

Agenda and Papers

for the

Kent Community Health NHS Foundation Trust
Council of Governors

to be held at 1pm
on

Wednesday 21 July 2021

Virtual meeting via MS Teams

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**Meeting of the Kent Community Health NHS Foundation Trust
Council of Governors
to be held at 1.00pm on Wednesday 21 July 2021
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 21 April 2021	Chair	Att. 1
1.5	Matters Arising of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 21 April 2021	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	Verbal
2.2	Report from Communication and Engagement Committee	Chair of Committee	Verbal
2.3	Feedback from Charitable Funds Committee	Public Governor, Dover and Deal	Verbal
2.4	Report on Patient and Public Engagement, Experience & Complaints	Director of Participation, Experience and Patient Engagement	Att. 4
2.5	Annual Report and Accounts	Corporate Services Director	Att. 5
2.6	Quality Account	Corporate Services Director	Att. 6

2.7	Governors Annual Report	Lead Governor	Att. 7
2.8	Freedom to Speak Up Index Report	Freedom to Speak Up Guardian	Att. 8

3. ITEMS FOR APPROVAL

3.1	Nominations Committee Report	Lead Governor	Att. 9
3.2	Amendments to Constitution	Corporate Services Director	Att. 10

4. PAPERS AVAILABLE FOR GOVERNORS

- 4.1 The following papers are shared for Governor information and are available on Flo: For noting only
- Formal Board Agenda – 20 May 2021
 - Confirmed Board Minutes – 11 February 2021
 - 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.

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 November 2021, venue to be confirmed.



UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust Council of Governor's Meeting
Held at 13.00 on Wednesday 21 April 2021
Held virtually via MS Teams

Present:

John Goulston, Chair
Janet Allen, Staff Governor, Corporate Services
William Anderson, Staff Governor, Adult Services
Elaine Ashford, Public Governor, Dartford
Loretta Bellman, Public Governor, Tunbridge Wells
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
Gill Harris, Public Governor, Sevenoaks
Kimberley Lloyd, Staff Governor, Health and Wellbeing Services
Dot Marshall, Public Governor, Gravesham
David Price, Public Governor, Maidstone
Andrew Scott Clark, Appointed Governor, Public Health
Lynne Spencer, Public Governor, Canterbury
Sue Plummer, Appointed Governor, Universities
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
Natalie Davies, Director of Corporate Services
Francis Drobniowski, Non-Executive Director
Joy Fuller, Governor Lead (Minute Taker)

21/04/1 Introduction by Chair

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

Mr Goulston reminded the Council that the meeting was being recorded, and the recording would be available on the public website.

Mr Goulston confirmed that this would be Mr Scott-Clark's final meeting as he was due to retire. He thanked Mr Scott-Clark for his contribution to the Council and for his service as Director of Public Health for Kent. Mr Scott-Clark thanked the trust and the Council for their support. He added that the trust and Kent County Council would continue to work together and had jointly appointed a consultant in public health.

Mr Goulston confirmed that Ms Hetherington had offered her resignation as Public Governor for Thanet and thanked her for her contribution as governor. Mr Goulston confirmed that an election for a new Public Governor for Thanet would take place in January 2022.

The newly appointed governors in attendance introduced themselves.

21/04/2 Apologies for Absence

Apologies were received from Maria-Loukia Bratsou – Staff Governor, Matthew Wright – Appointed Governor, Dot Marshall – Public Governor for Gravesham, Hodgson Birkby – Public Governor for Folkestone and Hythe, Miles Lemon – Public Governor for Swale, and Kathy Walters, Public Governor for Ashford.

The meeting was quorate.

21/04/3 Declarations of Interest

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

21/04/4 Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 20 January 2021

The Council **AGREED** the minutes.

21/04/5 Matters Arising

It was agreed that the action to explore the theme Let's Discuss Independence by the Communications and Engagement Committee would remain open.

It was agreed that an update on the collaboration between the trust and Kent and Medway NHS and Social Care Partnership Trust (KMPT) would be brought formally to the Council in November, following a Board to Board meeting in October. It was agreed that the collaboration between the trust and KMPT would be reviewed in more depth at a future governor development session, and would be added to the forward plan.

Action – Ms Fuller

All other items were confirmed and closed.

The Council **RECEIVED** the Matters Arising.

21/04/6 Chair's Report

Mr Goulston presented a verbal report to the Council.

Mr Goulston reflected on the activities of the Council during the past year. He added that whilst the Council meeting in April 2020 had been cancelled, it had remained the only Council meeting cancelled throughout the pandemic.

Mr Goulston confirmed that he had visited the vaccination centre in Tonbridge, where he had the opportunity to speak to many staff and volunteers working at

the site, including the new governor Ms Bellman, who had been working as a vaccinator.

Mr Goulston was pleased to report that many members of staff and volunteers that he spoke to had expressed their wish to continue working in the NHS. He encouraged the local NHS to think about how to harness the opportunity to keep as many of those people in the NHS.

Mr Goulston confirmed that reducing waiting lists would be a national and local priority over the next few months.

Mr Goulston clarified that from 1st April 2021, Kent and Medway had become an integrated care system, and to a statutory body subject to legislation.

Mr Goulston confirmed that the Council of Governors would meet in person at the next meeting on 21 July.

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

21/04/7 Trust Quarterly Report

Mr Bentley presented the report and gave a presentation to inform the Council of the latest national position and priorities, Kent and Medway planning, and the current trust position and plan for 2021/22.

Ms Coleman highlighted that aside from the newly appointed staff to the vaccination programme, she would like to thank the unpaid volunteers and offer potential opportunities for them in the future and encourage them to continue to participate. Mr Bentley agreed with Ms Coleman, and confirmed that the trust could not run its services without the volunteers. He was pleased to report that there had been an increase in the number of volunteers.

In response to a question from Ms Coleman, Mr Bentley confirmed that there continued to be an enthusiasm and commitment to build patient participation into the construction of the Integrated Care System. Ms Coleman added that she had been pleased to see an increased emphasis on patient co-production during the past 18 months.

In response to a question from Dr Plummer, Mr Bentley confirmed that the premise of the collaboration between KCHFT and KMPT was to provide a better service and experience for patients. He explained that with an ageing population in Kent and Medway, many of the services provided by both organisations would potentially cross over. He added that the collaboration was strongly driven by Clinicians and the Medical Directors. Mr Bentley explained that there would also be a collaboration of governance issues, and how estates and workforce work between both organisations.

Ms R Davies commented that she had received a lot of positive feedback from constituents in Tonbridge and Malling in respect of the vaccination centre at the Angel Centre in Tonbridge. Mr Bentley thanked Ms R Davies for the feedback.

In response to a question from Ms R Davies, Mr Bentley confirmed that as a result of some of the structural changes in the NHS, it was hoped that it would

result in a much more seamless delivery of services. He added that progress had been made, but more could be done.

In response to a question from Ms R Davies, Ms Butterworth confirmed that the trust continued to work jointly with Kent County Council to integrate some of the pathways. She added that the trust would be working with the Integrated Care Partnership and Kent County Council to develop a single point of access, with the premise that it would become a single access route for people to obtain information, advice and signposting. It was agreed that Ms Butterworth would attend a future governor development session to provide some examples and case studies.

Action – Ms Butterworth

Mr Anderson gave thanks to the executive team in relation to the health and wellbeing support provided by the trust, and added that it had been widely appreciated by staff. He asked the trust to be mindful that some staff were not ready to receive the support. Mr Bentley agreed and added that the trust had a workforce strategy to cover three years and a plan to take into account how support might be made available in different ways at different times. Ms Lloyd added that her experience had been similar to Mr Anderson's.

In response to a question from Ms Lloyd, Mr Bentley confirmed that the staff survey would be analysed further by breaking down into localised team areas, to identify where improvements needed to be made. He confirmed that anonymity would be maintained. Mr Bentley added that it was important to listen to staff to ascertain what would make them feel more supported, engaged and well managed.

Ms Carter commented that the Health and Wellbeing booklet circulated to every staff member had been a really impressive idea. Mr Bentley added that the advantage of having a hard copy booklet was that it allowed the staff member to be in control of when they read and accessed the support detailed in the booklet.

In response to a question from Ms Allen, Mr Bentley confirmed that he would look into the issue of unresolved payments for staff who had undertaken mandatory training for the vaccination programme.

Action – Mr Bentley

Ms Allen commented that the volunteers through the Kent Voluntary Sector Emergency Group who had been supporting the vaccination centres continued to be amazing. Mr Bentley agreed that they had been remarkable and the vaccination programme could not run without them.

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

21/04/8 Governor Feedback from each of the Constituencies

Mr Goulston invited governors to provide feedback or issues.

Ms Allen confirmed that in the past few months she had been particularly impressed with the whole organisation response to the vaccination programme.

Ms R Davies confirmed that she continued to attend the League of Friends Committee meetings, and explained that a bid had been placed to have a garden renovation by Alan Titchmarsh.

The Council **RECEIVED** the governor feedback.

21/04/9 Feedback from Communications and Engagement Committee

Ms Coleman provided a verbal report to the Council.

Ms Coleman confirmed that the Committee had last met with the Communications team in January to discuss the topic for the next Annual Members meeting.

In response to a question from Ms Coleman, it was agreed that a Committee meeting would be arranged in May or June, prior to the next Council meeting.

Action – Ms Fuller

Ms Coleman encouraged governors to participate in a patient and carer council meeting or one of the patient experience groups. It was agreed that the dates of the patient and carer council meetings including contact details for Sharon Picken would be shared with all governors.

Action – Ms Fuller

The Council **RECEIVED** the report.

21/04/10 Feedback from Charitable Funds Committee

Ms Coleman provided a verbal report to the Council.

Ms Coleman confirmed that the trust had received a donation of £6,000 from a company called Michelsons in Sittingbourne.

Ms Coleman encouraged governors that if they were aware of any services in their area that required items not covered by normal expenditure of the NHS, they could put in a bid to the charitable funds committee. She added that they had been able to fund a number of new children's toys for Ms Bratsou's service.

Mr Drobniewski confirmed that the committee would like to undertake a short questionnaire of governors to obtain their views on how money should be spent. It was agreed that the questionnaire would be circulated to governors and Non-Executive Directors.

Action – Mr Drobniewski

The Council **RECEIVED** the report.

21/04/11 Report on Governor Elections

Ms N Davies presented the report to the Council.

Ms N Davies asked the Council to take the report as read. She explained that the average turnout for the elections had been approximately 16%. It was

acknowledged that more could be done to increase the turnout, however it remained well above the UK average of 12%.

Ms N Davies confirmed that she had been pleased that every post had been filled. She explained that two posts had been uncontested, and the remaining seven had been well contested, which showed that there had been an interest in the trust and role of the governor.

The Council **RECEIVED** the report.

21/04/12 Report on Freedom to Speak Up

Ms Fuller presented the report to the Council.

Ms Fuller asked the Council to take the report as read, but highlighted that the report provided the total number of cases received during 2020/21. She noted that there had been a rise in the number of cases compared to the previous year, but that it was due to the increased awareness of speaking up across the trust.

In response to a question from Ms Carter, Ms Fuller confirmed that the themes of cases related to coronavirus had been around personal safety and PPE. Ms Fuller provided assurance that the issues had been escalated and resolved.

Ms N Davies added that the feedback received had always been positive.

The Council **RECEIVED** the report.

21/04/13 Report on Membership

Ms Norris presented the report to the Council.

In response to a question from Ms Coleman, Ms Norris confirmed that she would ask the membership team to contact the volunteers and bank staff who had signed up for the vaccination programme to see if they would like to become members of the trust.

Action – Ms Norris

The Council **RECEIVED** the report.

21/04/14 People Strategy

Ms Norris presented the report to the Council.

In response to a question from Ms Bellman, Ms Norris confirmed that the people strategy was available on the staff intranet site and had been circulated to all staff via staff newsletters. It was also discussed within individual team meetings. She added that the people strategy was available to all new staff and potential staff via the recruitment packs.

