

Agenda and Papers

for the

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

to be held at 10.30am
on Wednesday 19 October 2022

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

Contents

Agenda	Page 1
1.4 Minutes of previous meeting	Page 3
1.5 Matters arising	Page 12
1.7 Trust quarterly report	Page 16
2.4 Report on patient and public engagement, experience and complaints	Page 24
2.5 Board of directors – committee membership and designations	Page 35
2.6 Governor elections process	Page 42

**Meeting of the Kent Community Health NHS Foundation Trust
Council of Governors
to be held at 10.30am on Wednesday 19 October 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 Council of Governors meeting held on 20 July 2022	Chair	Att. 1
1.5	Matters arising of the Council of Governors meeting held on 20 July 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	Governor feedback from each of the constituencies	Full Council	Verbal
2.2	Report from Communications and Engagement Committee	Chair of Committee	Verbal
2.3	Report from Charitable Funds Committee	Governor member of Committee	Verbal
2.4	Report on patient and public engagement, experience and complaints	Director of Participation, Experience and Equalities	Att. 4
2.5	Board of Directors – committee membership and designations	Chair	Att. 5
2.6	Governor elections process	Governor Lead	Att. 6

3. ITEMS FOR APPROVAL

4. PAPERS AVAILABLE FOR GOVERNORS

4.1 The following papers are shared for Governor information and are available on Flo: For noting only

- Formal Board agenda – 7 September 2022
- Confirmed Board minutes – 25 May 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.

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 on Wednesday 18 January 2023 at the Clive Emson Conference Centre, Kent Event Centre, Kent Showground, Detling, Maidstone, Kent, ME14 3JF



UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust Council of Governor's Meeting
Held at 2pm on Wednesday 20 July 2022
in the Clive Emson Conference Centre, Kent Event Centre, Kent Showground, Detling,
Maidstone, Kent, ME14 3JF

Present:	John Goulston, Chair Janet Allen, Staff Governor, Corporate 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 Peter Fathers, Public Governor, Swale Alison Fisher, Public Governor, Maidstone Tilly Harris – Public Governor for Thanet Kimberley Lloyd, Staff Governor, Health and Wellbeing Services Dot Marshall – Public Governor for Gravesham. John Woolgrove, Public Governor, Rest of England
In Attendance:	Gina Baines Assistant Trust Secretary (Minute Taker) Pippa Barber, Non-Executive Director Natalie Davies, Director of Corporate Services Mairead McCormick, Chief Executive Sue Mitchell, Assistant Director for Participation and Involvement Dr Razia Shariff, Associate Non-Executive Director Dr Mercia Spare, Chief Nurse Karen Taylor, Non-Executive Director

20/7/1 Introduction by Chair

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

20/7/2 Apologies for Absence

Apologies were received from William Anderson, Staff Governor, Adult Services; Maria-Loukia Bratsou - Staff Governor; Ali Carruth, Director of Participation, Experience and Patient Engagement; Dawn Gaiger, Staff Governor, Adult Services; Dr Anjan Ghosh, Appointed Governor, Public Health; Prof. Paula Kersten, Appointed Governor, Universities; Daniel Mott – Public Governor for Folkestone and Hythe; John Norley - Appointed Governor for Age UK; Lynne Spencer, Public Governor, Canterbury; Kathy Walter, Public Governor for Ashford; and Matthew Wright, Appointed Governor, Kent Association of Headteachers.

The meeting was quorate.

20/7/3 **Declarations of Interest**

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

20/7/4 **Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 27 April 2022**

27/4/13 Governor Elections – page 10 of 45 – to add ‘Ms Ruth Davies – re-elected as Public Governor of Tonbridge and Malling.

The Council **AGREED** the minutes, subject to the amendment.

20/7/5 **Matters Arising**

27/4/6 Chair’s Report - Work on the service directory for Governors was still in progress. Action open.

11/11/7 Trust Quality Report – Mr Goulston confirmed that, following the publication of the guidance ‘The Role of Council of Governors and Non-Executive Directors in provider collaboratives’, the Trust had shared it with the Governors and taken feedback from the Board. Subsequently, the Trust’s response to the consultation had been submitted. Action closed.

The Council **RECEIVED** the Matters Arising.

20/7/6 **Trust Quarterly Report**

Ms McCormick presented the report to the Council.

Ms McCormick concluded by inviting the Governors to feedback on her report so that she could shape it in such away in the future that they would find it useful.

In response to a question from Ms Allen as to whether there could be a different way to celebrate staff in the future instead of the Staff Awards, Ms McCormick suggested that staff could be asked for their suggestions for an event which they would find uplifting and celebrated success.

In response to a question from Ms Lloyd regarding the changes to the Covid sickness absence arrangements, Ms McCormick confirmed that from 7 July Covid sickness was counted as a normal sickness episode. The rules which applied to Covid sick pay would cease on 1 September.

In response to a question from Ms Bellman as to what would be Ms McCormick’s key objectives over the following six months, Ms McCormick responded that she would be focussing on workforce. She was keen to see it shaped in a different way alongside the opportunity to shape different models of care. More work would continue on retaining members of staff and enticing more to join the Trust. There was an opportunity to create the leaders of the future and therefore succession planning would be a key area. She had already observed that there were many innovative people in the organisation who had

ambition to lead and develop it even further. She and Mr Goulston were already working together to set her objectives.

Ms Ruth Davies commented that when she had participated in a We Care visit she had observed that nurses had been undertaking social care when visiting patients. Ms McCormick agreed that this had been taking place. Dr Spare added that work was taking place through a competency approach around skill mixing, with the intention that registered nurses undertake those tasks that only they could do, while identifying those tasks that could be done by others.

