment that related to the government Covid-19 safety guidelines. The other 2 responses were chosen by children aged under 8, both having their appointment via a virtual method.

You said we did



A relative was upset that staff did not show compassion when they called the Rapid Response team for assistance with their family member who had fallen. The relative was told to call an ambulance. (Home First service)



Staff undertook additional customer care training about the importance of effective and compassionate communication, including when they are redirecting people to other services.



The full range of assessments required for an Education, Health and Care Plan were not undertaken during an appointment. (East Sussex Children's Integrated Therapy services)



New processes are in place to revise clinicians caseloads and provide support to junior staff, to prevent a similar situation from happening again.



A weekend visit was missed and the answer phone messages left for the service by a relative were not replied to in a timely manner. (Community Nursing)



Strict processes have been put in place for weekend visit staff handovers and the monitoring and documenting of and responding to answer phone messages.



Membership strategy

Objective

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

The trust's public membership at 1 October 2020 was 8,470. Of the membership:

- 767 are from Black, Asian or minority ethnic communities
- 97 are aged 21 or under
- 984 are aged over 75

Month	Joiners	Leavers*	Net	Cumulative
July 2020	6	3	3	8,473
August 2020	3	1	0	8,475
September 2020	5	10	-5	8,470

**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 26 August, 339 public members in Dover received their local governor newsletter by email, with open rates of 36.6 per cent.

Objective

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

On 29 August, all members were sent an email or letter in the post inviting them to watch our annual meeting film. Members were also asked to submit questions for the board. The email invitation had a 28.7 per cent open rate.

On 24 September, 4,175 members were sent an email inviting them to watch our annual meeting film. Members were also asked to submit questions for the board. 25 per cent open rate

Objective	<p>Increase opportunities for members to feedback on service improvements.</p>
	<p>On 8 July, 914 members were emailed to ask them for their comments and questions for July's council of governors meeting, with a 43.4 per cent open rate and questions directed to the governor support office.</p>

Title of Meeting	Council of Governors
Date of Meeting:	11 November 2020
Agenda Item:	2.6
Subject:	Governor Elections
Presenting Officer:	Natalie Davies, Corporate Services Director

1. Introduction

Governor elections are due to commence in five public constituencies:

- Ashford
- Dartford
- Sevenoaks
- Shepway
- Tunbridge Wells

The constituencies of Ashford, Dartford, Shepway and Tunbridge Wells are currently vacant. The constituency of Sevenoaks is a result of the existing governor reaching the end of their three year term of office in early 2021.

We will also be holding staff governor elections for the following staff groups:

- Children and Families
- Health and Wellbeing Services
- Adult Services
- Corporate Services

All staff governor posts are as a result of the existing governors reaching the end of their three year term of office in early 2021.

2. Proposal

It is proposed that the election process should commence on Monday 11th January 2021, in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Monday 11 January 2021
Deadline for delivery of nominations	Wednesday 27 January 2021
Publication of statement of nominated candidates	Thursday 28 January 2021

Final day for candidate withdrawal	Monday 1 February 2021
Notice of Poll published	Monday 15 February 2021
Close of election	Friday 5 March 2021
Declaration of results	Monday 8 March 2021

The successful candidates will be announced on 8 March, and it is hoped that the new governors will attend the Governor Development Day on 17 March as part of their induction.

We wish to build on our already excellent and engaged Council of Governors by encouraging a diverse range of members to stand for election, and a communications and engagement plan has been developed to support the elections process, commencing in November.

3. **Conclusion**

Governors are asked to approve the proposed timetable.

Joy Fuller
Governor Lead
November 2020

Title of Meeting	Council of Governors
Date of Meeting:	11 November 2020
Agenda Item:	3.1
Subject:	Amendments to the Constitution
Presenting Officer:	Natalie Davies, Corporate Services Director

1. Introduction

This paper proposes an amendment to the Constitution of the Trust. Beyond small administrative matters of accuracy, a change to the constitution of the Trust requires the approval of both the Board and Council of Governors.

2. Background

Appointed Governors are appointed by their respective organisations and are not elected in the same way as public or staff governors.

The role of the Appointed Governor is essential in ensuring that the opinion of our most significant partners is heard at all levels. The Appointed Governor role is not defined in statute but it is considered that appointed governors work to further the relationship and forge better links between their own organisation and the trust, and are well placed to challenge the strategic thinking of the trust and offer support and advice based on their own professional experiences.

The Constitution currently denotes that an Appointed Governor may hold office for a period of up to 3 years, and may hold office for a maximum of 9 years or 6 consecutive years.

3. Proposal

In order to recognise the unique contribution the Appointed Governor brings being nominated from a partners organisation, it is proposed that the maximum term of office for Appointed Governors be removed completely.

The Constitution addresses the issue of Appointed Governor Terms of Office at paragraph 7.3.2 which says:

7.3.2 Appointed Governors

7.3.2.1 An Appointed Governor may hold office for a period of up to 3 years.

7.3.2.2 An Appointed Governor shall cease to hold office if the relevant sponsoring organisation withdraws its sponsorship of him by notice in writing to the Secretary.

7.3.2.3 An Appointed Governor shall cease to hold office if he ceases to be employed by or associated with the relevant sponsoring organisation.

7.3.2.4 Subject to paragraph 7.3.2.5 below, an Appointed Governor shall be eligible for re-appointment at the end of his term.

7.3.2.5 An Appointed Governor may hold office for a maximum of 9 years or 6 consecutive years.

It is proposed that paragraph 7.3.2 should be amended to the following:

7.3.2 Appointed Governors

7.3.2.1 An Appointed Governor may hold office for a period of up to 3 years.

7.3.2.2 An Appointed Governor shall cease to hold office if the relevant sponsoring organisation withdraws its sponsorship of him by notice in writing to the Secretary.

7.3.2.3 An Appointed Governor shall cease to hold office if he ceases to be employed by or associated with the relevant sponsoring organisation.

7.3.2.4 An Appointed Governor shall be eligible for re-appointment at the end of his term.

4. Recommendation

The Council is asked to approve the proposed changes to the trust Constitution.

Natalie Davies

Corporate Services Director and Trust Secretary