In response to a question from Ms Lloyd, Ms Norris confirmed that the NHS had a job evaluation system which would take into account the equivalent skills and experience against qualifications. She added that for non-registered staff, the

trust had an admin academy to further support career development opportunities for those staff.

In response to a question from Ms Coleman, Ms Norris confirmed that the CCG had made reference to an academy, which had been separate to the trust academy. She added that she would be undertaking a piece of work with the CCG to work across the system and to avoid any duplication.

In response to a question from Ms Coleman, Ms Norris confirmed that the trust had been holding virtual work experiences for schools throughout the pandemic. The trust had also been working with Corporate Services and the Facilities Academy to widen participation for people to join the academy. Ms Norris agreed to share contact details for Verity Barton, Widening Participation Lead, with Ms Coleman.

Action – Ms Norris

In response to a question from Ms Ashford related to scientific education, Ms Norris confirmed that the nurse associates within the nursing academy joined with a variety of backgrounds. Ms Norris added that a number of nurse associates within the first cohort of the nursing academy had expressed an interest to stay with the trust to complete their nurse training.

In response to a question from Mr Price, Ms Norris confirmed that the 'We will know that we have it right when:' would be regularly reviewed by the Strategic Workforce Committee. Ms Barber added that the structure and format of the strategy would be used for other strategies within the trust.

It was agreed that a progress report on the People Strategy should be presented to the Council on an annual basis.

Action – Ms Norris

Mr Goulston confirmed that the Quality Strategy would be presented to the Council later in the year.

The Council **RECEIVED** the report.

21/04/15 Staff Survey Results

Ms Norris presented the report to the Council.

In response to a question from Ms Spencer, Ms Norris confirmed that the issue of violence from managers was particularly surprising as no issues had been reported on Datix or through the Freedom to Speak Up service, but agreed that it was something that must be looked into.

In response to a question from Ms R Davies, Ms Norris confirmed that the trust aspired to be the top in the country across all themes. Ms Norris clarified that the report used a statistical calculation which was used to identify areas for improvement. Mr Goulston added that the ambition for the trust to be the best employer would stretch areas that were already performing well, but also identify and improve on those areas where the trust was underperforming.

The Council **RECEIVED** the report.

21/04/16 External Auditors – Contract Extension

Ms N Davies presented the report to the Council.

Ms N Davies confirmed that the contract extension had been informally approved by the Council at the Development Day on 17 March and had been brought to the Council again for formal approval.

The Council **RECEIVED** the report and formally **APPROVED** the recommendation to extend the contract for the External auditors by a further two years.

21/04/17 Any Other Business

In response to a question from Ms R Davies, Ms N Davies agreed to bring an update on sustainability to the Council in July.

Action – Ms N Davies

In response to a question from Ms Harris, it was agreed that an informal governors meeting would be arranged.

Action – Ms Fuller

Dr Plummer, on behalf of the Council, thanked Mr Scott Clark for his contribution to the Council of Governors and wished him well for the future.

Ms Coleman offered her support to the new governors, and confirmed that she would be happy to meet in person or over the phone.

There was no further business to discuss.

21/04/18 Questions from members of the public

There were no questions from members of the public.

21/04/19 Date and Time of Next Meeting

Wednesday 21 July 2021 at 13.00.

Kent Event Centre, Detling Showground, Maidstone

The meeting ended at 14.48

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING HELD ON 21 APRIL 2021

OPEN ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
21 April 2021	21/04/7	To attend a future governor development session to provide some examples and case studies on integrated and partnership working and pathways.	Ms Butterworth	21/07/21 – added to forward plan
21 April 2021	21/04/7	To look into the issue of unresolved payments for staff who had undertaken mandatory training for the vaccination programme.	Mr Bentley	21/07/21 – to be updated verbally
21 April 2021	21/04/9	To arrange a Communications and Engagement Committee meeting in May or June 2021.	Ms Fuller	21/07/21 - Meeting took place on 24 June 2021.
21 April 2021	21/04/9	To share the dates of the patient and carer council meetings including Sharon Picken's contact details with all governors.	Ms Fuller	21/07/21 - Dates of the Patient and Carer Council meetings shared with governors along with contact details for Sharon Picken.
21 April 2021	21/04/10	To circulate a Charitable Funds Committee questionnaire to governors and Non-Executive Directors.	Mr Drobniewski	21/07/21 - Questionnaire circulated to governors and NEDs
21 April 2021	21/04/13	To ask the membership team to contact the volunteers and bank staff who had signed up for the vaccination programme to enquire if they would like to become members to the trust.	Ms Norris	21/07/21 – To be updated verbally
21 April 2021	21/04/14	To share contact details for Verity Barton, Widening Participation Lead, with Ms Coleman.	Ms Norris	21/07/21 - contact details shared

21 April 2021	21/04/14	To provide a progress report on the People Strategy to the Council of Governors on an annual basis.	Ms Norris	21/07/21 – added to forward plan for April 2022.
21 April 2021	21/04/17	To provide an update on sustainability to the Council of Governors in July 2021.	Ms N Davies	21/07/21 – on Governor Development Session agenda
21 April 2021	21/04/17	To arrange an informal governors meeting prior to the next Council meeting in July 2021.	Ms Fuller	21/07/21 – Informal Governors meeting took place on 10 June 2021
21 January 2021	20/01/9	To explore whether people with learning disabilities and autism will be included in Annual Members Meeting theme 'Let's Discuss Independence'. Ms Coleman agreed to take this back to the Committee and the Communications team.	Ms Coleman	21/07/21 - Discussed at the Communication and Engagement Committee meeting held on 24 th June 2021 – update to be provided verbally at the meeting.
11 November 2020	11/11/7	To provide an update on the collaboration between KCHFT and Kent and Medway Partnership NHS Trust (KMPT) at a future Council meeting.	Mr Goulston	21 April 2021 - Update to be provided to the Council of Governors meeting in November. Deep dive discussion to be arranged for a future development session
11 November 2020	11/11/7	To share NHS Provider's guidance on the role of Council of Governors and Non-Executive Directors in provider collaboratives, when published.	Mr Goulston	Still awaiting publication.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING HELD ON 21 JULY 2021

CLOSED ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
21 January 2021	20/01/7	To send a message of thanks to all staff from the Council of Governors.	Mr Bentley	A message will go on Flomail thanking all staff from the Governors.
21 January 2021	20/01/7	To share the link to sign up as a volunteer with all governors.	Mr Bentley	Link shared with governors.
21 January 2021	20/01/8	To look into the proposal for a small pilot for the 'All about me' passport style patient document.	Mr Bentley	Mr Bentley has asked Ms Carruth to look into the proposal further.
21 January 2021	20/01/11	To contact Ms Allen regarding the issue concerning the recruitment of gardening volunteers at Edenbridge.	Ms Mitchell	There is a new process in place to recruit volunteers who do not need a DBS check.
21 January 2021	20/01/11	To include a pie chart showing themes of complaints in future reports.	Ms Mitchell	Themes of complaints to be included in all future reports. To be included within Annual Report to be presented to Council in July 2021.
21 January 2021	20/01/11	Governors to let Ms Fuller know if they would like to attend the patient and carer council meetings.	Governors	Ms Fuller shared dates of the patient and carer council meetings with governors.

Title of Meeting	Council of Governors
Date of Meeting:	21 July 2021
Agenda Item:	1.7
Subject:	Trust Quarterly Report
Presenting Officer:	Paul Bentley, Chief Executive

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

1. Performance

1.1 Quality

Quality indicators continue to report a strong position providing assurance that we are continuing to deliver high quality care. During April and May, 30,496 surveys were completed by patients, relatives and carers (this includes 25,794 COVID-19 vaccination surveys). This is a significant increase in survey completions, due to the high number of COVID-19 vaccination returns, when compared with the previous two months (6,298 surveys). Following an improvement seen in the number of completed service bespoke surveys, since the sudden decline in returns at the out-set of COVID-19, a drop in volumes is seen in April with an increase in May. Friends and Family Test (FFT) scores remain high, with 99% of people rating their overall experience of the service they received in April and May as good or very good.

Turnover in levels of turnover in our workforce in May has seen the largest increase and the highest absolute rate for the last 12 months at 14.20%. This does however continue to be reported below the target. The vacancy rate for May was 5.03%. The vacancy rate had been on a continual downward trajectory until July 2020, and since this point the vacancy rate has been increasing. The vacancy rate continues to remain significantly below the revised target of 6%.

The sickness absence figure for May was 4.25% which is marginally above the target of 4.20%.

Our workforce has been operating at a level of intensity for over a year now and the leading indicators identified above are consistent with the pressures being felt in our workforce and our workforce response to them, we continue to support our teams and are ambitious to increase the size of our workforce as well as adding additional skills to reflect the changes in the way we work.

During April and May, there were nine lapses in care which resulted in avoidable pressure ulcers. Six were reported as low harm and 3 were moderate harm. Of the three moderate harm incidents, one was identified where the learning will be incorporated within another

serious incident investigation. The other two will have action reviews undertaken to understand key themes and action learning identified.

1.2 Financial Position

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

2. Patients

Our services continue to respond to the pandemic while also resetting and recovering from the previous waves of infections. The Trust has continued to see increased levels of patient and service user activity which has continued to grow since January, this has been particularly noted in the Urgent Treatment Centres. Over all services, the trust activity is 1% higher than the plan. It is pleasing to note that the consultant led pathways (referral to treatment) remain at 99.9% of patients being seen within the 18 week timescale despite significant pressure in the system.

The increase in levels of demand for patient and service user activity is reflected in all areas of health care demand, with increased activity across primary care, mental health services and acute hospital activity. The consequences of the increased demands for patient care is widely recognised across the kent and medway system with responses being identified system wide.

Our patients at Hawkhurst Hospital have been the first to benefit from the hospital garden pilot as our first crop of strawberries was picked in the last few weeks. Governors will have received a more in depth update report during their private development session earlier in the day.

3. Our People

3.1 Staff Awards

I am pleased to confirm that the annual KCHFT staff awards will resume this year. The staff awards scheme is an integral part of our health and wellbeing programme, and the awards are recognised across the organisation as an important way of celebrating success. Nominations close on 21 July 2021 and the winners will be announced at a celebration day in October, which will also include our long service colleagues and the nurse practitioner graduation.

The categories are:

- **Rising star** – recognising colleagues who are developing, learning and showing best practice
- **Health and wellbeing** – celebrating positive culture change
- **Quality Improvement** – recognising colleagues using QI tools and methods
- **Employee of the year** – someone whose dedication is a shining example to colleagues
- **Leader of the year** – providing outstanding leadership and inspiration to their team
- **Support service of the year** – living and breathing our vision and values behind the scenes

- **Patient care team of the year** – front line heroes achieving something exceptional to benefit patients

3.2 COVID-19 vaccination programme

At the time of writing this report, the trust has delivered nearly 500,000 vaccinations through our hospital hubs and mass vaccination centres. 91% of all KCHFT front line staff have been vaccinated. This programme continues at pace to meet our commitments to vaccinate all people in the JCVI categories 1-12 by autumn. This includes all people who are over 18 years of age and anyone with an underlying health condition or significant exposure risk (for example front line health workers). Once this program is completed the Trust will withdraw from the Kent and Medway mass vaccination program, albeit if a booster covid vaccination program is put in place the Trust will safeguard our own team members. The Kent and Medway CCG is putting in place arrangements for any further program which is required.

3.3 Healthcare assistant competency programme

A virtual certificate presentation took place for healthcare assistants and senior healthcare assistants who have completed an in-house course to improve competencies and skills. Those receiving their certificates were congratulated on their effort and hard work during what has been a challenging year, with their “graduation” including congratulatory comments from the course leader and managers.

Our healthcare assistant and senior healthcare assistant competency programme came about as a result of a quality improvement (QI) project which took an in-depth look at staff skills in urgent care in east Kent and aimed to make improvements for patients and colleagues. The training programme, which had its first cohort in January 2019, is a five-day scheme, taken over six months. The programme results in HCAs having increased skills across a range of areas.