In response to a question from Ms Coleman as to whether Ms McCormick would be ensuring that the community health voice was heard in the new integrated care system while so much focus was on the acute trusts, Ms McCormick confirmed that she would be. The population of Kent and Medway was cared for by the whole system and she believed that if there was not a focus on preventative health care then the problems that the acute trusts were facing would not be solved.

In response to a question from Ms Carter regarding the recent announcement of the pay award for nurses and possible strike action, Ms McCormick confirmed that she and her team would be working through the implications of the announcements and the potential impact on the Trust.

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

Ms McCormick left the meeting.

20/7/7 **Chair's Report**

Mr Goulston presented a verbal report to the Council.

Mr Goulston confirmed that he was the chair of the West Kent Health and Care Partnership (HCP) and a member of the Kent and Medway Integrated Care Partnership with the chairs of the other three HCPs.

Mr Goulston reported that he had attended the Kent and Medway Mental Health, Learning Disabilities and Autism Improvement Board of which he was the co-chair. Members of the group would be attending an away day in September to refresh its priorities. There was also a children's board which had some crossover with the board he sat on.

Mr Goulston reported that the Trust and Kent and Medway NHS and Social Care Partnership (KMPT) had had a board to board meeting in June to review progress with their collaborative work. Ms McCormick and Ms Helen Greatorex, Chief Executive of KMPT would write a joint report which would be presented at the next Board meeting and shared with the Council at its meeting in October.

Action – Ms McCormick

Mr Goulston, Kim Lowe (Chair, Strategic Workforce Committee) and Ms Robinson-Collins, Director of People and Organisational Development had met with all the staff networks recently. The networks played an important role in the organisation and work was ongoing to support them.

Mr Goulston reported that he and Ms McCormick had attended the 'ground-breaking' ceremony at the site of the new Edenbridge Memorial Health Centre in May.

Mr Goulston confirmed that he and Dr Shariff had visited the South Kent Coast Rapid Response Team in Folkestone as part of a We Care visit.

Mr Goulston confirmed that he had visited the Neurodiversity Disorders Clinic at Coxheath as part of a service visit.

Mr Goulston and Ms McCormick had been discussing the development of the Board and they had agreed that an external review of the governance of the executive portfolios would be undertaken and that this would be followed by an external well-led review, which the Trust was due.

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

20/7/8 Quality Account

Dr Spare presented the report to the Council.

Ms Bellman noted that Health Watch had commented that the Quality Account had been an excellent exemplar for other organisations and that the Chief Nurse of the Kent and Medway Clinical Commissioning Group had said that it was an outstanding report.

The Council **RECEIVED** the Quality Account.

20/7/9 Governors' Annual Report

Ms Coleman presented the report to the Council.

Ms Coleman would welcome suggestions of any items that Governors felt should be included in the Lead Governor's Annual Report and presentation to the Annual Meeting in September.

The annual meeting would take place on Wednesday 28 September between 2pm and 4pm.

The Council **RECEIVED** the report.

20/7/10 Governor Feedback from each of the Constituencies

Ms Coleman had participated in a We Care visit to the Acute Response Team at Deal Hospital. She had seen a high standard of care given by the nurses and she had been impressed by the way they had handled and reported difficult issues very professionally.

Ms Lloyd had participated in two We Care visits, the first to the Acute Response Team in Thanet and the second to the Canterbury Discharge Team. Patients had reported that they were delighted with the care they had been receiving. She had observed a lovely rapport between a healthcare assistant and a patient. She reflected that although staff were under pressure to see a large number of patients, none of the appointments seemed rushed. With regards to

the Canterbury Discharge Team, they were under pressures on a daily basis but she had been impressed with the strong teamwork they demonstrated.

Ms Lloyd reported that the staff governors continued to meet monthly. They had set up a generic email address which they would be promoting with staff to help raise awareness of the role the staff governors played and to improve their response to staff.

Ms Allen had attended the executive team meeting on 5 July. She had also attended the Communications and Engagement Committee meeting as well as two service visits to the Podiatry Service at Sevenoaks Hospital and at Tonbridge Community Hospital.

Ms Carter had had a virtual meeting with Grahame Hardy, Specialist Nurse for Dementia to hear about the dementia work in the Trust and more widely. From a personal perspective, she had recently attended the urgent treatment centre at Estuary View and had been delighted with the care that she had received from all the staff there.

[Post-meeting: Ms Carter confirmed that she had attended the most recent Communications and Engagement Committee meeting and the Patient and Carer Council meeting]

Ms Ruth Davies had attended the Charitable Funds Committee for the first time in April 2022 as a member of the Committee. She had also attended a We Care visit to the Rapid Response Team. She had visited the team previously and found it worthwhile to see the changes that had taken place in that time, such as the team being located in a single location at the Oast, Maidstone. She had also attended the Tonbridge Community Hospital League of Friends meeting and events.

Ms Bellman had visited Hawkhurst Community Hospital and had been delighted by what she had observed. The service, leadership and staff had been impressive. There were some issues which she had noted but the Matron was aware of them and was focused on resolving them. Outside of the Trust, she had been invited by a local GP practice patient participation group to give a presentation on the role of the governor. This had gone well and she had been invited to contribute on a regular basis to the local practice newsletter. She had attended a We Care visit with Ms Barber the previous week to observe the West Kent Home Treatment Service. The service had a two-hour response rate to visit the frail and elderly in their own home.

Ms Fisher had attended the Hawkhurst Community Hospital alongside Ms Bellman. Ms Fisher had also attended the National Governors' Conference which had been online. Locally, she had been approached by a GP practice patient participation group to work together and link in with the local network which would allow her to undertake some different communication. Mr Goulston suggested that she should link in with Mr Anderson who chaired the Communication and Engagement Committee.

