

Agenda and Papers

for the

Formal meeting of the
Kent Community Health NHS Foundation Trust
Council of Governors

Part 1 - In Public

to be held at 2pm
on Wednesday 20 July 2022

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

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*The Quality Account is included under separate cover due to its size

**Meeting of the Kent Community Health NHS Foundation Trust
Council of Governors
to be held at 2.00pm on Wednesday 20 July 2022
Clive Emson Conference Centre, Kent Event Centre, Kent Showground, Detling,
Maidstone, Kent, ME14 3JF**

AGENDA

1. STANDARD ITEMS

1.1	Introduction by Chair	Chair	
1.2	Apologies for absence	Chair	
1.3	Declarations of Interest	Chair	
1.4	Minutes of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 27 April 2022	Chair	Att. 1
1.5	Matters Arising of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 27 April 2022	Chair	Att. 2
1.6	Chair's Report	Chair	
1.7	Trust Quarterly Report	Chief Executive	Att. 3

2. ITEMS FOR REVIEW AND DISCUSSION

2.1	Quality Account	Chief Nurse	Att. 4
2.2	Governors Annual Report	Lead Governor	Att. 5
2.3	Governor feedback from each of the constituencies	Full Council	Verbal
2.4	Report from Communications and Engagement Committee	Chair of Committee	Verbal
2.5	Report from Charitable Funds Committee	Governor Member of Committee	Verbal
2.6	Report on Patient and Public Engagement, Experience and Complaints	Director of Participation, Experience and Patient Engagement	Att. 6

3. ITEMS FOR APPROVAL

3.1	Report from Nominations Committee	Lead Governor	Att. 7
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4. PAPERS AVAILABLE FOR GOVERNORS

4.1	The following papers are shared for Governor information and are available on Flo:	For noting only
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- Formal Board Agenda – 25 May 2022
- Confirmed Board Minutes – 9 February 2022
- Chief Executive's Report
- Committee Assurance Reports
- Integrated Performance Report

5. ANY OTHER BUSINESS

5.1	Any other items of business previously notified to the Chair.
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6. QUESTIONS FROM MEMBERS OF THE PUBLIC RELATING TO THE AGENDA

7. DATE AND VENUE OF NEXT MEETING

The next meeting of the Kent Community Health NHS Foundation Trust Council of Governors will take place in public at 1pm on Wednesday 19 October 2022 at the Astor Pavilion, Kent Event Centre, Maidstone, Kent, ME14 3JF



UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust Council of Governor's Meeting
Held at 1pm on Wednesday 27 April 2022
in the Boardroom at The Oast, Unit D, Hermitage Court, Maidstone, Kent, ME16 9NT
and 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, Dementia Action Alliance
Carol Coleman, Public Governor, Dover and Deal
Ruth Davies, Public Governor, Tonbridge and Malling
Alison Fisher, Public Governor, Maidstone
Dawn Gaiger, Staff Governor, Adult Services
Professor Paula Kersten, Appointed Governor, Universities
Kimberley Lloyd, Staff Governor, Health and Wellbeing Services
John Norley - Appointed Governor for Age UK
Lynne Spencer, Public Governor, Canterbury
John Woolgrove, Public Governor, Rest of England
Matthew Wright, Appointed Governor, Kent Association of Headteachers

In Attendance:

Pippa Barber, Non-Executive Director
Sive Cavanagh, Deputy Chief Nurse
Natalie Davies, Director of Corporate Services
Gordon Flack, Acting Chief Executive
Joy Fuller, Governor Lead (Minute Taker)
James Lee, Head of Estates Transformation
Kim Lowe, Non-Executive Director
Sue Mitchell, Assistant Director for Participation and Involvement
Julia Rogers, Deputy Director of Communications
Karen Taylor, Non-Executive Director

27/4/1 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 would be recorded, and the recording would be available on the public website. Mr Goulston reminded members of the public that if they wished to ask a question for the Council of Governors they could do so by emailing kcht.governors@nhs.net.

Mr Goulston explained that the meeting was being held as a hybrid meeting, with governors attending in person and via MS Teams. He added that the Council of Governors hoped to meet fully in-person at the next meeting scheduled for 20 July 2022.

27/4/2 Apologies for Absence

Apologies were received from Maria-Loukia Bratsou - Staff Governor, Daniel Mott – Public Governor for Folkestone and Hythe, Tilly Harris – Public Governor for Thanet, and Dot Marshall – Public Governor for Gravesham.

The meeting was quorate.

27/4/3 Declarations of Interest

Mr Goulston confirmed that he had been appointed as co-chair of the Kent and Medway Mental Health Learning Disabilities and Autism Board.

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

27/4/4 Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 26 January 2022

The Council **AGREED** the minutes.

27/4/5 Matters Arising

Mr Goulston confirmed that there remained an intention for NHS England to consult on the Integrated Care System and the impact on the role of governors. He added that the Council would be notified as soon as the consultation was published.

The Council **RECEIVED** the Matters Arising.

27/4/6 Chair's Report

Mr Goulston presented a verbal report to the Council.

Mr Goulston thanked David Price who was the previous Lead Governor of the Council.

Mr Goulston confirmed the newly appointed designations on the Council of Governors;

- Ms Carol Coleman as Lead Governor
- Ms Janet Allen as Deputy Lead Governor
- Mr John Woolgrove and Ms Maria-Loukia Bratsou as members of the Nominations Committee
- Ms Ruth Davies as member of the Charitable Funds Committee
- Mr William Anderson as Chair of the Communications and Engagement Committee.

Mr Goulston confirmed the appointments of Kim Lowe and Karen Taylor as the newly appointed Non-Executive Directors, and Razia Shariff as the new Associated Non-Executive Director.

Mr Goulston recorded his thanks on behalf of the Council to Bridget Skelton, who had completed her term as Non-Executive Director.

Mr Goulston thanked governors who were involved in the stakeholder event and interview panel for the appointment of Mairead McCormick as the new Chief Executive of the Trust. He added that Ms McCormick would be joining the Trust on 1 July 2022.

Mr Goulston reflected that all Boards and Council of Governors across NHS Trusts and Foundation Trusts had been meeting virtually over the past two years, but it was hoped that from June onwards meeting in-person and service visits would recommence.

Mr Goulston confirmed that a service directory would be produced for the Council of Governors.

Action – Ms Fuller

Mr Goulston confirmed that he and Ms Barber had visited Westbrook House in March to visit the Stroke Rehabilitation Unit.

Mr Goulston confirmed that he and Ms Lowe had attended the Kent Care Summit in March. He added that Ms Carter had also attended the event. The Summit focussed on developing a new strategy for Kent.

Mr Goulston confirmed that he, Ms Lowe and Ms Shariff had attended the Leadership Conference in March, which was an important event focussing on the Equality, Diversity and Inclusion strategy 'Nobody Left Behind'.

Mr Goulston explained that workforce remained the largest challenge for all Trusts and Foundations Trusts across the Country.

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

27/4/7 Trust Quarterly Report

Mr Flack presented the report to the Council.

Mr Flack explained that the health system remained very pressurised across Kent and Medway.

Mr Flack thanked governors who attended the development day on 6 April, and the conversations that took place around the strategic priorities. He added that the Council would be updated on progress at the next meeting.

Mr Flack confirmed that the largest challenge for the Trust was turnover. He added that absences due to covid had decreased, with 39 members of staff off work in the previous week.

Mr Flack flagged that the Trust had taken over the Medway Looked After Children Service, which provided further consistency in terms of the County-wide service provision.

Mr Flack highlighted the results on the staff survey which was due to be presented in more detail at the meeting.

Mr Flack echoed Mr Goulston's welcome to Mairead McCormick as the new Chief Executive of the Trust.

Mr Flack confirmed that the new system governance processes for the Integrated Care System was due to come into effect from 1 July 2022, and the Trust remained fully engaged at all levels.

In response to a question from Ms Allen, Ms Cavanagh confirmed that all lapses in care resulting in pressure ulcers were investigated and learning was shared across the Trust. Ms Cavanagh added that there was a trust-wide pressure ulcer action plan, which was reviewed regularly by the quality committee.

In response to a question from Mr Woolgrove, Ms Barber confirmed that waiting lists were reviewed through the quality committee, and each waiting list had an action plan in place. She added the quality committee remained confident that the trust had plans in place to tackle the waiting lists. She added that there remained challenges with some waiting lists, particularly around workforce and particular skills for workforce. Ms Barber confirmed that they were also monitored regularly through performance reports to the Board. Mr Flack explained that each executive team member held monthly performance reviews to look at each of the services and possible solutions to some of the challenges.

In response to a question from Ms Woolgrove, Mr Goulston confirmed that an update on the strategic priorities would be provided to the Council in six months' time. Mr Flack explained that the six-month priorities were to get on top of the plans, and not an expectation that the work would be completed by then.

Action – Mr Goulston

Ms Lowe further explained that the Strategic Workforce received regular updates on staffing challenges, including waiting lists due to workforce issues.

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

27/4/8 **Quality Strategy**

Ms Cavanagh presented the report to the Council.

Ms Cavanagh explained that there were a number of milestones set for each year, and she was pleased to report to the Council that they were on track to achieve the milestones set for this year. She added that the milestones would be monitored through the quality committee.

Ms Cavanagh highlighted on the specific pieces of work such as staff experience and patient and carer experience which had received some positive feedback, as well as prioritising patient safety and the roll out of the new patient safety framework. She added that promoting clinical professional leadership, had received some positive feedback, with an emphasis on mentoring, coaching and supervision. Ms Cavanagh emphasised that it was important to note that it was an evolving and ever-prioritised ambition that the Trust listens to its workforce and patients.

Ms Mitchell provided an overview of the Schwarz Rounds to the Council. Ms Allen explained that the Schwarz Rounds continued to be well received and well attended by staff.

Ms Barber confirmed that the quality committee continued to receive regular reports which included updates on the quality strategy progress, as well as regular updates from the Patient and Carer Partnership Team.

It was agreed that a six-monthly update on the Quality Strategy would be provided to the Council.

Action – Mr Goulston

Mr Goulston confirmed that the presentation would be circulated to the Council.

Action – Ms Fuller

The Council **RECEIVED** the update on the Quality Strategy.

27/4/9 **Staff Survey Results**

Ms Rogers presented the report to the Council.

Ms Rogers explained that the Toolkit shared with the Council had already been shared with all staff. The survey had been open for completion between September and November 2021.

Ms Lowe confirmed that she was pleasantly surprised by the results of the survey, and her role now was to help drive the work forward. She added that the 65% completion rate was good for the NHS.

In response to a question from Ms Spencer, Mr Flack confirmed that the Trust would be working on relieving some of the frustrations and pressures felt by staff, particularly around IT and digital solutions. He reiterated that the other top priority for the Trust was related to recruitment and retention.

Mr Wright was upset to note that staff had faced increasing levels of aggressive behaviour from patients, and confirmed that he had witnessed more aggressive behaviour from parents at schools. Mr Wright asked what the Trust would be doing to help equip staff to deal with some of that behaviour. Ms N Davies confirmed that the Trust had been working with the security team to equip staff with guidance and tools around lone working and where to seek help. The Trust would also be working with staff to provide training around dealing with conflict, difficult conversations and emotional resilience.

In response to a question from Ms Lloyd, Ms Rogers and Mr Flack both confirmed that the survey results could not be broken down and analysed into teams lower than 11 members of staff, due to confidentiality and the anonymous nature of the survey.

Ms Lloyd echoed the importance of staff completing the surveys so that changes can be made, and that the Trust needed to continue to raise awareness of this to all staff.

In response to a question from Mr Woolgrove, Ms Lowe confirmed that both the Board and Strategic Workforce Committee remained assured that staffing levels continued to be safe, although acknowledged that some staffing levels were not desirable. Ms Lowe confirmed that there was a direct line between sickness absences and unhappiness, and the trust had a very good overview of those metrics.

In response to a question from Ms Ashford, Ms N Davies confirmed the importance of seeing the whole person and ensuring that all staff can bring their whole-selves to work, in terms of all carers of dependants.