3.4 Equality, Diversity and Inclusion

This fundamental approach to everything we do at KCHFT continues to be an area we scrutinise carefully and are committed to excel in. The Trust is shortly to publish its annual Race Equality Scheme and Disability Equality Scheme action plan which details the actions we will be undertaking this year to drive the agenda forward. These action plans are developed with the Staff Networks to ensure they represent the groups themselves and the actions which will make the biggest impact. The work to make KCHFT not just ‘pro-equality’ trust but an anti-racist trust will continue as we continue to seek to be the very best employer we can be and the very best healthcare provider we can be.

4. Partnerships

4.1 New architecture of the NHS in Kent and Medway

Development of the Kent and Medway Integrated Care System (ICS) will continue during 2021/22 and it will be a year of transition, learning and development. Place and provider collaboratives will develop over time in line with their development and adoption of functions and responsibilities. Transition to the new architecture will commence from

October 2021, with full-shadow-running planned from January 2022. Robust arrangements will then be in place for the transition to a Kent and Medway ICS NHS body in April 2022. The Trust delivers services in all four Integrated Care Partnership footprint and works with providers across all geographies. Our focus on developing meaningful provider to provider collaborations to drive patient and population benefits continues.

4.2 Partnership with Kent and Medway Partnership Trust (KMPT)

I have updated previously on the work we are undertaking with KMPT. This work has involved a number of specific clinical workstreams where the trusts believe we can drive tangible benefits to patients through closer working. In addition, we continue to look at how our support services can work together to deliver even greater value. A board to board is planned in October to review progress and examine next steps.

I would invite the Council to recognise the extraordinary commitment which our workforce has shown in responding to a global pandemic and now resetting services as we enter the next phase of responding to the pandemic, each day the executive team see examples of the most compassionate and caring healthcare provided in the most demanding of circumstances. The recognition of the Council is always welcomed and I invite the council to give voice to the contribution of our workforce.

Paul Bentley
Chief Executive
July 2021

Appendix 1

Assurance on Financial Sustainability

Surplus		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	0	0	0
Year End Forecast £k	0	0	0
<p>The Trust is in a breakeven position to the end of June.</p> <p>Pay has overspent by £1,948k offset by underspends on non-pay and depreciation/interest of £377k and £62k respectively and an over-recovery on income of £1,509k.</p>			

Cash and Cash Equivalents		Rag rating: Green	
	Actual	Forecast	Variance
Year to Date £k	37,239	39,291	-2,052
Year End Forecast £k		37,557	
<p>Cash and Cash Equivalents as at M3 close stands at £37,239k, equivalent to 53 days operating expenditure.</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	1	2	
Overall Rating	1	1	
<p>The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M3 2021-22. The YTD I&E margin % has returned a rating of 2 as a result of the current break-even regime.</p>			

Capital Expenditure		Rag rating: Amber	
	Actual/Forecast	Plan	Variance
YTD Expenditure £k	1,010	2,175	1,165
Year End Forecast £k	12,698	12,698	0
<p>Spend to June was £1,010k against a YTD plan of £2,175k (46% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes. As at M3, the full year forecast is retained at £12,698k in line with the full year plan submitted on 29 April 2021. The full year plan of £12,698 represents £7,774k of planned capital expenditure on the Trust's own capital programme and £4924k ring-fenced funding held on behalf of the K&M systems for agreed system priorities.</p>			

CIP		Rag rating: Amber	
	Actual	Plan	Variance
Year to Date £k	547	1,104	-557
Year End Forecast £k	4,415	4,415	0
<p>The Trust achieved CIPs of £547k to the end of June against a risk rated plan of £1,104k and so CIP is £557k behind plan to date.</p> <p>49.6% of the total annual CIP target has been removed from budgets at month three.</p> <p>The Trust is forecasting to achieve the full plan of £4,415k by the end of the year.</p>			

Agency Targets		Rag rating: Green				
	M3			YTD		
	Actual	Target	Variance	Actual	Target	Variance
External Agency Excluding Covid-19 Expenditure £k	317	491	174	856	1,474	618
External Agency Including Covid-19 Expenditure £k	376	491	115	1,010	1,474	464
<p>External Agency and Locums excluding Covid-19 expenditure was £317k against £491k target in June.</p> <p>External Agency and Locums including Covid-19 expenditure in February was £376k against £491k target.</p>						



Kent Community Health

NHS Foundation Trust

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

Appendix 1 of this report provides an overview of public and patient engagement, patient experience, volunteer services, interpreting, accessible information and equality and diversity from April 2020 to March 2021.

This report also provides an update on public membership activity for quarter one (April 2021 to June 2021).

Appendix 2 of this report provides an overview of the complaints received during 2020/21, and aims to provide assurance that Kent Community Health NHS Foundation Trust responded in a timely and compassionate way to complaints received during this period and used the learning identified to improve services.

Sue Mitchell
Assistant Director of Participation and Involvement
July 2021

Patient and Carer Partnership Team
Annual report 2020/2021
Introduction

This report provides an overview of public and patient engagement, patient experience, volunteer services, interpreting, accessible information and equality and diversity from April 2020 to March 2021. In July 2020 the Patient and Carer Partnership Team was established to drive forward participation and involvement across the Trust through a robust work plan to enable us to achieve our vision of service users and carers being equal partners in their care.

Despite the pressures arising from the COVID-19 pandemic, there has been a significant improvement in patient and family carer participation and involvement. New governance structures, groups, and other initiatives have been developed to increase the opportunities for patients and their families to tell us their views and work with us to improve what we do. The Patient and Carer Council was established. The Council is the vehicle that drives the cultural changes needed in participation, co-design, shared decision making and engagement across the Trust. The People's Network has been developed and is supported by a core set of patient and carer representatives who work alongside the team to co-design new initiatives and service improvements.

COVID-19 specific highlights
COVID-19 support volunteers

We recruited over 95 volunteers to support the five vaccination centres, as well as over 400 Rotary, St John's Ambulance and Kent Resilience Forum volunteers.

Vaccination centre survey feedback

In January 2021, a survey was produced to gain feedback from patients on their experience of receiving the vaccine. Posters were displayed with a QR code and it was also available on the public website.

1,017 surveys were completed from January to March 2021, with an overall satisfaction score of 96%.

Vaccine centre	Overall score	Survey volumes
Angel Centre, Tonbridge	97%	169
Woodville Hall, Gravesend	97%	499
Folca Building, Folkestone	95%	289
Saga Centre, Ramsgate	94%	47
Pentagon Centre, Chatham	93%	13

Question scores and comments received via the survey were very positive:

97% of people rated their overall experience of receiving their vaccination as good or very good

97% of people found the venues well organised

"Very organised, signage was spot on to instruct you where to go and everyone was welcoming and professional."

97% of people felt measures were in place to help them feel comfortable and safe – for example, social distancing, hand sanitiser, floor markings and personal protective equipment

“I was asked to sanitise on way in and was asked to adhere to the floor markings. Everyone had PPE with their names written on mask so you knew who you were dealing with. I thought this was great idea for anyone who was feeling vulnerable or nervous.”

97% of people felt staff treated them with kindness and respect

“Every single staff member was polite, kind, sincere and welcoming.”

97% of people said staff answered any questions or concerns they raised about the vaccination

“Staff open to questions, good at communicating / body language good and approachable.”

97% of people said staff gave them all the information they needed when they received their vaccination

“I was worried as I read the vaccine had not been tested with my medication. The enquirer was unable to answer my questions.”

COVID-19 safety measures survey feedback

At the start of the pandemic, a question was added to adult, parent/carer and children/young people surveys, asking if services had measures in place to help them feel comfortable and safe during their appointment.

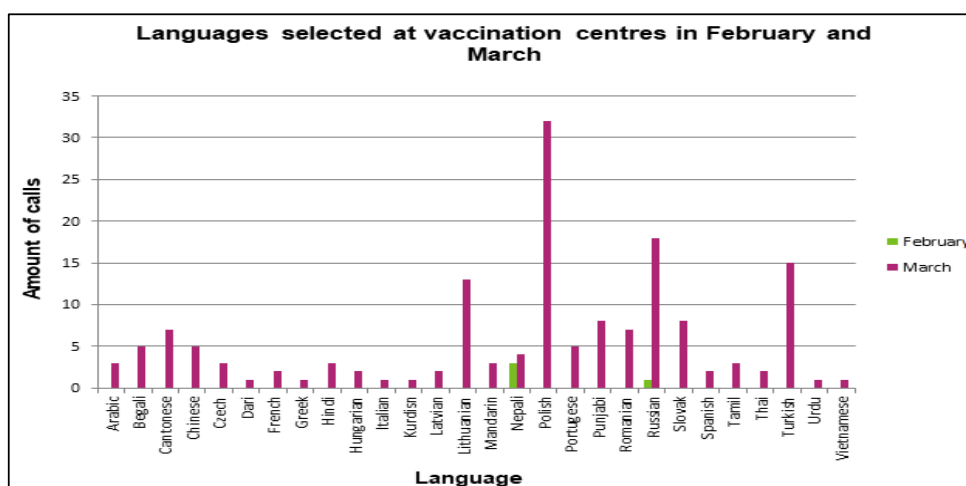
97.5% of adults answered ‘yes’ to: Did you feel we had measures in place to help you feel comfortable and safe when you attended the appointment or we visited you during COVID-19? For example, social distancing, hand sanitiser, floor markings and personal protective equipment (if necessary).

99% of children/young people answered ‘yes’ to the question “Did I make you feel safe at your appointment or when I visited you during COVID-19?”



Interpreting at COVID-19 vaccination centres

To ensure foreign language speaking members of the public can fully access the mass vaccination sites, the provider has set up a separate phone number and a simplified process so staff can access interpreters within five minutes. There have been 162 telephone interpreting calls at the vaccine sites since February.



Bereavement

At the start of Q3 a bereavement folder providing information to support families of patients who have died in our community hospitals was introduced. The bereavement pack is now available in all accessible formats, including Easy Read.

- Since this was introduced, 65% per cent of bereaved families have received a bereavement folder.
- 42%* of these families were contacted six weeks later to complete a survey on their experience (*not all next of kin address details were provided). Staff have been made aware of the importance of collecting these details and there has already been an improvement in this information being provided
- 39% of surveys have been returned, and 100% of people said they felt that they and their loved ones were treated with dignity, courtesy and respect
- 89% of people rated the overall care their loved one received in hospital as excellent or good

The highest scoring survey was completed for Westview Integrated Care Centre. The family said: *"I cannot praise the staff, and particularly the matron highly enough. They were kind, caring and helpful throughout and I am very grateful to them all."*

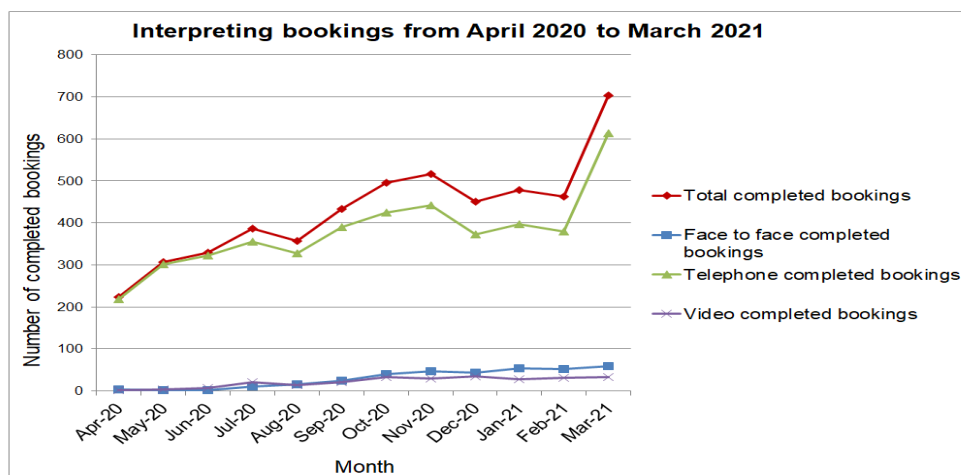
Volunteers

Due to the majority of volunteers being in the high-risk category for COVID-19 and roles being suspended due to COVID-19 regulations, a large number of volunteers have been inactive during the past year. However, over 95 volunteers have been recruited to support at the vaccination centres as car park stewards and patient advocates.

