Agenda and Papers

for the

Kent Community Health NHS Foundation Trust Council of Governors

to be held at 1pm
on

Wednesday 3 November 2021

Virtual meeting via MS Teams

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Kent Community Health
NHS Foundation Trust

Meeting of the Kent Community Health NHS Foundation Trust
Council of Governors
to be held at 1.00pm on Wednesday 3 November 2021
Via MS Teams

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4.	**PAPERS AVAILABLE FOR GOVERNORS**	

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- Committee Assurance Reports
- Formal Board Agenda – 9 September 2021
- Confirmed Board Minutes – 20 May 2021
- Chief Executive's Report
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5.	**ANY OTHER BUSINESS**

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

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

7	**DATE AND VENUE OF NEXT MEETING**

The next meeting of the Kent Community Health NHS Foundation Trust Council of Governors will take place in public at 1pm on Wednesday 26 January 2022, venue to be confirmed.

NHS
Kent Community Health
NHS Foundation Trust

UNCONFIRMED Minutes **of the Kent Community Health NHS Foundation Trust Council of Governor's Meeting** **Held at 13.00 on Wednesday 21 July 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
	Dr 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
	Miles Lemon, Public Governor, Swale
	Kimberley Lloyd, Staff Governor, Health and Wellbeing Services
	Daniel Mott, Public Governor, Folkestone and Hythe
	David Price, Public Governor, Maidstone
	Lynne Spencer, Public Governor, Canterbury
	Dr 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 Drobniewski, Non-Executive Director
	Joy Fuller, Governor Lead (Minute Taker)
	Sue Mitchell, Assistant Director of Participation and Involvement
	Louise Norris, Director of Workforce, Organisational Development and Communications
	Bridget Skelton, Non-Executive Director

21/07/1   **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 welcomed two new governors to the Council, Daniel Mott - Public Governor for Folkestone and Hythe and John Norley - Appointed Governor for Age UK.

All attendees introduced themselves.

21/07/2   Apologies for Absence

Apologies were received from Maria-Loukia Bratsou – Staff Governor for Children and Young People Services, Dot Marshall - Public Governor for Gravesham, and John Norley - Appointed Governor – Age UK.

The meeting was quorate.

21/07/3   Declarations of Interest

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

21/07/4   Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 21 April 2021

The Council **AGREED** the minutes.

21/07/5   Matters Arising

Mr Goulston confirmed that it had been agreed that Pauline Butterworth should be invited to the Governor Development Session on 3 November 2021 to provide some examples and case studies on integrated and partnership working and pathways. Ms Fuller to invite Ms Butterworth to the next Governor Development Session.
Action – Ms Fuller

Mr Bentley confirmed that the trust had been unable to identify any individuals who had unresolved payments in relation to mandatory training undertaken. Mr Bentley asked governors to share details privately with him so that the issue could be looked into.
Action – Governors

Ms Norris confirmed that all staff who joined the trust would automatically become a member unless they chose to opt out. Ms Norris added that the membership team were in the process of contacting volunteers to ask if they would like to become members.

Ms Coleman agreed to update the Council on the Annual Members Meeting under agenda item 2.2.

Mr Goulston confirmed that NHS Providers had not yet published guidance on the role of Council of Governors and Non-Executive Directors in provider collaboratives.

In response to a question from Ms Lloyd, Ms Norris confirmed that the staff survey had been analysed further and each of the Organisational and Development Business Partners (ODBPs) had delivered reports to the management teams of

each directorate. She added that the management teams will then filter the results and recommendations to individual teams.

The Council **RECEIVED** the Matters Arising.

21/07/6   Chair's Report

Mr Goulston presented a verbal report to the Council.

Mr Goulston had attended a service visit to Sevenoaks Hospital with Ms Harris, Public Governor for Sevenoaks. He explained that they had visited the outpatients department, physiotherapy and minor injuries unit. Mr Goulston had also visited the inpatient unit.

Mr Goulston had attended the West Kent Rapid Response Team, Home Treatment Team and the Hospital at Home Team with Dr Bellman, Public Governor for Tunbridge Wells.

Mr Goulston had attended a very impressive WeCare Visit to the Adult Speech and Language Therapy Team in Ashford and South Kent Coast.

Mr Goulston had attended the first BAME Non-Executive Director (NED) Network meeting for Kent and Medway Providers and Kent and Medway Clinical Commissioning Group. Mr Goulston thanked Ms Afuape who had agreed to co-chair the group alongside Venu Branch, who is also the Interim Deputy Chair of Kent and Medway NHS and Social Care Partnership Trust (KMPT). Mr Goulston explained that Jenny Douglas-Todd, Director of Equality and Inclusion at NHS England had joined the meeting as a key note speaker. He added that the next meeting would be held on 6 August and the first part of the meeting would be open to all NEDs with the second part just for BAME network members.

Mr Goulston confirmed that the next board meeting (in public) would take place on Thursday 9 September and all governors would be welcome to observe the meeting. He added that the meeting would be shared on MS Teams with the Board members in the same physical location.

Mr Goulston reminded the Council that he was also the interim chair of the Kent and Medway Integrated Care System (ICS). He was pleased to confirm that the posts for each substantive ICS Chair across the country would be advertised next week.

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

21/07/7   Trust Quarterly Report

Mr Bentley presented the report to the Council.

Mr Bentley asked the Council to take the report as read, and highlighted a number of items contained within the report.

Mr Bentley explained that the levels of patient satisfaction had remained high, and was a testament to the way that teams had continued to operate throughout the pandemic.

Mr Bentley reflected on the trust's workforce performance and explained that there has been an increase in both sickness levels and staff vacancies. He added that it should be recognised that the trust had planned to add a further 125 posts this year which would increase workforce levels but that the data showed this had not taken place Mr Bentley explained that the workforce had worked at such a high level of intensity during the pandemic and the impact of this would be reflected in sickness levels.

Mr Bentley confirmed that whilst the financial position remained strong, this was the current position for the first 6 months of 2021/22. He explained that the trust did not yet have clarity on the financial allocation for second half of the year.

Mr Bentley confirmed that there had been an increasing level of demand across all of the NHS, with increasing numbers of patients attending emergency departments, primary care and mental health services.

Mr Bentley reminded the Council that the trust had been the management coordinating organisation for the Covid vaccine programme, and reported that the programme had delivered more than 2.2 million vaccinations in Kent and Medway. Mr Bentley explained that the trust had committed to vaccinate everybody over the age of 18, and that there was a national debate around whether a booster vaccination would be needed in the Autumn. Mr Bentley explained that if a booster vaccination was required, this would not be a role that the trust would lead on.

Mr Bentley explained the importance of the work around Equality, Diversity and Inclusion in terms of both workforce and service provision, and added that the trust was fully committed to becoming an anti-racist trust.

Mr Bentley highlighted the work on the progress of the Integrated Care System, which would gather pace from October 2021.

Mr Bentley highlighted that the collaboration work between KCHFT and KMPT had continued, and that there would be a board to board meeting held in October to review progress and agree next steps.

Mr Bentley invited the Council to recognise the contribution of the workforce and to give voice and thanks to all staff. The Council collectively gave thanks to all staff, and Mr Price on behalf of all governors asked if another message of thanks from the Council could be shared with staff again. Mr Bentley agreed.
Action – Mr Bentley

Dr Plummer commented that the University had appointed KMPT's Director of Medical Education as a visiting Professor. Dr Plummer informed Mr Bentley that if the trust had any educational requirements to let Dr Plummer know. Mr Bentley thanked Dr Plummer and confirmed that the trust had also appointed a Director of Medical Education. Mr Bentley agreed to share the information with the trust's new Director of Medical Education.
Action – Mr Bentley

In response to a question from Mr Woolgrove related to dental waiting lists, Mr Bentley confirmed that during the pandemic it had been difficult to secure general anaesthetic list space which had resulted in an increased waiting list over a year for patients who required a GA. He added that as a result of the work of the team, the waiting list had reduced to just one patient. Mr Bentley said that waiting lists in other areas such as ADHD appointments had increased but were being addressed with trajectories being monitored.

In response to a question from Mr Woolgrove, Mr Bentley confirmed that the message on the public website in relation to dental services planning to reopen clinics was out of date and would be rectified.
Action – Mr Bentley

Ms Barber commented that the Quality Committee had received an update on the number of people waiting for dental treatment with general anaesthetics and confirmed that the number had reduced to one patient. Ms Barber confirmed that the Committee had also reviewed the waiting times for non-consultant paediatric audiology appointments, and was pleased to confirm that the waiting times for this service had also reduced.

In response to a question from Ms Lloyd, Ms Norris confirmed that it would be unlikely that the deadline for nominations for the staff awards could be extended due to the tight timescale and schedule for the panels to review the nomination forms. Ms Coleman added that as a panel member, she was due to receive the nomination forms the next day.

In response to a question from Ms Coleman in relation to the low uptake of second vaccinations in Dover, Mr Bentley explained that everybody had a part to play to positively encourage people to take up the vaccine, and referenced his open letter of thanks to all Folkestone residents following the protests and abuse of staff at the Folka vaccination centre.
Mr Bentley agreed to take back the request for local access for residents in Dover.
Action – Mr Bentley

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

Governor Feedback from each of the Constituencies

Mr Goulston invited governors to provide feedback or issues.

Mr Price had attended the Minor Injuries Unit at Sevenoaks Hospital for personal reasons and had been impressed by how quickly he had been seen.

Ms Coleman confirmed that she had become a National Institute for Health Research (NIHR) lay researcher. To date Ms Coleman had been involved in two reviews, and was currently undertaking a review of the Kent, Surrey and Sussex research ambassador role. Ms Coleman asked governors to contact her directly if they would like to get involved.
Action – Governors

Ms Barber commented that she had been pleased to hear that governors were becoming involved in research. Ms Barber confirmed that the Quality Committee had received an update on the research activity of the trust, and had asked Mr Bentley and Mr Goulston for this topic to be discussed at a public board meeting.

Ms Spencer confirmed that she had used the dermatology service for personal reasons, and had found that the information provided had been accurate and the treatment received had been excellent.

Ms Lloyd had visited Accident and Emergency at QEQM Hospital for personal reasons and commented that it had been a positive experience and well organised.

Dr Bellman provided feedback on her visit with Mr Goulston to the Rapid Response Team, Home Treatment Team and Hospital at Home Team, who were located together in one building. Dr Bellman had enjoyed hearing how the teams worked and found the visit both impressive and positive.

On behalf of Mr Anderson, Mr Goulston confirmed that district nurses would appreciate a visit from NEDs and governors. William Anderson had agreed to help arrange some further visits.
Action – Mr Anderson

The Council **RECEIVED** the governor feedback.

21/07/9   Feedback from Communications and Engagement Committee

Ms Coleman provided a verbal report to the Council.

Ms Coleman confirmed that the Committee had met on 24th June, and it had been an open meeting for all governors.

Ms Coleman confirmed that the Committee had discussed the Annual Members Meeting where it had been agreed to be a standalone meeting this year. Ms Coleman added that there would be a separate Let's Discuss event in October on a Saturday when public engagement would be at its highest. Ms Coleman confirmed that the topic of the Let's Discuss event would be Staying Independent. Ms Coleman explained that they would like to hold a similar event in Thanet in 2022, as this had been done in previous years and had proved very popular with members of the public.

Ms Coleman confirmed that the Committee had discussed the lack of nationally promoted and delivered visual public messages and TV adverts on prevention and health promotion issues since the beginning of the pandemic. Mr Bentley agreed to take this forward at board level.
Action – Mr Bentley

Ms Coleman shared the great work by Kim Novis and her team on the British Sign Language (BSL) app for the vaccine centres and explained how innovative and well received it had been. Ms Coleman recognised the potential extension of the app into other KCHFT services.

The Council **RECEIVED** the report.

21/07/10 Feedback from Charitable Funds Committee

Ms Coleman provided a verbal report to the Council.

Ms Coleman confirmed that the Committee had met on 14 July, where the main area of discussion had been the funding for the refurbishment of Heron ward. She explained that with the increase in the cost of building materials etc, the fund had devalued, meaning that this reduced what could be brought. Ms Coleman asked if one area of the refurbishment of Heron Ward could be prioritised, so that the funds could be spent more quickly to avoid further devaluation.

The Council **RECEIVED** the report.

21/07/11 Report on Patient and Public Engagement, Experience & Complaints

Ms Mitchell presented the Patient and Carer Partnership Team annual report and the Complaints annual report to the Council.

In response to a question from Mr Woolgrove, Ms Mitchell confirmed that half of the dental complaints received had been from the prison service. Ms Mitchell added that the number of dental complaints had reduced, and confirmed that an update on complaints would be presented within the Quarter 1 report.

In response to a question from Ms Coleman, Ms Mitchell confirmed that in future the Patient and Carer Partnership Team would be able to report on feedback in terms of diversity. She added that this would enable the team to look at the different groups and run targeted recruitment for patient representatives.

Ms Barber commented that Ms Mitchell had attended the recent Quality Committee. The Committee had recognised the amount of work that the team had been undertaking. Ms Mitchell had provided assurance in relation to survey volumes, with further work to ensure that all patients can feedback on their experience recognising that the friends and family test was not always the most appropriate way to gain feedback.

Ms Barber confirmed that Ms Mitchell had also provided assurance to the Quality Committee in relation to the complaints procedure, and the work undertaken to make it easier for people to raise a complaint and make the complaints procedure more visible. Ms Coleman added that the complaints procedure was now much easier to view, covered every language, and was available in Easyread. Ms Mitchell confirmed that the updated complaints procedure was live on the public website.

The Council **RECEIVED** the reports.

21/07/12 Annual Report and Accounts

Ms N Davies presented the Annual Report and Accounts to the Council.

The Council **RECEIVED** the Annual Report and Accounts.

21/07/13 Quality Account

Ms N Davies presented the Quality Account to the Council.

Ms N Davies confirmed that the Quality Account and the Annual Report and Accounts would be published on the public website.

The Council **RECEIVED** the Quality Account.

21/07/14 Governors Annual Report

Mr Price presented the report to the Council.

Mr Price confirmed that he had met with Ms Beverley Bryant, Internal Communications and Engagement Officer to discuss the content for the governors' annual report and the Lead Governor speech for the Annual Members Meeting (AMM).

It was agreed that all governors should be sent a meeting invite for the AMM live stream as soon as possible.
Action – Ms Fuller

The Council **RECEIVED** the report.

21/07/15 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 explained that the purpose of the report was to share the good news that the speaking up culture of the trust had continued to improve, which was evidenced by the annual index scores. Ms Fuller agreed to share a full copy of the 2021 Index Report with governors.
Action – Ms Fuller

The Council **RECEIVED** the report.

21/07/16 Nominations Committee

Mr Price presented the report to the Council.