In response to a question from Ms R Davies, Mr Flack confirmed that some of the frustrations felt by staff was around IT systems. He added that IT systems were improving and new IT equipment and software had already been implemented. He explained that the Rock, Paper, Scissors approach continued to alleviate some staff frustrations by reducing bureaucracy.

In response to a question from Ms R Davies, Mr Flack confirmed that governors could provide their support and visibility to staff by attending We Care visits and service visits. Mr Goulston added that NEDs and governors were encouraged to attend service visits.

Ms Coleman added a caveat that governors should not feel obliged to attend visits, and the minimum requirement for governors was to attend the four quarterly Council meetings.

In response to a question from Ms Coleman, Ms Cavanagh confirmed that the trust was part of a Kent and Medway systems approach to enable staff to have a type of training and human resources passport which allowed a more seamless transition to move between organisations recognising, for example, the training undertaken in one organisation for all participating organisations.

Ms Carter reflected on the animation videos that the Communications Team produced, and whether an animation video could be produced for staff around stress levels and emotional wellbeing. Ms Rogers agreed to take this back.

Action – Ms Rogers

The Council **RECEIVED** the report.

27/4/10 **Freedom to Speak Up Report**

Ms Fuller presented the report to the Council.

Mr Goulston confirmed that Karen Taylor had taken up the role as Non-Executive Director Lead for Freedom to Speak Up (FTSU).

Ms N Davies confirmed that the staff survey results showed the Trust benchmarked extremely well with staff feel safe to speak up and raise concerns.

In response to a question from Ms Spencer, Ms Fuller confirmed that feedback from staff who had raised concerns through FTSU were overwhelmingly positive. Ms Fuller confirmed that the Guardian was not there to investigate or resolve concerns, but rather to support the staff member through the process of raising their concern; either through HR, via their manager, or another route.

Ms Taylor commented that the Trust were in the process of recruiting two FTSU Guardians, to further improve the robustness of the service.

The Council **RECEIVED** the report.

27/4/11 Governor Feedback from each of the Constituencies

Ms Allen provided an update on behalf of the five staff governors. Ms Allen confirmed that the staff governors met monthly and had really strengthened as a group over the past 6-9 months, and staff had been raising views and concerns with them. She added that the staff governors were solution focussed and met regularly with Mr Goulston to raise those views and agree the way forward.

Ms Allen highlighted that a concern had been raised with the staff governors related to neighbouring trusts offering a higher pay band for some of their roles, and some examples had been shared with Clare Thomas, Community Services Director. Mr Flack confirmed that the Trust were aware and he had raised with other Chief Executives across the County.

Ms Coleman had attended a social prescribing day at Deal Hospital, which included their stakeholders. She had been working collaboratively with Kent and Medway Cancer Alliance on two major projects being piloted across South Kent Coast; a targeted lung healthcare project, and a general cancer knowledge project. She added that the Alliance were keen to utilise our membership and staff to promote the projects. Mr Goulston confirmed that there was no objection for Ms Coleman to take this forward.

Ms R Davies continued to attend the League of Friends meetings and events.

Ms P Barber explained the added value of hearing from governors regarding their activities, and queried whether it would be useful to hold a session on supporting governors to re-engage with their constituencies, particularly for the new governors. Mr Goulston agreed and confirmed that it would be added to the forward plan for a future Governor Development Day.

Ms Carter had attended the Patient and Carer Partnership Team Awards and congratulated the award winners. She had also attended the Kent Care Summit in March. Ms Carter wished to highlight Dementia Awareness Week from 15 May to 21 May, and queried what the Trust were doing to raise awareness. Ms Allen agreed to contact Mr Grahame Hardy, Specialist Nurse for Dementia.

Action – Ms Allen

The Council **RECEIVED** the report.

27/4/12 Report on Patient and Public Engagement, Experience & Complaints

Ms Mitchell presented the report to the Council.

Ms Mitchell provided an overview of some key highlights and issues contained within the report. Ms Mitchell thanked governors for their contribution and involvement with the work of the Patient and Carer Partnership Team, and encouraged all governors to get involved.

In response to a question from Ms Allen, Ms Mitchell confirmed that the timeframe for the recruitment of volunteers was similar to the recruitment of a member of staff and around 4 weeks, however a review would be undertaken IN 2022 to reduce the length of time.

Ms Bellman commented that three governors were currently on the Patient and Carer Council, and had been impressed by the amount of work undertaken by the Council with such positive outcomes.

The Council **RECEIVED** the report.

27/4/13 Governor Elections

Ms N Davies presented the report to the Council.

Ms N Davies confirmed the governor appointments:

Carol Coleman – re-elected as Public Governor for Dover/Deal
 John Woolgrove – re-elected as Public Governor for Rest of England
 Tilly Harris – elected as Public Governor for Thanet
 Alison Fisher – elected as Public Governor for Maidstone
 Brian Grove – elected as Public Governor for Swale

Ms N Davies highlighted that voting turnout had been poor, and further work would be done to improve voting numbers for the next governor elections. Mr Goulston added that input from the Communications and Engagement Committee should be sought.

The Council **RECEIVED** the report.

27/4/14 Edenbridge Memorial Health Centre project and property transfers from NHS Property Services

Ms N Davies and Mr Lee presented an update on the Edenbridge Memorial Health Centre and property transfers to the Council.

In response to a question from Ms Coleman, Ms N Davies confirmed that the Trust was not aware of the new health centre in Folkestone and added that it was likely to be GP led.

It was agreed that the presentation would be shared with the Council.
Action – Ms Fuller.

The Council **RECEIVED** the update.

27/4/15 Papers Available for Governors

The papers had been circulated to the Council prior to the meeting.

27/4/16 Any Other Business

There was no other urgent business to discuss.

27/4/17 Questions from members of the public

There were no questions from the public.

The meeting ended at 15.20

27/4/18 Date and Time of Next Meeting

Wednesday 20 July 2022 at 1pm.

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

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING OF 27 APRIL 2022

Minute number	Agenda Item	Action Agreed	By Whom	Current Status/Update
27/4/6	Chair's Report	To produce a service directory for governors	Ms Fuller	Action to remain open - in progress.
27/4/7	Trust Quarterly Report	To present an update on progress of the Strategic Priorities to the Council of Governors meeting in October.	Mr Goulston	Added to forward plan.
27/4/8	Quality Strategy	To present a six-monthly update on the Quality Strategy to the Council of Governors.	Mr Goulston	Added to forward plan.
27/4/8	Quality Strategy	To circulate the presentation on the Quality Strategy to the Council.	Ms Fuller	Action complete - presentation circulated.
27/4/9	Staff Survey Results	To investigate whether an animation video could be produced for staff on stress levels and emotional wellbeing.	Ms Rogers	Action complete – This was investigated and deemed to be covered within the resilience, mental health awareness and burn out training. There is a communications plan around promoting the training.
27/4/11	Governor Feedback	To contact Mr Grahame Hardy, Specialist Nurse for Dementia in relation to Dementia Awareness Week	Ms Allen	Action complete – Ms Allen and Ms Carter contacted Mr Hardy. Mr Hardy agreed to provide a presentation to the Council of Governors at the October Development Session – added to forward plan.

27/4/14	Edenbridge and property transfers	To circulate the presentation on Edenbridge Memorial Health Centre and property transfers from NHS Property Services.	Ms Fuller	Action complete – presentation circulated.
11/11/7	Trust Quarterly Report	To share NHS Provider's guidance on the role of Council of Governors and Non-Executive Directors in provider collaboratives, when published.	Mr Goulston	Consultation on the role of Council of Governors in system working and collaboration to be launched in the Spring.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING

CLOSED ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
26 January 2022	26/1/6	To present the board memberships and designations proposal at the next Council of Governors meeting.	Mr Goulston	Action closed
26 January 2022	26/1/7	To provide presentation on workforce development and the Academy at a future Governor Development Session.	Ms Robinson-Collins	Action closed. Added to the forward plan.
26 January 2022	26/1/8	To present the Strategic Priorities for 2022/23 including outcomes to the Governor Development Day in April.	Ms Sammon	Action closed. Presentation on Strategic Priorities took place at the Governor Development Day on 6 April 2022
26 January 2022	26/1/9	To invite governors to attend the stakeholder event for the recruitment of the Chief Executive.	Ms Robinson-Collins	Action closed.
26 January 2022	26/1/10	To ask Mr Bentley, Chief Executive Designate of the Integrated Care Board, to include community nursing in any future presentations/reports to the public.	Mr Flack	Action closed.
26 January 2022	26/1/11	To ask the Communications Team to share the report on the Winter Well initiative with the Council and Board.	Ms Robinson-Collins	Action closed.
26 January 2022	26/1/14	To include a reminder about the importance of completing the appraisal questionnaire in his covering email to governors.	Mr Price	Action closed.

Title of Meeting	Council of Governors
Date of Meeting:	20 July 2022
Agenda Item:	1.7
Subject:	Trust Quarterly Report
Presenting Officer:	Mairead McCormick, Chief Executive

I am delighted to be appointed as the new Chief Executive of Kent Community Health NHS Foundation Trust, and I am really looking forward to working with the Council of Governors over the coming months and years.

This report provides an update for governors on the work of the Trust since the last Council meeting. To ensure consistency, I have written this in the same way as previous reports; 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 as good or very good during April 2022.

Turnover of our workforce continues to report above the target rate and is a concern. However, since January 2022, turnover has continued on a downward trajectory. The turnover rate was 16.4% in May 2022, for both planned and unplanned leaving reasons. While this is the lowest rate since September 2021 it is still higher than it should be.

Between January and April 2022, the vacancy rate continued to increase each month. To complicate this figure, there was a significant increase in the number of vacancies in April 2022, which also had a direct impact on vacancy rate as a post is created but not immediately filled. However, despite this the trust reported a small reduction in the vacancy rate at 7.57% for May. This remains an area of significant focus for the Trust

The sickness absence target was reviewed and a new target was set at 4.2% (excluding covid related absences). The sickness absence rate for May was 3.83% and was therefore below the target. The funding from the government for covid sick pay will be ceased from 1 September and the Trust is working through the implications of this.

During April 2022, there were 10 lapses in care which resulted in an avoidable pressure ulcer. This was the subject of discussion at the last Council of Governors and I am pleased to report that during May 22, there were no lapses in care resulting in avoidable pressure ulcers. Scrutiny remains on this area to ensure continuous improvement.

1.2 Financial Position

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

2. Patients and Service Users

2.1 Edenbridge Memorial Health Centre

The NHS, local council and development/construction partners joined together with local people and Tonbridge and Malling MP, Tom Tugendhat, for the ground-breaking ceremony on the development site in Four Elms Road, Edenbridge.

Combining services from Kent Community Health NHS Foundation Trust and Edenbridge Medical Practice, the new Edenbridge Memorial Health Centre will include community space and rooms, putting health services at the heart of the community.

Building for the future, the health centre has been designed to be sustainable and fit in with the local environment, including a memorial garden area for conservation and with an emphasis on the health, wellbeing and lifestyle services that will be available under one roof. Services already planned include a GP practice, outpatient services, minor injury unit, x-ray services, therapies and social prescribing.

The development provides a 2,180 square metre of clinical and community space, along with parking and landscaping, construction has now started on site with completion due in Autumn 2023. Staff communication is continuing now that the building has started. A newsletter has been sent out and two staff engagement events are planned over the next few months to ensure staff feel confident and are well sighted on the changes.

3. Our People

3.1 Staff Awards

This year's staff awards took place on Friday 1 July at the Ashford International Hotel. The ceremony showcased exceptional care and shined a spotlight on incredible individuals and community teams that have reset services and strived to innovate to find new ways to deliver high-quality care faster. Earlier this year, a judging panel of colleagues and patients read through more than 250 nominations.

The winners of each category were:

Panel's Choice - Pilar Bustamante, Physiotherapy Professional Lead, Adult Clinical Services

Health and Wellbeing - Sarah Agyemang, Head Chef, Hawkhurst Hospital

Quality Improvement - Mark Povey, Clinical Specialist Podiatrist for Vulnerable Foot, Podiatry Team

Employee of the Year - Janine Harris, Occupational Therapy Assistant, Faversham Cottage Hospital

Leader of the Year - Emma Skinner, Head of People, Workforce Team

Rising Star - Florence O'Neill, Business Support Manager, Adult Clinical Services

Non-Clinical Team of the Year - School-Aged Immunisation Service Centre
Administration Team
Clinical Team of the Year - Professional Lead District Nurses Team
Participation Partner - Health Visiting Team

3.2 Armed Forces Community Network

The Armed Forces Community Network is our newest staff network and has set the date for its first meeting; on 26 July. The network will support our veteran colleagues with all they need to feel able to bring their whole selves to work. As a trust, we have committed to achieving Veteran Area Accreditation through the Veterans' Covenant Healthcare Alliance.