- Over the winter, five volunteers helped to distribute over 100 flu vaccine deliveries to support our colleagues
- Two young volunteers were recruited as part of the Duke of Edinburgh Award Scheme, and have been supporting dementia patients in the Dusk Café at Tonbridge Cottage Hospital
- The team has produced a standard operating procedure to recruit and support patient experience volunteers to complete patient experience surveys at home on behalf of services, including health visiting and podiatry, who have been identified as needing support from patient experience volunteers

Interpreting

Video interpreting was made available to all services in March 2020, enabling teams to continue appointments with their foreign language speaking patients. While there was a drop in overall interpreter bookings in March and April, bookings have risen to usual levels, with an increase of virtual methods to ensure services can continue to operate with COVID-19 measures in place. Telephone interpreting appointments doubled in March 2021, with the introduction of the three step process in the COVID-19 vaccination centres.



Accessible information

Ask Listen Do

The Ask Listen Do project has now been implemented across the trust, with the following achievements:

- the PALS contact form is now available in Easy Read and autism friendly formats
- the 'your feedback' page on the public website has been redesigned with a simplified survey drop-down list, forms and leaflets in accessible formats and a Makaton video explaining the different ways to give feedback
- an e-learning package has been created about basic awareness of learning disabilities and autism
- the sexual health Apple Tree survey has been updated and is now available electronically

This will ensure that service users with a learning disability and/or autism, and their families and carers, will be able to easily access the information and resources they need to leave feedback or raise complaints. Colleagues from across the trust will be able to support our service users and signpost them.

Easy Read

The team continues to meet virtually with East Kent Mencap twice a month to test Easy Read documents. Since September 2020, the focus group has tested and produced **14** documents, including:

- The bereavement pack, with two letters, a survey and an information booklet
- Patient and carer involvement leaflet
- Ask Listen Do contact form

People's Network

Since August 2020, members of the People's Network have been involved in:

- co-designing the complaints policy and level one complaints training
- working with the Quality Improvement (QI) Team to shape QI training
- an always event project with the End of Life Care Team
- taking part in we care reviews
- producing the first edition of the 'Participation Matters' newsletter
- taking part in focus groups to evaluate patient and carer experience of care during the pandemic
- producing a recruitment film to advertise involvement initiatives and projects across the trust

In December 2021, the People's Network appointed a patient representative to co-chair the monthly meetings.

Focus groups

In Q3, the Patient and Carer Partnership Team supported Specialist and Elective Services by facilitating six focus groups to evaluate the changes made in response to COVID-19. The questions focussed on understanding the patients, carers and families' experience of virtual treatment and care, COVID-19 restrictions and the use of PPE.

A recurring theme across all groups was the value of peer support, building relationships and sharing experiences, which they had missed due to COVID-19 restrictions. Some patients attributed peer support to help their recovery, so have felt lost and isolated without it.

As a result of the focus group feedback:

- **The Cardiac Rehab Team** will explore patient peer support with help from the Patient and Carer Partnership Team. An updated medication summary sheet has been added to the online programme.
- **The Diabetes Team** has improved the connection on Attend Anywhere by reducing the number of candidates to four. The first 15 minutes of the session has been allocated for candidates to share their experiences and a 30 minute break has been added to promote peer support.
- **The Podiatry Team** has fed back from the focus group to colleagues and built on the shared care process.
- **The Pulmonary Rehab Team** are informing patients about the expectation for self-motivation at the initial consultation and will continue to offer other modalities which do not require access to technology.

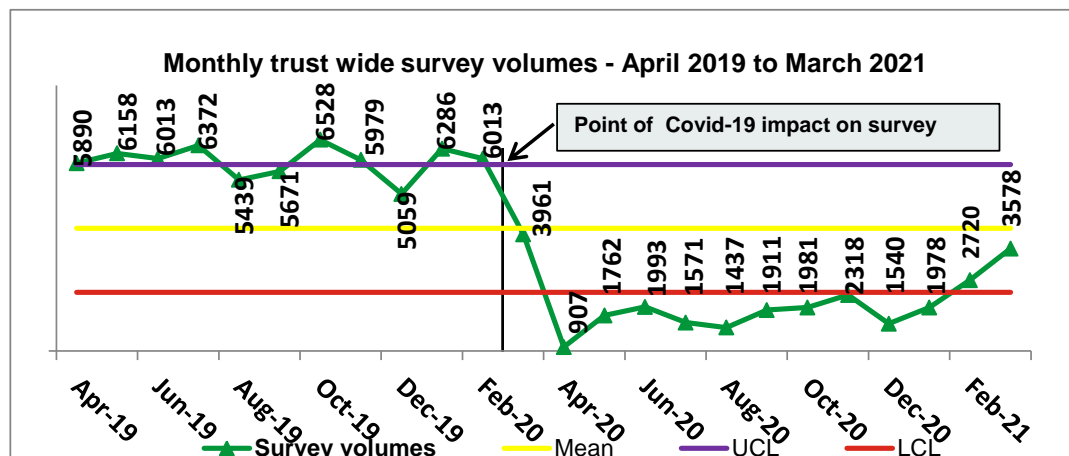
Carers

The Carers Steering group has coordinated:

- A virtual carer awareness event in November 2020, hosted on the trust social media pages and reaching over 23,000 people. The group worked with partner organisations Carers Support East Kent and INVOLVE, who supported the event by holding a Facebook Live. Helen Whatley, Minister for Care, and Ruth May, Chief Nursing Officer for England, shared video messages to our carers, recognising their role and the support they need.
- A social media event in March 2021 to celebrate Young Carers Action Day, working with Carers Support East Kent, INVOLVE and IMAGO. The event helped to raise awareness of the impact on the mental health and education of young carers.

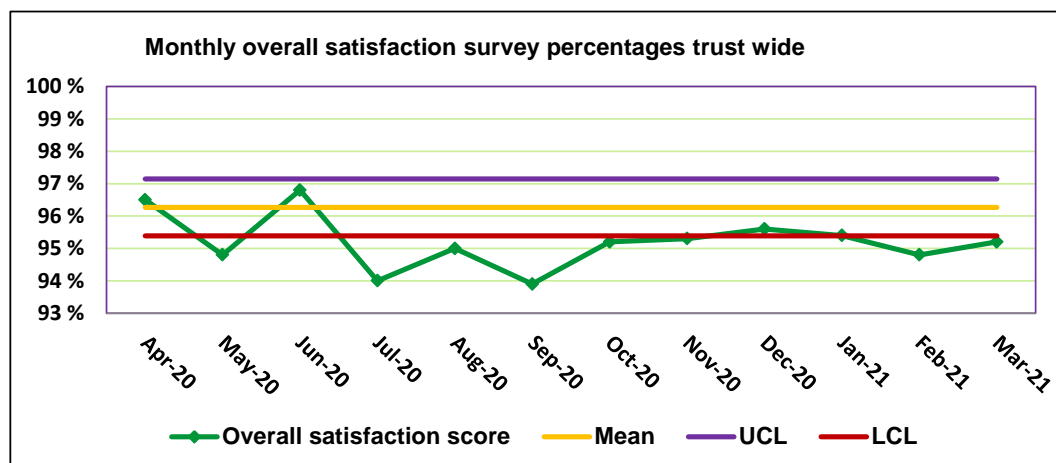
- An updated carers and relatives survey, co-designed by members of the group.
- Support from our partner carer organisations to sign up to the Triangle of Care, which will be implemented across the trust from April 2021.

Patient experience surveys



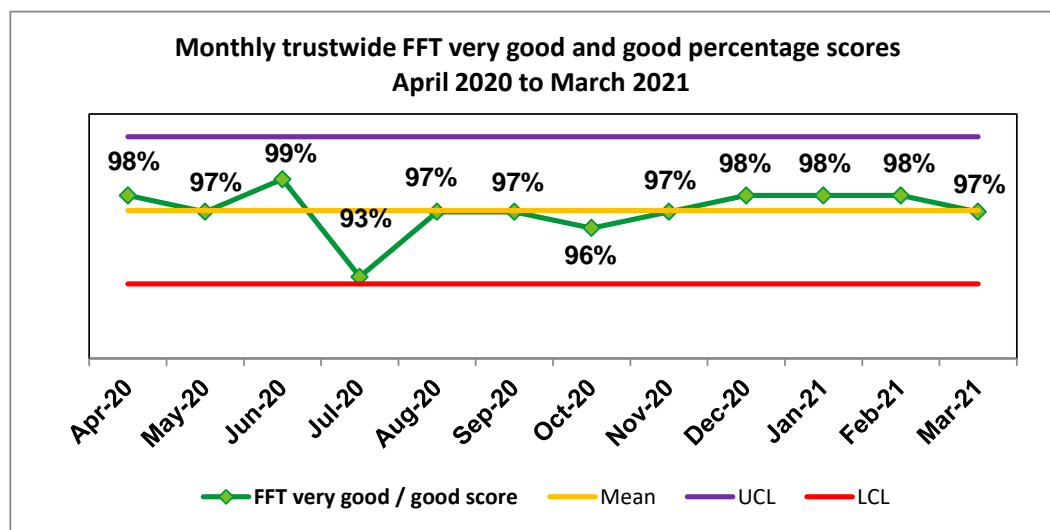
From April 2020 to March 2021, 23,741 surveys were completed by patients, relatives and carers, with an overall satisfaction score of 95%. This is over a 50% decrease in survey volumes when compared with previous years and a 1% drop in the satisfaction score.

Survey volumes steadily increased from November 2020, with a usual dip over the Christmas period in December. As services resume following the pandemic it is anticipated that survey volumes will increase, however, the focus is on involving patients and supporting them to provide feedback in a number of different forums including focus groups.



Overall satisfaction scores remained relatively consistent over the year, between 94% and 97%.

Friends and family test question (FFT)



In April 2020, in accordance with NHS England guidance, the FFT question changed from 'How likely are you to recommend this service to friends and family if they needed similar care or treatment?' to '**Overall how was your experience of our service?**'

From April 2020 to March 2021, 18,525 FFT questions were answered with 97% people rating their overall experience of the service they received as very good or good.

The main themes seen from feedback given for poor and very poor responses related to:

- people unhappy due to being unable to have face-to-face appointments due to COVID-19, predominantly for the dental service and MSK physiotherapy
- people attending venues to receive their COVID-19 vaccination felt the centres were too busy and there were long queues.

Question competency scores

A number of questions asked on adult and parent/carer surveys are linked to competencies and the results are highlighted below:

Details of competency	Overall score
Given necessary information about care or treatment	97%
Being involved in decisions about care or treatment	96%
Being listened to	96%
Staff attitude – being treated with kindness and respect	98%
Communication	97%
Knowing who and how to contact someone with questions about care or treatment	93%
Knowing how to raise a concern or complaint	80%
If a concern or complaint was raised, was it acted upon	98%

New ways introduced to collect feedback

At the out-set of the COVID-19 pandemic a restriction was put in place on the use of paper version surveys, to avoid risk of infection. New methods of data collection were made available and adopted by services:

Remote survey: In April 2020, when face-to-face service provision ceased or reduced, a short 'remote' survey was introduced for staff to undertake with patients/carers at the end of

their virtual appointment (telephone or video).

2,980 surveys were completed by a variety of services, following mostly telephone appointments.

- 82% of people rated the overall experience of their virtual appointment as very good or good.
- 1.7% of people who rated their overall experience as poor or very poor was for services whereby face-to-face appointments were felt necessary, for example the dental service and MSK physiotherapy.
- Almost 6% of people said their experience was 'neither good nor poor', a high amount when compared with usual survey results pre COVID-19.
- 88% of people said they would be happy to have future appointments/consultations by a virtual method.