Mr Price asked the Council to approve the recommendations of the Nominations Committee:
- The agreed appraisal process was carried out for the Chair and NEDs.
- The proposed NED/Chair 360 appraisal feedback questions for governors, which had been shared at the Development Session earlier that day.

The Council **RECEIVED** the report and formally **APPROVED** the recommendations.

21/07/17 Amendments to Constitution

Ms N Davies presented the report to the Council.

The Council **RECEIVED** the report and formally **APPROVED** the amendments to the constitution.

21/07/17 Any Other Business

Mr Goulston reflected on the papers shared with governors under item 4 on the agenda, and explained that the committee assurance reports should be priority for governors as this would provide the assurance on the work of the committees.

There was no further business to discuss.

21/07/18 Questions from members of the public

Mr Goulston confirmed that a question had been received from a member of the public, Mr John Fletcher who had also been the previous public governor for Ashford. Mr Goulston confirmed that he would be seeking a response from the Chair of Kent and Medway Clinical Commissioning Group (CCG). Mr Bentley acknowledged that whilst some members of the public found digital interaction with their GP had improved accessibility others had found it difficult to fully engage with their GP during the pandemic, particularly members of the public who had difficulty accessing forms of digital technology. Mr Bentley confirmed that the issue had been recognised across the wider health system, and that it was a complex issue that needed to be worked through. He added that public health messages were being widely shared to encourage members of the public to contact their GP if they had a concern.

Mr Goulston agreed to combine Mr Bentley's response with that of the Chair of the CCG into a formal response to Mr Fletcher.
ACTION – Mr Bentley

In response to a question from Ms R Davies, Ms N Davies confirmed that no iPads or other technology acquired for the vaccination centres would go to waste and would be reused wherever possible.

Ms Gaiger commented that she had been asked to bring the issue of access to GPs and the pressure on Minor Injuries Units to the Council. Mr Bentley agreed to discuss with Ms Gaiger outside of the meeting and would raise the issue with the Chief Nurse.
Action – Mr Bentley

21/07/19 Date and Time of Next Meeting

Wednesday 3 November 2021 at 13.00.
Venue to be confirmed.

The meeting ended at 14.23.

Kent Community Health
NHS Foundation Trust

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

OPEN ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
21 July 2021	21/07/5	To invite Ms Butterworth to a future Governor Development Session to discuss integrated and partnership working and pathways.	Mr Goulston	3 November 2021 – Ms Butterworth to be invited to the January Governor Development Session.
21 July 2021	21/07/5	To share details of unresolved payments in relation to mandatory training for vaccination staff with Mr Bentley.	Governors	3 November 2021 – completed.
21 July 2021	21/07/7	To share a message of thanks to all KCHFT staff on behalf of Governors.	Mr Bentley	3 November 2021 – completed.
21 July 2021	21/07/7	To share with the Trust's new Director of Medical Education that the University of Kent had appointed Kent and Medway Partnership and Social Care Trust's (KMPT's) Director of Medical Education as a visiting Professor.	Mr Bentley	3 November 2021 – Dr S Phillips passed on the information to the Trust's new Director of Medical Education.
21 July 2021	21/07/7	To request that the information provided on the public website in relation to dental services is updated.	Mr Bentley	3 November 2021 – Mr Bentley has asked the communications team to ensure the information is up to date on the website.
21 July 2021	21/07/7	To take back the request for a pop-up vaccination centre in Dover.	Mr Bentley	3 November 2021 – completed.

Date	Ref	Action	Owner	Update
21 July 2021	21/07/8	To inform Ms Coleman if any governors wished to be involved in research opportunities.	Governors	3 November 2021 – a number of governors showed interest, but due to the early stages of development the opportunity for governors to be involved will be revisited again next year.
21 July 2021	21/07/8	To assist with the arrangement of service visits to community nursing teams.	Mr Anderson	3 November 2021 – a number of service visits were arranged which the Chair attended.
21 July 2021	21/07/9	To discuss at board level the need for more public health messages on prevention and health promotion issues, which had reduced significantly since the beginning of the pandemic.	Mr Bentley	3 November 2021 – Mr Bentley has taken this request to the communications team to do some promotional work around this.
21 July 2021	21/07/14	To forward the invitation to the Annual Members Meeting to all governors.	Ms Fuller	3 November 2021 - Invitation shared with all governors
21 July 2021	21/07/15	To share the 2021 Freedom to Speak Up Index Report with all governors.	Ms Fuller	3 November 2021 – Link to Index Report shared with Governors
21 July 2021	21/07/18	To provide a formal response to Mr Fletcher's question to the Council of Governors.	Mr Goulston/ Mr Bentley	3 November 2021 – Formal response issued to Mr Fletcher
21 July 2021	21/07/18	To discuss current issues related to Minor Injuries Units with Ms Gaiger outside of the meeting.	Mr Bentley	3 November 2021 – completed. Conversations were had with Ms Gaiger and the Chief Nurse.

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	3 November 2021 - Update to be provided to the Council of Governors meeting in Spring 2022. 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	3 November 2021 - Still awaiting publication.

Title of Meeting	Council of Governors
Date of Meeting:	3 November 2021
Agenda Item:	1.7
Subject:	Trust Quarterly Report
Presenting Officer:	Paul Bentley, Chief Executive

Since the last time we met, the Trust has continued to manage the consequence of the pandemic whilst delivering the non-pandemic services which we provide. I would like to share with the Council some of the issues which have arisen since the last time we met, and 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. The Friends and Family Test (FFT) scores remain high, with 99% of people rating their overall experience of the service they received in June and July as good or very good with 24,537 patient experience surveys completed in these two months. This was a decrease in survey completion due to the standing down of two vaccine centres in June when compared with the previous two months.

Turnover of our workforce in August saw the largest increase and the highest rate for the last 12 months at 15.60%. Rates for July and August sat above the target level for the first time since April 2020. Removing all planned turnover, the figure is 13.9%. The vaccination programme workforce is a factor for the Trust as this programme draws to a close. A positive impact for the Trust is that over 60 members of staff who were originally recruited to the vaccination programme have elected to continue working in the Trust either through the bank or as permanent employees as a result of extensive discussions and planning through our recruitment team.

The vacancy rate for August was 5.3%. 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 below the target of 6%.

The sickness absence in August was 4.67%. Although this is a significant reduction from the sickness levels experienced in December 2020 and January 2021, the absence rate is above the target level.

Our workforce continues to operate at very high levels of intensity and the rates mentioned above are indicative of the pressures being felt across our workforce. We have continued to provide support for all our team members, through counselling and well-being support. We are also aware that some of the team members are very tired as

a result of the demands placed upon them by the pandemic and we continue to seek to increase the size of the workforce and increase the range of skills and competences which our team members have.

During June and July, there were seven lapses in care which resulted in avoidable pressure ulcers. Six were reported as low harm and one was moderate harm. The moderate harm incident is currently under investigation. During August, there was one lapse in care which resulted in an avoidable pressure ulcer.

1.2   Financial Position

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

2.   Patients

2.1   Recovery from COVID

Our services continue to respond to the pandemic while also resetting and recovering from the previous waves of infections. 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.

We have placed a significant emphasis on making sure we deliver the full range of services commissioned albeit not necessarily doing so in the same way. Whilst all services are being delivered, many with increased levels of demand and complexity, we are continuing to deliver some services virtually and we continue to operate in COVID-19 secure practices and environments.

2.2   COVID-19 vaccination programme

Since the last time we met, the vaccination centres at the Woodville in Gravesend and the Angel Centre in Tonbridge have been stood down. More than 100,000 vaccines were delivered at The Woodville by hundreds of staff and volunteers since it opened in January. The Mayor of Gravesham, Cllr Lyn Milner, unveiled a commemorative plaque in the reception area to mark the life-changing activity which had taken place in the building.

Vaccinations continue at our centres in Chatham (Pentagon) and Folkestone (Folca).   The Kent and Medway COVID-19 vaccination programme has now been operational since January 2021 and has seen more than two million vaccinations delivered. KCHFT have delivered more than half a million and the offer of the vaccine has been made available to everyone eligible for the vaccine.

The Trust continues to play a key role in delivering vaccines with the roll out of programme for 12-15 year olds. This is proving challenging in the context of continuing to provide the standard vaccinations and the seasonal flu jabs, however a significant number of 12-15 year olds have already been offered and received the jab with a plan to offer all of this cohort a vaccination by the beginning of December.

2.3   Winter plan

KCHFT has developed a winter plan which describes the Trust's actions to prepare for winter, an expected surge in COVID-19 and to manage the complex competing priorities in the coming months. The plan acts as a guide for our teams enabling rapid decision making and transparency.

Recognising that the winter period will be very challenging, the plan outlines:

- Demand and Capacity Modelling
- Adult Discharge Pathways
- Urgent Treatment Centres (Minor Injury Units)
- COVID-19
- Flu
- Specialist Services and Public Health Plan
- Supply Chain
- Severe Weather
- Workforce
- Service Planning (Christmas and Easter)

The plan is incorporated into the Kent and Medway system winter plan.

3.   Our People

3.1 Leadership changes

Since the creation of a single Kent and Medway clinical commissioning group (CCG), we have been carefully reviewing how this change impacts on our own services and how we can use the opportunity to improve patient experience by reducing barriers to services and, of course, ensuring equity of access for all our patients. As a result, we have reorganised our operational directorates to provide a more consistent approach to service delivery and work better with our partners across the Kent and Medway system.

• Musculoskeletal physiotherapy (MSK), podiatry and South East Driveability, have combined with our dental services. This new directorate will be called Dental and Planned Care.

• Cardiac and pulmonary rehabilitation, adult speech and language, dietetics, specialist nursing services and occupational therapy technician services has joined the Adult Clinical Services Directorate.

• The Tuberculosis service has joined the Public Health Directorate.

As a part of these changes, Clare Thomas has been appointed as our Community Services Director Adults, and she has been in post since the mid-summer.   I am also pleased to report that Mark Gray has been appointed to the Assistant Director of Information, Computing and Technology position.

3.2   Health Service Journal Awards

Kent Community Health NHS Foundation Trust has been announced as a finalist in two categories in this year's Health Service Journal awards, which saw more than 1,000 nominations nationally.

In one of the most challenging and turbulent 18-months in NHS history, the trust was shortlisted for our work on staff engagement for its efforts to improve the health and wellbeing of its colleagues and make sure they have the opportunity to feedback and shape improvements.

Our second successful nomination is as part of the Medway and Swale Integrated Care Partnership (ICP) in the HSJ partnership award. This was for the collaborative approach between the ICP, setting up the direct access booking into the minor injury units to help make sure patients could be referred from NHS 111.

4.   Partnerships

4.1   New architecture of the NHS in Kent and Medway

Work to develop the Integrated Care Board (ICB) in Kent and Medway has continued, and the Trust continues to offer views on the most effective way in which to establish sustainable approaches to healthcare for the people we serve, including the importance of the community health services across the area covered by the ICB.

4.2   Partnership with Kent and Medway Partnership Trust (KMPT)

A board to board meeting took place in October to review progress on the collaborative work we are undertaking with KMPT to drive tangible benefits for our patients. The first meeting of its kind, the boards reflected on the progress that has been made in the identified priority areas of Learning Disability, Autism and Dementia and the next steps for both these areas and the partnership. Encouraged by the progress to date, the boards agreed to develop a further programme of work to continue to positively impact on the outcomes for patients through a holistic physical and mental health approach to care.

I invite the Council to support me in taking the opportunity to thank our workforce again for the extraordinary way in which they continue to deliver high quality and compassionate care, and their continued commitment and contribution to responding to the pandemic and the resetting of our services.

Paul Bentley
Chief Executive
October 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

The Trust is in a breakeven position to the end of August.

Pay and non-pay have overspent by £2,045k and £281k respectively offset by an underspend depreciation/interest of £97k and an over-recovery on income of £2,229k.

Cash and Cash Equivalents			Rag rating: Green
	Actual	**Forecast**	**Variance**
Year to Date £k	37,805	39,034	-1,229
Year End Forecast £k		37,557	

Cash and Cash Equivalents as at M5 close stands at £37,805k, equivalent to 55 days operating expenditure. The Trust recorded the following YTD public sector payment statistics 88% for volume and 84% for value.

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	1
Overall Rating	1	1

The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M5 2021-22. The YTD I&E margin % has returned a rating of 2 as a result of the current break-even regime.

Capital Expenditure			Rag rating: Amber
	Actual/Forecast	**Plan**	**Variance**
YTD Expenditure £k	1,657	4,254	2,597
Year End Forecast £k	10,120	12,698	2,578

Spend to August was £1,657k against a YTD plan of £4,254k (39% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes.

As at M5, the full year forecast has been reduced by £2,578k to £10,120k to reflect the agreed part redistribution of the £4,924k ring-fenced funding held on behalf of the K&M system for system priorities. The redistribution of the remaining ring-fenced funding held is still to be determined.

CIP			Rag rating: Amber
	Actual	**Plan**	**Variance**
Year to Date £k	1,227	1,839	-612
Year End Forecast £k	4,415	4,415	0

The Trust achieved CIPs of 1,227k to the end of August against a risk rated plan of £1,839k and so CIP is £612kk behind plan to date.

66.7% of the total annual CIP target has been removed from budgets at month five.

The Trust is forecasting to achieve the full plan of £4,415k by the end of the year.

Agency Targets						Rag rating: Green
	M5			**YTD**		
	Actual	**Target**	**Variance**	**Actual**	**Target**	**Variance**
External Agency Excluding Covid-19 Expenditure £k	360	491	131	1,639	2,456	817
External Agency Including Covid-19 Expenditure £k	380	491	111	1,761	2,456	695

External Agency and Locums excluding Covid-19 expenditure was £360k against £491k target in August.

External Agency and Locums including Covid-19 expenditure in February was £680k against £491k target in August.

Title of Meeting	Council of Governors
Date of Meeting:	3 November 2021
Agenda Item:	2.4
Subject:	Patient and Public Engagement, Experience and Complaints
Presenting Officer:	Sue Mitchell, Assistant Director of Participation and Involvement

This report gives an overview of public and patient engagement, volunteer services, interpreting, accessible information, complaints and patient experience during quarter three (July to September 2021).

Sue Mitchell
Assistant Director of Participation and Involvement
October 2021

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NHS
Kent Community Health
NHS Foundation Trust

Patient and Carer Partnership Team report
July to September 2021

Executive summary
This report gives an overview of public and patient participation, volunteer services, interpreting, accessible information, complaints and patient experience during quarter two.