Action – Ms Fisher

Mr Woolgrove had attended a Governor Conference on system working where he had met Mr Jay Patel, a governor from Medway Foundation Trust and invited him to attend the Council meeting as a member of the public.

Mr Fathers had had a personal experience of using NHS's acute services in Medway and at Maidstone and Tunbridge Wells NHS Trust and was full of praise for the care his family member had received.

Ms Ashford had attended the Communications and Engagement Committee and hoped to be involved in the outreach event in Dartford in the autumn.

The Council **RECEIVED** the report.

20/7/11 Report from Communications and Engagement Committee

Ms Coleman presented the verbal report to the Council on behalf of Mr Anderson.

Because of the continued uncertainty around Covid, the Annual Meeting would be held virtually this year.

Following the success of the seven-day Winter Well comms event last year, it had been decided that there would be a similar one this year in October and November and would include three outreach events in Dartford, Thanet and possibly Ashford. It would inform on a range of health topics related to keeping well in the winter over a seven-day period. The outreach events could be face-to-face or virtual.

The Committee was also exploring the potential of a quarterly Governor letter to all constituencies which would provide a consolidated governor voice. In response to a suggestion from Ms Ruth Davies that the newsletter could also celebrate good practice and raise awareness of the challenges that staff faced, Ms Coleman indicated that these would be part of the presentation she would make at the Annual Meeting.

In response to a question from Ms Lloyd as to whether the Winter Well communications campaign would link in with the Trust's One You Service, Ms Coleman suggested she contact Mr Anderson for further information.

Action – Ms Lloyd

The Council **RECEIVED** the report.

20/7/12 Report from Charitable Funds Committee

Ms Ruth Davies presented the verbal report to the Council.

Ms Ruth Davies had attended the April meeting and the next meeting would be the following day. She had asked for a guidance sheet on how to apply for charitable funds as her impression was that some staff found the process cumbersome. The Committee was committed to making funds as easy as possible for staff to access. Mr Goulston added that he and Dr Shariff would be joining the meeting the following day as well.

The Council **RECEIVED** the report.

20/7/13 Report on Patient and Public Engagement, Experience and Complaints

Ms Mitchell presented the two reports to the Council.

With regards to the annual complaints and PALS report 2021/22, Ms Mitchell provided an overview of activity through the year. She explained that this year was the first time that the Trust had seen an increase in complaints but this had been offset by the increase in activity across services.

Mr Woolgrove highlighted the Dental Service. He welcomed that the number of complaints it had received had decreased but noted that the number was still significant. He reflected that some complaints had related to the dental service in prisons and some not and asked what the relevant numbers were. Ms Mitchell would find out the number of complaints from prison patients and non-prison patients and share the information with Mr Woolgrove.

Action – Ms Mitchell

As to any general theme/s that had been identified, Ms Mitchell indicated that it related to waiting times for general anaesthetic (GA) appointments particularly for young people where those with complex needs required different sedation. These procedures took place in acute hospital theatres and availability of theatre time was outside of the control of the Trust.

In response to a question from Ms Allen regarding how feedback from complaints reached agency staff, Ms Mitchell explained that complaints about agency staff had not been identified as a theme. When a service received feedback from a complaint, all staff were included whether they were agency or not. Where there was learning for a particular staff member this would be done locally.

In response to a question from Ms Bellman as to whether the communication leaflets were going to be reviewed, Ms Mitchell confirmed that they would be. The Patient Engagement Team would be driving patient involvement in those reviews.

With regards to the Patient and Carer Partnership Team Annual Report 2021/22, Ms Mitchell provided an overview of activity through the year.

Ms Barber welcomed the report and the assurance that it provided. She confirmed that the Quality Committee had received the revised equality impact assessment in support of the End of Life Care Policy and was pleased with its quality. She agreed that more work needed to be done in services around interpreters and she congratulated the Trust on receiving its Triangle of Care accreditation. She added that the Board had received a presentation on Virtual Wards. It had been explained that patients would be involved in the co-production of Virtual Wards and she suggested that carers should be included as well. Ms Mitchell agreed to contribute to ensure this happened.

Action – Ms Mitchell

In response to a question from Ms Allen as to whether the bereavement packs were being rolled out across the whole Trust, Ms Mitchell explained that following a successful trial in East Kent, the packs were now being rolled out across the whole organisation. There had been learning around what should be included in the packs which had led to the contents differing slightly depending on the service. Over the coming year, the team would be developing the packs into different languages and to reflect different cultures.

In response to a comment from Ms Coleman regarding the bereavement packs, Ms Mitchell confirmed that they had been co-produced and co-designed with families. Ms Coleman reflected that there was considerable work taking place in co-production and questioned whether there was any research. Ms Mitchell was aware of an imminent project/audit related to patient and carer involvement in the co-design of services. She would contact the Trust's Research and Development Team who would lead on this and share her findings with Ms Coleman.

Action – Ms Mitchell

The Council **RECEIVED** the reports.

20/7/14 **Report from Nominations Committee**

Ms Coleman presented the report to the Council.

Mr Woolgrove endorsed the report and commented that the Committee would welcome more feedback from the Governors as part of the annual appraisal process. As part of this process, Governors had received an electronic survey questionnaire and had been asked to respond but the return rate had been low. The Committee was considering piloting an alternative approach for 2022/23 and this would be discussed at the next Committee meeting. In the meantime, Governors were asked to feedback any reasons for their non-response to the appraisal survey and other views they might have on the survey.

Action – All

Ms Harris commented that because of the restrictions imposed by the pandemic, it had been difficult to observe the non-executive directors as often as she would have wished and to reflect a well-considered response.