3.3 Leaders Conference

At our leaders' conference in June, we focussed on supporting our armed forces communities. At the conference, we were joined by Kate Parkin, Director of NHS Armed Forces Community for Sussex and Kent and Medway CCGs. Kate shared some of the key initiatives that have already helped to improve the experience of our armed forces communities. We also heard from Captain Angus Turnbull, from the 3rd Battalion, The Princess of Wales Royal Regiment, who has worked in a number of roles in the army for nearly 40 years so was able to share some very personal experiences of how he has supported others and the work that continues to encourage access to health services.

4. Partnerships

4.1 NHS Kent and Medway Integrated Care Board

The NHS Kent and Medway Integrated Care Board (ICB) was officially established on 1 July 2022, replacing the Clinical Commissioning Group. The ICB will be the leadership organisation supporting partners to more effectively join up care with an emphasis on prevention and health inequalities. Kent and Medway Integrated Care System (ICS) is a partnership that brings together partners, including NHS organisations, councils, the voluntary sector and others to plan, co-ordinate and commission health and care services.

4.2 2022/23 plan

The Trust budget has been approved. The Trust has identified cost pressures of around £1.8m related to recent inflationary rises that are well outside of the national planning expectation and risk the breakeven budget agreed in March.

Embedding quality improvement will be a key part of our future; using insight from data and working with our partners to tackle joint challenges. Some key innovations will include expanding our virtual wards, improving urgent care services and taking a leading role in improving mental health and autism services in Kent and Medway. We will also be leading on a digital transformation through the delivery of the Kent and Medway Care Record and continuing to invest in our buildings to improve the environment for our patients.

4.3 System Pressure

The health and care system in Kent and Medway remains pressurised with the system oscillating in and out of Opal 4 (the highest level of assessment).

Kent Community has been working with partners on a variety of scheme designed to improve patient care and ensure patients are seen at the right place by the right professional in a timely way. These schemes include the “virtual ward” scheme which aims to establish over a hundred virtual beds for patients to be cared for at home with enhanced medical and clinical support. The Trust is reporting a good level of urgent community response which is designed to bring patients the care they need to their home or onwards, in many cases this response is within 2 hours. The scrutiny and partnership working which is evident in readiness for seasonal surge and the continued pressures is continuing in all areas of trust work.

Mairead McCormick
Chief Executive
July 2022

Appendix 1

Assurance on Financial Sustainability

Surplus		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	0	0	0
Year End Forecast £k	0	0	0
<p>The Trust is in a breakeven position to the end of May.</p> <p>Pay costs have underspent by £1,455k offset by overspends on non-pay and depreciation/interest of £675k and £105k respectively, and an under recovery on income of £675k.</p>			

Cash and Cash Equivalents		Rag rating: Green	
	Actual	Forecast	Variance
Year to Date £k	37,126	36,355	711
Year End Forecast £k		36,888	
<p>Cash and Cash Equivalents as at M2 close stands at £37,126k, equivalent to 54 days operating expenditure. The Trust recorded the following YTD public sector payment statistics: 91% for volume and 97% for value.</p>			

Use of Resourcing Rating		Rag rating: Green
	Year to Date Rating	Year End Forecast Rating
Capital Service Capacity	1	1
Liquidity	1	1
I&E margin (%)	2	2
Distance from Financial Plan	1	1
Agency Spend	1	1
Overall Rating	1	1
The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M2 2022-23. 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	427	1,067	-640
Year End Forecast £k	6,891	6,891	0

Spend to May was £427k, against a YTD plan of £1,067k (40% achieved). The reported year to date underspend is primarily due to the delayed commencement of IT schemes.

As at M2, the full year forecast is £6,891k, and the Trust expects to utilise this in full.

CIP		Rag rating: Red	
	Actual	Plan	Variance
Year to Date £k	559	1,116	-557
Year End Forecast £k	6,698	6,698	0
<p>The Trust achieved CIPs of 559k to the end of May against a risk rated plan of £1,116k and so CIP is £557k behind plan to date.</p> <p>50.6% of the total annual CIP target has been removed from budgets at month two.</p> <p>The Trust is forecasting to achieve the full plan of £6,698k by the end of the year.</p>			

Agency Targets		Rag rating: Green				
	M2			YTD		
	Actual	Target	Variance	Actual	Target	Variance
External Agency Excluding Covid-19 Expenditure £k	332	491	159	622	982	360
External Agency Including Covid-19 Expenditure £k	339	491	152	634	982	348
<p>External Agency and Locums excluding Covid-19 expenditure was £332k against £491k target in May.</p> <p>External Agency and Locums including Covid-19 expenditure in February was £339k against £491k target in May.</p>						

Title of Meeting	Council of Governors
Date of Meeting:	20 July 2022
Agenda Item:	2.1
Subject:	2021/22 Quality Account
Presenting Officer:	Mercia Spare, Chief Nurse

1. Introduction

The purpose of this report is to present the 2021/22 Quality Account which describes and provides assurance of the view of quality of relevant health services provided or subcontracted by KCHFT during 2021/22. It has been prepared in accordance with the NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality account regulations)

Amendments to regulations for the 2021/22 quality accounts remain in force; NHS providers are no longer expected to obtain assurance from their external auditor on their quality accounts and NHS foundation trusts are no longer required to include a quality report in their annual report for this year.

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

2. Recommendation

The Council is asked to receive the 2021/22 Quality Account.

Mercia Spare
Chief Nurse
July 2022

Title of Meeting	Council of Governors
Date of Meeting:	20 July 2022
Agenda Item:	2.2
Subject:	Governors Annual Report
Presenting Officer:	Carol Coleman, Lead Governor

1. Introduction

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

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

The final report will be outlined at the Annual Members Meeting in September and published in the Trust magazine.

Carol Coleman
Lead Governor



Kent Community Health

NHS Foundation Trust

Title of Meeting	Council of Governors
Date of Meeting:	27 April 2022
Agenda Item:	2.6
Subject:	Patient and Public Engagement, Experience and Complaints
Presenting Officer:	Sue Mitchell, Assistant Director of Participation and Involvement

The attached Patient and Carer Partnership Team Annual Report 2021/22 provides an overview of public and patient engagement and includes, participation, volunteer services, patient experience, equality, diversity and inclusion from April 2021 to March 2022.

The attached Complaints and PALS Annual Report 2021/22 aims to provide assurance that Kent Community Health NHS Foundation Trust responded in a timely and compassionate way to complaints and PALS contacts received during 2021-2022; and used the learning identified to improve services.

Sue Mitchell
Assistant Director of Participation and Involvement
July 2022



Patient and Carer Partnership Team
Annual report 2021/2022

Introduction

This report provides an overview of public and patient engagement and includes, participation, volunteer services, patient experience, equality, diversity and inclusion from April 2021 to March 2022.

Participation Overview

The Patient and Carer Council has continued to oversee and monitor the participation and experience work plan and ensure that there are continued opportunities for patient and carer involvement across the organisation. The group receive information about activities in participation being conducted through work streams.

Due to the continued pressures throughout the year due to the pandemic, some of the planned work around involvement and participation were delayed. However, we have continued to provide a variety of initiatives and opportunities for patients and families to have a voice in their care, to use their experiences and to share their views and ideas so they feel engaged as equal partners. Some of the notable activities included:

We established a carer steering group to oversee carer involvement to ensure we are better listening to and supporting carers by raising awareness of issues and co-designing initiatives to improve services. They have worked with us to co-design carer packs for our community hospitals, our carer awareness training and guidance leaflets around confidentiality and information sharing.

We co-delivered Patient and Carer Involvement Training to over 80 members of staff and colleagues at the KCHFT Quality Improvement Conference which provided a large-scale opportunity to ensure that colleagues have the methods and tools to involve and engage with patients and carers ensuring they are equal partners in our work. Training sessions are available to book via the internal Training Appraisal and Performance system. A total of 16 participants attended the training since the introduction in February 2022.

We delivered working together groups across a wide range of services, including; Children Speech and language Service, Special and Elective Services, Podiatry Service, Community Paediatrics Service, Learning Disability Service, Children's Therapy Services and Cardiac Rehabilitation. The groups are a resource for staff to work together with patients, service users and families to co-produce service development initiatives, provide feedback and discuss potential solutions to issues. From our work with the Community Paediatrics Team, we are working with them to set up a child and parent forum to support the development of the service.

We are aiming to increase the number of quality improvement projects that have been initiated through patient and carer feedback and to use that feedback to create a plan of work to co-design service improvement. We developed partnership working with the QI Team and a process to enable us to identify potential QI projects at the point of receiving feedback/complaints. A QI involvement group was formed and monthly meetings are held to identify projects and monitor against the specific QI tools. The following projects were identified and commenced:

- Podiatry service - to increase patient feedback using volunteers to ensure that patients and carer views can be acted upon. We recruited patient experience volunteers who undertook patient surveys for the service who co-led the project.
- Continence Service - to re-design the bladder diary which is completed by patients / families accessing the service. Feedback via a complaint and patient surveys indicated that the diary was complicated and there was no guidance how to complete it. The new diary is now awaiting design, ready to present to patients and carers for comment.
- People's Network – a co-led project to measure the impact of involvement from patient and carer representatives who are members of trust governance groups and to highlight the importance of working with patients with a lived experience.
- Improve parent experience of the National Child Measurement Programme (NCMP) process delivered by the school health service. The aim of the project was to reduce the number of complaints received and to drive an increased uptake of the school Tier 1 Healthy Weight Package of Care (POC). Feedback from parents and carers stated that the NCMP results letter was felt to create a barrier to engagement, particularly in relation to the post measurement letter where parents are informed if their child is overweight/ obese.
- Improve communication offered to family carers. The project supported the development of carer packs, ensuring carers have information, advice and guidance to support their caring needs. The project was initiated by carers feeding back that they lacked information to support their needs. A family carer has been actively involved in co-design and implementation.

Triangle of Care

The Trust joined the Triangle of Care (ToC) scheme in April 2021 and are the first non-mental health care providers in the UK to have joined as members. At the end of the year were successful in gaining accreditation for Stage 1 implementation.

The ToC scheme evidences our sustained commitment to recognise and involve carers and families using our services. There have been subsequent initiatives, work plans and carer awareness training sessions co-developed with colleagues and carers to ensure that the voices of family and unpaid carers are heard and their experiences are used to shape our services. Through the Carers Involvement Steering Group we have raised awareness across the trust of the vital role that carers and families play in supporting their cared for person. Services will be able to ensure that carers have better access and information about the support they need and are equal partners.

All nine community hospitals completed a self-assessment which provided a benchmark against the 6 key standards below:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols regarding confidentiality and sharing information, are in place.
4. Defined post(s) responsible for carers are in place.
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
6. A range of carer support services is available.

As a result of the self-assessments the following key actions were undertaken:

Carer Champions - 22 Carer Champions were recruited and have been instrumental in supporting hospital sites to implement the ToC. Regular monthly network meetings have been setup with an additional dedicated workspace on FLO for the champions to receive regular updates and support. A generic email account has been created to aid effective communication sharing. Carer Champions have been issued with a small triangle shaped

lapel badge which includes the ToC logo and was co-designed by a small working group to help identify the champions to patients and carers in the community hospitals.

Increase staff attendance at carer awareness sessions - Since commencing in October 2021, 52 members of staff have been trained in carer engagement strategies from various disciplines.