Highlights

2,060 Interpreter bookings completed

6 Bereavement packs provided

2 Working together groups with patients and carers

5 Volunteers recruited

18,659 Patient experience surveys completed

99% Friends & Family Test score

97% Patient experience survey combined satisfaction score

65 New complaints received

81 Complaints closed

83% Complaints closed within 25 working days

13 Quality improvement actions raised

8 Positive reviews received via NHS UK

Patient and Carer Council

The Council continue regular monthly meetings during this quarter to oversee and monitor the Participation and Experience work plan and to ensure that there are continued opportunities for patient and carer involvement across the organisation. A new patient representative joined as a member. The agenda has evolved to ensure that the Council receives information and presentations from a wide range of services on specific pieces of work and initiatives to develop and improve services, and where there has been involvement from patients and family carers. People who have been involved have had an opportunity to feedback to the meeting about their experiences and the impact of their involvement.

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Participation

Recruitment has continued to increase the number and diversity of patients and carer representatives. The People's Network has updated the public website to provide up to date and relevant information on how to get involved in patient and carer initiatives.

Participation Matters
The third edition of the Participation Matters newsletter was published, with the main story by a learning disability patient representative talking about her involvement with the Ready Steady Go Hello project. The newsletter also featured a piece about a volunteer's role completing patient experience surveys for the podiatry service, and a piece written by a representative, talking about her experience of quitting smoking with support from the One You team. The newsletter was sent to 3666 members and volunteers, with a 28% open rate to date. Since the last two newsletters were released, four new representatives have been recruited and now take part in People's Network meetings and various other activities, including We Care reviews.

Recruitment Film
We have worked with our patient and carer representatives from the Trans and Non-Binary group, learning disability Easy Read group and People's Network to develop a recruitment film to present the work currently being undertaken by them and to advertise involvement in our groups, meetings and other initiatives. The film is available on the public website.

Involvement mapping
A sub-group met to complete a deep dive of those services and governance groups which are currently involving patients and carers. The group also identified which services should be contacted to initiate involvement work.

Involvement training
The first session of involvement training was co-delivered with a patient representative for the Community Paediatrics team. Participants fed back that the session was interactive and the ladder of participation exercise was very useful. The session clearly sets out information, tools and first level guidance for services and teams to enable and support them to better involve patients and carers in service development and quality improvement. Information on how to access the training is available on the staff intranet.

Working Together groups have been held with Learning Disability services relating to transition from children to adult services and the Community Paediatric service relating to communication. This work has ensured that services are reaching out to include, involve and hear the views of more seldom heard patients and family carers. We continue to work with Community Paediatric Teams to support them to develop a young person's forum for the service.

Carers

The implementation of the Triangle of Care (TOC) in Community Hospitals is being overseen by the Carers Involvement Steering Group, with support from the Patient and Carer partnership team and partner carer organisations; IMAGO, INVOLVE and Carers Support East Kent. The following work has been completed:

- Presentation of the TOC implementation action plan to matrons and clinical leads
- Meetings with all community hospital teams to work through the self-assessment process

- identify carers champions in each hospital to support the implementation of the self-assessment. All hospitals have identified a group of carer champions to support implementation. There are 27 in total.
- Attended the national TOC steering group to present the implementation plan as the first non-mental health trust in the UK
- Co-designed a carers awareness training session
- Working in collaboration with Carers Support East we have launched our Carers Lounge, which is an online carers forum connecting carers to share experiences and be involved with the TOC work across the trust.

Volunteers

- We have supported services in returning over 70 volunteers to roles now that some Covid-19 restrictions have been lifted. This has included undertake risk assessments to ensure their safety.
- 5 new volunteers commenced in post; these include 2 meet and greet volunteers to support outpatient services and the Urgent Care Treatment Centre at Gravesham Community Hospital
- A new patient experience home survey volunteer was recruited for the continence team.
- 9 volunteers are supporting the distribution of the flu vaccinations across Kent and Sussex to staff from mid-October.
- Work is underway with the End of Life Care team to arrange a training plan and a new role for End of Life Compassionate Companions volunteers in community hospitals. This role will be to support patients at times when their families are unable to visit. They will work in collaboration with staff, signpost relatives to trust based bereavement support.
- The volunteer page on the public website is being updated to ensure there is up to date and relevant information on roles available, updated documents and to share information on the recruitment process.
- The Volunteer Policy has been reviewed and refreshed with the support of the Peoples network.
- As part of recognition of the support volunteers have given to the Trust, the Together badge initially sent to staff was distributed to all our volunteers with a letter from the CEO and Chair thanking them for their contribution during Covid-19 and support of our vaccination centres across Kent and Medway.
- Voluntary services are supporting the Infant Feeding team to provide training and information updates via MS Teams for existing volunteers in readiness for the children's centres opening from October 2021.

Interpreting

The total amount of interpreting bookings completed across all services was 2060, with 31.4% of these completed at the COVID-19 vaccination centres.

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Interpreting bookings each month July to September 2021
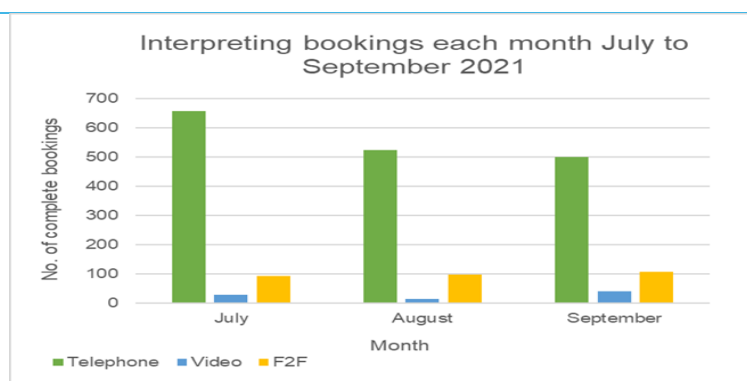
Bookings are expected to reduce each month with the closure of KCHFT vaccination centres; however, there is an anticipated increase with the raising of awareness about the importance of using interpreters when English is not the first language.

Top 10 languages requested for interpreting (July to September)	
(1) Romanian	(6) Nepal
(2) Polish	(7) Arabic
(3) Slovak	(8) Mandarin
(4) Bulgarian	(9) Punjabi
(5) Turkish	(10) Portuguese

Accessible information and Easy Read

The East Kent Mencap group have tested the following Easy Read documents:
- Bladder and bowel diary – waiting for further development with the service
- ASPIRE programme leaflet – complete and ready for use
- Volunteer application form – complete and ready for use.

Expert Patients Programme

The main focus has been to review and update processes to integrate the programme in the Patient and Carer Partnership Team. One 6-week Experience Patients Programme (EPP) Toolkit course has been delivered this quarter and participants have been invited to complete feedback on their experience.

The programme continues to work towards delivering courses virtually and raising the profile through internal and external communications to increase referrals.

A presentation was delivered to the Patient and Carer council by the EPP coordinator, including a facilitator talking about her experience of living with a long-term health condition, and how the programme helped her which led to her training as a facilitator. She has now successfully completed the Master Training course with the Self-Management Resource Centre (SMRC) which will enable the delivery of Chronic Disease Self-Management (CDSMP) training and updates in-house, representing a cost saving to Kent Community Health Foundation Trust (KCHFT).

Equality, Diversity & Inclusion (EDI)

- Induction of the new Healthy Communities Project Manager was completed in July followed by the first data outputs on patient ethnicity monitoring, Did Not Attend rates and Referral To Treatment breaches.
- Community engagement with migrant communities has commenced through the Healthy Communities Project Kent, with a number of community groups

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- contacted including COMPAS, Karibu Community Action Kent, and Diversity House.
- Wider engagement to raise the EDI profile, build networks and partnerships has included preparation to jointly host a national, virtual learning discussion in October 2021 to support patient ethnicity recording. Contact has been made with several community led organisations including local Deaf support groups, carers and disability support groups.
- A deep dive into Equality Impact Assessments (EqIAs) was completed and changes to the process are being implemented across the Trust. A new 6 month post has been created to support implementing the Trust Equality Objectives and the EqIA process. Recruitment to this post is due to be advertised in October 2021.
- The Trust Equality Objectives have been developed along with the Equality Delivery System (EDS2) plans and information to evidence due regard for the Public Sector Equality Duty.
- FFT surveys and access to services have been broken down by the protected characteristics and reviewed as part of EDS2.

Healthy Communities Project Kent

The aims and proposed outcomes of the project were reviewed and altered to encompass work with a broader range of migrant communities and ethnic minorities.

The overarching aim of the project was agreed: to reduce health inequalities experienced by migrant communities and ethnic minorities across Kent. Four key actions were agreed to achieve this:

- Increase service level ethnicity recording to support targeted interventions and health promotion
- Enhance staff cultural awareness
- Form a steering group focusing on healthcare inequalities experienced by migrant communities and ethnic minorities, with members of all backgrounds and ethnicities
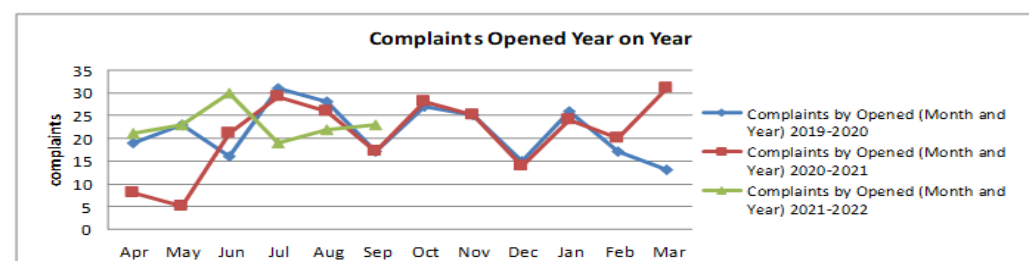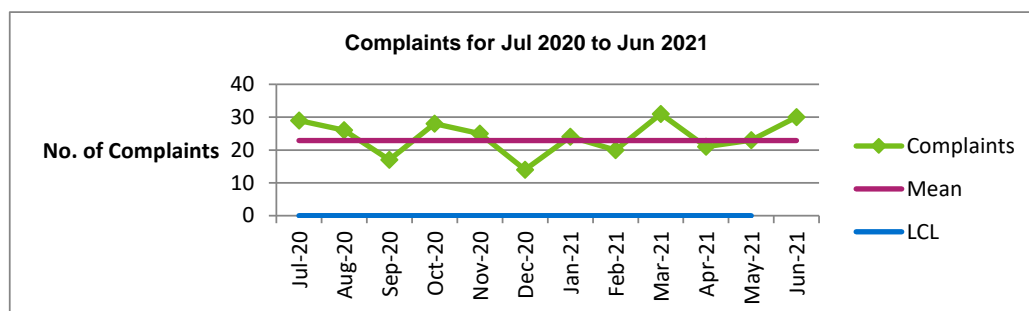- Build relationships with local communities and key organisations.

A deep-dive benchmarking exercise was conducted to obtain baseline ethnicity recording percentages for services on Rio; this found the service average to be 56%. Following this, meetings with services leads and the development of resources commenced, including cultural safety training plans and OnCall Interpreters quick access guides, in order to support services to improve both their recording and accessibility for patients. Quarter 1 data is currently being analysed. Alongside this, relationships are beginning to form with local communities and organisations, soon to be aided by the recruitment of a Community Development Officer, and will continue to be focussed upon in the coming quarter to enable successful participation in the Steering Group next year.

Bereavement Project

Six families were provided with bereavement packs following the death of their loved ones in the community hospitals. Feedback is reviewed for learning and shared with staff. Bereavement Packs are being rolled out to all east Kent long-term services with a proposed start date of 1 November 2021. The bereavement survey has been revised to make it relevant to community nursing patients using the reviews by patient and carers of the existing survey. Adjustments were made to the patient

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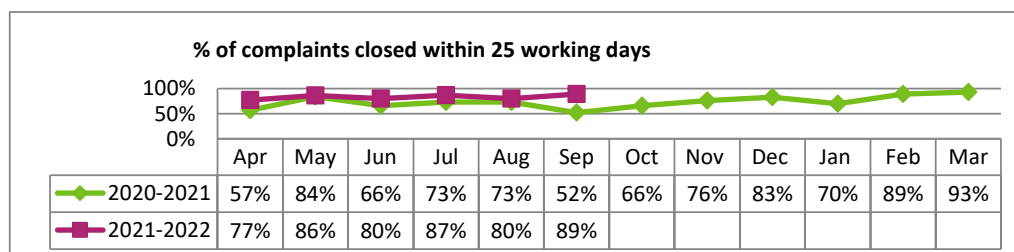system RIO to ensure that families could be identified who would benefit from receiving the bereavement pack and survey.

Complaints and PALS

Complaints for Jul 2020 to Jun 2021

No. of Complaints

- Complaints
- Mean
- LCL

Complaints Opened Year on Year

complaints

- Complaints by Opened (Month and Year) 2019-2020
- Complaints by Opened (Month and Year) 2020-2021
- Complaints by Opened (Month and Year) 2021-2022

65 complaints were received which is a small decrease in complaints received during this period last year. Of those:

- 14 Community Nursing
- 13 Community Hospitals
- 5 Chronic Pain
- 4 Community Paediatrics
- 3 Children's Therapies
- 3 Health Visiting
- 3 Podiatry

There were also complaints for Clinical Nutrition and Dietetics, Radiology, Orthotics, Intermediate Care Team, Immunisations, School Health SPA, Kent Learning Disability Service, Children's Specialist Nursing, MSK, Rapid Response, Rapid Transfer Service and the vaccination sites.

% of complaints closed within 25 working days

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020-2021	57%	84%	66%	73%	73%	52%	66%	76%	83%	70%	89%	93%
2021-2022	77%	86%	80%	87%	80%	89%						

81 cases were closed in total; 16 of these did not meet the 25 or 60 working day response target:

- 1 was due to a delay by the Dental service waiting for an appointment before sending

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- 2 were due to the delay in receiving comments from an external trust
- 1 was due to getting access to an external trust's notes
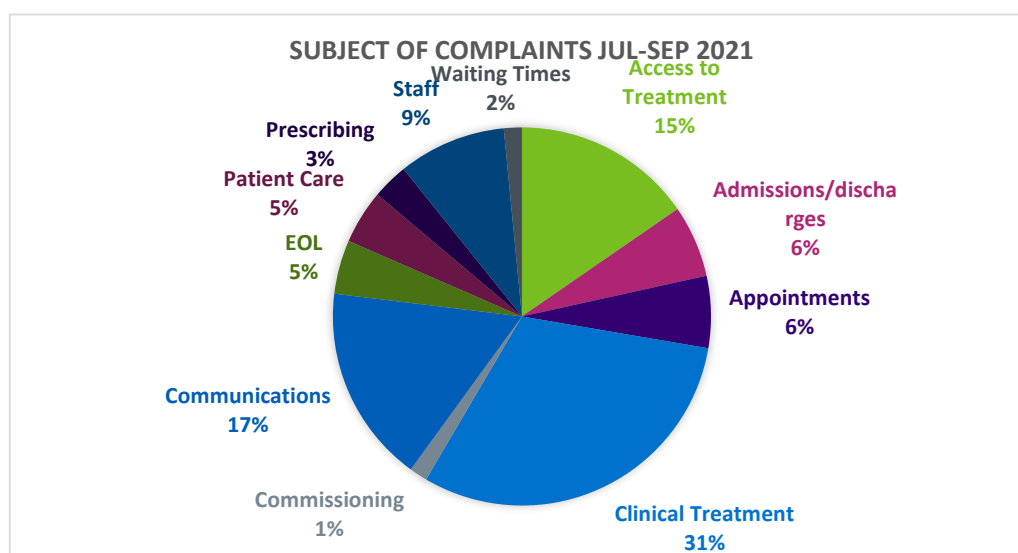- 12 were due to delays in response from the services and during the approval process.