Ms Ruth Davies added that she would have liked to have seen a list of non-executive activity. Mr Goulston confirmed that the annual report did include information about the non-executive directors' attendance at Board and Committee meetings and there was a covering statement as part of the feedback questionnaire. He cautioned that evidence of activity was not necessarily a clue to performance. Thought should be given to improving the information that Governors received that reflected and measured the impact of the non-executive directors' performance and this would be considered as part of the Nominations Committee review.

The next Committee meeting would take place on 31 October.

The Council **NOTED** the report and **APPROVED** the Nominations Committee recommendations.

20/7/15 **Papers Available for Governors**

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

20/7/16 **Any Other Business**

Ms Lloyd reported that at the recent staff health and wellbeing group meeting she had attended, it had been announced that the Trust had been awarded the Platinum Kent and Medway Workplace Award. Previously, the Trust had been

awarded a Gold award. Kent Community Health NHS Foundation Trust was the first Trust in Kent and Medway to be awarded this status.

Ms Coleman reported that she had attended a meeting recently where it had been highlighted that due to cost of living pressures, up to two out of five nurses were having to visit food banks and she questioned how the Trust was addressing this possibility. Mr Goulston confirmed that the Trust was signposting staff to what was available. Dr Spare added that this included three financial options covering financial advice, facilities for those staff who might be struggling financially, and competitive rates for loans. The Trust had increased its petrol allowance and was tracking the RAC fuel price tracker. Staff were being reminded of the Blue Light scheme which was a discount scheme for NHS staff. There had also been a discussion about a hardship fund. Ms Natalie Davies commented that the Trust continue to be committed to the real Living Wage which was an independent measure set by a charity, The Living Wage Foundation which reflected the actual cost of living. Dr Spare commented that providing food banks was complicated but had been discussed at the Charitable Funds Committee. Ms Natalie Davies concluded that the trust wished to see staff being paid sufficiently rather than having to rely on food banks.

Mr Goulston announced that Ms Natalie Davies would be leaving the Trust to join the Kent and Medway Integrated Care Board as its Chief of Staff. She had been the lead executive for the Council of Governors for ten years and would be sadly missed. She had done considerable work linking the Board and Council and she had worked tirelessly behind the scenes. Mr Goulston, on behalf of the Council, wished her the best of luck in her new role. Ms Davies responded that it had been a real privilege to work with the Council. It was one of the strongest in Kent and Medway and she was sure that it would continue to grow from strength to strength.

20/7/17 Questions from members of the public

There were no questions from the public.

The meeting ended at 3.40pm.

20/7/18 Date and Time of Next Meeting

Wednesday 19 October 2022 at 10.30am.

Astor Pavilion, Kent Event Centre, Detling Showground, Maidstone, Kent, ME14 3JF.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING OF 20 JULY 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.
20/7/7	Chair's Report	To share at the October Council meeting the report from Ms McCormick and Ms Helen Greatorex, Chief Executives of Kent and Medway NHS and Social Care Partnership (KMPT) about progress with collaboration between the two organisations.	Ms McCormick	Report to be presented to Board part 2 meeting in October, after which the report will be shared with Council of Governors.
20/7/10	Governor Feedback from each of the Constituencies	To link in with Mr Anderson about local communication in the Maidstone area.	Ms Fisher	Action complete.
20/7/11	Report from the Communications and Engagement Committee	To contact Mr Anderson about whether the One You Service would be included in the planned Winter Well communications campaign.	Ms Lloyd	Action complete.
20/7/13	Report on Patient and Public Engagement, Experience and Complaints	To find out the split in dental complaint numbers between prison patients and non-prison patients and share the information with Mr Woolgrove.	Ms Mitchell	Action complete.
20/7/13	Report on Patient and Public Engagement, Experience and Complaints	To contribute to the development of the Virtual Ward to ensure that coproduction included carers as well as patients.	Ms Mitchell	To be included in the next meeting for the Virtual Ward project.

Minute number	Agenda item	Action Agreed	By Whom	Current Status/Update
20/7/13	Report on Patient and Public Engagement, Experience and Complaints	To contact the Trust's Research and Development Team regarding an imminent project/audit related to patient and carer involvement in the co-design of services and to share the information with Ms Coleman.	Ms Mitchell	Action complete.
20/7/14	Report from Nominations Committee	To feedback to the Committee any reasons for the non-response to the Chair and non-executive director appraisal survey.	All	Action complete.
20/7/14	Report from Nominations Committee	To feedback to the Committee any other views on the Chair and non-executive director appraisal survey.	All	Action complete.
20/7/14	Report from Nominations Committee	To improve the information that reflects and measures the impact of the performance of the non-executive directors.	To be confirmed	Action in progress.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING

CLOSED ACTIONS

Minute number	Agenda Item	Action Agreed	By Whom	Current Status/Update
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. Action closed.
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. Action closed.
27/4/8	Quality Strategy	To circulate the presentation on the Quality Strategy to the Council.	Ms Fuller	Action complete - presentation circulated. Action closed.
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. Action closed.
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. Action closed.

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. Action closed.
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	<p>Consultation on the role of Council of Governors in system working and collaboration to be launched in the Spring.</p> <p>Mr Goulston confirmed that, following the publication of the guidance, the Trust had shared it with the Governors and taken feedback from the Board. Subsequently, the Trust's response to the consultation had been submitted. Action closed.</p>

Title of Meeting	Council of Governors
Date of Meeting:	19 October 2022
Agenda Item:	1.7
Subject:	Chief Executive's report - Trust quarterly report
Presenting Officer:	Mairead McCormick, Chief Executive

This report is written as I move into my fourth month at KCHFT and I feel that I have gained so much more knowledge of not only how the services work but really starting to get to know the people. There is a real sense of belonging when you recognise people, can talk to them on first name terms and remember things that they told you about themselves. This is so important when it comes to connecting.