To increase the opportunity to obtain feedback through the 'Giving Carers a Voice' survey - We had minimal numbers of carers providing feedback on their experiences of services. We have completed several initiatives in order to increase the number of surveys completed including a new process for carer champions to undertake the surveys via telephone with the carer, and use of a QR code to access the survey displayed on posters. Continued monitoring is in place to support services in reviewing the content of surveys received to evidence actions taken as a result

Carers Information Packs - We have developed and co-designed carers information packs by working with colleagues and carers. The packs are given to carers at first point of contact and contain information including a welcome letter from the service, essential contacts; named nurse, matron and carer champion, carers organisations and how to get in contact, information about carers assessments, copy of carers survey 'giving carers a voice', ToC pledge, carers champion posters, 'Looking After Someone' – Carers UK booklet and Mental Health Crisis contact – Release the Pressure.

Partnership Working - We have developed and strengthened our partnerships with carer organisations, INVOLVE Kent and Carers Support East Kent. These organisations have regular weekly contact with our Carer Champions in the community hospitals and as a result we are seeing a greater number of referrals for carers assessments, information and advice. Continued monitoring of referrals received by both organisations is in place along with referral outcomes.

Expert Patients Programme

The Expert Patients Programme (EPP) is delivered under licence from the Self-Management Resource Centre (SMRC) and is a self-referral, free 6-week course for people who live with one or more long-term health conditions. The programme is delivered in east Kent, including Swale, and there is a team of 9 volunteer facilitators, managed by the EPP Coordinator, who is also a SMRC accredited Master Trainer. One EPP Facilitator has successfully completed a master training course with SMRC, which will enable the delivery of Chronic Disease Self-Management (CDSMP) trainings and updates in-house.

A number of initiatives have taken place this year to increase referrals to the programme:

- A facilitator's story featured in the January edition of the trust's Community Health magazine.
- Re-design of the leaflet, pages on the intranet and public website.
- Production of a promotional video
- Presentations to the Patient and Carer Council, People's Network, community matrons, Trust Board, Chronic Pain Team, and Non-Executive Directors

The programme is available online as a toolkit, with participants supported by a weekly conference call for six weeks and in person courses will 2022-23.

Five toolkits have been delivered this year with a total of 16 participants and 1 virtual course with 8 participants. Feedback demonstrated that individuals who attended the course felt better about themselves and are able to manage their life with their long-term health conditions. Self-referrals are increasing including those received referrals from the lifestyle advisors, Shaw Trust, Clinical coaches IAPT services and Insight Healthcare. Progress will be closely monitored next year as we continue to raise the profile of the programme within the trust and the wider network of organisations supporting people with long term health

conditions. We are aiming to recruit and train new volunteer facilitators and pilot the Diabetes Self-Management Programme.

People's Network

The People's Network designed new promotional material to increase membership and developed a quarterly newsletter to provide information on current involvement initiatives. Members of the Peoples Network changed their name from Patient and Carer Representatives to Participation Partners to reflect the partnership work they are involved in working alongside services. Some of the work they have undertaken is detailed in the 'Peoples Network' section of this report. The People's Network welcomed four new members this year, increasing the group to 18. Some of the highlights Participation Partners have been involved in this year include:

- co-producing the participation recruitment film which has featured in two events including the national Experience of Care conference - https://vimeo.com/585298944?fbclid=IwAR0HGKJ776kILeDm72C0zXg4hQUnux6Lhg2vUAlkq3qsgvMIb_62G7Hjgl
- co-producing four editions of the newsletter, Participation Matters: <https://www.kentcht.nhs.uk/download/participation-matters-q1-2021-22/>
- taking part in seven interview panels
- rebranding the role from patient representatives to KCHFT Participation Partners
- co-producing a Participation Partner code of conduct
- continuing participation in trust governance groups, including the Patient and Carer Council and Mortality Surveillance Group
- participation in We Care quality review panels
- co-design of documents and training such as the diabetes client questionnaire, and QI Lite videos
- starting a QI project to assess the impact of patient involvement on governance groups.

The network heard presentations from guest speakers throughout the year, including projects like Kent and Medway Listens, discharge pathways, advanced practice and independent prescribing and public health.

Participation celebration event

Four network members joined a working group to plan the participation thank you event that took place on Thursday, 31 March. The event featured presentations from Participation Partners and service leads; a facilitated session to evaluate the team's workplan; and an awards ceremony to celebrate particular individuals and groups for the part they have played in participation and involvement work across the trust. An overview of the event can be viewed in the April 2022 edition of [Participation Matters](#).

The award winners were:

- East Kent Mencap (Easy Read group) for group of the year
- East Kent Community Engagement Group for project of the year
- Health Visiting for service of the year
- Sarah Ansell for Participation Partner of the year.

All four award winners have been entered into a new participation category for this year's staff awards celebration in the summer.

Accessible Information

Easy Read groups have continued to meet on a monthly basis to produce accessible patient documents. The group has tested and finalised **15 documents** this year, including:

- Voluntary Services welcome pack
- Bereavement pack
- Special Schools survey and medication consent form

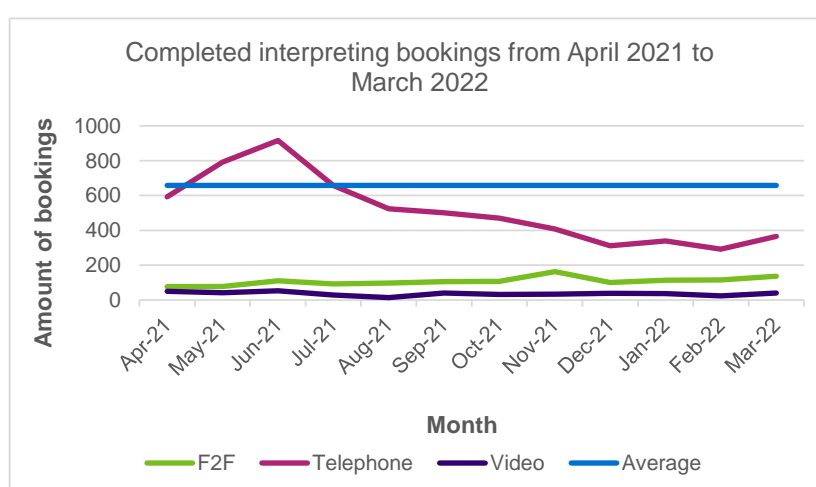
- Carers surveys (hospital and community).

Two members of the group co-presented at the national Patient Experience for Improvement Conference in March 2022, to showcase the work of the group and other participation initiatives that have supported the learning disability community.

Interpreting

When the five public COVID-19 vaccination centres opened throughout the year, a three-step process was developed with the interpreting provider to enable staff to quickly contact foreign language interpreters by telephone. **22.5% (1,780)** of interpreting bookings across the year were completed at the vaccination centres.

The graph below shows the completed interpreting bookings each month throughout the year. Telephone interpreting bookings spike from May to June 2021 as more vaccination centres open, and gradually falls as the vaccination programme reduces. Amount of interpreting bookings per month is now comparable with pre-pandemic numbers.



The trust secured a temporary contract with Sign Live to provide an on-demand British Sign Language (BSL) service in the vaccination centres. From April to June 2021, **39** BSL video calls were made.

Volunteers

Despite COVID preventing our volunteers from returning to previous or current roles, the voluntary service has continued to operate and add value to the services across the organisation.

A new voluntary service manager and administrator started in post towards the end of the year and they are undertaking work to streamline the recruitment process and complete a cleansing exercise on the database. They are re-engaging with volunteers to return them to their posts or find other suitable posts.

28 new volunteers have been recruited during the year with 16 of those during the last quarter. 15 of the new volunteers are now supporting the community hospitals and 1 within a community service. The roles are varied from helping people on our wards with companionship, to meeting and greeting visitors at our urgent care treatment centres and supporting clinical staff with admin. Of the 15 started at the community hospital, 11 of them are aged 15-21. The majority of under 21s are students wanting to gain experience within the NHS. Our volunteering opportunities are giving them an opportunity to experience medical environments to align with their future career aspirations whilst making a difference to our volunteers.

Our patient experience volunteers supporting with patient surveys have expanded to the Cardio Rehabilitation team and we have plans to recruit to support further services within the trust by the end of December 2022. This means that we are now receiving feedback from patient groups who were previously unheard. The number of surveys completed for podiatry is 390, Community Rehabilitation Team East Kent 63 and Kent Continence 83. We have supported our infant feeding teams to recruit 10 breast feeding volunteers and 14 health walkers for the One You service.

Equality, Diversity and Inclusion

Equality Diversity and Inclusion continues to play a pivotal role across the organisation, guiding policy authors, supporting workforce initiatives and providing wider guidance, support and engagement. Two new Equality Objectives were developed to focus on two areas over the next three years that will enable the Trust to identify wider areas in healthcare planning and delivery where early targeted intervention may support reducing health inequalities. The two objectives are underpinned by national frameworks, standards and policies and have been developed to demonstrate the Trust's ongoing commitment.

Objective 1: Increase equality monitoring across all services

Aim:

- To ensure the information we hold on our patients accurately reflect how a patient identifies
- Use the data outputs to develop our services according to patient need, directing resources where they are needed most
- Develop targeted interventions where health inequalities and barriers are identified

Objective 2: All relevant procedural documents identify equality related impacts including risks, and how risks will be managed

Aim:

- To have an Equality Impact Assessment (EqIA) that highlights where in a process, due regard to protected characteristics and Inclusion Health Groups has been given, any mitigations made and how equality related risk is being managed.
- All relevant KCHFT procedural documents, policies, strategies and business plans will have a completed EqIA
- Reduce health inequalities; improve access, health outcomes and patient experience

The new objectives will ensure decision making reflects the needs of the local population through robust Equality Impact Assessments and improvements to data collection and equality monitoring of our patients and their carers. Using data in this way will enable us to better engage protected and health inclusion groups to deliver co-designed services that reflect the needs of local people and communities.

A deep dive was conducted into the process of how Equality Impact Assessments (EqIA) are completed. Focus groups were held to identify challenges experienced by policy authors. Further collaboration with the leadership teams and wider policy authors led to the implementation of a new robust, streamlined process for ensuring equality and health inequalities are considered at every step of decision making.

As part of the work to ensure that protected and health inclusion groups had equal access to vaccines, on demand BSL video interpreting was introduced at all the mass vaccination sites and roving/pop up clinics.

To increase patient feedback from protected groups that use our services, patient surveys now include the patient equality monitoring data which will be used to monitor, feedback and improve the experiences of migrant communities and other protected groups allowing us to triangulate this data with other equality monitoring metrics.

Healthy Communities Project Kent

The Healthy Communities Project Kent (HCPK) was established in July 2021, following its predecessor Healthy Communities Programme Kent, with the overall aim of reducing health inequalities experienced by migrant communities and ethnic minorities across Kent. In order to achieve this goal, four areas of focus were identified: improving ethnicity recording, enhancing staff cultural awareness, building community relationships, and establishing the Healthy Communities Steering Group. Over the past nine months, progress has been made in all four areas, with exciting new initiatives to come over the next year.

To begin improving ethnicity recording, the HCPK undertook a deep-dive data analysis benchmarking exercise, which revealed an average ethnicity recording rate of 57 (63%). All services identified within the exercise were engaged with in order to learn more about the current ethnicity recording process, share data analysis results, and identify targets for intervention. To further support services, a bank of resources was produced, ranging from personalised voice-over presentations, to 'How to Record Ethnicity on Rio' and 'How to Ask Sensitive Questions' guides. In addition to work within the Trust, the HCPK organised and held, alongside a contact from Central London Community Healthcare NHS Trust, the National Ethnicity Recording Discussion, an online conference with presentations and opportunities to share learning, which was attended by individuals from Trusts across the country.

The project approached the enhancement of cultural awareness across the Trust by leading on the development of two e-learning modules, the first of which is to be included in the Trust's core Equality, Diversity and Inclusion curriculum, and is planning to embed these principles further through delivery of cultural awareness workshops to enable interactive learning for staff. These materials not only address culture in terms of ethnicity or race, but more broadly for all protected characteristics, providing a well-rounded approach.

Vital links have been formed with communities and organisations across Kent as part of the project's work to establish trusting, sustainable relationships, with the HCPK having met with over thirty groups, presented at community-focussed conferences, for example the Healthy Communities Together Conference held by Social Enterprise Kent CIC, and regularly attending network meetings, including those of the KRIG (Kent Roma Interest Group) and GTRBS (Gypsy, Traveller, Roma, Boater and Showman) network. These relationships have been key in beginning to spread word and establish the Healthy Communities Steering Group. Intended as a platform for individuals from migrant communities and ethnic minorities to raise health inequalities and share lived experience whilst also acting as a consulting group on Trust initiatives, the Steering Group will hold its inaugural meeting in May 2022.