We continue to work with services and external trusts to provide their findings, drafts and responses in a timely manner and escalate issues using our SOP when this does not occur.

Outcomes
- 27 cases were not upheld and needed no service improvements
- 40 cases provided apologies to the complainant for their experience/how they felt about staff or the service, or for individual errors
- 14 cases investigations found that service changes, improvements or reminders of processes were needed.

Themes
- Querying clinical treatment received, not received or care provided (31%).
- Staff attitude (9%) and communication with patients and families by individual staff continues to be a theme (17%)
- Access to treatment (15%) and being unhappy with the waiting times for appointments, therapy or assessments

SUBJECT OF COMPLAINTS JUL-SEP 2021

- Waiting Times 2%
- Staff 9%
- Prescribing 3%
- Patient Care 5%
- EOL 5%
- Communications 17%
- Commissioning 1%
- Clinical Treatment 31%
- Access to Treatment 15%
- Admissions/discharges 6%
- Appointments 6%

An example of actions raised to make improvements as a result of the complaint, included:
- Dental Service to review messaging on the answer phone against national guidance and add to message more detail ie contact number, address or date of birth. Service will add a note to patient's file the time and date they were contacted if no reply.
- ART leaflet to be amended to ensure correct information available to patients/families
- Community Nurses Maidstone and Malling are having EOL workshops to work on holistic assessment and assessment of pain, use of medications and syringe drivers and also understanding a family's distress.

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- Immunisation team having refresher training with children's diabetes team and updated SOP about prioritising children and the consent process and contacting parents if any problem at immunisation session.

PALS

Following integration of PALS with the Complaints Team they are now using a new integrated web based Datix module for logging PALS queries to record all contacts. Our objective is that 90% of all PALS queries will be resolved within 48 hours by March 2022 and the target is currently being met.

	PALS contacts received	Closed within 48hrs	% closed within 48 hrs
Aug	317	303	95%
Sep	301	285	94%

Patient experience survey volumes

Monthly trust wide survey volumes – July 2020 to September 2021
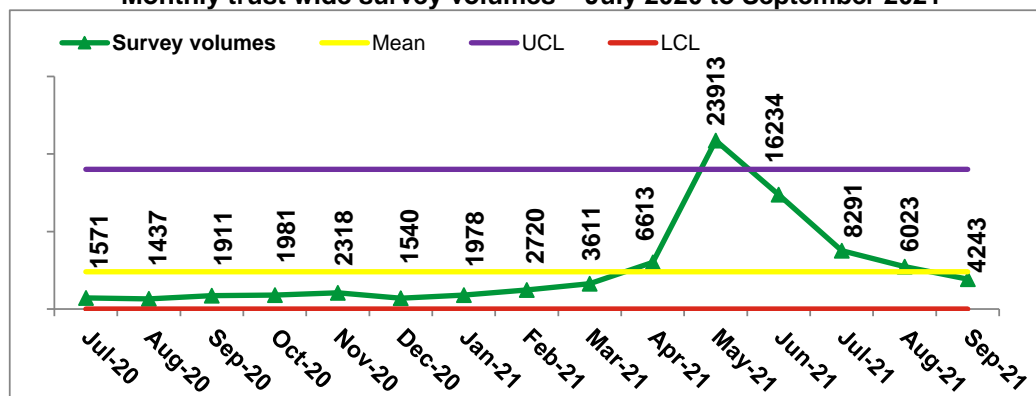
Survey volumes declined during quarter two, with **18,659** completions. With the closure of some COVID-19 vaccination centres, a noticeable reduction is seen in survey returns (7,876). The volumes of service bespoke surveys continue to improve, since the sudden decline in returns at the out-set of the COVID-19 pandemic, with an increase seen over quarter two (July 3,811 - August 3,259 - September 3,713). The reduction in volumes during August is in line with the usual trend seen over the summer holiday period. Just over a **1%** decrease is seen for the overall satisfaction score for quarter one (**97.1%**), when compared with data for the previous quarter (98.4%).

To aid with the increase of survey completions, some services are displaying 'Have your say' posters or handing flyers to patients/carers, that include a QR code which takes people to the feedback page on the KCHFT public website. A good increase in survey volumes was seen in quarter two for some services using this method (Clinical Nutrition and Dietetics, Dental services, Health Visiting, Sexual Health and the Wound Medicines centres). The team are working with services to produce service specific 'Have your say' posters and flyers, that include QR codes for surveys; bespoke, easy read and relatives/carers. Materials have been produced for the podiatry service and are in proces of being printed. Draft posters are being produced for the health visiting service.

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NHS Friends and Family Test (FFT)

A total of **17,882** people answered the FFT question, giving a high overall score of **98.7%.** This is just over a **0.6%** decrease when compared with the previous quarter (99.3%).

98.63%	0.37%
% very good or good	% poor or very poor

Response	Percentage	Number of times response selected
Very good	89.18%	16064
Good	9.45%	1702
Neither good nor poor	0.87%	157
Poor	0.18%	33
Very poor	0.19%	34
Don't know	0.12%	22

The people who rated their overall experience as poor or very poor was seen mainly for:

- community nursing teams in Thanet and South Kent Coast (14), due to lack of equipment/service provision and missed visits. The services are actively recruiting to alleviate staffing issues.
- COVID-19 vaccination centres (10), with no main themes seen. One survey was completed with positive comments and responses to all other questions.

Three surveys were positive, which suggests the FFT responses were chosen in error and a reason given on another survey was not related to the service provided by KCHFT. The remaining 39 poor and very poor responses were given for a variety of other services and the main themes related to communication and people being unhappy with their appointments via a virtual method or experiencing technical issues.

Actions taken and improvements made

Dental service

You said: It was not acknowledged that the patient had full Denplan cover

We did: The service reviewed the various Denplan packages to become fully aware of all treatments that are covered. Records of all Denplan patients were checked to ensure no previous errors had occurred

Tonbridge Cottage hospital (inpatient)

You said: Some patients said they had not had their medication explained to them before they left the hospital

We did: Pharmacists will now assist with the explanation of medications to patients when producing MRCs for discharge (details include the indications/dose/frequency of medicines)

Podiatry service

You said: A patient waited outside the building for over 30 minutes when they arrived for their appointment. (COVID-19 safety measures were in place which prevented people from accessing the building unassisted).

We did: The new clinician has been informed that the reception (non-KCHFT staff) is unable to monitoring the door for podiatry patients. Until the COVID-19 safety measures are relaxed, if clinic is overrunning the clinician will invite patients into the waiting area

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Tonbridge Cottage hospital (inpatient)

You said: Some patients said there is not enough to do to pass the time

We did: Two additional RITA units were purchased (user-friendly, interactive activity / entertainment / therapy tablets with software) for patients to use. A healthcare assistant is currently acting in a Therapeutic role and is undertaking individual and group activities

Dementia patient feedback form

The Forget Me Not survey is used to gain feedback from inpatients that are receiving care in community hospitals, who have been diagnosed with dementia prior to admission and those established with cognitive impairment upon admission. The feedback received is reported to and discussed at the Dementia Steering Group on a quarterly basis.

41 surveys were completed by patients, giving an overall satisfaction score of 91%. Combined survey question scores:

- 84% of patients felt involved in decisions about their care
- 91% of patients felt the care they received met their needs
- 91% of patients knew how to get help and support to get want they need
- 98% of patients felt that hospital staff understood and supported them

Action taken from patient feedback:

- A call bell assessment, which links in with Falls, is undertaken with all patients upon admission i.e. do patients understand how to and physically able to use the call bell. An audit on call bell assessment will be completed
- The idea of a prompt card, used at QVMH, provided to remind the patient to use the call bell when they needed help, was shared with other community hospitals
- The Specialist Nurse for Dementia will support Matrons in relation to what action can be taken to ensure patients feel more involved in decisions about their care.

Sue Mitchell
Assistant Director Participation & Involvement
Date 12 October 2021

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Title of Meeting	Council of Governors
Date of Meeting:	3 November 2021
Agenda Item:	2.5
Subject:	Quality Strategy
Presenting Officer:	Dr Lisa Scobbie, Deputy Medical Director

The Quality Strategy outlines the vision for the next three years in terms of Outstanding quality and improvement as the focus and motivation for everything that we do. As an Outstanding organisation we will ensure that staff, patients and carers are involved in driving this. This will be achieved by delivering against eight core objectives:

1. Focus on continuous improvement
2. Make sure information drives continuous quality improvement
3. Promote positive staff experience
4. Improve patient and carer experience
5. Reduce health inequalities
6. Effective use of resources
7. Prioritise patient safety
8. Promote clinical professional leadership.

Quality Improvement is central to the delivery of the Quality Strategy as is alignment with Digital, Business Development and Our People Strategy.

Dr Sarah Phillips
Medical Director
October 2021

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NHS

Kent Community Health
NHS Foundation Trust

Quality
strategy

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2021/22
to 2024/25

《 we care 》

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Contents

"Our people demonstrated great strength and resilience during the pandemic and we aim to continue to focus on further improving their experience at work."

Paul Bentley, Chief Executive

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Improving Quality

Providing the best quality healthcare is why Kent Community Health NHS Foundation Trust exists.

In 2017, our quality strategy focussed on the quadruple aim, which is:

- enhancing patient experience
- improving population health and reducing health inequalities
- improving staff experience at work
- reducing costs and increasing value for money and efficiency.

In the three years since we developed this strategy, we have made significant strides in delivering our quality strategy ambitions; the COVID-19 pandemic tested our committed workforce in ways it has never been tested before, but our staff delivered and we are keen to build on what has already been achieved and to improve the quality of what we do even further.

I am very proud of the introduction of a systematic evidence-based approach to quality improvement (QI) to empower staff to take ownership of the quality agenda. This resulted in more than 400 of #TeamKCHFT being trained in the basic use of QI-fundamentals and 150 staff receiving more in-depth training known as quality service improvement and redesign. We also engaged with partners to provide this training to colleagues in other healthcare trusts and NHS Kent and Medway Clinical Commissioning Group.

This history and desire to collaborate is critical to our continuing success within the emerging integrated care system (ICS) in Kent and Medway, but equally importantly in other areas where we provide services, East Sussex and London. When fully operational, each ICS around the country will be committed to partnership working between NHS organisations, councils, voluntary sector organisations and other partners. We are also working with integrated care partnerships and primary care networks, which are part of the ICS and to understand the diverse needs of our communities.

Our response to the COVID-19 pandemic demonstrated our success in working together to make changes at pace; this was supported by the rapid adoption of digital technologies in health and care. COVID-19 further highlighted major health inequalities that exist and we increasingly are working with our partners to look at population health management to prevent ill health and health inequality. Our quality strategy addresses this by making sure of collective action with partners to deliver the ambitions of the NHS Long Term Plan. These centre on:

- delivering more proactive approaches to health care and prevention of ill-health
- embracing technology and health analytics
- delivering services more efficiently across the system
- focusing on workforce through the People Plan.

As ever, our workforce remains our biggest asset.

Our people demonstrated great strength and resilience during the pandemic and we aim to continue to focus on further improving their experience at work.
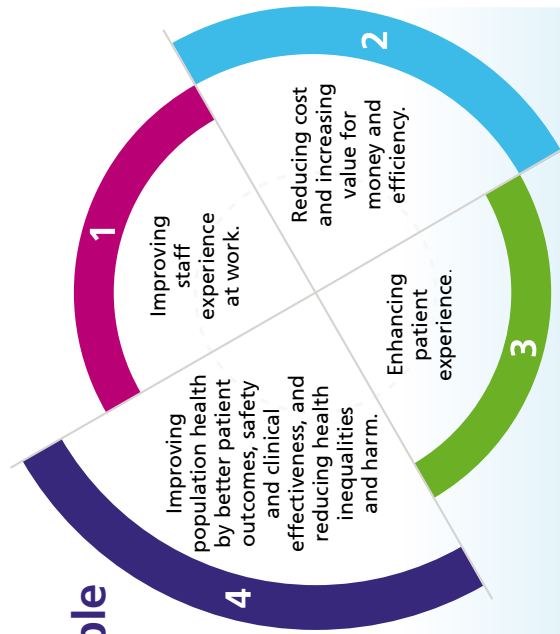
Paul Bentley
Chief Executive

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Quality strategy

Our vision
Outstanding quality and improvement is the focus and motivation for everything we do.

Our mission
To trust, support and empower staff to drive quality and develop new ways of working

Our aim
To continuously improve quality in line with the quadruple aim.

Our quadruple aim

1 Improving staff experience at work.

2 Reducing cost and increasing value for money and efficiency.

3 Enhancing patient experience.

4 Improving population health by better patient outcomes, safety and clinical effectiveness, and reducing health inequalities and harm.

To achieve this we will:

- focus on continuous improvement
- improve patient and carer experience
- make sure information drives continual quality improvement
- reduce health Inequalities
- promote effective use of resources
- prioritise patient safety
- promote positive staff experience
- promote clinical professional leadership.

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Quality runs through all we do

It is linked to a number of wider strategies, frameworks and initiatives and it contributes to the organisation's corporate objectives and vision.

Organisational strategy:
Our quality strategy is designed to contribute to achieving KCHFT's organisational strategy to expand and advance what KCHFT can offer to our patients, clients, service users and their families, carers, staff and partners.

Primary care networks:
Making sure quality and efficiency are considered at every level as we move to a more preventative and integrated approach with our health and social care partners.

Quality improvement (QI) methodology:
A critical enabler to provide us with the tools to understand the impact of our work in improving patient care.

Patient involvement and engagement:
Will include partnership working to identify the most vulnerable people in society, supporting co-design of services and person-centred planning.

Research:
Provide understanding of the health needs of our local population, access to novel interventions and more focussed tailored and clinically effective treatments for patients, clients and service users.

Innovation:
Identifying or capitalising on new technologies and new ways of working and using these to develop products or interventions for patient, clients and service user care.

Clinical effectiveness:
Making sure quality resources, such as audit and NICE support and enable evidence-based practice within the trust.