Virtual appointment/consultation survey: In October 2020, the 'remote' survey was superseded with the 'virtual appointment/consultation survey' to include additional questions relating to the experience of the service, a section about virtual methods and demographic questions.

594 surveys were completed giving an overall satisfaction score of 94% and with 96% of people rating the experience of the service they received as very good or good.

94% of people said they did not have any concerns with using remote consultations for their care, although the highest percentage would prefer face-to-face appointments in the future (43%).

A number of questions asked on the survey are linked to competencies. The overall scores for the competencies are shown in the table below:

Details of competency	Overall score
Given necessary information about care or treatment	99%
Being able to raise concerns about any personal issues	99%
Being involved in decisions about care or treatment	99%
Being listened to	100%
Staff attitude – being treated with kindness and respect	100%
Knowing how to raise a concern or complaint	66%
If a concern or complaint was raised, was it acted upon	99%

Other methods of data collection

With the restriction on the use of paper version surveys and changes in service provision, new methods of gaining survey feedback were introduced:

- **Attend Anywhere:** a survey was automatically forwarded to the patient/relative/carer at the end of a virtual appointment.
- **Email invitation:** This method enabled staff to email a survey link to the patient/relative/carer, following an appointment.
- **QR code:** 'Have your say' poster and flyers were produced to include a QR code that people could scan using their mobile phones. The code links through to the 'Your feedback' page on the KCHFT public website, where details of all the different ways people can give their feedback are available, including the suite of surveys.
- **Telephone surveys:** Staff working from home undertook surveys over the telephone with patients.

Actions and improvements

From April 2020 to March 2021, 35 actions raised as a result of patient/carer feedback were monitored by the team. Services were also able to contact some patients/carers who had completed surveys and left their contact details, to discuss and resolve their individual

issues.

Examples of actions implemented and closed during the year 2020/21:

Feedback

Action taken

Inpatients would like more activities available to help pass the time.

Queen Victoria Memorial Hospital

Additional therapeutic workers were recruited and an activity plan was put in place.

A patient who wanted to raise concerns was incorrectly advised by staff to do so via a patient experience survey.

Sexual health service

Via a service newsletter, staff were reminded, that if clients wish to raise a concern or make a complaint they should be directed to the Patient Advice and Liaison Service.

A patient highlighted that the 'outside waiting' process information signage during COVID-19, for patients attending the minor injuries unit, needed to be more prominent.

Gravesham Minor Injuries Unit

The signage at the entrance of the hospital was enlarged to make it clearer for patients to read.

Inpatients were not always aware of their plan of care or given regular updates from the therapy team on their progress.

Hawkhurst Community Hospital

Staff received training in the completion of Personal Care Plans and the ward increased recruitment of the therapy team.

Some inpatients were reporting that their spiritual needs are not being met.

Tonbridge Cottage hospital

Any needs are established with patients on admission and relevant places of worship are contacted to arrange visits.

A patient who had been issued with emergency oral contraception felt there was lack of information provided about taking the medication whilst breastfeeding.

Sexual health Service

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

Equality, Diversity and Inclusion

Equality, Diversity and Inclusion (EDI) is not a work stream in isolation; it weaves through every service. To start driving forward equality, we aim to identify who is accessing services and remove any barriers. This will be supported by building relationships in the community.

A new Head of Equality Diversity and Inclusion post was recruited to during Q3 and work commenced with a scoping exercise to identify key priorities. This scoping exercise identified several areas for focus supported by national frameworks and urgent actions as part of the COVID-19 recovery plan. The key areas EDI has focused on and will continue to take into 2021/22 include:

- Supporting equitable delivery of the COVID-19 Vaccine
- Re-starting the Healthy Communities Project
- Development of Cultural Safety training to further support cultural safety across the Trust
- Delivering the Equality Delivery System
- Developing the Trust Equality Objectives.

Equality Impact Assessments (EqIA)

A full review of EqIA commenced in January and is planned to form a Trust Equality Objective for 2021 - 2023. Supporting staff in the development of their policies and strategies to ensure Equality is considered throughout the decision making process has been welcomed by policy authors. A number of policies and strategies procedural documents have or are currently being reviewed.

Equality Monitoring

Data of all services using RiO was reviewed from November 2020 to February 2021. Collection and recording of ethnicity and other protected characteristics were low in many services. Improving the collection and recording of patients' protected characteristics will, through a QI project, support progressing the equality agenda. This is planned as a QI project linked to the Healthy Communities Project.

All Services Using RiO					
Ethnicity Recorded	Nov-20	Dec-20	Jan-21	Feb-21	Grand Total
No	48.19%	48.80%	48.77%	48.14%	48.47%
Yes	51.81%	51.20%	51.23%	51.86%	51.53%

Starting this agenda with a QI project that delivers guidance, support and cultural safety training to build staff confidence in the way they ask, and collect patient equality information, is the fundamental building block to identifying who is and who is not accessing services. Robust data will guide the Trust in where to target interventions. With robust data, and a robust EqIA process, decision makers and policy developers can be confident that the work they deliver is supporting eliminating discrimination, advancing equality of opportunity and mitigating equality related risks wherever possible, to reduce health inequalities.

Sue Mitchell, Assistant Director of Participation and Involvement

1 May 2021

Public membership activity

April to June 2021

The trust's public membership at 1 July 2021:

 **8,470**

Of the membership:

- 784 are from Black, Asian or minority ethnic communities
- 67 are aged 21 or under
- 1,014 are aged over 75.

Month	Joiners	Leavers*	Net	Cumulative
April	6	3	3	8,473
May	4	8	-4	8,469
June	5	4	1	8,470

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

Contacts

Governor elections

We sent **982 emails** to public members in Ashford, Dartford, Folkestone, Sevenoaks and Tunbridge wells introducing them to their new public governor and encouraging them to contact them if they have any concerns or questions.

Edenbridge name vote

We gave **208 people** in Sevenoaks constituency the opportunity to vote on the name of the new health and wellbeing centre in Edenbridge with a 33 per cent open rate.

Newsletter

We sent **322 people** the Dover governor's newsletter, with a 34 per cent open rate.

East Kent Health and Care Partnership

We asked **196 public members** to give their views on a new diabetes model for east Kent with a 44 per cent open rate. More than 700 people responded to the survey.



That makes
1,386
contacts

April to June

Complaints Annual Report 2020/21

1.0 Introduction

The aim of this report is to provide assurance that Kent Community Health NHS Foundation Trust responded in a timely and compassionate way to complaints received during 2020-2021; and used the learning identified to improve services.

1.1. This report meets the reporting requirements detailed in regulation 18 of the Local Authority Social Services and NHS Complaints Regulations (2009) and will specify:

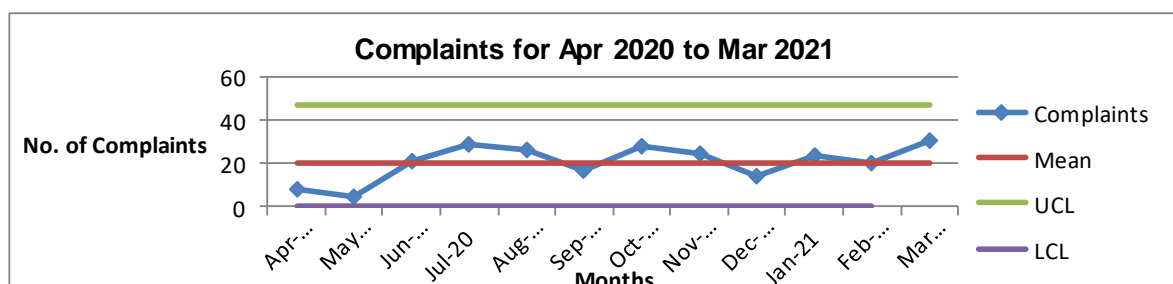
- The number of complaints received
- The number of complaints which were upheld
- The number of complaints referred to the Health Service Ombudsman (PHSO)
- The subject matter of the complaints received
- Matters arising from those complaints or the way in which the complaints were handled
- Matters where action has been or is to be taken to improve services as a consequence of those complaints.

2.0. Complaints received in 2020/2021

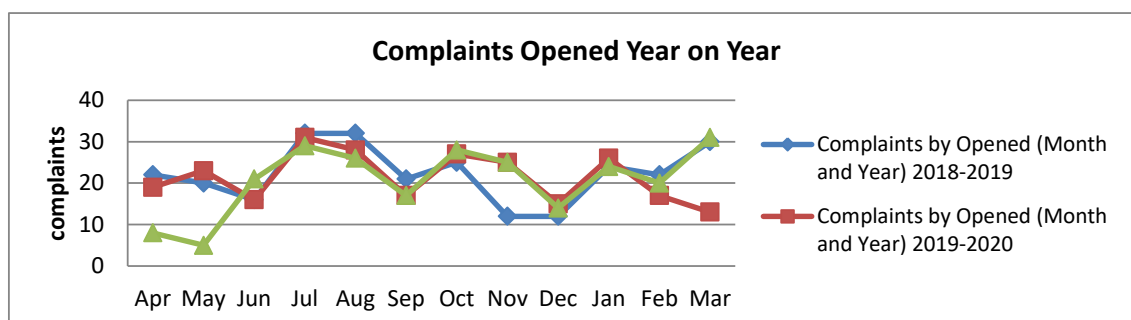
2.1. In 2020/2021, 248 complaints were received in comparison to 256 in 2018/2019; a 3% reduction. There has been a continued reduction in complaints received over the previous two years.

Timeframe	Number of complaints received	Average complaints received per month	% decrease from previous year
April-March 2018-2019	273	22	10%
April-March 2019-2020	256	21	6%
April-March 2020-2021	248	21	3%

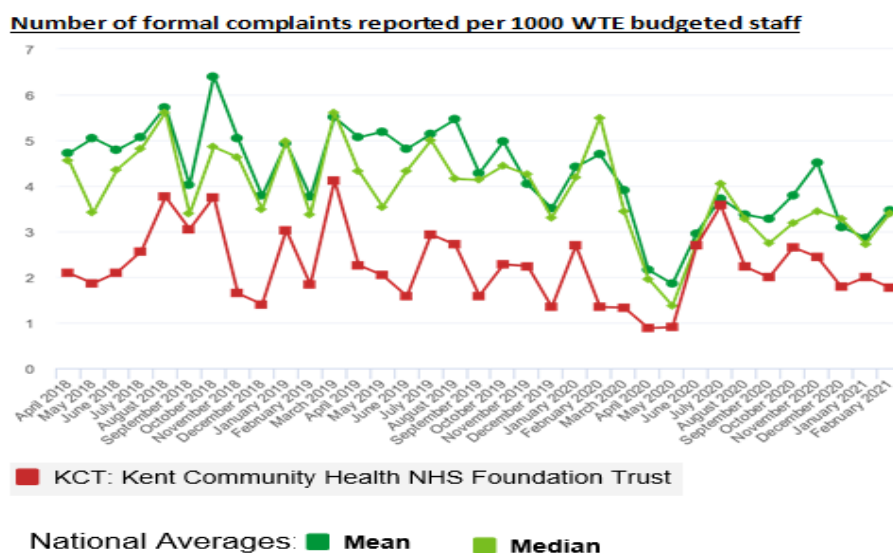
2.2. There was a significant reduction in complaints received during April and May 2020 due to the COVID-19 pandemic in comparison to the same period in 2019. This was followed by a rise in June and a return to usual levels. As a result of the pandemic, there was a national pause on the Complaints Process. The trust continued to manage complaints in the usual way, however, did write to complainants to advise that there may be some delay in providing a full response due to operational pressures on the teams.



- 2.3. The following graph shows levels 1 to 4 complaints received by month for the last 3 years, with the exception of April and May 2020, complaints received generally follow the same pattern year on year.



- 2.4. KCHFT is benchmarked against other community trusts via the Benchmarking Network. The graphic below demonstrates that KCHFT (highlighted in red) is below the average number of formal complaints per 1,000 WTE staff members.