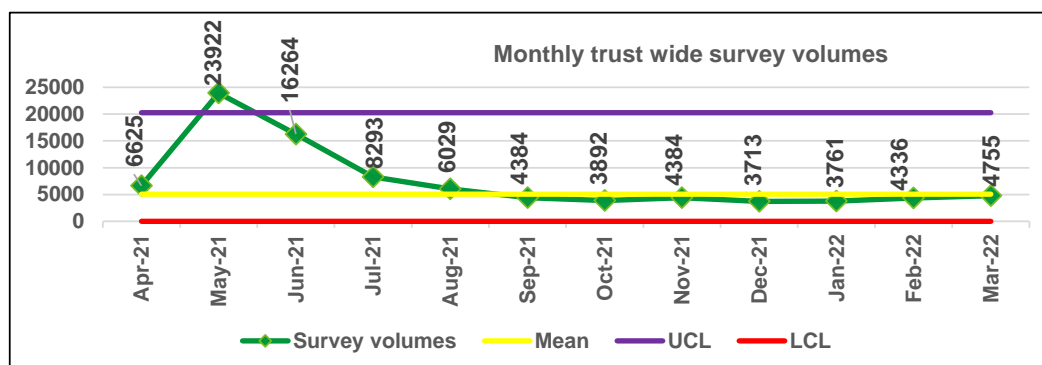
The foundations established by the HCPK in exploring and addressing health inequalities will be built upon moving into 2022/2023, with the recruitment of a Project Support Manager providing the resources to begin additional workstreams, including the Roma Mothers' Breastfeeding Support Group and the Migrant Communities Link Worker Scheme.

Patient Experience Surveys

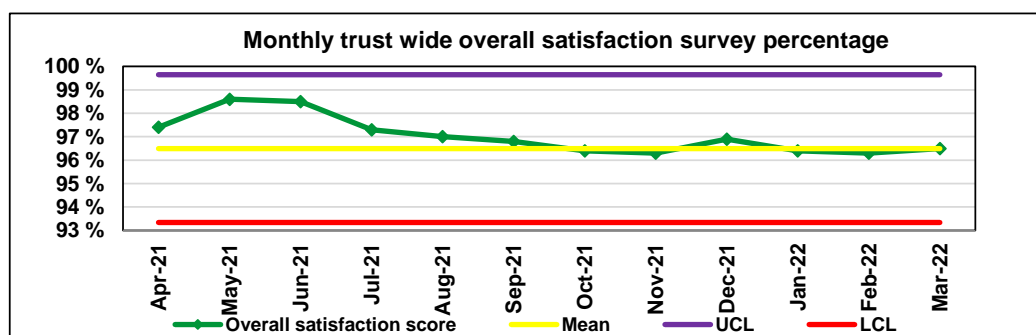
From April 2021 to March 2022, 90,363 surveys were completed in total by patients, relatives and carers, with an overall satisfaction score of 98%. 42,754 of the total number were completed for mainstream services and the remaining 47,609 were completed by people receiving their COVID-19 vaccinations.

This is just under an 88% increase in survey completions for mainstream - services when compared with the previous year, when volumes dropped dramatically at the out-set of the COVID-19 pandemic. A 1% increase in overall satisfaction scores is seen for April 2021 to March 2022 when compared with the previous year.

A steady increase is seen in survey volumes from February 2022, following a usual dip over the Christmas period and beginning of a new year. The COVID-19 vaccination survey completions account for a minimal proportion of total numbers from January 2022 onwards



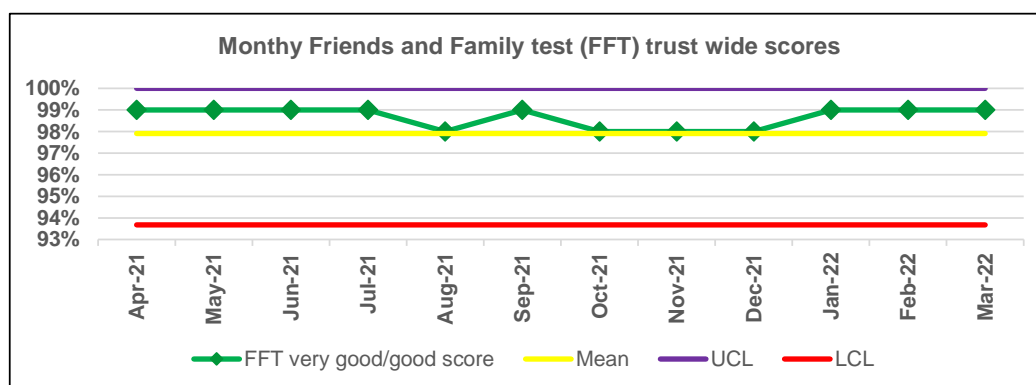
Overall satisfaction scores remained relatively consistent over the year, between 95% and 98.5%.



Almost 70,000 positive comments were received via surveys during 2021/22. The most frequent words seen from comments:

informative
Excellent
helpful
kind
good
friendly
ease

Friends and family test (FFT) question – Overall, how was your experience of our service?



From April 2021 to March 2022, 87,942 FFT questions were answered with 99% of people rating their overall experience of the service they received as very good or good.

The highest proportion of poor and very poor responses were from people receiving their COVID-19 vaccination. Feedback related mainly to the booking process via the NHS.uk website and long queues / waiting times at venues.

Main themes seen from feedback for other services:

- Virtual appointments/consultations: long waits for calls to be attended and technical issues
- Communication: lack of information and not being listened to

Survey data collection methods:

Though the restriction on the use of paper version surveys relaxed during 2021 to 2022, with caution still in place due to the ongoing pandemic, to ensure feedback continued to be gained, alternative methods of data collection were utilised well by services.

Web completions doubled in number when compared with previous years, with many services using 'Have your say' posters/flyers. These include a QR code that people could scan using their mobile phones, linking through to the suite of surveys available on the KCHFT public website.

A variety of services undertook surveys over the telephone, by staff and volunteers, including Community Nursing, Community Rehabilitation (Kent), Dental Service, East Sussex CITS, Edenbridge MIU, Kent Continence, Heart Failure Nursing and Podiatry.

Some services used the email invitation process to send a survey link to their patients, including Adult Speech and Language Therapy, Cardiac Rehabilitation, Community Rehabilitation Team (Kent), Health Visiting, Kent Continence, MSK Physiotherapy, Pulmonary Rehabilitation and School Health (Kent).

Number of survey completions by method for April 2020 to March 2022						
Method of collection	Email invite	Paper	iPad	Telephone	Web	Total
Survey volumes	232	21,127	2,754	1,407	64,843	90,363

Actions and Improvements

As a result of patient/carer survey feedback, 30 actions were implemented during 2021/22, to make improvements to the experience of patients.

In addition to actions being displayed as 'You said, we did' examples on the KCHFT public website, a dedicated page 'What we did as result of your feedback' was designed where examples are updated on a quarterly basis.

Examples of actions implemented and closed during the year 2021/22:

Feedback	Action taken
A parent using the online nurse service, was held in the 'waiting area' for almost 3 hours.	East Sussex School Health Additional staff were allocated to the online service, to ensure the 'waiting area' is monitored efficiently so that no-one is left holding for a long period of time.
Some patients said there is not enough to do to pass the time.	Tonbridge Cottage Hospital (inpatients) Two additional user-friendly, interactive activity/entertainment/therapy tablets with software were purchased for patients to use.
Patient was unhappy with their weight check being undertaken in the main waiting room.	Sexual Health Service The lifestyle machine was moved to a different position to enable more privacy.

Staff failed to acknowledge that a patient had full Denplan cover.	Dental Services 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.
Patient raised a concern about nurse giving incorrect dosage of medication in clinic and for them to take home with them.	Sexual Health Service Clinical staff received training around dispensing of medication and competency reviews were also undertaken. Medication packaging was discussed with all clinicians.
Patient felt the quality of the exercise materials was poor.	MSK Physiotherapy The Administration team reviewed the materials and ensure all future photo-copied resources are an acceptable quality before sending out to patients.
Some patients said they would like more available to help pass the time.	Queen Victoria Memorial Hospital, Herne Bay To make an attractive space for patients to enjoy during the warmer weather, the outdoor garden area was improved by erecting a pagoda and planting put in place.
Family member was unhappy with lack of therapy provided on the ward and had difficulties with achieving their relatives discharge from hospital.	Hawkhurst Community Hospital The transfer letter from Acute to Community Hospital was updated to include clear information of service provision for patients during their stay.

Bereavement

Following the Covid-19 pandemic there has been an increase in end of life care being delivered by KCHFT Long Term Services (LTS). It was identified that there was no structured process that ensures that all relatives/carers of patients who have died in their own homes are invited to give feedback about the care provided by Community Nursing Teams (CNT).

The Community Hospitals have an established process which includes the provision of an informative pack to bereaved relatives/carers. The pack contains a condolence letter along with advice and support on what to do following a death. It also contains contact details for the Patient Advice & Liaison Service (PALS) for those who may benefit from support to raise concerns or to share their appreciation and thanks for the care provided to their loved one. Feedback is welcomed to enable staff to celebrate good practice and to learn from when things do not go so well.

A project was commenced to roll out bereavement packs to community nursing teams. A trial commenced in East Kent using Quality Improvement methodology and the revised packs are now being utilised across the community nursing teams.

Sue Mitchell, Assistant Director of Participation and Involvement

Date: 25 May 2022

Complaints and PALS Annual Report 2021/22

1.0 Introduction

The aim of this report is to provide assurance that Kent Community Health NHS Foundation Trust responded in a timely and compassionate way to complaints and PALS contacts received during 2021-2022; and used the learning identified to improve services.

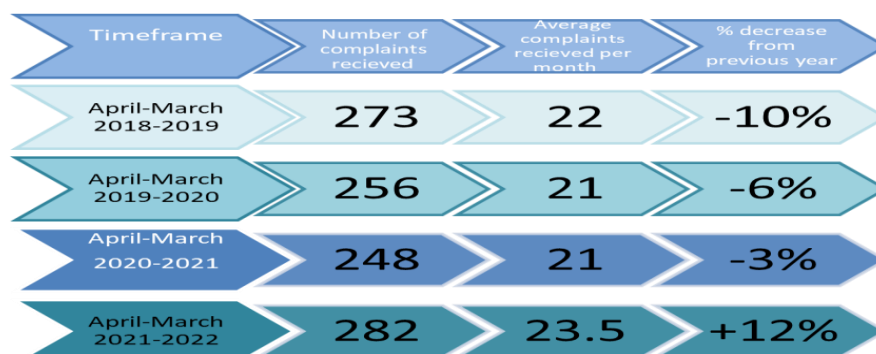
1.1. This report meets the reporting requirements detailed in regulation 18 of the Local Authority Social Services and NHS Complaints Regulations (2009) and will specify:

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

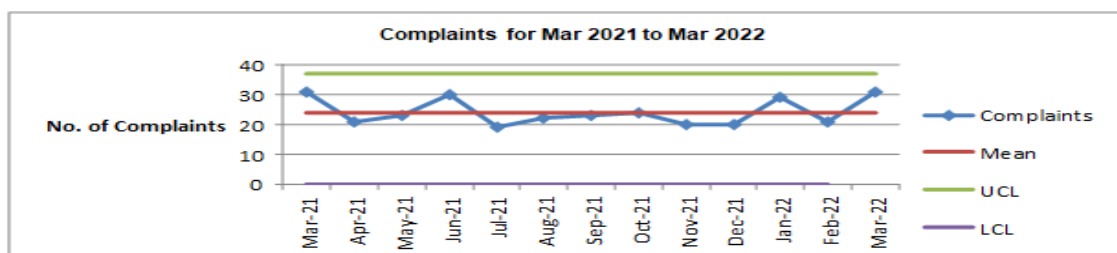
In addition, data on contacts with PALS are included to provide an overall view of queries, concerns and issues raised to the trust.