Clinical risk management and patient safety:
Making sure quality issues from adverse events and risk issues are appropriately escalated, resolved and/or mitigated.

Complaints and other forms of patient feedback:
Themes from these are used to address quality issues.

Workforce development:
Providing staff with the foundations to improve quality through continuing professional development and appraisal and enabling allied health professionals and clinicians to comply with their professional codes of practice and revalidation.

Clinical and integrated governance:
Move beyond assurance and provide team members with the confidence and skills to make continuous improvements in the quality of care they provide.

Corporate assurance:
Including the Care Quality Commission (CQC) registration standards and Board assurance framework.

Performance monitoring:
How we can be assured we are meeting required quality metrics, for example key performance indicators.

Statements of internal control:
Increasing the contribution of quality tools to how the organisation gains assurance about the quality of its services and effectively managing risk.

The 'we care' programme:
Our model for supporting services to achieve CQC compliance.

Strengthen our position as provider of choice and system leader:
Evidencing the high-quality services we provide

Equality and diversity:
Contributing to and influenced by KCHFT's equality objectives.

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Quality

Objective one:
Focus on continuous improvement

Our ambition

All staff feel empowered to take ownership of the quality agenda through using a range of improvement methodologies that inform evidence-based practice, for example quality improvement (QI), research, innovation, clinical audit and evaluation.

Increased growth of change capability across the system.

Year one
- Move to second stage of QI implementation plan.
- Bitesize QI introduction to QI tools, QI lite for virtual QI learning.
- Innovation strategy and intellectual property policy to support governance of innovation.

Year two
- Introduction of annual innovation fellowships.
- James Lind Alliance priority setting partnership output for nursing research.
- Divisional QI boards in place and delivering projects.
- Co-develop Integrated care partnership (ICP) pathways using QI methods and data for improvement.

Year three
- Quality management system in place to have balance between quality assurance, quality improvement and quality control.
- Increase active participation of patients and service users in QI.
- Co-lead and participate in system level infrastructure for quality improvement.

Contribution to quadruple aim:
- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/co-dependencies:
Investment from the system.

We will know we have it right when:
- 90 per cent of all new QI projects have a SMART aim
- Five QI projects involving system partners active
- Adoption and spread of two proven national innovations within KCHFT.
- 50 per cent of QI projects have patient and public involvement.

Get involved in QI

"COVID-19 further highlighted major health inequalities that exist and we increasingly are working with our partners to look at population health management to prevent ill health and health inequality."

Paul Bentley,
Chief Executive

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Objective three:
Promote positive staff experience

Quality

Our ambition

Focus on what matters to our staff using the IHI joy in work framework and including a greater focus on staff psychological safety.

Increase in professional development opportunities.

Year one
- Embed Schwartz Rounds to provide opportunities to reflect on the emotional aspects of work as recommended by the Point of Care Foundation.
- Building psychological safety, for example with After Action Reviews.

Year two
- Embed the principles of the Institute for Health Improvement's joy in work framework Map the state to our people strategy.
- Strengthen the relationship between the organisational development business partners' (ODBP) and improvement work.

Year three
- Further development of research champions' programme to increase implementation into practice.
- Staff are offered opportunities for professional development.
- Making sure those participating in MSc programmes are linked with the Research Team.

We will know we will have it right when:

- 95 per cent satisfaction with Schwartz Rounds over 12 months
- every department, through ODBPs, is using the joy in work framework to identify areas for improvement
- staff survey results reflect positive response to questions on opportunities for professional development
- appraisal documents demonstrate opportunities for professional development.

Contribution to quadruple aim:
- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/ co-dependencies:
Our People Strategy.

Objective two:
Make sure information drives continual quality improvement

Quality

Our ambition

Understand the health needs of our service users, patients and the populations we serve enabling targeted quality and effective activities.

Measurement for improvement will be central to our approach.

Year one
- Develop our analytics resource to support improvement.
- Continue to train staff for measurement for improvement.

Year two
- Increase KCHFT participation in the Kent Surrey and Sussex Applied Research Collaborative.

Year three
- Development of system quality pathways which are patient centred, look at population health and health inequalities.
- Participate in ICS development of data provision for population health and system quality improvement.

We will know we will have it right when:

- we deliver targeted QI and effectiveness activities based on real-time analytics that provide local information, deliver transparency of outcome, support local improvement and drive action
- access to data drives local improvement
- 75 per cent of QI projects will use measurement for improvement
- increased opportunity for research development specific to the population of Kent
- shared data agreement between Kent public sector organisations
- KCHFT involvement in population health work with primary care networks (PCNs).

Contribution to quadruple aim:
- ✓ Patient experience
- ✓ Clinical effectiveness
- Staff satisfaction
- ✓ Value for money

Enablers/co-dependencies:
Investment in analytics, system-wide fit for purpose analytics, QI work at system level, commercial strategy.

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Objective four:
Improve patient and carer experience

Quality

Our ambition

We will achieve delivery of the 'triangle of care' between the patient, client, service user, service and carer by working in partnership with the people we deliver services to.

We will increase co-production where service providers and service users work together to reach a collectively designed outcome.

Year one
- Continued roll out of end of life care training to deliver proactive, personalised care for everyone identified as being in their last year of life.
- Establishment of working together groups as the forum where co-production happens between frontline staff and members of our People's Network.
- All appropriate patients will have a completed personalised plan of care.

Year two
- Develop resource training on experience-based co-design (EBCD).
- Recruitment of 25 experts by experience.

Year three
- Implementation of 'always event' methodology, to include introducing yourself as an 'always event' and establishing links with the 'always event national programme and pilot programme in end of life care.

Contribution to quadruple aim:
- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/ co-dependencies:
Rio and KMCR.

We will know we have it right when:

- 80 per cent of patients, who have died, will have a last days of life care plan completed in line with the Priorities of Care of the Dying Person National Framework
- 40 per cent of relevant patients will have the surprise question completed to trigger advance care planning in line with the gold standards framework
- personalised plans of care are completed and recorded on the electronic patient record
- there is evidence of a co-productive approach to service development.
- local 'always event' training is in place for project group including patient and carer. representatives and KCHFT staff.
- We can demonstrate Always Events as a result of After Action Reviews or other learning.

Objective five:
Reduce health inequalities

Quality

Our ambition

KCHFT will work with patients, clients, service users, system partners and third sector organisations to design services and pathways of care to meet the diverse needs of communities.

We will work as part of the ICP to take community-centred and place-based approaches to address the wider determinants of health inequalities.

We will improve data collection and reporting on protected characteristics.
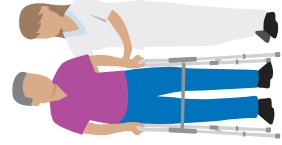
Year one
- Recruit healthy communities project manager to build relationships with external stakeholders.
- Form a steering group to increase participation from seldom-heard voices.
- Identify best practice for equality impact assessments.
- Develop SMART equality objectives informed by qualitative and quantitative data and wider intelligence.
- Develop intelligent data sets to identify service level uptake of recording protected characteristics to support service level improvements for data collection.

Year two
- Introduce focus groups across a wide range of communities to support developing health promotion initiatives, co-designed services and pathways.
- Use equality impact audits to support risk management and wider action plans.
- Refine action plans with clinical services to be supported with national and local data to improve access and uptake of services.

Year three
- Publish final healthy communities project report.
- Review SMART equality objectives and engage with inclusion health groups to identify further areas to develop beyond 2024.

Objective six:
Effective use of resources

Quality

Our ambition

Reduce low value activity and increase availability of patient facing time for clinical staff.

Use digital technology in a better way to support patient care and staff experience.

Year one
- Task and finish group to develop digital vision for the organisation as part of digital strategy.
- Staff engagement survey to understand barrier to using digital so we can understand next steps around training and expand alternatives to face-to-face appointments.

Year two
- Increase in automated audits and reduced data collection burden on clinical staff.
- Implement improved wound care digital solution.
- At least 15 QI projects aim to improve use of resources.

Year three
- Introduction of electronic prescribing and medicines administrations tool to reduce prescribing errors and omissions.
- Continued adaptation to working practices in line with NICE guidance and increased input into development of NICE guidance.

We will know we have it right when:

- 95 per cent patient satisfaction with type of consultation, for example online consultations, face-to-face, phone
- review of 50 online consultations and phone consultations demonstrate comparably equal outcomes with face-to-face consultations
- we have had five core automated audits from RiO system
- there is input into 75 per cent of NICE guidance consultations applicable to KCHFT core services
- QI projects on missed doses are used for benchmarking and learning.

Contribution to quadruple aim:
- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/ co-dependencies:
Digital strategy, communications strategy.

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Objective five:
Reduce health inequalities (continued)

Quality

We will know we have it right when:

- 100 per cent of new policies that impact on patients, clients and service users will have an equality impact assessment
- 100 per cent of policies ratified more than three years ago will have an updated equality impact assessment
- the Healthy Communities Steering Group has 50 per cent membership from community representatives and contributes to developing co-designed inclusive services
- recording patient protected characteristics and communication needs will provide robust data to enable services to improve access and experience
- SMART equality objective action plans and KPIs remain on target
- we have examples of improvement projects that have measurable outcomes on health inequalities.

Contribution to quadruple aim:
- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/ co-dependencies:
ICP workstreams.

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Objective eight: Promote clinical professional leadership

Quality

Our ambition

Promote clinical professional leadership making sure clinical services are clinically led and managerially enabled to ensure improved system performance, better patient outcomes and improved staff satisfaction.

Year one
- Continue to support clinicians to develop as leaders on the job by engaging in peer networks, action learning sets, coaching, mentoring and Schwartz Rounds.
- Clinical directors in medically led services co-lead with operational managers and lead nurse/allied health professional.

Year two
- Promote growth of communities of practice.
- Growth in clinical and professional leadership of improvement projects.
- Devolve authority and reduce bureaucracy.

Year three
- Introduce joint working aspects of Gemba walks, which allow managers and leaders to observe and understand the actual work process, engage with staff and jointly explore opportunities for continuous improvement.

Contribution to quadruple aim:
- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- Value for money

Enablers/co-dependencies:
People Strategy.

We will know we have it right when:
- we have excellent CQC well-led scores in 'we care' visits
- clinical staff receive support to submit 10 award, conference or journal submissions, which publicise our quality work
- KCHFT staff are actively engaged in and/or leading ICP clinical boards and bodies.

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Objective seven: Prioritise patient safety

Quality

Our ambition

In line with the NHS Patient Safety Strategy 2019, deliver a clear and compelling patient safety vision and culture, which is meaningful and understood by patients and staff and results in staff who feel psychologically safe, tackling of blame, valuing and respecting of diversity and support for learning.

Year one
- Develop a toolkit using QI methodology to support managers to work with and support teams involved in an incident.
- All governance committees include two patient safety partners who are trained by April 2022.
- Develop an implementation plan for patient safety incident response framework.

Year two
- Introduction of patient safety specialists registered with NHS Improvement.

Year three
- Human factors' training at senior leaders' forum.
- Human factors' thinking incorporated into serious incident process.

Contribution to quadruple aim:
- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- Value for money

Enablers/co-dependencies:
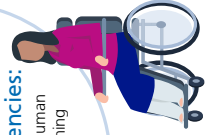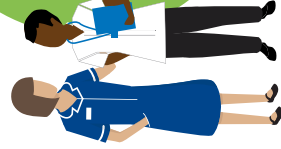Funding for human factors training

We will know we have it right when:

we maintain or attain our position in the upper quartile for the following questions in the NHS national staff survey (2020 staff survey results shown):
- 16a My organisation treats staff who are involved in an error, near miss or incident fairly (73 per cent)
- 17b I feel secure raising concerns about unsafe clinical practice (82 per cent)
- 17c I am confident my organisation would address my concern (76 per cent)
- 18b My organisation acts on concerns raised by patients/ service users (86 per cent)
- 18e I feel safe in my work (88 per cent)
- 18f I feel safe to speak up about anything that concerns me in this organisation (77 per cent).

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Do you have feedback about our health services?

Phone: 0800 030 4550, 8.30am to 4.30pm, Monday to Friday
Text: 07899 903499
Email: kentchft.PALS@nhs.net
Web: www.kentcht.nhs.uk/PALS

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

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we care

Our values
Compassionate Aspirational Responsive Excellent

Title of Meeting	Council of Governors
Date of Meeting:	3 November 2021
Agenda Item:	2.6
Subject:	Digital Strategy
Presenting Officer:	Gordon Flack, Director of Finance/Deputy Chief Executive

The Strategy builds on the digital investments that the Trust has made over several years, most recently the deployment of Rio, the Kent and Medway Care Record system and technology solutions to enable remote and home working during the COVID-19 pandemic.

The Strategy is aligned with the NHS Long Term Plan ambition of digitally-enabled care becoming mainstream across the NHS; further to this, and with digital as one of our key enablers, the Strategy will support the Trust in delivering its four strategic goals.

Gordon Flack
Director of Finance/Deputy Chief Executive
October 2021

NHS
Kent Community Health
NHS Foundation Trust

Digital Strategy

2021/22
to 2023/24

《 we care 》

www.kentcht.nhs.uk

Contents

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Our vision
for digital
transformation

With a digital first option allowing for longer and richer face-to-face consultations with clinicians where patients want or need it – advances in digital technology are continually opening up new possibilities for the prevention of ill-health and the care and treatment of our patients.

If the COVID-19 pandemic taught us one thing – it's that we can go further, faster using digital technology to transform and improve care for our patients.

Kent Community Health NHS Foundation Trust (KCHFT) is proud of the leadership role we have played in the Kent and Medway system in terms of digital innovation in the past couple of years. All our strategies recognise the importance of providing high-quality, dynamic and digital services, but this strategy sets out an ambitious three-year vision of how digital will support us to achieve our mission and vision.

It details how we will empower patients in their own care, support decision making, use artificial intelligence to help clinicians apply best practice, eliminate variation and support self-management. The result will be more patient-facing time for frontline colleagues, increased efficiency for support staff and making it easier for everyone to do their job.

As outlined in the NHS Long Term Plan (2019) digitally-enabled care will become the mainstream across the NHS. Priorities include:

- making sure clinicians can access and interact with patient records and care plans wherever they are

- using predictive techniques to support local health systems to plan care for populations

- using intuitive tools to capture data as a by-product of care to empower clinicians and reduce the administrative burden

- encouraging a world leading health IT industry in England with a supportive environment for software developers and innovators.

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'This strategy sets out an ambitious three-year vision of how digital will support us to achieve our mission and vision.'

Through our experienced Board and leadership team, we are building stronger relationships with commissioning and provider leaders in the Kent and Medway Integrated Care System (ICS), strengthening the technology capability of KCHFT and driving the integration of services across the local health economy.