We recently had someone join our organisation who is doing work across multiple providers. This person has been in health care a very long time and when I met with her last week she said it's been a long time since she received such a warm welcome into an organisation. The sense of value that she felt from day one and she mentioned the goodies bag and how when she left here it was raining so she put the umbrella up and felt "looked after". We all love a treat and sometimes we think it's the big things but in reality, it is the many small things coming together to say "we care" that makes people stay with us.

As Covid continues to rise again in our communities and we are preparing for winter, we are reviewing how we can best ensure that staffing levels are sufficient to respond and where people are doing extra that we ensure they feel valued. Many staff have told me they are prepared to do extra, if we review the bank rates and they have a more consistent offer than agency staff, so I am currently doing this with the Executive Team to look at how we can provide a different offer for the next five months. This will require a commitment from teams to work together and draw up a plan with us, but I am clear this also includes removing agency as it can't be both. I believe we have the commitment from the conversations I've been having I am so hoping very much to turn this into a reality to see us through to the spring.

This report provides the Council of Governors with an update on the work of the Trust since the last Council meeting.

1. Current situation and pressures

COVID-19

Coronavirus cases are rising across the country and we are seeing rising numbers of cases among our staff and within our community hospital wards. We continue to monitor the situation closely.

Winter planning

We started work on the plan for winter back in August, in the middle of a heatwave. As well as the many initiatives including what I've set out at the beginning of this report, we building on the virtual ward model and additional bed capacity. We are very much focused on how we work collectively with partners, such as social care and primary care, with the beginning of some initiatives leading towards more integrated teams. We are using the learning and feedback from colleagues last year and based on this, we have no plans to deploy colleagues to support Tier 1 services this year.

2. Performance

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 July 2022.

Turnover of our workforce continues to report above the target rate, however, since January 2022, turnover has continued on a downward trajectory. The turnover rate was 14.6% in August 2022, for both planned and unplanned leaving reasons, which was reported to be the lowest rate since June 2021. The turnover rate for international recruits is 0%.

From January 2022 the vacancy rate has continued to report above the target. In August 2022, the vacancy rate was 7.84%. This remains an area of significant focus for the Trust

The sickness absence rate for August 2022 was 4.13% and was therefore below the target of 4.2%. Sickness absence tends to increase during school holidays and is a normal variation. We expect this figure to reduce in September.

During June and July 2022, there were four lapses in care which resulted in avoidable pressure ulcers. Two were low harm and two were moderate harm incidents. Both moderate harm incidents were reviewed, and although they were not deemed serious incidents, actions were put in place to ensure early intervention preventing initial pressure damage. Scrutiny remains on this area to ensure continuous improvement.

Financial Position

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

3. Patients and Service Users

Death of Queen Elizabeth II

We joined other NHS trusts and public sector organisations in offering our condolences to the Royal Family and observing the 10-day period of mourning. Planned patient appointments on the day of the funeral were rescheduled successfully with all urgent care continuing as usual. Our scheduled Leaders' Conference was cancelled following the death of the Queen and has been re-scheduled for 2 November.

Annual meeting

Our annual meeting was held at our headquarters at the Oast in Maidstone and was live-streamed on MS teams to more than 80 people. Chair John Goulston gave some reflections on the previous year, I provided an overview of the annual report and Lead Governor Carol talked about how governors have influenced and supported service improvements. The recording of the event along with our films showcasing KCHFT activity from 2021/22 are now on our website for people to catch up on at www.kentcht.nhs.uk/annualmeeting.

New look ward at Herne Bay hospital reopens

Heron Ward at the Queen Victoria Memorial Hospital, Herne Bay, reopened on 30 September following an extensive refurbishment that saw the closure of the ward for six-months. During the refurb, staff were relocated to Westbrook House. I was joined by John Goulston our chair, Non-Executive Director Nigel Turner in his capacity as chair of the charitable funds committee and colleagues from Heron Ward. It was fantastic to see the ribbon cut by healthcare assistant Jo Stuttle, who has worked at the hospital for 27 years. Staff were delighted to see their new working environment and there was great energy from everyone involved.

Gloria opens gardens

TV and radio presenter Gloria Hunniford cut the ribbon to open the newly-transformed garden at Sevenoaks Hospital in August. The garden was transformed thanks to two businesses, with financial assistance from the League of Friends and Sevenoaks Lions Club, in memory of Susan Hamilton-Rigby, who worked at the hospital for 28 years. A huge thank you to all including Provender Nurseries and David Stead Landscapes, which came together to provide new planting and a patio with seating for patients, staff and visitors to enjoy.

Dementia-friendly tea room and vintage emporium opens in Sevenoaks

A dementia-friendly vintage tearoom and sweet shop was opened at Sevenoaks Hospital, to provide activities for inpatients on the ward. The opening event was attended by KCHFT colleagues, local councillors and the League of Friends. Local MP Laura Trott visited the emporium a few days after the opening and was very impressed with what she saw, as was I.