- 2.5 There is currently no equality monitoring data recorded relating to complaints received. This will be introduced during 2021/2022.

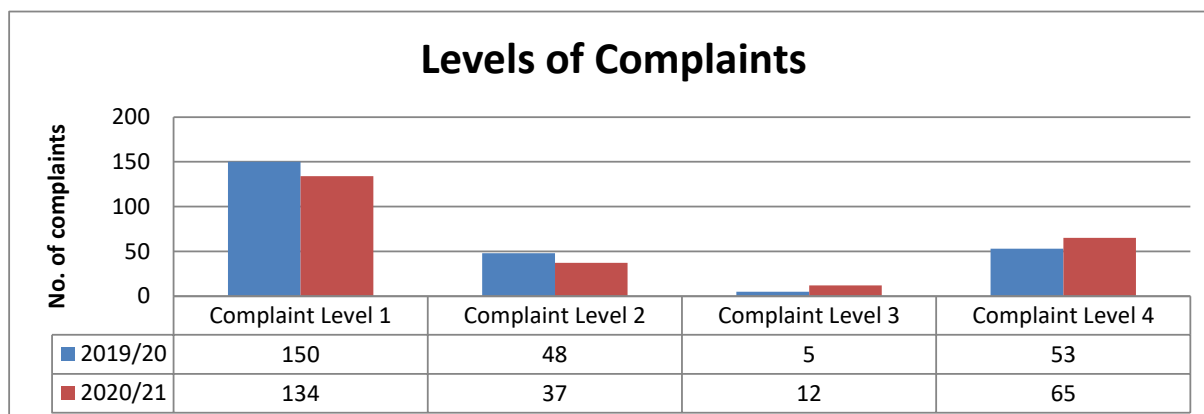
3.0 Levels of complaints

- 3.1 Complaints are logged under levels determined by the nature and complexity of the complaint following the Trust's Complaints policy.

Category	Description
Level 1 Minor	It should be possible to get a quick solution and does not warrant a full complaint's investigation
Level 2 Significant	Requires contact with one or more service which involves some correspondence and an investigation to be carried out
Level 3 Major	A serious complaint that may involve more than one service from KCHFT and requires a full investigation.
Level 4 Complex	A serious complaint involving more than one provider (multi-agency).

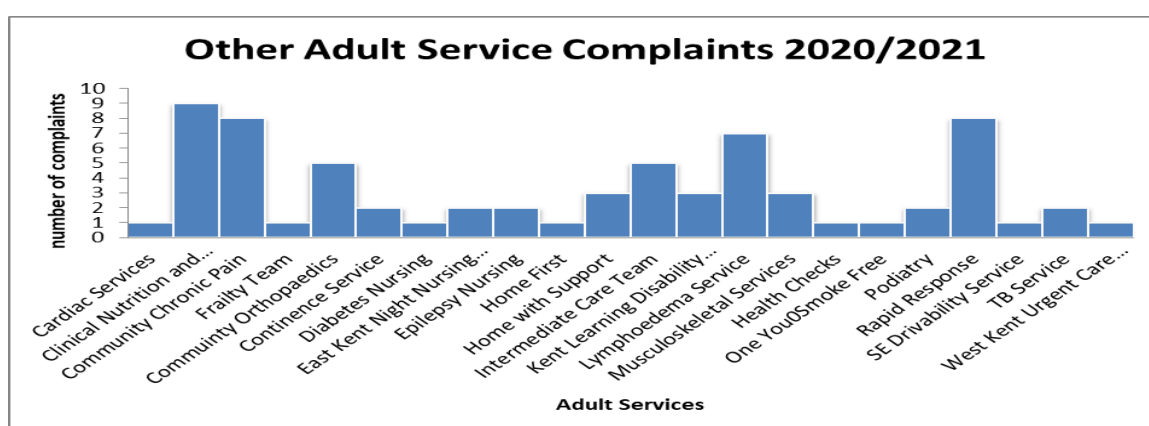
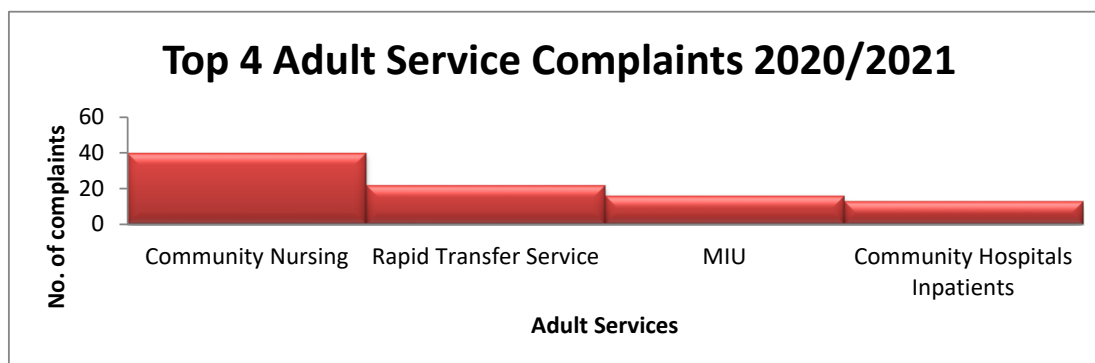
- 3.2. There was a small decrease of 16 from 150 Level 1 complaints in 2019/20 to 134 in 2020/21 as issues continued to be resolved quickly and satisfactorily. There was also a decrease from 48 Level 2 complaints in 2019/20 to 37. However, there was an increase of Level 3 complaints from 5 to 12. There was also an increase in Level 4 multi-agency complaints from 53 to 65. This increase reflects the complexity of integrated care and the rise was mainly due to the 22 complaints relating to discharge from the acute hospital which involved the Rapid Transfer Service. One complaint received

was investigated as a Serious Incident, relating to the break in and theft of patient notes at one of the sites.



4.0 Complaints in adult services

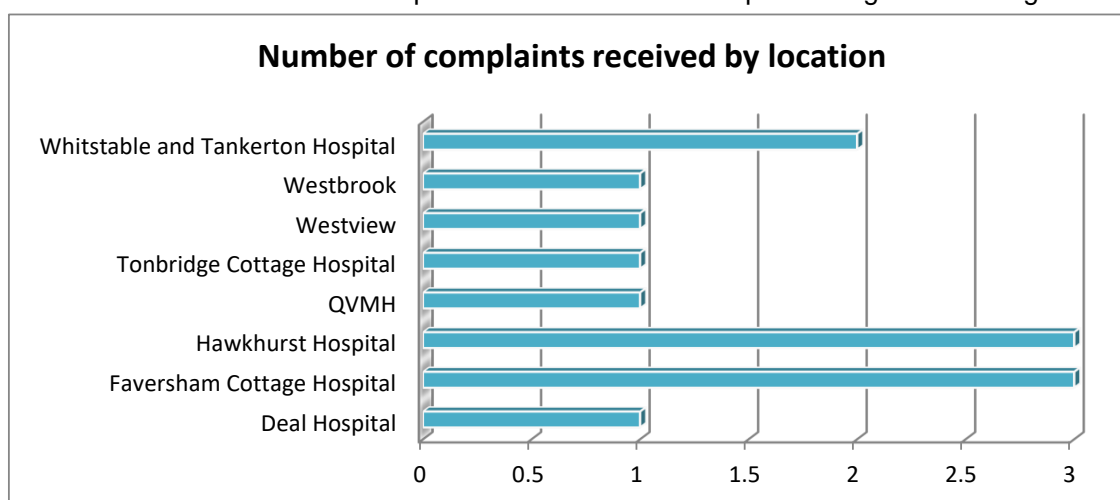
- 4.1 There were 160 complaints received for adult services during 2020/21. Community nursing services continue to have the largest number of complaints followed by the Rapid Transfer Service, Minor Injury Units (MIU) and Community Hospitals. These four remain the same top adult services complaints as 2019/2020.



- 4.2 Community Nursing received 40 complaints which is a decrease on the previous year when 60 complaints were received. However, this service also has the highest number of patient contacts 139,024 making a complaint to contact percentage of **0.028%**. This is a decrease compared to **0.036%** last year. The chart below indicates the areas in which the complaints occurred, with South Kent Coast receiving the highest complaint to contact percentage across the teams.

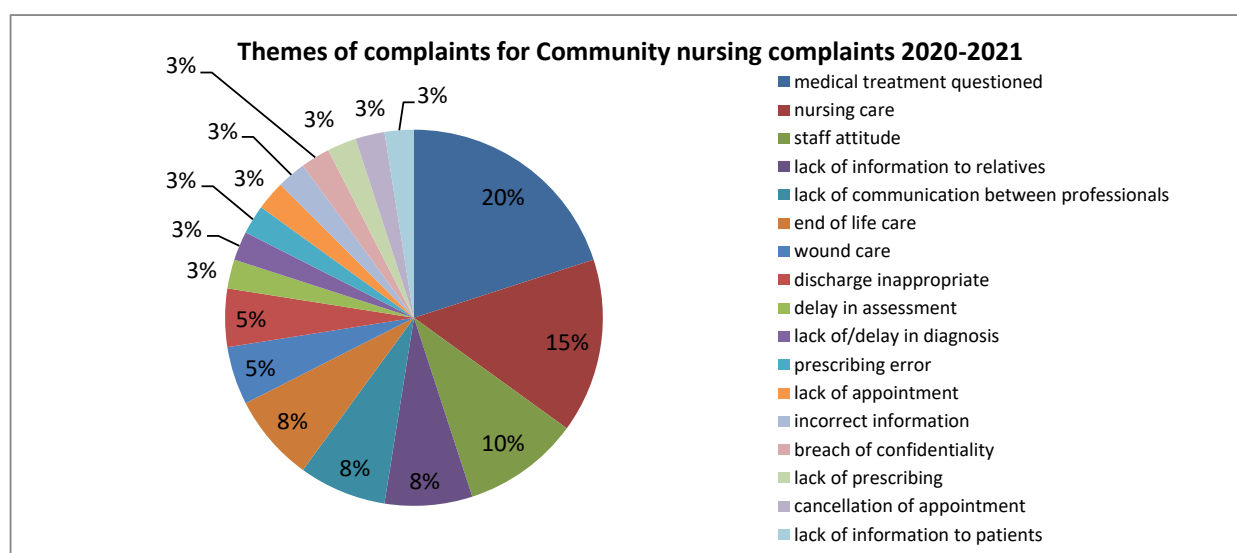
Adult Community Nursing Teams	Patients Seen	Complaints	%
Long Term Conditions - Ashford	9,780	7	0.100
Long Term Conditions - Canterbury	24,964	6	0.024
Long Term Conditions - South Kent Coast	24,889	13	0.050
Long Term Conditions - Swale	136	0	0.000
Long Term Conditions - Thanet	20,923	6	0.028
Long Term Conditions - West Kent	57,406	8	0.013

- 4.3 The Rapid Transfer Service (RTS) received 22 complaints, a 39% increase from the previous year. This service is part of the acute hospital discharge process. RTS are asked to provide comments for complaints led by the acute provider who led on 18 of the 22 complaints.
- 4.4 MIU's received 16 complaints which is 0.017% of patient visits to the MIU. This can be compared with the previous year which was 0.016% of complaints per patient visits.
- 4.5 Community Hospitals received 13 complaints which is a reduction from the previous year of 19. This is 0.46% of patient admissions in 2020/2021 compared to 0.82% in 2019/2020. The following chart breaks this down further into the specific sites where the complaints originated during 2020-2021.



4.6 Themes and Trends

- 4.6.1 Community nursing complaints have been broken down into categories for each complaint. The chart below details the top categories with Medical Treatment being the highest theme, followed by Nursing Care and Staff Attitude. There is a reduction of 79% for End of Life cases from 14 in 2019-2020 to 3 in 2020-2021.