Our Digital Strategy underpins this by substantial investment in new digital tools, for example, the deployment of our new electronic patient record system, RiO, which integrates with the Kent and Medway Care Record. Over the next three years we will continue to deliver using our Covid-19 working practices and use these experiences to develop methodologies that are sustainable for the future.

We will focus on developing our digital capability to support the creation and delivery of high-quality services and build on our shared leadership role within the Kent and Medway ICS.

It is our technical colleagues, working closely with clinicians and other team members, who will make sure we deliver our digital aims through their skill, commitment and imagination.

Gordon Flack
Director of Finance and Deputy
Chief Executive

Our digital drivers will be to:

- promote and support the use of data to enhance clinical care and patient safety
- reduce unnecessary complexity for staff across our systems
- empower our staff and patients with data while maintaining digital security
- provide rapid access to clinical information.

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About our strategy

This Digital Strategy lays out our approach for how digital services will support KCHFT's vision for providing systems and services to support our staff in their mission to provide first class, innovative patient care across the community.

We want to align to central NHS strategic thinking, while also allowing ourselves the opportunity to achieve our digital ambitions. These are to:

Our digital ambitions

- have accessible and integrated technology; giving our staff the digital tools to achieve their ambitions for excellence

- create a digital space that is capable of becoming an integral part of collaborative, shared public health IT services

- create highly secure, innovative and sustainable digital services

- achieve an outward-facing mentality, focused on the digital needs of our patients and staff

- gain better returns on the financial investments we've made in our digital technologies

- have a highly motivated and highly skilled IT workforce.

Our aim is to provide end-user-centric, secure, digital services that are innovative to the benefit of the local health system while being agile enough to evolve with the way that technology is changing. Our organisation will embrace partnerships with other like-minded organisations, learning from each other to achieve success and improve the lives of our patients.

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Context and background

Our organisation

We provide wide-ranging NHS care for people in the community, in a range of settings including people's own homes; nursing homes; health clinics; community hospitals; minor injury units and increasingly urgent treatment centres and in mobile units.

We are one of the largest NHS community health providers in England, serving a population of about 1.4 million across Kent and 600,000 in East Sussex and London.
We employ more than 5,000 staff, including doctors, community nurses, physiotherapists, dietitians and many other healthcare and administrative professionals.

Our mission and vision

Our vision

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

Our mission

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

Our goals

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

Our enablers for 2021/22

- **Digital** – having accessible and integrated technology.
- **People** – engaging, developing and valuing our people.
- E**nvironmental sustainability** – improving our environmental impact.
- **System leadership** – improving population health and wellbeing.

Our values

Compassionate   **Aspirational**   **Responsive**   **Excellent**

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Our challenges

Nationally

The challenges facing the NHS are evolving. Not only are we having to live with COVID-19 we also have an ageing population, many living with multiple long-term conditions. The way we are living our lives is also changing, meaning that younger members of the population are accessing health services. All of this is putting increased demand on the NHS.

In response to this, the NHS published the NHS Long Term Plan in 2019, which sets out the priorities for NHS for the next 10 years. Much of this relies on re-designing care pathways and delivering care in different ways, such as:

- integrated local care systems
- stronger network of GPs and community services
- radically transformed outpatient services
- avoiding hospital admittance
- specific commitments relating to a range of priority areas such as cancer, stroke, children's services, and maternity.

The NHS Long Term Plan also states that in 10 years' time, the NHS in England will offer a 'digital first' option for most, allowing for longer and richer face-to-face consultations with clinicians where patients want or need it. NHS England has pledged that digitally-enabled care will become 'mainstream' across the NHS over the next decade, and, specifically for digital transformation, set a number of objectives and milestones on the way to that goal:

- In 2021, people will have access to their care plan and communications from their care professionals.
- By 2023/24 every patient in England will be able to access a digital first primary care offer.
- By 2024, secondary care providers in England, including acute, community and mental health care settings, will be fully digitised, including clinical and operational processes across all settings, locations and departments.
- Data will be captured, stored and transmitted electronically, supported by robust IT infrastructure and cyber security, and LHCRs (Local Health Care Records) will cover the whole country.
- Use decision support and artificial intelligence (AI) to help clinicians in applying best practice.
- Use intuitive tools to capture data as a by-product of care in ways that empower clinicians and reduce the administrative burden
- Protect patients' privacy and give them control over their medical record
- Encourage a world leading health IT industry in England with a supportive environment for software developers and innovators.

It is our responsibility to align our objectives in support of the NHS Long Term Plan and be an integral part of digital change to improve the care of our patients.

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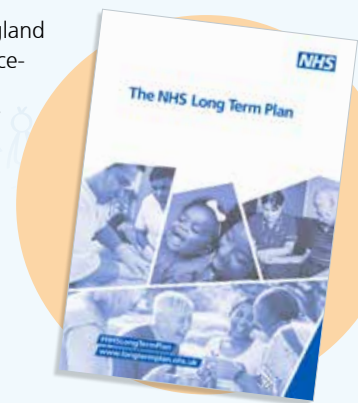
'This requires more innovative, efficient, digitally focused services that are enablers to allow KCHFT to continue to deliver first class healthcare...'

Locally

There are approximately 1.8 million people living in Kent and Medway. The population of Kent and Medway is rapidly growing and the number of people living in Kent and Medway is predicted to rise by almost a quarter by 2031. This increase is higher than the average across England. This is because local people are living for longer and because people are moving into the area. We are very unlikely to see any more significant increases in health and social care budgets in the near future. Our budgets are not rising at the same pace as costs and demand. Across Kent, all NHS providers face significant financial challenges. Funding for council-provided services is reducing due to budget pressures.

KCHFT is now part of the newly-established Kent and Medway Integrated Care System. The system is made up of GP practices working together in primary care networks, four new and developing integrated care partnerships, drawing together all the NHS organisations in a given area and working more closely with health improvement services and social care, and a single commissioner, NHS Kent and Medway, which takes a bird's eye view of health priorities for local people and looks at shared challenges.

East Sussex has a varied and diverse population and is home to around 555,110 people. The county is seeing many of the same challenges as Kent, in terms of the proportion of people over 65 and over 85 being higher than the national average. The numbers of young people are expected to increase by three per cent in the next three years and there is also a growth in the numbers of children with statements of SEND or Education Health Care Plan, some of whom will have complex medical and care needs.

Across Sussex, the NHS and local councils that look after social care and public health are working together to improve health and care. The Sussex Health and Care Partnership brings together 13 organisations into an integrated care system.

North East London has a population of almost two million. It has the highest population growth in London – equivalent to a new borough in the next 15 years, as well as significant health inequalities.

All of the above requires more innovative, efficient, digitally focused services that are enablers to allow the trust to continue to deliver first class healthcare not just to our patients, but also in collaboration across the ICS area.

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Our aims
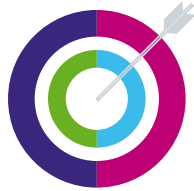
Our Digital Strategy is an enabler to the achievement of KCHFT's mission. It involves prioritising innovation, transformation, productivity, leadership and partnership working to deliver sustainable and ethical services and support all organisational goals while maintaining alignment to NHS national strategies.

Applied appropriately, digital technology has the capability to enhance many areas of clinical care, as well as providing an environment where patient safety is paramount. This will underpin our reputation for the delivery of high-quality and safe patient care while also enhancing KCHFT's ability to pursue additional business opportunities.

Our Digital Strategy defines an outward looking approach towards digital, creating new ways of working to enable existing services to continue whilst allowing a platform for new solutions to be deployed. Roadmaps will be created, underpinned by strategy to allow new, innovative designs to support our organisational objectives – while also having the flexibility to evolve and make use of emerging technologies as they appear.

We will focus on conception, design and delivery, underpinned by proven and robust frameworks, that collaborate and combine the goals and objectives from across KCHFT.

## Our goals:

1. Empower people in their own care.

2. Integrate services.

3. Deliver high quality care at home and in the community.

4. Develop sustainable services.

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Developing services that align to our organisational goals will make sure KCHFT has processes in place for sustainable development and delivery of digital solutions that continue to support the great work our staff do. We aim to achieve this by implementing solutions that are:
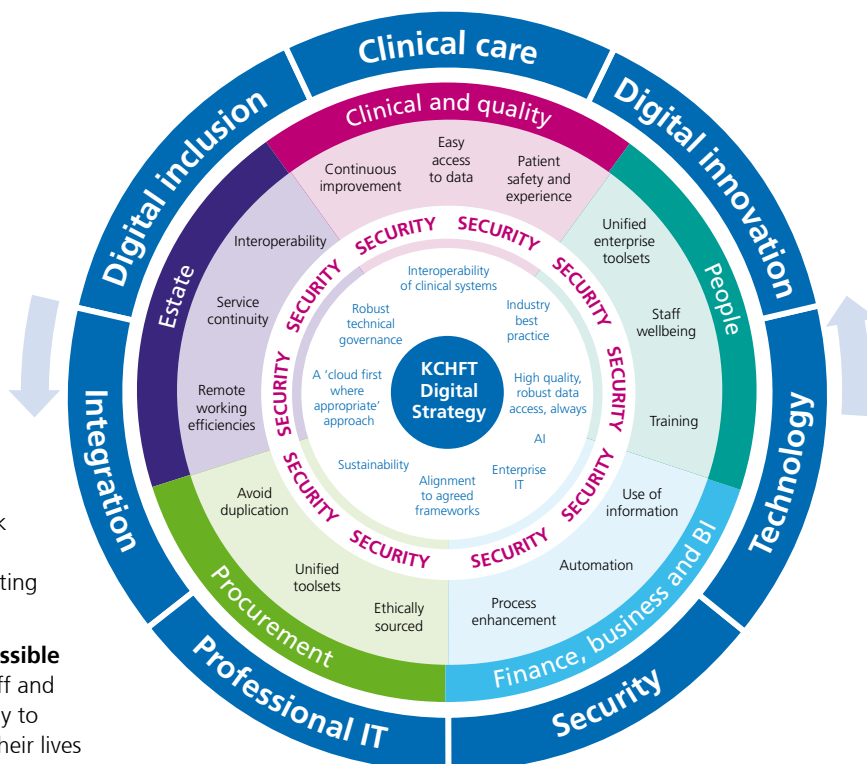
- **Easy to use and accessible** – focusing on how staff and patients use technology to support and improve their lives and daily activities.

- **Innovative** – taking development ideas from end-users and combining these with our knowledge of evolving technologies to deliver new digital solutions.

- **Outward facing** – delivering tangible benefits to the end user which supports care delivery.

- **Dynamic** – solutions that offer flexibility over how they are used with the ability to switch focus depending on requirements.

- **Financially sustainable** – making sure that investments made in solutions deliver the identified benefits for our staff and patients.

- **Conscientious** – promoting the use of ethically sourced and sustainable third-party goods and services.

- **Technically secure** – maintaining high levels of protection of our digital assets wand information

The digital strategy

Aim	Ambition	Digital focus
Clinical and care	We will adopt a user first approach to create simple, efficient and user-friendly digital solutions.	• Designing systems with the end-user in mind. • Make digital solutions easy to use, efficient and effective.
Digital inclusion	We will design new services that are digitally inclusive, aligning our digital inclusion standards with national ones, so staff and patients can access digital solutions when and where they need to.	• IT to be digitally inclusive for all from development to use by the end-user. • Design IT systems that align with organisational requirements and the needs of staff and patients.
Digital innovation	We will support digital innovation that benefits patient care and service delivery.	• Share ideas between our services and other NHS organisations. • Improve internal communication on strategies and ideas for current and future needs. • Use of automation to improve efficiency and security of design and rollout of systems. • Reduce duplication and unnecessary processes. • Enhance relationships and stimulate fresh thinking.
Integration	We will work more closely with other trusts and partners and introduce systems that can more easily 'talk' to each other, allowing patient information to flow across care settings.	• Reduce the barriers between different systems and organisations including broader partnerships. • Improve access for staff to patient data. • Reduce time spent on multiple systems. • Build relationships with smaller providers, for example, pharmacies, care homes and private providers.

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Aim	Ambition	Digital focus
Professional IT	We will use best practice to inform our approach to implement and support digital solutions and technology that makes a tangible, positive difference to the experiences of staff and patients.	• Introduce frameworks to bring together service design and delivery into a joined-up, repeatable and achievable pattern. • Adopt industry standards and best practice for the delivery and management of digital solutions and support services.
Security	We will continue to make sure digital solutions and technologies that we manage, as well as the data and information that they hold, are secure from threats.	• Run the most up-to-date versions of systems so security patches and updates are supported and effective. • User-authentication is secure. • Our digital infrastructure is fully protected.
Technology	We will have an 'internet-first' approach; where possible, digital service design options will be cloud-based.	• Systems can be scaled-up if needed. • Systems and services can interact. • Accessible from anywhere. • Make use of industry best practice to improve third party support and warranty.
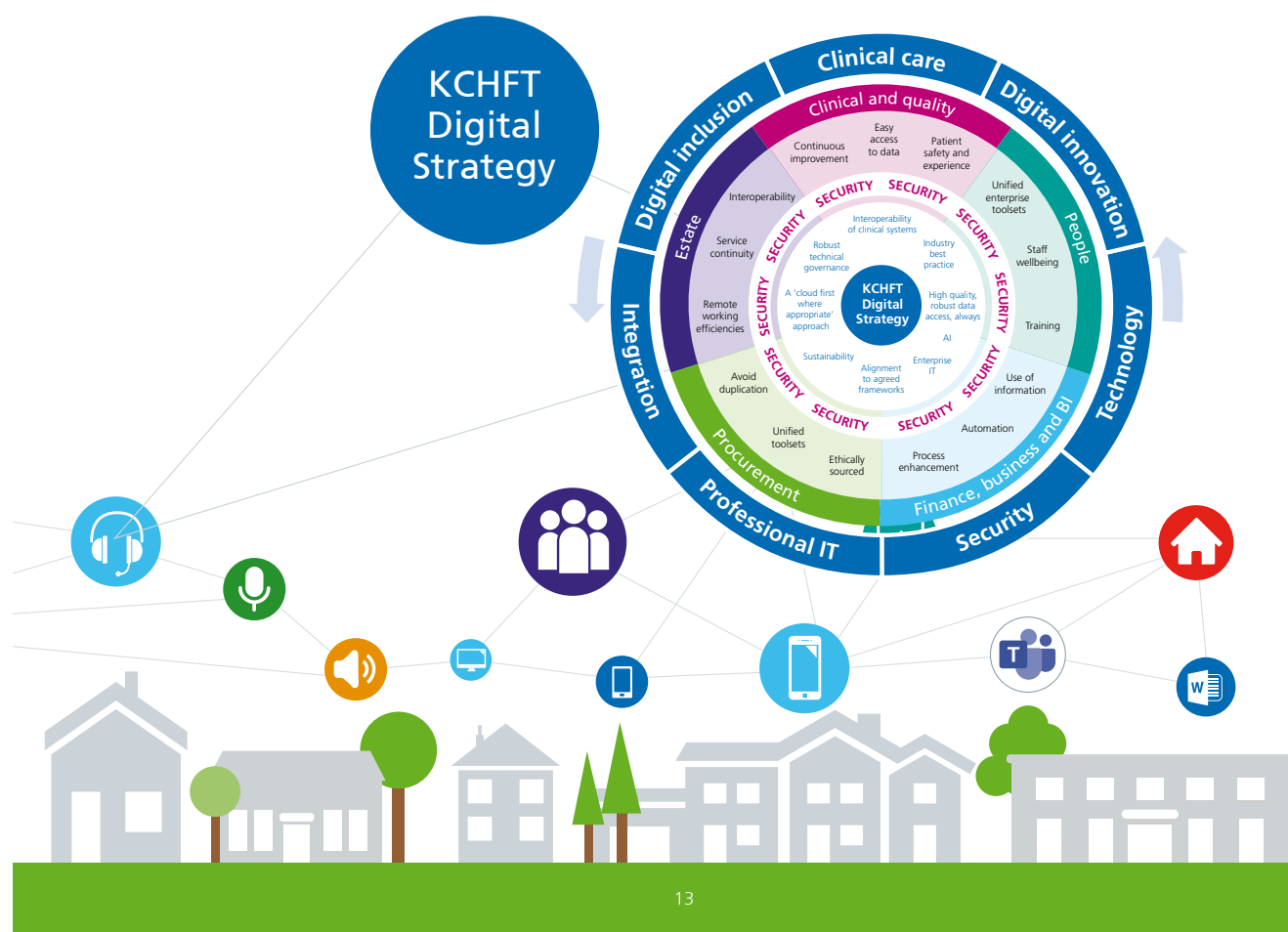
Clinical and care