Hawkhurst Reminiscence garden

I also attended the opening of the Hawkhurst Community Hospital **Food for Thought and Reminiscence Garden**. The garden, funded by the League of Friends and the Elsie Wagg Scholarship, run by the Queens Nursing Institute, was designed and developed by colleagues, patients, families and volunteers from the hospital. Both events were made possible thanks to our dedicated colleagues at each site and each will support patients and colleagues now and in the future. Congratulations to everyone involved

Respiratory and frailty virtual wards

NHS England has asked systems to provide 40 to 50 virtual beds, per 100,000 of the population, by December 2023 to support more people to recover at home. KCHFT will be building on our successes, like our two Hospitals at Home virtual wards set up in response to Covid-19. We are leading on developing a virtual ward for people with acute respiratory infections in east Kent. Working with acute partners, care homes, GP and

hospices, we are developing two virtual frailty wards, led by our community geriatricians Shelagh O’Riordan in east Kent and Amy Heskett in west Kent. Dr O’Riordan’s blog has been published by NHS England in which she shares her top tips on how to set up a frailty ward and why clinicians should join her as part of NHS England’s clinical summit taking place later this year.

4. Our People

Reviewing executive portfolios

I have been reviewing executive portfolios to meet the current and future needs at both organisational and system-level. The reshape is in progress and the likely timeframe for changes to the executive portfolios and substructures will be mid-end of November. The second part element of this will be the well-led review. This will include prioritising prevention and the work required to address priorities from what we already know about population health, inequalities and the transformation required to adapt our models of care. There have been some changes at leadership temporarily to enable us to realign portfolios and I would like to thank colleagues for their patience while we work through this review.

Leadership visibility

We have significantly increased our visibility across the organisation with a series of visits. We are working out how we ensure it is well co-ordinated with our NEDs and governors, as well as making sure we have a robust mechanism to receive and give feedback on what we have seen and heard and working with staff to improve where it is required and of course triangulating that it is having the desired effect. This is a really important function of our Board and why our visits need to be effective.

Cost of living crisis – hardship fund

We continue to look at what we can do to support staff as the cost of living crisis starts to hit. We have agreed to look at the development of hardship fund, using charitable funds from *i care*, with the support of a third party, such as Citizen’s Advice, to take on the role of panel and review applications. We will share more on this very soon so that colleagues know how to access and have all the details.

Staff health and wellbeing – Flu and covid boosters

Annual flu jabs and autumn Covid booster programmes are both well underway. All KCHFT colleagues get a free flu vaccination and this year we are also offering free Covid autumn boosters at the same appointment. Appointments are available at sites across Kent, Medway and East Sussex. Colleagues in London may use the clinics, but we are also arranging local clinics for them too.

Compassionate and inclusive employer

Our Health and Wellbeing Lead John Stone has started in post. We have also reviewed a number of our policies to provide a better offer to our staff. This has included increasing compassionate leave from six days to 10 days in response to feedback that we needed to do more to support our colleagues throughout traumatic periods in their lives. We have also signed up to meeting the standard of Employer with a Heart Charter to support colleagues who have a premature baby, by extending their maternity leave, as well as increased paid carers and disability leave for up to 10 days and by a further 10 days in exceptional circumstances.

Potential strike action

We continue to carefully manage the risk of potential strike action, working closely with our unions, which are balloting on a decision whether to strike.

Staff survey

The NHS Staff survey has just launched and at the time of writing the response rate is 29 per cent (10 October). We will continue to monitor response rates and are focusing on highlighting the actions we have taken since last survey.

International Allied health professionals and apprentices

In August, we were granted funding from NHS England to support international recruitment for 24 allied health professionals (AHPs), namely radiographers, occupational therapists and podiatrists to join us by March next year. I hope this will provide some welcome support, in addition to our other international nursing recruits who joined in June. A dozen new AHP apprentices have officially started their courses; all while working for the trust in band 4 roles. They will qualify in four years from the University of East London or Canterbury Christ Church University.

Clinical Academy conference

Our nursing and allied health professionals (AHP) apprentices, alongside student nurses from Canterbury Christ Church University, attended a Clinical Academy conference on 3 October.

Hosted at the Mercure Hotel in Maidstone, the aim of the day was to support multidisciplinary learning, professional development, as well as to develop knowledge for practice and clinical skills. The day included speakers from within the trust including Sive Cavanagh, Deputy Chief Nurse, Grahame Hardy, Specialist Nurse for Dementia and Natalie Andrews, East Kent Falls Prevention Co-ordinator.

During the conference, apprentices and students were able to visit a range of exhibitor stands from external organisations including; the Samaritans, Superdrug and the wellbeing initiative Project Wingman. Representatives from KCHFT services were also on hand to speak to attendees such as the Clinical Skills Team, Falls Preventions Team and the trust's Health, Safety and Security Team.

Healthy workplaces

We have been awarded the highest accolade in the Kent and Medway Workplace Wellbeing Awards – a platinum award for our work on staff health and wellbeing. Initiatives highlighted were the staff choir, the football team, easy access to counselling and fast track physio for MSK. We also completed this year's Flo Fit Big 50 challenge in July, which was won by the Canterbury Rehab Team. This year 84 teams and 313 people competed for the top spot, clocking up 127,796,527 steps, or 49,702 miles, the equivalent of walking around the world twice.

Quality Improvement Conference

Approximately 160 people attended our third annual quality improvement (QI) conference, held in Whitstable on

The day showcased improvement work, including a project to rapidly diagnose autistic spectrum disorder (ASD), communicating better with parents about their children's weight and working closer with acute hospitals to give more support to patients with learning disabilities.

5. Partnerships

Integrated working around localities

We have started to look at what local teams might need to look like to provide integrated care around neighbourhoods. Of course, many of our services, such as health visiting will have worked like this in the past, so I have no doubt they will help us shape these for the future. We also have the added benefit of technologies that can support a very different way of working and make access much more convenient for local teams for the future. This work will be overseen by the health and care partnerships and we have a great foundation to build on.