2.0. Complaints received in 2021/2022

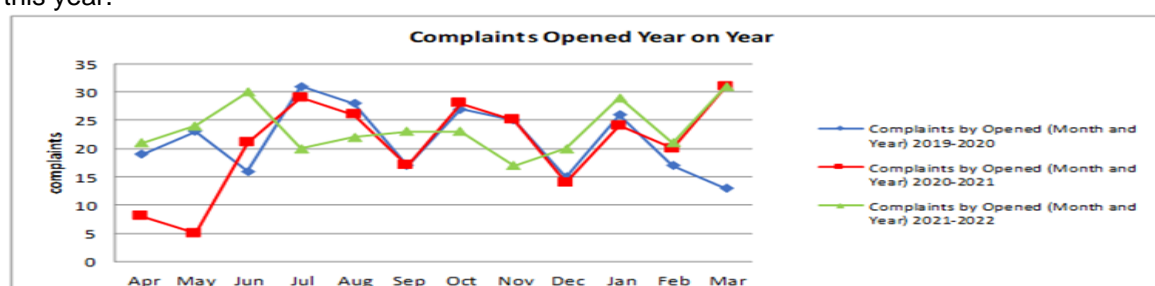
2.1. In 2021/2022, 282 complaints were received in comparison to 248 in 2020/2021; an increase of 34 (12%). This is the first increase in 3 years, following a steady reduction since 2018. The Community Hospitals received an increase of 19 complaints; however, when offset by activity was actually a decrease. Community Nursing and Community Paediatrics also saw a slight increase whilst Dental Services decreased. Further information and detail can be seen in 4.2-3 and 5.2.



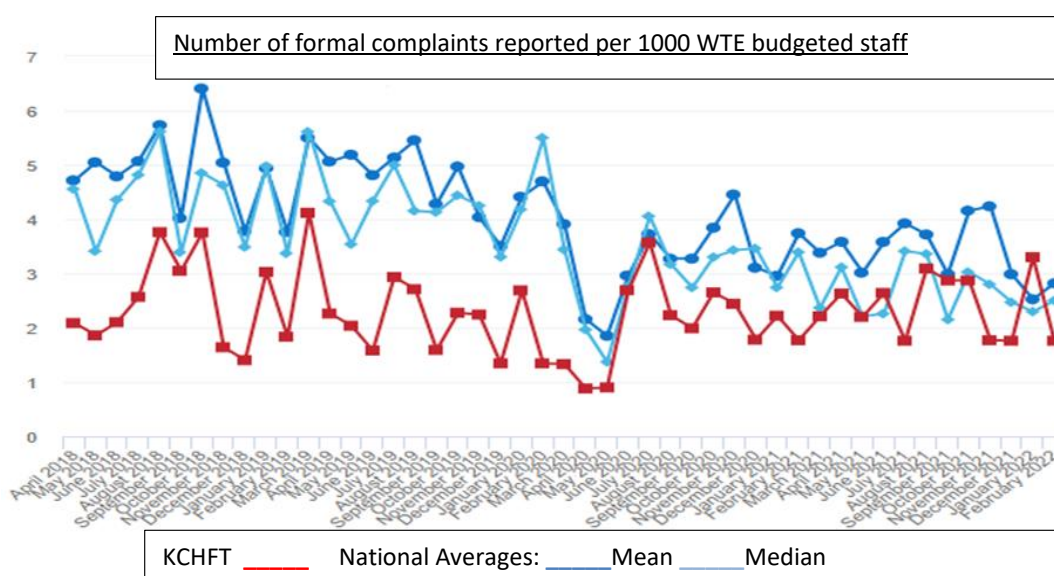
2.2. Whilst there was an increase in complaints received, the graphs below demonstrate that there were not as many peaks and troughs as seen in previous year. Except for June 2021, January and March 2022 complaint numbers were fairly consistent on a monthly basis.



- 2.3. The following graph shows levels 1 to 4 complaints received by month for the last 3 years, this year there is a general fluctuation in complaints from other years between June 2021 and December 2022 this year.



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



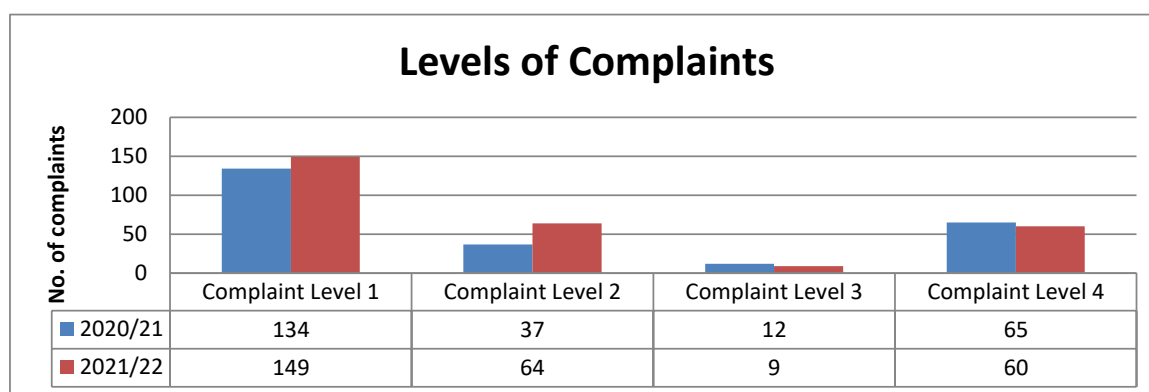
3.0 Levels of complaints

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

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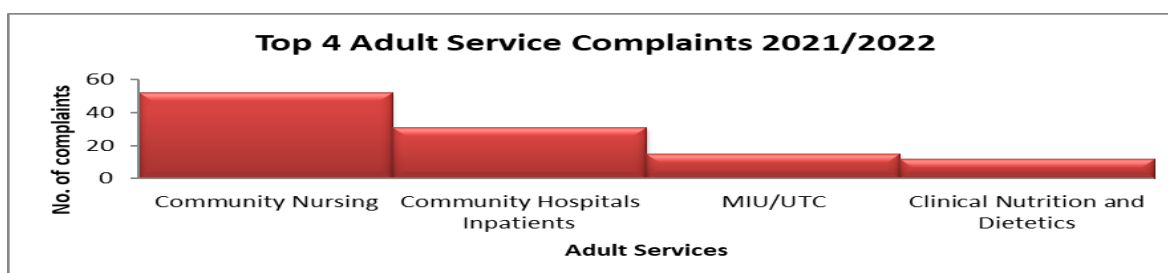
Level 1 Minor	It should be possible to get a quick solution and does not warrant a full complaint's investigation
Level 2 Significant	Requires contact with one or more service which involves some correspondence and an investigation to be carried out
Level 3 Major	A serious complaint that may involve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

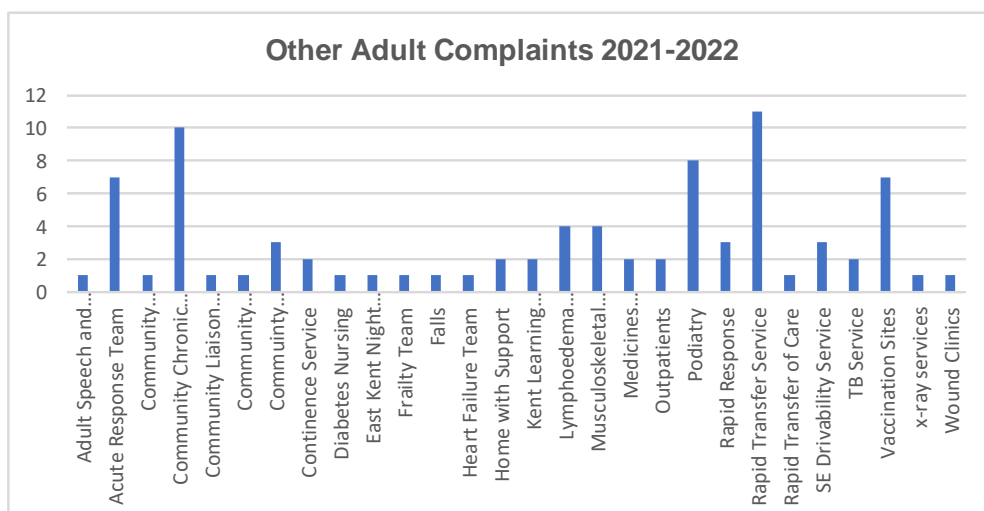
- 3.2. There was an increase of both Level 1 and Level 2 complaints; however, a decrease of Level 3 and Level 4 multi-agency complaints. The decrease in Level 4 Complaints is mostly due to a reduction in Rapid Transfer Service complaints from 22 in 20/21 to 6 in 21/22.
- 3.3. 61 cases were referred to the Patient Safety Team for possible Serious Incident review. Of these 4 cases (2 for community nursing (Tonbridge and Thanet), 1 for Podiatry/ Community Nursing and 1 for Westbrook House) were escalated and reported as Serious Incidents compared to 1 case in 2020/2021. These were in relation to patient deterioration, pressure sores on sacrum and incorrect dressings used for wound care.



4.0 Complaints in adult services

- 4.1 There were 196 complaints received for adult services during 2021/22. Community nursing services continue to have the largest number of complaints with 52 followed by the Community Hospitals (31), Minor Injury Units (MIU)/Urgent Treatment Centres (UTC) (15) and Clinical Nutrition and Dietetics with 12. Three of the top four remain the same for adult services complaints since 2019 but we have seen a slight increase of Clinical Nutrition and Dietetic complaints this year from 9 to 12.

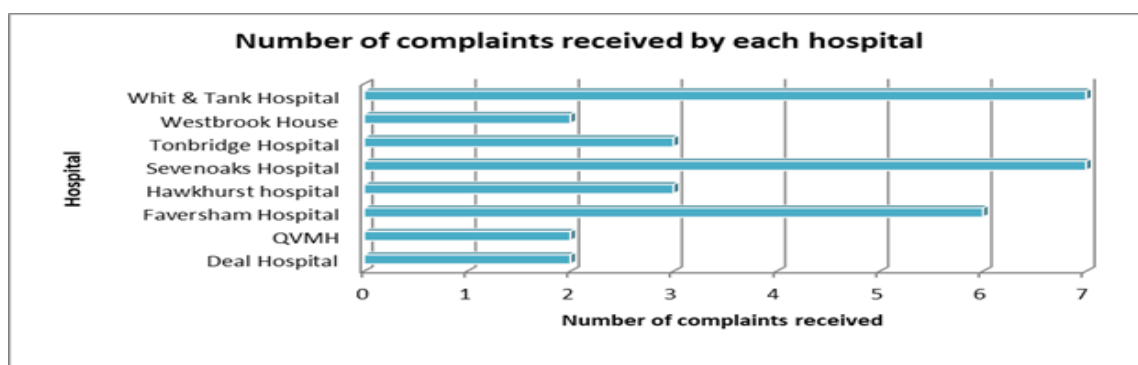




- 4.2 Community Nursing received 52 complaints which is an increase on the previous year when 40 complaints were received. However, this service also has the highest number of patient contacts 152,652 making a complaint to contact percentage of **0.034%**. This is a small increase compared to **0.028%** last year. The chart below indicates the areas in which the complaints occurred, with South Kent Coast receiving the highest complaint to contact percentage across the teams.