Year one

- Make RiO available to staff on tablet devices.
- Introduce a RiO user forum to support the on-going review and development of the system.
- Expand the use of voice recognition software across KCHFT to reduce the need for manual data entry.
- Start work on giving patients access to their health records through My Care Record Kent and Medway.
- Implement an electronic prescribing and medicines administration system.
- Trial a bed management and patient flow solution.
- Start work on a solution for online clinical appointment booking for patients.
- Review the systems used for virtual consultations to make sure patients and staff are getting the best experience from them.
- Build 'user first' priority thinking into all projects.
- Improve communication and information flows to frontline staff.
- Support business transformation and cultural changes as an outcome of digital developments.

Year two

- Recruit Chief Information Officers for clinical directorates.
- Implement remote diagnostic technologies to monitor patients in real-time.
- Introduce technologies that support patients to manage their own care more effectively.
- Develop our website and intranet to be our main platform for digital access.
- Align our support service with users to offer technical and access support as services move to deliver 24/7 care.

Year three

- Develop full use of systems and networks to support the flow of patient data and service delivery.
- Adopt a consistent approach to data management and access.

We will know we have it right when:

- Staff will be able to access systems from a device that is right for their role.
- Patients will be able to book and manage their appointments online.
- Staff will be able to monitor and review their patients' medications and vital signs remotely.
- Patients will be able to access their health records online.
- Staff will be able to propose changes and developments to the RiO system.
- Chief Information Officers have been appointed in each clinical directorate.

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Digital inclusion

Year one

- Create focus and engagement groups (including staff, patients and volunteers) to improve how we develop and use our digital solutions.
- Introduce digital champions to support staff and patients in accessing digital solutions.
- Develop the digital competency and confidence of our staff through training and support, for example, digital drop-in clinics; bite-size videos on how to use RiO, MS Teams, MS Word; modular digital training sessions to build basic skills and confidence.
- Review the use of virtual consultations so all patient groups can access services in the way they need.
- Align service design to national guidance for digital inclusion.
- Create a culture of inclusive thinking for service design and delivery.
- Introduce staff and patient surveys to measure and learn from end-users' experience of digital solutions.

Year two

- Build on digital access for hard-to-reach and vulnerable groups, for example, disability or translation requirements.
- Work with partner organisations to provide patients with access to digital equipment.
- Introduce patient forums for digital services to help us shape how we deliver digital solutions in the future.
- Service shift to providing patients with direct access to their own information.
- Offer a choice of digital solutions to patients for how they can access our services, for example, video calls, web-chats, SMS messaging, voice recognition.

Year three

- Partner with other agencies, for example, pharmacies, local authorities, voluntary sector, so people can get online easily and with support.
- Identify further ways to help people access digital services.

We will know we have it right when:

- Staff will have received the right training for their role and will feel confident to use digital systems.
- Increased digital inclusion for people who might not normally be able to access it.
- A year on year increase in uptake in use of digital solutions in hard-to-reach and vulnerable groups.
- Implemented an approach for monitoring digital inclusion for our patients and staff and set targets to increase.
- Partnered with local councils and the voluntary sector to issue our patients with digital technology.
- Digital champions have been appointed to support patients and staff to increase their confidence in using digital technology.
- 90 per cent of end-users are satisfied with their experience of using digital solutions.

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Digital innovation

Year one
- Expand the use of artificial intelligence (AI) to speed-up processes.
- Explore the opportunities for having remote triaging available in our minor injury units/ urgent treatment centres.
- Introduce apps from the NHS App Library.
- Continue knowledge sharing between clinical and digital teams to understand new developments and improve the end-user experience.
- Horizon scanning and forward view to identify and pilot emerging technologies.
- Use of data to enable better patient care.

Year two
- Develop in-house apps and digital solutions.
- Work with partner health and social care providers to maximise the benefits from digital solutions.
- Explore the use of virtual reality and AI to support the delivery of clinical care and decision making.

Year three
- Partner with digital industry providers to jointly develop and support our digital services.
- Work with partner NHS and social care organisations to introduce digital innovation hubs across the county.

We will know we have it right when:

- All services will be represented on regular digital innovation forums to bring forward new ideas.
- 20 per cent of current administrative processes to be undertaken by AI.
- Apps developed in-house or approved for use across the NHS are made available to our services and patients.
- Partnering agreements are in place with leading digital industry providers.
- Reduced steps in trialling and on-boarding new technologies.

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Integration

Year one

- Access to the Kent and Medway Care Record system from within RiO.
- Start linking RiO to other KCHFT clinical systems.
- Work with partner NHS organisations to implement a Kent and Medway solution for clinicians to order blood tests and x-rays and view results.
- Develop forms within the Kent and Medway Care Record to allow clinicians to record clinical information.
- Align RiO to the clinical systems used in partner organisations.

Year two

- Access to the Kent and Medway Care Record system from all KCHFT clinical systems.
- RiO linked to all KCHFT clinical systems.
- Work with other providers, such as pharmacies and care homes, to facilitate quick and effective care through access to the Kent and Medway Care Record.
- Review data flows to cut down duplication of data entry and reporting.

Year three

- Wider Kent and Medway Care Record system access and integration.
- Reduce unnecessary time spent switching between systems to ensure consistent access to data, with a focus on accuracy, relevance and quality.

We will know we have it right when:

- Clinical staff will be able to access patient information from a range of care providers when they need it.
- Clinical staff working in multi-disciplinary teams will be able to update online forms about their patients' care.
- Clinical staff will be able to order diagnostic tests and view results for their patients.
- Reduce the time service users spend changing between systems.

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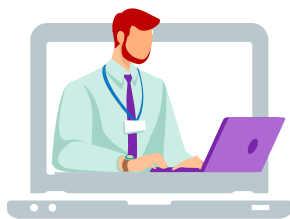
Professional IT

- Enhance our technical processes and standards.
- Develop the way we purchase technology to make sure our suppliers can demonstrate their products and components, are sustainable and ethically sourced.
- Create an 'Enterprise' (whole system) mindset through adoption and integration of proven frameworks and process to enhance digital service delivery.
- Build best practice into our culture.

- Service desk to deliver against industry standards and be accredited by the Service Desk Institute.
- Start accreditation to industry standards for all IT services.
- 'As a service' approach to creation and delivery of digital tools and assets.
- Development of full and matured change management programme.
- Implementation of industry standards and best practice for the delivery of digital support services.

- Digital support services accredited to industry standards.
- Reduce reliance on capital financing.
- Streamlined revenue costs for digital services.

We will know we have it right when:

- Enterprise frameworks in relation to service delivery, service design and governance have been adopted.
- Digital support services have been accredited against industry standards.
- Processes are in place for inter-departmental communication covering service design, specification, delivery, procurement, security and resource management.

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2.6 - Digital Strategy

Security

Year one
- Update our security processes to meet all compliance-based requirements including the Data Security and Protection Toolkit, Cyber Essentials Plus, IT Health Check.
- All staff to understand how security supports the digital services they use in their day-to-day roles.

Year two
- Security architecture development to support shift in service delivery to 'internet first'.
- All technical staff to have achieved cyber security certification that is appropriate to their role.

Year three
- Review and maximise security in all digital systems through understanding and familiarity.
- Provide staff with a suite of strong and useful security tools on all platforms.
- Integrate our existing cyber security products to meet our needs.

We will know we have it right when:

- Staff understand what cyber security threats are and what they need to do if they encounter one.
- Cyber Essentials Plus accreditation has been achieved.
- Compliance with the standards in the Data Security and Protection Toolkit has been achieved.
- Recommendations from our IT Health Check have been implemented.
- Staff understand that security is not a barrier but a tool to support safe service delivery.

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Technology

- Review the apps that form Office 365 and plan for the deployment of those that would benefit our staff and services.
- Map the digital equipment and system needs for all roles within KCHFT issuing equipment as required.
- Implement an 'always on' solution, allowing devices to remain connected to KCHFT's network.
- Trial the use of roaming data SIMs in mobile devices to make sure staff can stay connected when working in the community.
- Work jointly with the Estates Team to make sure technology supports the changing uses of KCHFT's buildings.
- Deliver telephony solutions that allow staff to be contacted from wherever they are working.
- Implement 'internet first' solutions where appropriate.
- Produce a technical roadmap that will detail the steps required to deliver the 'internet first' solutions.

- Maximise the use of Office 365 across KCHFT.
- Consolidate existing digital services to support migration to 'internet first' technologies.
- Continuous alignment and engagement with the wider NHS, learning from technical innovations and deployments in other organisations.

- Unification of digital and technological assets across KCHFT.

We will know we have it right when:

- Staff have access to the right devices to enable them to do their job.
- Devices can connect to the network automatically.
- Office 365 apps are used widely across KCHFT.
- Staff are able to make telephone calls from a range of digital devices.
- Our buildings have the right levels of technology available within them to support new ways of working.
- Created a culture of 'user first' thinking for all technical deployments.
- Adopted of an 'internet first' approach where possible.

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| **Digital Strategy Delivery Plan** |
| **Highlight Report – October 2021** |

1. INTRODUCTION

The Digital Strategy lays out our approach for how digital services will support KCHFT's vision for providing systems and services to support our staff in their mission to provide first class, innovative patient care across the community.

The strategy has seven focus area 'Aims':
- Clinical and Care
- Digital Inclusion
- Digital Innovation
- Integration
- Professional IT
- Security
- Technology

Each Aim has a number of 'Outcomes' which underpin and drive the numerous projects detailed in the 'Delivery Plan'. Each project is weighted according to overall benefit and business impact.

2. GOVERNANCE

The 'Delivery Plan' is managed by the Digital Solutions Group (DSG), which is responsible for populating the plan with workstreams and projects it deems appropriate to achieve the Outcomes. The DSG see a detailed analysis of projects and their progress. It is also responsible for managing project priorities.

An overview of activity is presented through this Highlight Report to the Integrated Management Meeting (IMM), The Finance, Business and Investment Committee (FBI) and the Board.

3. REPORT

Table 1. shows the number of projects currently planned or in-flight against each Aim, over the three years of the Digital Strategy.

Table 2. summarises our progress against achieving the Aims / Outcomes in 2021/22, with some key achievements noted.

This report highlights a number of challenges that are being experienced during the delivery phase of our 2021/22 programme; whilst the majority of these challenges will be resolved in-year there are two areas that may impact our planned delivery targets:

1. Global supply chain issues (specifically relating to the purchase of laptop and tablet devices) – we continue to monitor and discuss this issue with our main suppliers and will update our plans accordingly.
2. Availability of skilled technical resources to support the integration of systems to RiO – we will be working jointly with Kent and Medway NHS and Social Care Partnership Trust on this development and if we are unable to access the required skills locally we will work with Servelec on our integration requirements (on a case-by-case basis).

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Table 1 – Planned and in-flight projects against RAG status

Aim	Ambition	Projects	Year One – Projects FY21/22		Year Two – Projects FY22/23		Year Three – Projects FY23/24	
Clinical and Care	We will adopt a user first approach to create simple, efficient and user friendly digital solutions.	14	7	Complete 0% on Track 71% Delays 29% Issues 0%	5	Complete 0% on Track 0% Delays 0% Issues 0%	2	Complete 0% on Track 0% Delays 0% Issues 0%
Digital Inclusion	We will design new services that are digitally inclusive, aligning our digital inclusion standards with national ones, so staff and patients can access digital solutions when and where they need to.	23	16	Complete 19% on Track 56% Delays 25% Issues 0%	5	Complete 0% on Track 0% Delays 0% Issues 0%	2	Complete 0% on Track 0% Delays 0% Issues 0%
Digital Innovation	We will support digital innovation that benefits patient care and service delivery.	16	11	Complete 0% on Track 91% Delays 9% Issues 0%	3	Complete 0% on Track 0% Delays 0% Issues 0%	2	Complete 0% on Track 0% Delays 0% Issues 0%
Integration	We will work more closely with other trusts and partners and introduce systems that can more easily 'talk' to each other, allowing patient information to flow across care settings.	14	8	Complete 13% on Track 63% Delays 25% Issues 0%	4	Complete 0% on Track 0% Delays 0% Issues 0%	2	Complete 0% on Track 0% Delays 0% Issues 0%
Professional IT	We will use best practice to inform our approach to implement and support digital solutions and technology that makes a tangible, positive difference to the experiences of staff and patients.	16	8	Complete 25% on Track 75% Delays 0% Issues 0%	5	Complete 0% on Track 0% Delays 0% Issues 0%	3	Complete 0% on Track 0% Delays 0% Issues 0%
Security	We will continue to make sure digital solutions and technologies that we manage, as well as the data and information that they hold, are secure from threats.	13	8	Complete 50% on Track 38% Delays 13% Issues 0%	2	Complete 0% on Track 0% Delays 0% Issues 0%	3	Complete 0% on Track 0% Delays 0% Issues 0%
Technology	We will have an 'internet first' approach; where possible, digital service design options will be cloud-based.	35	31	Complete 13% on Track 58% Delays 29% Issues 0%	3	Complete 0% on Track 0% Delays 0% Issues 0%	3	Complete 0% on Track 0% Delays 0% Issues 0%
Total:		**131**	89 Year One Total Projects		27 Year Two Total Projects		15 Year Three Total Projects	