Developing new roles across pathways

We need to work with the ICB and through health and care partnerships to agree a framework for training to additional roles, such as autonomous practitioners that can work across clinical pathways in primary and secondary care. This will need to be done at pace and scale to match the needs and ensure that our current staff have the opportunities to stay and develop into roles that supports their future aspirations.

Estates optimisation with KMPT

We have appointed Philip Griffiths as a joint role between KPMT and us to review our buildings linked to our changing models of care and reducing our footprint in relation to our sustainability ambitions. Philp will start work in November and is tasked with making estates work for local populations, so we maximise space and make clinical environments appropriate for the care that needs to be delivered. We have recently completed a number of moves across our Maidstone footprint, including using more of the available clinical space at Coxheath and creating more meeting space at the Oast.

Winter well event

We will be delivering a 'Winter Well' event for the public at Folca, in Folkestone from 10am until 2pm on Saturday, 12 November. The event, which is designed to be for our foundation trust members, has been extended to our East Kent Health and Care Partnership, with Folkestone and Hythe District Council kindly providing the venue. As well as plenary sessions on topics including how to stay well this winter, virtual wards and the appropriate use of urgent and emergency services, there will be a marketplace with advice to support people through winter, including top tips for people facing fuel, energy and food poverty.

This concludes my report and as you can see we have so much going on and I am excited to be leading such a fabulous workforce who continue to inspire me daily.

Mairead McCormick
Chief Executive
October 2022

Appendix 1

Assurance on Financial Sustainability

Surplus		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	9	0	9
Year End Forecast £k	0	0	0
<p>The financial position in August and YTD is break even (after excluding the £9k gain on disposal of assets).</p> <p>Pay costs have underspent by £3,330k offset by overspends on non-pay and depreciation/interest of £1,820k and £8k respectively, and an under recovery on income of £1,492k.</p>			

Cash and Cash Equivalents		Rag rating: Green	
	Actual	Forecast	Variance
Year to Date £k	39,398	37,948	1,450
Year End Forecast £k		36,926	
<p>Cash and Cash Equivalents as at M5 close stands at £39,398, equivalent to 57 days operating expenditure. The Trust recorded the following YTD public sector payment statistics: 93% for volume and 98% 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	
<p>The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M5 2022-23. The YTD I&E margin % has returned a rating of 2 as a result of the current break-even regime.</p>			

Capital Expenditure		Rag rating: Amber	
	Actual/Forecast	Plan	Variance
YTD Expenditure £k	1,474	3,113	1,639
Year End Forecast £k	6,891	6,891	0

Spend to August was £1,474k, against a YTD plan of £3,113k (47% achieved). The reported year to date underspend is primarily due to the delayed commencement of IT schemes.

As at M5, the full year forecast is £6,891k, and the Trust expects to utilise this in full.

CIP

Rag rating: Amber

	Actual	Plan	Variance
Year to Date £k	2,118	2,791	-673
Year End Forecast £k	6,698	6,698	0

The Trust achieved CIPs of £2,118k to the end of August against a risk rated plan of £2,791k and so CIP is £673k behind plan to date.

75.9% of the total annual CIP target has been removed from budgets at month five.

The Trust is forecasting to achieve the full plan of £6,698k by the end of the year, although £2,080k of this is forecast to be delivered non recurrently.

Agency Targets

Rag rating: Green

	M5			YTD		
	Actual	Target	Variance	Actual	Target	Variance
External Agency Excluding Covid-19 Expenditure £k	352	505	153	1,534	2,525	981
External Agency Including Covid-19 Expenditure £k	357	505	148	1,545	2,525	980

External Agency and Locums excluding Covid-19 expenditure was £352k against £505k target in August.

External Agency and Locums including Covid-19 expenditure in February was £357k against £505k target in August.

Title of Meeting	Council of Governors
Date of Meeting:	19 October 2022
Agenda Item:	2.4
Subject:	Patient and Public Engagement, Experience and Complaints
Presenting Officer:	Ali Carruth, Director of Participation, Experience and Equalities

This report gives an overview of public and patient engagement, volunteer services, interpreting, accessible information, complaints and patient experience during quarter 1 (April to June 2022).

Ali Carruth
Director of Participation, Experience and Equalities
October 2022

Patient and Carer Partnership Team report April to June 2022

Executive summary

This report gives an overview of public and patient engagement, volunteer services, interpreting, accessible information, complaints and patient experience during quarter 1 (April to June 2022).

Patient and Carer Council

The Patient and Carer Council have continued to hold regular, monthly meetings during this quarter. The council have received information and presentations from a wide range of services about specific pieces of work where patients, service users, and family carers have been involved to develop and improve services.

During this quarter the council have received presentations from the Healthy Communities project and the planned work to address health inequalities; the dementia service regarding their achievements; new specific volunteer training; research champions and how to get involved as patient or carer; and an update on the triangle of care.

The council also received the Patient and Carer Partnership Team annual report and feedback from our joint carers conference with the Kent and Medway NHS Social Care Partnership Trust (KMPT).

The meeting continues to be co-chaired by a participation partner and other patient and carer attendees have had an opportunity to equally contribute to the meeting as well as feedback their experiences and impact of their involvement.

People's Network

This quarter, the network received **presentations** relating to:

- the new health inequalities agenda
- updates from Healthwatch volunteers
- dementia projects and initiatives
- an update on the complaints and Patient Advice and Liaison Service (PALS)

A participation partner took part in the **interview panel** for the role of Head of Health Inequalities in May. Going forward, new **interview skills training** will be co-designed to support more participation partners to be involved with staff recruitment, including the drafting of job descriptions, shortlisting and interviewing. A process will be set up to support services across the trust to involve participation partners at the start of the recruitment process.

Members of the network attended an **End of Life (EOL) Care strategy focus group** to support the EOL team to develop their new strategy.