Adult Community Nursing Teams	Patients Seen	Complaints	%
Long Term Conditions - Ashford	13,832	9	0.007
Long Term Conditions - Canterbury	31,341	10	0.030
Long Term Conditions - South Kent Coast	34,019	15	0.044
Long Term Conditions - Swale	105	0	0.000
Long Term Conditions - Thanet	27,271	9	0.033
Long Term Conditions - West Kent	46,084	9	0.019

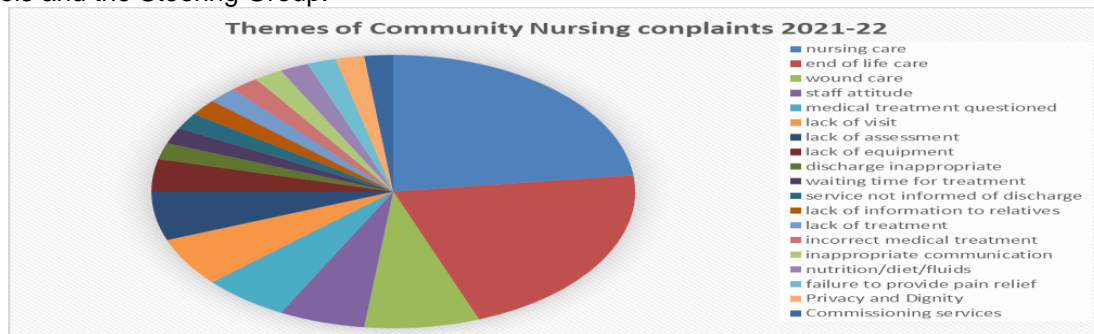
- 4.3 Community Hospitals received 32 complaints, a significant increase from 13 from the previous year of 146%. The ratio of complaints per patient discharge was **0.35%** of which demonstrated an actual reduction compared to **0.46%** in 2020/2021. This reduction is due to the increase in patients that have been admitted/discharged from the community hospitals and the temporary wards put in place for Covid. The three main concerns were querying the clinical treatment the patients were receiving, admission and discharge of patients, and staff attitude to both patients and families.



- 4.4 MIU and UTC's received 14 complaints which is **0.009%** of patient visits to the MIU/UTC. This is a reduction from last year which was **0.017%** of complaints per patient visits and is again due to the increase in patients being seen rather than a reduction of complaints, with 16 received in 2020/2021. Clinical Nutrition and Dietetics received 12 complaints which is a slight increase from the previous year of 9. This is **0.06%** of patients seen in 2021/2022 compared to **0.05%** in 2020/2021.

4.5 Themes and Trends

4.5.1 Community nursing complaints have been broken down into categories for each complaint. The chart below details the top categories, with Nursing Care being the highest theme, followed by End of Life Care and Wound Care. There has been an increase in complaints relating to End of Life Care from 3 in 2020-2021 to 11 in 2021-2022. This is actually more in line with 2018-2019 totals when there were 14 End of Life Cases. Learning is shared at the End of Life Steering Group and Mortality Review Panels and the Steering Group.



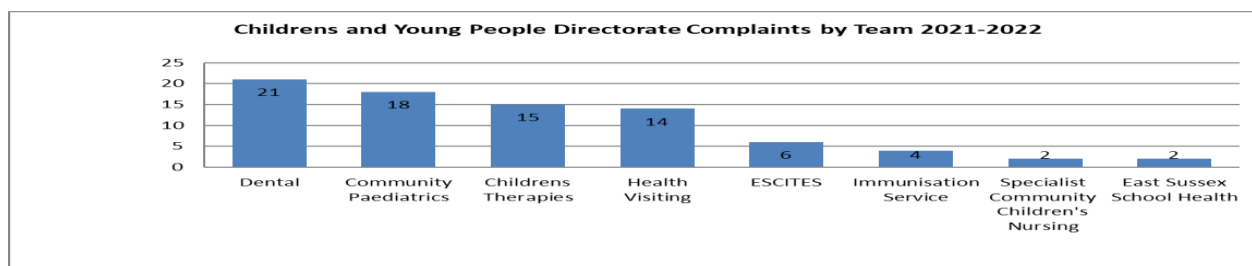
4.6.2 Of the 12 complaints which related to nursing care, 6 were in relation to dressing changes and deterioration of wounds. There were also complaints regarding staff diabetes awareness, staff asking patients to self-inject, catheter care and lack of communication or explanation about escalation of care needed.

4.6.3 The 32 Community Hospital complaints had 11 relating to Clinical Treatment, 7 Admission/Discharge and 7 Staff, 2 Communication issues, 2 Patient Care, 1 End of Life Care, 1 Privacy and Dignity and 1 Trust Administration. The 11 Clinical Treatment complaints were in regard to concerns about a fall on the ward, lack of therapy for the patient, listening to the family about the patient, as well as nutrition and dietetic and medication issues. In regard to the 7 complaints about staff attitude there were themes around not attending patients, not sharing information with families and a lack of compassion. The other main theme was for Admission and Discharge of patients especially around lack of equipment or care package and fitness for patient to be discharged, as well as patient falling after discharge and having to be re-admitted.

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

5.1 There were 86 Public Health, Children's' Specialist and Dental Services complaints for 2021/22 which are shown in the following chart:

- Dental had the highest number of complaints with 21. This is still a decrease from 30 complaints received from the previous year.
- Health Visiting complaints stayed the same as last year at 14
- Community Paediatrics complaints from 10 in 2020/2021 to 19 in 2021/2022.
- East Sussex CITES had a decrease from 10 in 2020/21 to 6 2021/2022
- Kent Children's Therapies significantly increased from 7 in 2020/2021 to 15 in 2021/2022. This is an increase of over 50% in the number of complaints received compared to last year and is also due to the delays for therapy.
- Other services remained fairly consistent.



5.2 Although Dental Services still has the highest number of complaints within this directorate there has been a reduction in the number this year. Dental have explained that in accordance with national guidance Dental services have prioritised the urgent dental care needs of existing patients and

accepted new patients seeking urgent dental care. Given the number of restrictions, and the very limited access to dental care during the pandemic, the teams have been responsive and communicated effectively with patients to minimise the number of potential complaints.

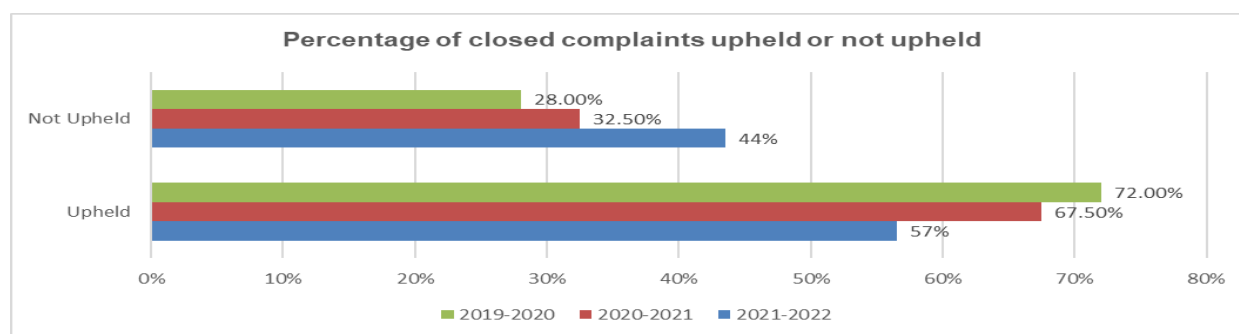
Innovations which have supported the delivery of dental care during the pandemic have been

- the introduction of remote oral health consultations using digital technology
- the provision of equipment which reduces the risk of the spread of infection, enabling more patients to be seen

5.3 Community Paediatrics (18) and Children's Therapies (15) also saw an increase in complaints and together were 38% of the CYP and Public Health Directorate complaints. The main themes for Community Paediatrics were waits for appointments (6) and lack of communication (5). In regards to Children's Therapies the main themes were about access to the service (7) followed by wait for appointments and communication, both with 3 complaints each. Community Paediatrics has explained that there is a national trend in complaints relating to ASD waiting times. Pre-Covid these ranged between 12 and 15 months wait and recently have become between 24-28 months wait. All families with children waiting on the ASD pathway have been written to and the wait times explained, providing signposting information, including an ASD booklet produced between KCC and the NHS. They have working with a private provider who is completing joint assessments and feedback to families. They also have an administrator working with the clinical lead to 'ensure children are being booked in a timely way and according to clinical priority and are exploring new ways to assess children and speed up the processes.

6.0 Upheld Complaints

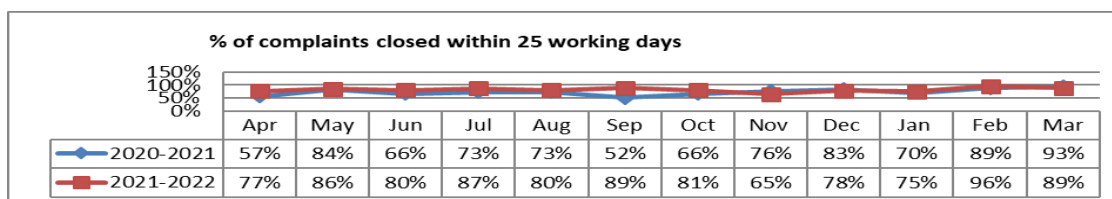
6.1 Complaints are required to be reported nationally using the KO41 reporting tool. This includes the number of upheld and not upheld complaints. Of the 292 complaints closed in 2020-2021 (an increase of 53 cases closed this year); 127 were not upheld, compared to 78 in 2020/2021. All complaints which are partially upheld are counted as being upheld. Complaints are not upheld when following investigation, it was found that staff had acted appropriately, followed correct procedures, provided the care required or were just being asked to comment on care provided by an external Trust or organisation. However, KCHFT treats all complaints, including those reported as not being upheld, as an opportunity to provide an apology to the complainant for their experience of our care and as a learning opportunity.



The increase of Not Upheld complaints was largely for Level 1 complaints from 35 the previous year to 65. Of these 65 there were 25 services involved which is an increase from 2020/2021 where only 15 services were involved. The themes were where the appropriate action had been taken, correct procedures being followed, but that explanation of these and care provided and service timescales needed explaining again. Further contact made to do this or appointments or plans were arranged to clarify situations and what services provide.

7.0 Closed within 25 working days

7.1 Of the 292 complaints closed during the period, 262 were closed working with the 25 day timeframe as per the Comments, Concerns and Complaints Policy. Of those cases 215 (82%) were closed within this timeframe and met objective of 80% of complaints to be closed in 25 days as per the policy.



7.2 There were 47 complaints that did not meet the agreed 25 day timescales in 2021-2022. Delays were related to receiving the required information from the service, the completion of the approval process and waiting on information from external organisations. However, we have seen a continued improvement in the percentage of cases closed within the timeframe and work continues on the Quality Improvement Project to improve the response time to complaints. Our yearly audit for 2022-2023 will focus on reviewing 2021-2022 cases which breached to determine the opportunity for further improvements can be made.

8.0 Themes and trends by subject

8.1 The top 3 themes of closed complaints were **Clinical Treatment (67)** as the most common, followed by **Access to Treatment or drugs (48)** and **Communication (42)**. The table below details some of the concerns raised under the top themes:

Clinical Treatment	Access to treatment or drugs	Communication
Unhappy with lack of treatment and directed to GP/111	Unhappy with the process and waiting time for therapy	Patient unhappy that phone calls to service have not be returned in a timely manner.
Unhappy with care provided and that dentist will not extract teeth.	Unhappy with delay in getting patient treatment due to waiting list for GA	Unhappy with waiting times and not being advised on how long delay is.
Unhappy that at first visit eye not checked comprehensively	Patient feels that the service are not accessible enough	Unhappy with communication to next of kin with Lasting Power of Attorney
Unhappy that first set of x-rays not taken in right area	Raised concerns regarding removal and reduction of medication	Telephone issues to cancel appointment
Unhappy that child vaccinated after had advised several time not to vaccinate.	Family unhappy that opioid use being reduced and wants answers to queries on this	Patient has raised concerns as the appointment details were not clear where this was
Unhappy with level of wound care including frequency of visits and appropriateness of treatment.	Family unhappy have not heard anything after GP referral for patient's ingrown toenails and having antibiotics for infection.	Unhappy with delays in sending reports and that parent had to chase staff
Unhappy with treatment and missed fracture.	Parent unhappy with lack of support and only excuse being 'covid-19'	Concerns regarding the communication between the Pathway 3 team and KCC

9.0 Re-opened complaints 2021/2022

9.1 32 complaints were re-opened (11% of the total closed). This is an increase in number from 2020-2021 but not in percentage of cases (11% of the total closed). Our audit for 2021-2022 focused on re-opened cases and the outcomes and improvements will be made in 2022-23, which will include reviewing to see if any new or different queries are raised and earlier decisions on whether cases should re-open or further resolution needed. It was noted that 9 of the cases (28%) were re-opened when there were no new queries raised and 2 (6%) that just needed further details.