4.6.2 Of the 8 complaints which related to Medical Treatment, 6 were in relation to the medical procedures for catheter care, ICD, and injections administered. There was also a complaint querying a medication review and wound care provided.

4.6.3 There were 6 complaints for nursing care and 4 complaints for staff attitude

4.6.4 Of the 16 MIU complaints, 6 were relating to missed fractures or diagnosis and 6 related to staff attitude.

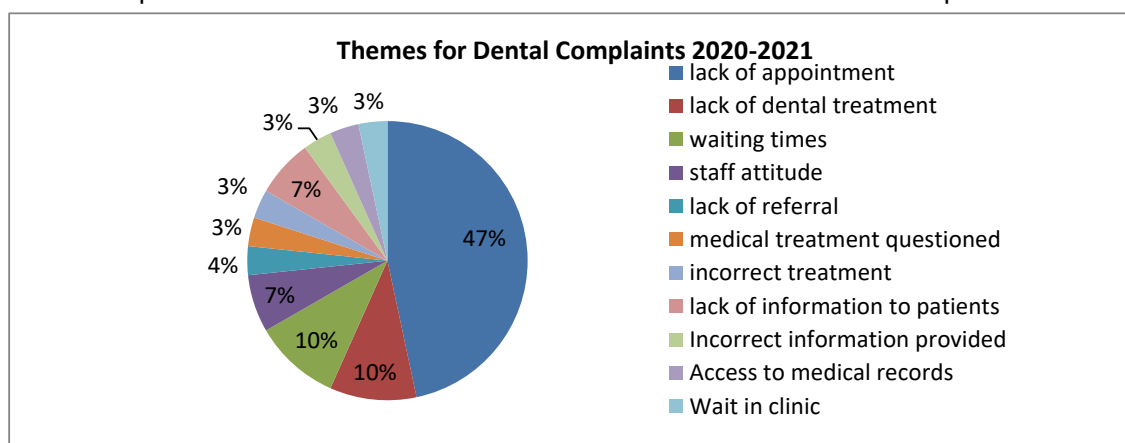
5.0. Complaints in Public Health/ Children's' Specialist and Dental Services

5.1 There were 79 Public Health, Children's' Specialist and Dental Services complaints for 2020/21 which are shown in the following chart:

- Dental had the highest number of complaints with 30. This is an increase of 10 from the previous year.
- Health Visiting complaints increased to 14 from 5 in 2019/2020
- Community Paediatrics remained consistent with 10 compared to 9 in 2019/2020
- East Sussex CITES remained consistent with 10 compared to 9 2019/2020
- Sexual Health complaints fell to 0 complaints from 12 in 2019/2020
- Other services remained fairly consistent.

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CHILD

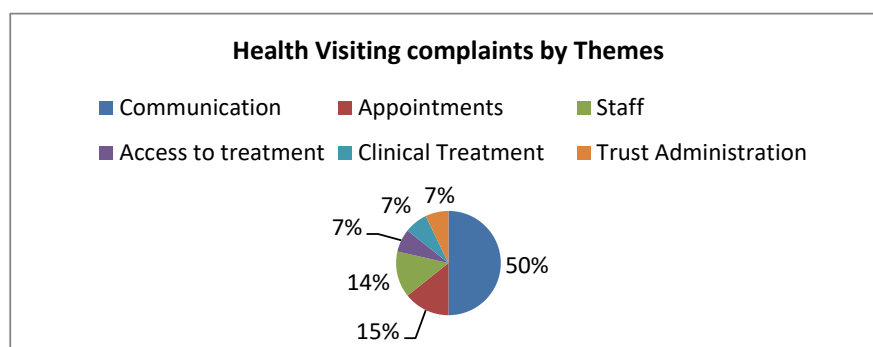
5.2 Dental complaints have been broken down further into themes within the complaints.



5.3 Dental Services have had to halt the majority of services during the pandemic and this can be seen by the increase in patients complaining about the lack of an appointment and treatment and waiting for treatment. These 3 themes equate to 66% of the 30 complaints. 15 of the 30 were from Prison sites.

5.4 Health Visiting also saw an increase in complaints. The main themes were for Communication relating to 7 out of the 15, followed by Appointments and Staff Attitude. Services were heavily affected during the pandemic with staff being re-deployed into adult clinical settings. This has resulted in a negative impact on families being able to visit clinics, see their health visitor and feel supported by the service. However, the service did put in place virtual support with local children centres,

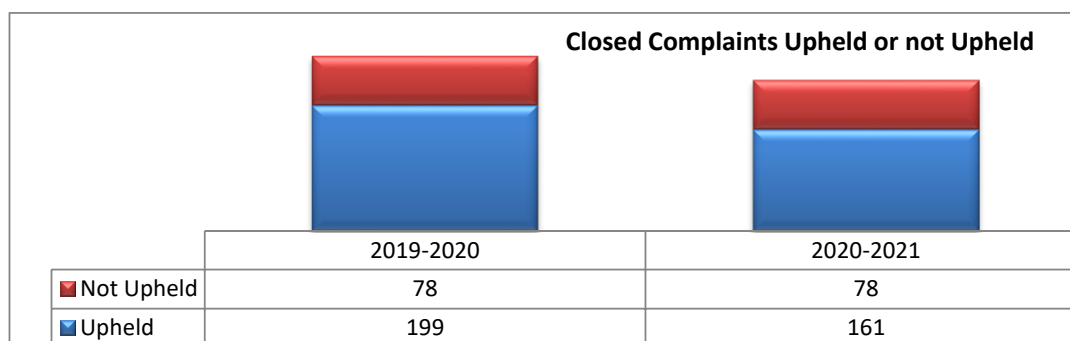
offering advice and guidance on social media, internet sites, provided online parenting courses and an app for parents and carers.



- 5.5 The five mass vaccination centres which opened from January 2021 received 6 complaints. The main theme was eligibility to have the vaccine with 1 due to the complainant's ability to wear a face mask. The issues regarding eligibility were fed back to the CCG and NHSE to ensure that the National Booking System was updated to reflect the information patients need to attend the vaccination sites.

6.0 Upheld Complaints

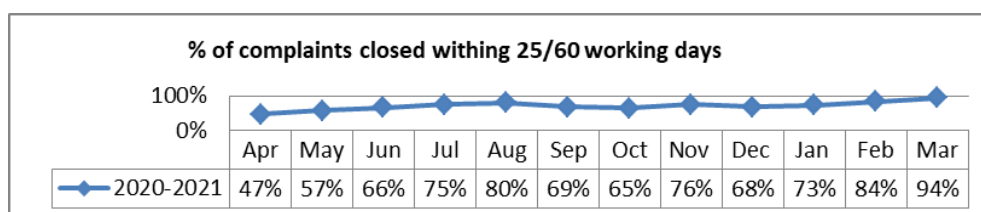
- 6.1 Complaints are required to be reported nationally using the KO41 reporting tool. This includes the number of upheld and not upheld complaints. Of the 239 complaints closed in 2020-2021; 78 were not upheld, the same as the previous year. All complaints which are partially upheld are counted as being upheld. Complaints are not upheld when following investigation, it was found that staff had acted appropriately, followed correct procedures, provided the care required or were just being asked to comment on care provided by an external Trust or organisation. However, KCHFT treats all complaints including those reported as not being upheld as an opportunity to provide an apology to the complainant for their experience of our care and as a learning opportunity.



- 6.2 There were 35 Service Improvement Plans created from upheld or partially upheld complaints and this remained consistent with 2019-2020 when 39 plans were raised.

7.0 Closed within 25 working days

- 7.1 Of the 239 complaints closed during the period, 173 (72%) were closed within the 25 working day timeframe as per the Comments, Concerns and Complaints Policy.



- 7.2 There were 66 complaints that did not meet the agreed timescales in 2020-2021. Delays were related to receiving the required information from the service, the completion of the approval process and

waiting on information from external organisations. In order to reduce delays in providing a final response to complainants a streamlined approval procedure and an early resolution process was implemented which has seen a continued improvement in the percentage of cases closed within the timeframe given. The Patient and Carer Partnership Team are commencing a Quality Improvement Project to improve the response time to complaints during 2021/2022.

8.0 Themes and trends by subject

- 8.1 The top 3 themes of closed complaints were **Clinical Treatment** as the most common, followed by **Communication** and **Appointments (including delays and cancellations)**. The table below details some of the concerns raised under the top themes:

Clinical Treatment	Communication	Appointments (including delays and cancellations)
No medication given prior to change catheter	Unhappy with letter sent after telephone appointment	Wait for dental appointment
Immunised with no consent	Concerned over DNAR questions asked during pandemic	Wait for contact to make appointment
X-rays not taken at MIU	Lack of contact with patient after messages left	Delay in home visit
Lack of B12 injection given	Unhappy with warning letter sent	Incorrect letter sent for type of appointment and location
School nurse sent child home with possible impetigo	Lack of contact before visit as not allowing anyone in due to covid	Lack of appointment after assessment
Several casts needed as not applied correctly	Lack of contact after GP referral for equipment	Difficulty contacting service via the telephone
Lack of ASD diagnosis made	No video call held and no contact to advise of delay or cancellation	Missed appointment

9.0 Re-opened complaints 2020/2021

- 9.1 27 complaints were re-opened (11% of the total closed). This is a decrease from 2019/2020 when there were 37 complaints re-opened (14.5% of the total closed).

Adult complaints re-opened		Childrens and Young People complaints re-opened	
ICT	3	Dental	4
MSK/Chronic Pain	4	East Sussex CITES	1
MIU	5	East Sussex School Health	1
Community Nursing	6	School Nursing	1
Vaccination Centre	1	Speech and Language	1

10.0 Parliamentary and Health Service Ombudsman (PHSO) cases

- 10.1 4 cases were opened by the ombudsman in 2020/2021 and remain open due to the PHSO's backlog.
- 3 opened as an enquiry and notes have been requested
 - 1 considering investigation, following initial enquiry back to 2016-2017 for community nursing (Now Virgin Care)
- 10.2 The 1 case that was closed after investigation from 2019/2020 was not upheld and the PHSO did not require any further work as a result of the complaint. The other enquiry was closed with no investigation undertaken.

11.0 Quality of Complaints Management

- 11.1 In July 2020 10% (28) of level 1 to 4 closed complaints responded to during the previous financial year were audited by peer review. This purpose of the audit was to provide assurance that the complaints handling process is of a high standard and to evidence compliance with the Comments

Concerns and Complaints Policy, the Care Quality Commission (CQC) Responsive domain and the Complaints Regulations (2009).

- 11.2 The audit identified a number of areas of good practice demonstrating the robust processes in place. In 100% of complaints audited:
- The Complaints Standard Operating Procedure was followed
 - Records were updated accurately
 - The opening, acknowledgement and closing of records were all logged correctly.
 - Accurate recording of complainants' preferred method of contact were noted and the reason given if not relevant.
 - For complaints that were extended, the complainant was notified of any delays.
- 11.3 The findings show that recommendations and actions from the previous 2019/2020 audit (detailed below) had been implemented as follows:
- A new question was introduced to determine whether services are listening to complainants and discussing and resolving complaints at a local level whenever possible.
 - In 12 cases staff had made early contact with the complainant within 3 working days and 9 did not. For the other 7 cases contact was not applicable or contact details had not been provided. The importance of making early contact with complainants has been introduced into complaints training for staff.
 - In 96% of cases it was evident that an outcome was reached and improvements were made as a result of the learning. Only 4% (1) did not and this was because it had not been detailed in the Datix record. An Actions Module is being developed in Datix to ensure actions from complaints can be evidenced and actioned and followed up more easily.
- 11.4 The team continued to focus on making early contact with complainants and undertaking virtual/telephone resolution meetings. A Virtual Meeting SOP was developed and uploaded on the staff intranet.
- 11.5 The Comments, Concerns and Complaints Policy was reviewed and co-designed by a Complaints Focus Group as a sub group of our People's Network.