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Table 2 – Achievement against Aim / Outcome

Aim	Outcome	% Achieved against Outcome		Comments
		2021/22 - year to date	2021/22 - full year plan	
Clinical and Care	Staff will be able to access systems from a device that is right for their role	22%	70%	**Key achievements:** - Successful pilot of iPad tablets for RiO - Successful pilot of Virtual Smartcards on tablets and laptops - 'Always on' VPN being rolled out widely - Single Sign On being rolled out widely - KCHFT staff now have access to KMCR via RiO - Work started on My Care Record - Kent and Medway, giving patients access to their own health care records **Challenges:** - Global supply chain issue - laptops / tablets
	Patients will be able to book and manage their appointments online	3%	65%	
	Staff will be able to monitor and review their patients' medications and vital signs remotely	2%	40%	
	Patients will be able to access their health records online	14%	45%	
	Staff will be able to propose changes and developments to the RiO system	5%	100%	
	Chief Information Officers have been appointed in each clinical directorate	2%	30%	
	% Achieved against Aim	**8%**	**58%**	
Digital Inclusion	Staff will have received the right training for their role and will feel confident to use digital systems	42%	80%	**Key achievements:** - eLearning packages developed to support RiO Training needs - eLearning training available showing how to access KMCR through RiO - Education Workforce and Development and IT working group set up for collaborative training packages - TopDesk self-help video's and guides under development - Training plan created to ensure IT staff have awareness of new toolsets - Digital competency assessment underway, will signpost additional staff training needs **Challenges:** - Delivering face to face RiO training to larger cohorts with account and MS Teams issues - Standardising 'easy read' images on our website forms
	increased digital inclusion for people who might not normally be able to access it	1%	70%	
	A year on year increase in uptake in use of digital solutions in hard-to-reach and vulnerable groups	0%	0%	
	implemented an approach for monitoring digital inclusion for our patients and staff and set targets to increase	3%	70%	
	Partnered with local councils and the voluntary sector to issue our patients with digital technology	0%	0%	
	Digital champions have been appointed to support patients and staff to increase their confidence in using digital technology	5%	100%	
	90 percent of end-users are satisfied with their experience of using digital	-	90%	
	% Achieved against Aim	**8%**	**53%**	

Aim	Outcome	% Achieved against Outcome		Comments
		2021/22 - year to date	2021/22 - full year plan	
Digital Innovation	All services will be represented on regular digital innovations forums to bring forward new ideas	33%	100%	**Key achievements:** - National Wound Care strategy partnership is maturing - Digital data and information workstream has been set up - Virtual consultation tools review is underway at Kent and Medway level - Automation 'Bots' are in use in HR, streamlining processes with plans to expand these more widely across KCHFT and in to partner organisations **Challenges:** - Collaborating with NHS partners for integration support, lack of skillset in the system
	20 percent of current administrative processes to be undertaken by AI	17%	85%	
	Apps developed in-house or approved for use across the NHS are made available to our services and patients	17%	85%	
	Partnering agreements are in place with leading digital industry providers	0%	45%	
	Reduced steps in trialling and on-boarding new technologies	0%	0%	
	% Achieved against Aim	**14%**	**63%**	
Integration	Clinical staff will be able to access patient information from a range of care providers when they need it	41%	50%	**Key achievements:** - KCHFT staff have full access to KMCR through RiO - KMCR Forms have been developed to enable recording clinical information directly into KMCR - Wound matrix integration to RiO is in development - Kent and Medway system wide Order Comms solution in development **Challenges:** - Pilot for bed management software held up waiting for supplier integration
	Clinical staff working in multi-disciplinary teams will be able to update online forms about their patients' care	19%	100%	
	Clinical staff will be able to order diagnostic tests and view results for their patients	15%	100%	
	Reduce the time service users spend changing between systems	2%	45%	
	% Achieved against Aim	**19%**	**74%**	
Professional IT	Enterprise frameworks in relation to service delivery, service design and governance have been adopted	9%	40%	**Key achievements:** - 'Graylog' deployment to facilitate better network vulnerability/alert management - Undertaken a full Service Desk Institute audit - Full review of Standard Operating Procedures undertaken, updates underway **Challenges:** -
	Digital support services have been accredited against industry standards	7%	20%	
	Processes are in place for inter-departmental communication covering service design, specification, delivery, procurement, security and resource management	2%	40%	
	% Achieved against Aim	**6%**	**33%**	

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Aim	Outcome	% Achieved against Outcome		Comments
		2021/22 - year to date	2021/22 - full year plan	
Security	Staff understand what cyber security threats are and what they need to do if they encounter one	-	90%	**Key achievements:** - Cyber Security strategy and six Standard Operating procedures reviewed and rewritten to facilitate flexibility - Completed a review of Antivirus solutions with Kaspersky deployment underway - Met all annual Data Security and Protection Toolkit cyber requirements for 2021 - Undertaken annual NHS Digital IT Health Check - Well underway to achieving our Cyber Essentials Plus standard **Challenges:** - Sudden change to workforce requirements due to COVID mobilisation
	Cyber Essentials Plus accreditation has been achieved	70%	100%	
	Compliance with the standards in the Data Security and Protection Toolkit has been achieved	77%	100%	
	Recommendations from our IT Health Check have been implemented	28%	35%	
	Staff understand that security is not a barrier but a tool to support safe service delivery	12%	60%	
	% Achieved against Aim	**37%**	**59%**	

Aim	Outcome	% Achieved against Outcome		Comments
		2021/22 - year to date	2021/22 - full year plan	
Technology	Staff have access to the right devices to enable them to do their jobs	38%	100%	**Key achievements:** - GovRoam has been deployed, facilitating system-wide work location connectivity - 'Always on' VPN connectivity is being rolled out - '8x8' soft phones have replaced dated onsite telephony systems to give users flexibility - Out of warranty Laptops have been replaced by new ones - We are expanding our mobile device knowledge to support iPads - Roaming SIMs pilot is underway - Out of support/end of life smart mobiles phones have been replaced with new ones - Procurement complete for software deployment tool **Challenges:** - Managing large scale update deployments over VPN and home Wi-Fi connectivity
	Devices can connect to the network automatically	40%	100%	
	Office 365 apps are used widely across KCHFT	2%	35%	
	Staff are able to make telephone calls from a range of digital devices	51%	100%	
	Our buildings have the right levels of technology available within them to support new ways of working	82%	100%	
	Created a culture of 'user first' thinking for all technical deployments	29%	95%	
	Adopted of an 'internet first' approach where possible	10%	40%	
	% Achieved against Aim	**36%**	**81%**	

Title of Meeting	Council of Governors
Date of Meeting:	3 November 2021
Agenda Item:	2.7
Subject:	Governor Elections
Presenting Officer:	Natalie Davies, Director of Corporate Services

1. **Introduction**

Governor elections are due to commence in six public constituencies:

- Dover/Deal
- Maidstone
- Out of Area
- Swale
- Thanet
- Tonbridge and Malling

The constituency of Thanet is currently vacant. The other constituencies are as a result of the existing governor reaching the end of their three-year term of office in early 2022.

2. **Proposal**

It is proposed that the election process should commence on Friday 21st January 2022, in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	**Friday 21 January 2022**
Deadline for delivery of nominations	**Tuesday 8 February 2022**
Publication of statement of nominated candidates	**Wednesday 9 February 2022**
Final day for candidate withdrawal	**Friday 11 February 2022**
Notice of Poll published	**Friday 25 February 2022**
Close of election	**Friday 18 March 2022**
Declaration of results	**Monday 21 March 2022**

The successful candidates will be announced on 21 March 2022, and it is hoped that the new governors will attend the Governor Development Day on Wednesday 30 March as part of their induction.

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

3.   **Conclusion**

Governors are asked to approve the proposed timetable.

Joy Fuller
Governor Lead
November 2021

Meeting Title:	Council of Governors
Date of Meeting:	3 November 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 met on 23 September 2021. In attendance were governors; David Price, Ruth Davies, Miles Lemon and Jan Allen, and John Goulston, Chair and Bridget Skelton, Senior Independent Director. The meeting was quorate. In attendance was Natalie Davies, Corporate Services Director.

The agenda considered the:
- Non-Executive Director Remuneration
- Process for the recruitment of Non-Executive Directors
- NED skills audit for Board Committees

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

2. Non-Executive Director Remuneration

The Committee received the report and it was agreed to recommend to the Council that the remuneration of the NEDs should stay at £13,000 per year with a 20% uplift for the chairs of the main committees – Quality, Finance Business and Investment, Strategic Workforce and Audit & Risk. £13,000 is the maximum basic recommended by NHSI.

The Committee considered the Chair's remuneration against national and regional benchmarks and agreed to recommend an uplift to £48,000.

3. Process for the recruitment of Non-Executive Directors

The Committee received a report setting out the proposal for the recruitment of two new NEDs and two associate NEDs.

The Committee agreed to recommend to the Council that:

- Alumni Harvey Nash to be appointed as the Search Consultant for the recruitment of the NEDs.
- The skill set sought for the NEDs was approved.
- Candidates for the two associate NEDs would be sought during the search for the two NEDs. If associate NEDs were not found during the current search, the process would commence again in Spring 2022.
- The associate NEDs should be offered a remuneration of £9,000.

4. NED skills audit for Board Committees

The Committee received the current NED skills audit for the Board Committees. The Committee agreed that the skills set for the Chair should be included on the form. This is attached at appendix A.

The Committee accepted the report.

5. Recommendations

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

- The remuneration of the NEDs should stay at £13,000 per year with a 20% uplift for the chairs of the main board committees.

- The chair's remuneration should be set at £48,000 from 1 November 2021.

- In relation to the recruitment process for Non-Executive Directors;
    - o Alumni Harvey Nash to be appointed as the Search Consultant for the recruitment of the NEDs.
    - o Candidates for the two associate NEDs would be sought during the search for the two NEDs. If the associate NEDs were not found during the current search, the process would commence again in Spring 2022.
    - o The associate NEDs should be offered a remuneration of £9,000.

- The NED skills audit for board committees was approved, with the inclusion of the skills set of the Chair.

APPENDIX A

**NON-EXECUTIVE DIRECTOR SKILLS AUDIT
FOR BOARD COMMITTEES**

The table below provides an overview of the current skills audit for the Chair and Non-Executive Directors (NEDs).

Skill Area	Sola Afuape	Pippa Barber	Paul Butler	Peter Conway	Francis Drobniewski	John Goulston	Nigel Turner	Bridget Skelton
Audit and Risk Management		x	x	x				
Clinical and/or Medical		x			x			
Commercial				x				x
Corporate Communications/Media			x				x	
Digital/IM & T				x		x		
Engagement (Patient and Public)	x							
Equality, Diversity and Inclusion	x				x			
Estates and Sustainability						x		
Financial			x	x		x		
Legal								
NHS – Health and Care		x			x	x	x	x
Organisational Development	x	x	x				x	x
Population health and health inequalities	x				x			
Public policy		x		x		x		
Workforce	x	x	x		x		x	X

Strategy, Governance and Leadership - Each NED should have this as a profile core skill

The NED membership of board committees is set out in the tables below. Under each table the current skills audit for each NED has been included to show the range of skills, knowledge and experience brought to each board committee.

Remuneration and Terms of Service Committee

NED member	Skills
John Goulston (Chair)	Digital/IM & T, Estates and Sustainability, Financial, NHS – Health and Care, Public Policy
Bridget Skelton (Deputy Chair)	Commercial, NHS – Health and Care, Organisational Development, Workforce
Pippa Barber	Audit and Risk management, Clinical/Medical, NHS – Health and Care, Organisational Development, Public Policy
Peter Conway	Audit and Risk Management, Commercial, Digital/IM&T, Financial, Public Policy
Nigel Turner	Corporate Communications/Media, Organisational Development, Workforce
Francis Drobniewski	Clinical/Medical, Equality, Diversity and Inclusion, NHS – Health and Care, Population Health and Health Inequalities, Workforce
Sola Afuape	Patient and Public Engagement, Equality Diversity and Inclusion, Organisational Development, Population Health and Health Inequalities, Workforce
Paul Butler	Audit and Risk Management, Corporate Communications/Media, Financial, Organisational Development, Workforce

Audit and Risk Committee

NED member	Skills
Peter Conway (Chair)	Audit and Risk Management, Commercial, Digital/IM&T, Financial, Public Policy
Pippa Barber (Deputy Chair)	Audit and Risk management, Clinical/Medical, NHS – Health and Care, Organisational Development, Public Policy
Bridget Skelton	Commercial, NHS – Health and Care, Organisational Development, Workforce

Charitable Funds Committee

NED member	Skills
Francis Drobniewski (Chair)	Clinical/Medical, Equality, Diversity and Inclusion, NHS – Health and Care, Population Health and Health Inequalities, Workforce
Sola Afuape (Deputy Chair)	Patient and Public Engagement, Equality Diversity and Inclusion, Organisational Development, Population Health and Health Inequalities, Workforce
Pippa Barber	Audit and Risk management, Clinical/Medical, NHS – Health and Care, Organisational Development, Public Policy

Finance, Business and Investment Committee

NED member	Skills
Paul Butler (Chair)	Audit and Risk Management, Corporate Communications/Media, Financial, Organisational Development, Workforce
Bridget Skelton (Deputy Chair)	Commercial, NHS – Health and Care, Organisational Development, Workforce
Peter Conway	Audit and Risk Management, Commercial, Digital/IM&T, Financial, Public Policy
Sola Afuape	Patient and Public Engagement, Equality Diversity and Inclusion, Organisational Development, Population Health and Health Inequalities, Workforce

Quality Committee

NED member	Skills
Pippa Barber (Chair)	Audit and Risk management, Clinical/Medical, NHS – Health and Care, Organisational Development, Public Policy
Francis Drobniewski (Deputy Chair)	Clinical/Medical, Equality, Diversity and Inclusion, NHS – Health and Care, Population Health and Health Inequalities, Workforce
Sola Afuape	Patient and Public Engagement, Equality Diversity and Inclusion, Organisational Development, Population Health and Health Inequalities, Workforce
Paul Butler	Audit and Risk Management, Corporate Communications/Media, Financial, Organisational Development, Workforce
Nigel Turner	Corporate Communications/Media, Organisational Development, Workforce

Strategic Workforce Committee

NED member	Skills
Bridget Skelton (Chair)	Commercial, NHS – Health and Care, Organisational Development, Workforce
Nigel Turner (Deputy Chair)	Corporate Communications/Media, Organisational Development, Workforce
Francis Drobniewski	Clinical/Medical, Equality, Diversity and Inclusion, NHS – Health and Care, Population Health and Health Inequalities, Workforce