10.0 Parliamentary and Health Service Ombudsman (PHSO) cases

10.1 5 cases were opened by the ombudsman in 2021/2022. Of these cases:

- 1 remains open and under investigation and awaiting outcome. This is for community nursing around VAC pump care.
- 1 was closed and the PHSO did not uphold the complaint regarding a transfer to a care home with Rapid Transfer Service.

- 2 are enquiries, one with notes requested and PHSO still reviewing regarding a lack of equipment provided by the community nurses causing a fall and one still open regarding care provided in Sheppey Hospital in 2017 (now managed by another trust)
 - 1 was an enquiry which is now closed with no investigation occurring regarding MSK Physiotherapy provided to the patient.
- 10.2. 3 cases that were opened as enquiries from 2020/2021 were not taken further and were closed with no investigation undertaken.

11.0 Quality of Complaints Management

- 11.1 In January 2022 all 28 re-opened complaints from 2020/21 were audited by peer review. The purpose of the audit was to provide assurance that the complaints handling process is of a high standard and to evidence compliance with the Comments Concerns and Complaints Policy, the Care Quality Commission (CQC) Responsive domain and the Complaints Regulations (2009).
- 11.2. The audit identified a number of areas of good practice demonstrating the robust processes in place.
- 100% (28) of complaints it was felt had answered all the points of the complaint
 - 100% (28) of complaints needing a response explained clearly the outcomes, showing openness and transparency.
 - 75% (21) of complaints had answered all the concerns raised when complaint re-opened.
 - Only 3% (1) of re-opened cases have been opened with the PHSO.
 - Over 92% (26) of responses the tone of the correspondence showed respect and compassion, offering an appropriate apology.
- 11.3. The continued learning from the Audit findings is:
- the need to ensure all complainants are advised of any extension to 25/60 day process and that this is recorded on Datix.
 - Continue to improve response times within 25 working days
 - Review re-opened process if no new issues raised and whether need to re-open
 - Ensure 100% responses to complainants of re-opened cases make it clear that complaints process exhausted and direct them appropriately.
- 11.4. Healthwatch Kent have provided feedback from a volunteer that has reviewed the public website and how easy it is to use to make a complaint or find information. The volunteer felt it met a good standard and was easy to understand and gave details on multiple ways to make a complaint. They did request the Parliamentary and Health Service Ombudsman details added to the page in an easier location and this has been addressed.

12.0 Feedback from complaints survey

- 12.1. A review of the complaints survey was completed due to low numbers received in previous years. The revised survey will commence from April 2022.
- 12.2. Staff feedback is also sought on the support provided to them by the Patient and Carer Partnership Team. All surveys received with 100% positive feedback. Providing support for staff members involved in complaints is essential to resolve concerns raised in a timely and compassionate way. Comments received include:

Thorough timely, empathetic and compassionate.
So on the ball and compassionate. Really made a difficult situation much better.
Complaints officers are always incredibly helpful and skilled in what they do. Always available, responsive and supportive with just the right amount of challenge when needed!
Highly valuable service helping us to shape our services for the better.
Very clear actions and deadlines from outset. Regular contact re progress to support services to maintain momentum when needed.
I always feel confident in making contact with patients and/or carers once notified as you receive a very concise handover of their concerns from the complaints team. This means that you rarely end up dealing with something unanticipated, you can have prepared well and relatively easily due to the effort and care put in by the team prior to the complaint reaching me.

Complaints team were amazing and were able to offer suggestions and completion of a letter, which was turned around in a short space of time. Thanks so much for your support. As always you are receptive and offer so much guidance, this has helped me over the years to understand
All members of the team have very good communication with myself and are very approachable
Am grateful for their support and prompt responses, and reminders of timelines etc
So helpful, fast and structured our comments into the letter which was really supportive due to the amount of time that this takes. Could not fault the service

13.0 Complaints training for staff

- 13.1. A total of 177 staff undertook the e-learning training designed for all staff to give them an overview of the trust's complaints procedure and what to do if they are contacted by a patient, relative or member of the public wishing to raise a concern. This is in line with 170 staff that completed this in 2020/2021. This training is not mandatory but completion is actively encouraged when complaints officers speak to staff and services.

14.0 Learning from patient feedback

- 14.1. The Patient and Carer Partnership Team continue to monitor improvements made by services as a result of patient feedback. In total 17 actions resulting from complaints have been uploaded on the KCHFT public website as examples of 'You said We did'. Improvements have been shared in bi-monthly reporting to the Quality Management and in the Patient and Carer Partnership Team Quarterly Report. Improvements made as a result of feedback from complaints during 2021/22 include:

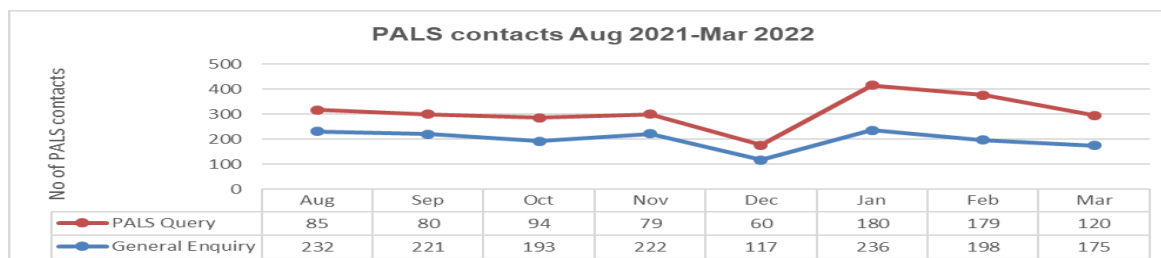
- **UTC:** staff having their ear infection competencies checked to ensure they feel able to confidently deal with ear infections.
- **Children's Therapies:** have uploaded a new letter template following an IG breach to ensure staff do not use individualised templates so this does not happen again.
- **Immunisation Team:** Following a complaint where a child was double vaccinated in error changes have been made to the consent process. A record keeping audit is also being conducted in April 2022 to ensure that all staff are following processes in place and so that further improvements to the service can be made
- **Coxheath Centre:** As we do not have a reception service at the Clinic we have agreed to make changes to the clinic appointment system there following a patient being incorrectly directed. A notice board was placed in the waiting area with the clinic date and clinician name added for each clinic each day. A list of clients attending groups or clinics will also be sent to the Local Referral Unit in advance so that they are aware of any patients attending the clinics should they need to answer the door.
- **Dental:** Changes are being made to the leaflet given to parents regarding general anaesthetic as the leaflet does not make clear that an injection will still be used on patients when using gel.
- **Community Hospitals:** Following the complaint for two hospitals they will ensure the self-medication tool is in place in the hospital and will hold training on endocrine care.
- **ART:** Leaflet updated for patients and families to ensure correct information provided on support available and how patients transition to social care.
- **Community Nurses Maidstone Area:** End of Life workshops to work on holistic assessment and assessment of pain, use of medications and syringe drivers and also understanding a family's distress held.
- **Audiology:** Following a new phone system being introduced a new rota has been put in place and a duty audiologist now available to answer parent queries.

15.0 Patient Advice and Liaison Service (PALS)

- 15.1. The Patient and Carer Partnership Team took over PALS on 1 Feb 2021. Due to the need to recruit to the service and introduce a new reporting process, PALS data was not included in the 2020/2021 Complaints Annual Report. Since that time, we have fully recruited to all positions and introduced a new Datix reporting system for use as well as reporting of all PALS contacts. Prior to this we were only able to retrieve limited data on numbers of contacts. This new procedure went live in August 2021 so all data created for this report is from Aug 2021-Mar 2022. PALS contact can be made via telephone, text, email, online form or on the public website.

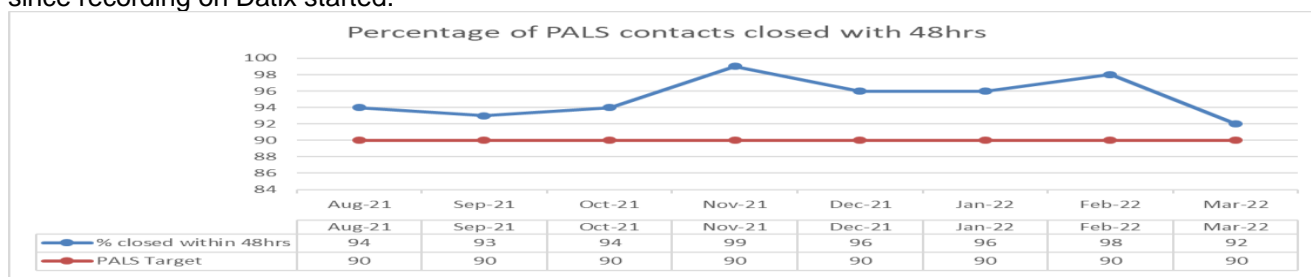
15.2. Two types of contact were created:

- PALS Enquiry – which requires a response from the service within 2 working days.
- General query – which the Patient Care Co-ordinator can answer or can signpost to the correct service or other external organisations. PALS received 1,592 General Enquires and 877 PALS Enquiries Aug 2021-Mar 2022.



15.4. Response

The objective set for PALS was to ensure 90% of contact was resolved within 2 working days. Although there is a small reduction in percentage in March 2022 the team have exceeded their target each month since recording on Datix started.



15.5. Themes

The 877 PALS Enquiries were for 58 services within the Trust. The top four contacts were for Integrated MSK services (61), Community Paediatrics (59), Community Nursing (58) and Children's Therapies (42). There were also a high number of contacts for Community Orthopaedics, Clinical Nutrition and Dietetics, Health Visiting, Podiatry, Chronic Pain, Dental and for Covid vaccination information.

The MSK, Clinical Nutrition and Dietetics and Community Orthopaedics and Community Paediatrics have had issues with service users contacting PALS due to text message appointment issues. The Trust is testing service specific templates with one service assist to direct patients better. They are also reviewing the SMS provider.

Children's Therapies were queries regarding chasing appointments, lack of support from the service and waiting times and these are in line with the contact received regarding Complaints. Dental queries were also around getting urgent treatment, appointments and referrals.

The service also received 90 contacts that were for other and external Trusts or organisations. There were a further 81 contacts where the person contacting did not provide enough information to confirm a service and on asking for further information this was not supplied.

15.6. Access

In order to contact PALS more accessible; a review of the text message, online form and telephone pre-message is being undertaken this year. Of the 877 PALS queries, 345 were via email, 308 by telephone, 213 by online form completed on the public website and 11 via text message.

16.5. NHS Feedback

PALS also manages feedback from patients/service users and relatives on NHS UK (formally NHS Choices) and Care Opinion. Responses are sent to the website thanking those that uploaded positive comments and these are shared with the service. Any negative comments received the person is asked to contact PALS directly should they wish to raise further.

Please see below a positive review published on the NHS UK website.

Amazing service

Amazing service. I was very ill and couldn't get an appointment with my GP and couldn't get an answer from 111. I turned up at the urgent treatment centre and was seen by a doctor within 10 minutes who solved the problem. The staff are lovely and helpful. Would highly recommend.

Name: Sue Mitchell

Role: AD Participation and Involvement

6 May 2022

Meeting Title:	Council of Governors
Date of Meeting:	20 July 2022
Agenda Item:	3.1
Subject:	Nominations Committee
Presenting Officer:	Carol Coleman, 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 meeting for Council review.

The Committee met on 30 May 2022. In attendance were governors; Jan Allen, Carol Coleman, Ruth Davies, John Woolgrove, and John Goulston, Chair and Pippa Barber, Senior Independent Director. The meeting was quorate. In attendance was Natalie Davies, Corporate Services Director.

The agenda considered the appraisal process undertaken for the Chair and Non-Executive Directors (NEDs) for 2021/22. This report advises the Council of the recommendations of the Committee.

2. Appraisal of Chair and NEDs for 2021/22

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

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

3. Recommendations

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

- The agreed appraisal process was carried out for the Chair and NEDs. The Council is asked to note that the Chair and NEDs were all performing satisfactorily and that individual objectives and personal development plans had been agreed.

Carol Coleman
Lead Governor
July 2022