12.0 General question on surveys relating to complaints handling

- 12.1 During 2020, a new question was added to all adult patient experience surveys 'Should you wish to, do you know how to raise a concern or complaint?' 6,646 people answered this question, giving a low overall score of 80%, showing that there are improvements to be made. The Patient and Carer Partnership Team has taken this forward with teams to improve this access and availability. A new online easy read form has been created and is now in use.
- 12.2 13,717 people answered the survey question 'If you recently raised a concern or complaint, do you feel it was responded to and acted upon?' giving a high overall score of 98.4%. This score is a minimal decrease when compared with 2019/20 (98.9%) when more people answered this question (29,048).

13.0 Feedback from complaints survey

- 13.1 The Patient and Carer Partnership Team surveys complainants to capture feedback on their experience of the complaints handling process. A total of 102 surveys were sent to complainants with their complaint response as cases were closed. 15 surveys were returned, giving a response rate of 15%. The numbers of surveys sent increased this year by 30% from 71 sent in 2019/2020 with 13 returned.
- 77% of complainants felt they were offered a telephone discussion or meeting to resolve their complaint.
 - 78% of complaints felt they had been updated enough about what was happening with their complaint.
 - Complaints have advised that their complaint "was dealt with quickly and efficiently" and "that the young lady they spoke to on the phone was "very caring and sincere".

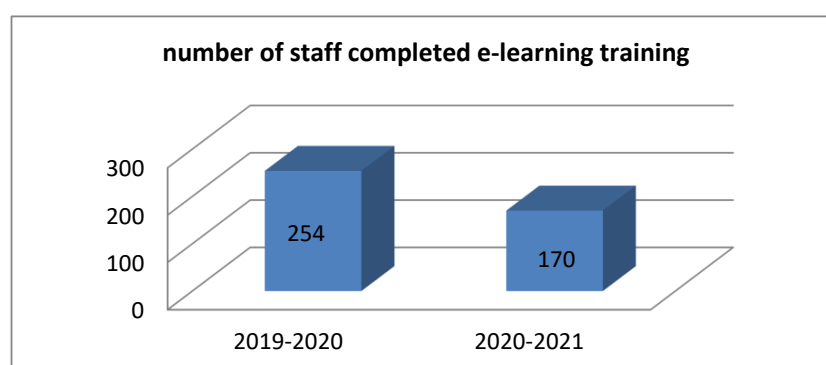
- One complainant advised that they found the zoom meeting with the service manager worked well for them and the complaint was handled well.

13.2 Staff feedback is also sought on the support provided to them by the Patient and Carer Partnership Team. All surveys received with 100% positive feedback. Comments received include:

Team are supportive and patient with all questions and answers and have been fantastic with all advice. The team are integral to our service and are so helpful
excellent communication, via email, telephone and mic teams
I always work closely with the complaints team and where possible will speak to the complainant as it gives them chance to give me the facts first hand
Whenever I am investigating a complaint I always have regular contact with the complaints team

14.0 Complaints training for staff

14.1 A total of 170 staff undertook the e-learning training designed for all staff to give them an overview of the trust's complaints procedure and what to do if they are contacted by a patient, relative or member of the public wishing to raise a concern. This is a decrease of 33% from the previous year. This training is not mandatory but completion is actively encouraged when complaints officers speak to staff and services.



14.2 Due to the pandemic face to face training intended for investigators, team leaders and managers delivered by the senior complaints officer was paused. This training is currently being reviewed and revised by the Complaints Focus Group.

15.0 Learning from patient feedback

15.1 The Patient and Carer Partnership Team continue to monitor improvements made by services as a result of patient feedback. In total 42 actions resulting from complaints have been uploaded on the KCHFT public website as examples of 'You said We did.....' and uploaded onto our internal intranet Flo to share across the Trust.

15.2 Improvements made as a result of feedback from complaints during 2020/21 include:

- The Continence Team are reviewing the Auto Text information sent to patients so it is easier to direct them to the correct telephone number.
- West Kent Nurses: The patient's family were unhappy that the nurse did not use intramuscular antibiotics before undertaking a catheter change. The service undertook further training on intramuscular antibiotics and shared this learning across the nursing teams.
- Maidstone Community Nurses: Following a complaint where a patient wanted to change their own dressings and documentation was not very detailed, training on wound care documentation and the development of a booklet for clinical staff to use as a reference as to what documents should be completed for each type of patient condition are being completed.
- Dental Team: Due to Covid more home visits are needed and there has been a delay in patients receiving these. Following feedback there has been an increase in staff able to do home visits and the hours of this service have increased.

- Hawkhurst Hospital: Family concerned as letters and information provided in acute hospital about what service the community hospital provides was incorrect. New letters updated immediately and provided to Acute hospital to ensure patients and families have the correct information, especially as this included Covid information.
- Clinical Nutrition and Dietetics: Service acknowledged that conversations with family about patient feeding issues could have been handled better. All staff to have difficult conversation training to help discuss these difficult issues.
- Children's Therapies: Unhappy with lack of therapy, delays and poor communication and querying information given. The family were asked to be part of the review into the Augmentative and Alternative Communication pathway.
- SCS Referral point: Patient found the speed and automated system difficult to navigate. Based on feedback the service liaised with their telephone provider, and slowed down and created breaks within the automated message.
- East Kent Night Nursing Service: Unhappy that visit moved to night nurse to visit and when visited patient asleep for giving suppository. The service will ensure patients and relatives are contacted to advise night nurse visit could arrive after 10pm.

Name: Sue Mitchell

Role: AD Participation and Involvement

2 June 2021

Title of Meeting	Council of Governors
Date of Meeting:	21 July 2021
Agenda Item:	2.5
Subject:	Annual Report and Accounts
Presenting Officer:	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 receive the Annual Report and Accounts.

Natalie Davies
Corporate Services Director

Title of Meeting	Council of Governors
Date of Meeting:	21 July 2021
Agenda Item:	2.6
Subject:	2020/21 Quality Account
Presenting Officer:	Natalie Davies, Corporate Services Director

1. Introduction

The purpose of this report is to present the 2020/21 Quality Account which describes and provides assurance of the view of quality of relevant health services provided or subcontracted by KCHFT during 2020/21. 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 2020/21 quality accounts remain 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.

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

2. Recommendation

The Council is asked to receive the 2020/21 Quality Account.

Natalie Davies
Corporate Services Director

Title of Meeting	Council of Governors
Date of Meeting:	21 July 2021
Agenda Item:	2.7
Subject:	Governors Annual Report
Presenting Officer:	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.

David Price
Lead Governor

Title of Meeting	Council of Governors
Date of Meeting:	21 July 2021
Agenda Item:	2.8
Subject:	Freedom to Speak Up Index Report 2021
Presenting Officer:	Freedom to Speak Up Guardian

1. Purpose

The purpose of this paper is to inform the Council of Governors of the recently published Freedom to Speak Up Index Report 2021.

2. Freedom to Speak Up Index Report

Background

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

- % 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 27 May 2021, the National Guardian's Office published the Freedom to Speak Up Index Report 2021, based on the responses of the above questions from the 2020 annual staff survey.

This year, a new question was included in the staff survey to ask workers if they felt safe to speak up about anything that concerned them within their organisation (Q18f). This question was not included as part of the index score to enable comparability to previous years, but was analysed separately within the report.

Assessment

I am delighted to report that the index score for Kent Community Health NHS Foundation Trust (KCHFT) has continued to improve. The summary below provides a comparison between the published reports for 2019, 2020 and 2021:

2021 - Index score: 87.0%

2020 - Index score: 84.2%

2019 - Index score: 81%

2021 - Position in the Country: 2nd

2020 - Position in the Country: 11th

2019 - Position in the Country: 32nd

2021 - Number of community trusts with a greater index score: 1

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

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

In relation to the new question in the staff survey: % of staff "agreeing" or "strongly agreeing" that they feel safe to speak up about anything that concerns them in their organisation - Q18f', the score for KCHFT was:

2021 - Score: 76.4%

2021 - Position in the Country: 5th

2021 - Number of community trusts with a greater index score: 2

I also wish to highlight that KCHFT continues to have 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 2021](#)

3. Recommendation

The Council of Governors is asked to receive this report.

Joy Fuller
Freedom to Speak Up Guardian
July 2021

Meeting Title:	Council of Governors
Date of Meeting:	21 July 2021
Agenda Item:	3.1
Subject:	Nominations Committee
Presenting Officer:	David Price, Lead Governor

1. Introduction

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

The Committee held a meeting on 10 May 2021, and the agenda considered the:

- NED/Chair Appraisals

The Committee held a meeting on 7 July 2021, and the agenda considered the:

- Review of Board/NED skills (skills audit)
- Proposed NED/Chair 360 appraisal feedback for governors

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

2. NED/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.

3. Review of Board/NED skills (skills audit)

The Committee received the current skills audit of the Board.

The Committee reflected that should a NED vacancy arise, a person with specialist legal experience should be included as a desirable criteria, however other skills, for example population health, would be sought as a more critical need.

The Committee accepted the report.

4. Proposed NED/Chair 360 appraisal feedback

Bridget Skelton, Senior Independent Director presented the proposal to the Committee.

The Committee approved the new format for 360 feedback received by governors.

5. Recommendations

The Council of Governors is asked to consider and 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.
- The proposed NED/Chair 360 appraisal feedback questions for governors are approved. [The questions would be shared with governors in advance at the Governor Development Session on 21 July 2021].

Title of Meeting	Council of Governors
Date of Meeting:	21 July 2021
Agenda Item:	3.2
Subject:	Amendments to the Constitution
Presenting Officer:	Natalie Davies, Corporate Services Director

1. Introduction

This paper outlines the following proposed amendments to the Constitution of the Trust:

- Constituency of Shepway to be renamed as Folkestone and Hythe.
- Term of office for Elected Governors to be extended to a maximum of three terms (9 years), removing the requirement to stand down after the 2nd term (6 years).

Beyond small administrative matters of accuracy, a change to the constitution of the Trust which impacts on the terms of governors requires the approval of the Members, the Board and Council of Governors.

2. Constituency of Shepway

It is proposed to rename the constituency of Shepway to Folkestone and Hythe. This is in line with the Folkestone and Hythe UK parliamentary constituency, and Folkestone and Hythe District Council which was renamed from Shepway District Council in 2018.

The proposed amendments to the table under Appendix 1 of the Constitution are as follows:

Shepway Folkestone and Hythe	The electoral ward areas comprising the area covered by Shepway Folkestone and Hythe District Council and for the avoidance of doubt any successor of Shepway Folkestone and Hythe District Council	50	1
Rest of England	All other electoral ward areas in England except those comprising: Ashford Canterbury Dartford Dover Gravesham	25	1

	Maidstone Sevenoaks Shepway Folkestone and Hythe Swale Thanet Tonbridge Tunbridge Wells		
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The proposed amendment to bullet point 8 of paragraph 1.1.1 of Appendix 2 of the Constitution is as follows:

- one (1) being elected from the ~~Shepway~~ Folkestone and Hythe Public Constituency;

3. Term of Office for Elected Governors

The Constitution currently denotes that an Elected Governor may hold office for a period of up to 3 years. The governor is eligible for re-election at the end of his or her term and may hold office for a maximum of 9 years or 6 consecutive years.

At the Governor Development Session on 21st April 2021, the Chair presented a proposal to alter the terms of office for elected governors to remove the requirement that governors should stand down after 6 consecutive years. This presentation included a review of the terms of office for elected governors at other foundation trusts across the South East, which found that the majority of trusts permitted elected governors to serve for a maximum of 9 years.

It is therefore proposed that paragraph 7.3.1.4 of section 7.3 be amended as follows:

- 7.3.1.4 An Elected Governor may hold office for a maximum of 9 years ~~or 6 consecutive years.~~

Recommendation

The Council is asked to consider and approve the recommended amendments to the Constitution in relation to:

- Renaming the constituency of Shepway to Folkestone and Hythe.
- Term of office for Elected Governors to be extended to a maximum of three terms (9 years), removing the requirement to stand down after the 2nd term (6 years).

Joy Fuller
Governor Lead
July 2021