The latest **Participation Matters newsletter** was sent on Tuesday, 5 July to **3757** public members and volunteers. The main features included stories from young volunteers to celebrate Volunteer's Week, and a snapshot of the Carers' Conference to celebrate Carers Week. So far, there is a **31 per cent (1165)** open rate. The latest newsletter can be viewed here: <https://www.kentcht.nhs.uk/download/participation-matters/>

A **QI project** to assess the impact of patient and carer involvement on trust governance groups has restarted, with the driver diagram completed and the measures and actions identified. Governance group **role descriptions** are being co-produced by the network and the **involvement training** for staff is being condensed to a bitesize session to support colleagues in governance groups to understand the role of participation partners. By the end of the project, we aspire to have valuable and measurable patient and carer involvement in **a minimum of five** of key trust governance groups.

15 Participation Partners and public governors have signed up to be involved in **Patient-Led Assessments of the Care Environment** (PLACE). PLACE inspections at all community hospitals will start in September, organised by the Facilities Team and supported by the Patient and Carer Partnership Team.

Triangle of Care

Kent Community Health NHS Foundation Trust (KCHFT) 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. The scheme evidences our sustained commitment to recognise and involve carers and families using our services.



In April 2022, we were successful in achieving accreditation for year one implementation. Praise was awarded for our ability to be able to translate the self-assessment process making it meaningful for our community hospitals, along with the collaborative workspace in place to support our carer champions, and our willingness to review and adapt our training presentation from feedback obtained in order to meet staff's needs.

Recognition was also given in light of the significant pressures all staff faced during our first year of our ToC journey, and recognised progress made to date in emphasising the need for carer identification and referral for support. Further work has continued in areas highlighted by the self-assessments completed in phase one:

Carer information packs were circulated for use by all community hospital services in March 2022. A prompt is in the process of being added onto RIO (electronic patient record system) to ensure identified carers using the community hospital services receive a pack in a timely manner. This prompt will also provide support data collection on the number of packs issued alongside the number of surveys returned.

Since April 2022 **19 'Giving Carers a Voice' surveys** have been completed. Out of these 11 carers (58%) confirmed they felt the service had recognised them as a carer, 14 (74%) received a warm welcome to the service, 8 (42%) received a carer information pack of which 7 (37%) confirmed they found it useful. 11 carers (58%) confirmed they had been involved in discussions regarding the treatment plan and plans for discharge. Whilst it is recognised the increase in numbers of submitted surveys since April 2022, sustained focus and efforts are required by services to ensure the voice of the carer is heard. Management of these surveys has been added as a regular agenda item to the monthly carer champion network meeting to ensure staff are reminded of all the processes currently in place to support the drive to increase submissions. Ongoing monthly monitoring of surveys submitted will continue as undertaken by the Patient and Carer Partnership team with the provision of support for services to update the service patient experience improvement plan as relevant.

Written guidance for services when a patient wishes non-disclosure of information to carers and families. There was no guidance in place for staff when a patient wishes non-disclosure of information to a relative /carer. Leaflets have now been co-produced with carer involvement to provide support, advice and reassurance for both carers and staff. Both these leaflets will be circulated to all community hospitals shortly and be added to the carer information pack. The carer awareness training session now includes a revised case study used as an exercise to develop staff awareness and increase confidence in managing and sustaining effective communications with the carer.

We now have **24 carer champions** working across our 9 community hospital services, community services and specialist services. Communication has been added to FLO to promote recruitment of further carer champions to support phase 2 implementation across all community services. 21 of these champions (87%) have now attended a carer awareness training session.

A carers page has been added onto FLO for all staff to use as a resource to access carer related information and guidance. The launch of this page was communicated via the FLO weekly newsletter to encourage staff use. The page will be managed by the Patient and Carer Partnership team to ensure all information is kept up to date

Carers Awareness training sessions - a further 13 staff members have attended training. 6 post session evaluations received, evidenced 2 (15%) rated an improvement pre and post attendance from good – excellent, 3 (23%) rated from good – very good and 1 (8%) rated from low – excellent. 100% of attendees rated the trainer as excellent being able to enhance the training using personal experiences of being a carer.

Phase 2 Triangle of Care implementation commenced in May 2022 with an initial focus on supporting long term community nursing services to undertake a self-assessment to provide a benchmark against the 6 key principles of the ToC pledge.

Volunteers

Since the introduction of the new Voluntary Service Administrator in June we have finished the first phase of the **cleansing exercise of the volunteer's database**. From this exercise we have removed 74 volunteers who did not engage or requested to retire from volunteering, identified 67 active and 37 who wish to return. The second phase of this piece of work is to successfully return volunteers to existing roles, and to explore the establishment and expansion of new roles across the trust. This will increase the number of volunteers we have to improve the service to our patients.

Furthermore, we have updated our **volunteer information pack** to give clear guides for our training and support. From feedback we have noted that introduction of the pack has already had a positive impact by decreasing the time it takes to recruit volunteers, getting them in post quicker.

Recruitment of new discharge (Community Support Hospital Volunteer) roles - we recruited 4 volunteers to this new role with two of those being aged under 21. We now have 8 volunteers working across our 9 community hospitals on the wards.

Working with other services - we have met with the Infant feeding team, hosting two full days of improvement work to ascertain number of volunteers supporting the service. We currently have 30 breast-feeding volunteers with 7 recruited in the last quarter through the latest 6-week training course.

Expansion of roles - we have expanded our meet and greet roles within the Musculoskeletal Physiotherapy (MSK) teams. We currently have 3 amazing volunteers in Sevenoaks, and are now replicating this model to their service in Aylesford, Maidstone.

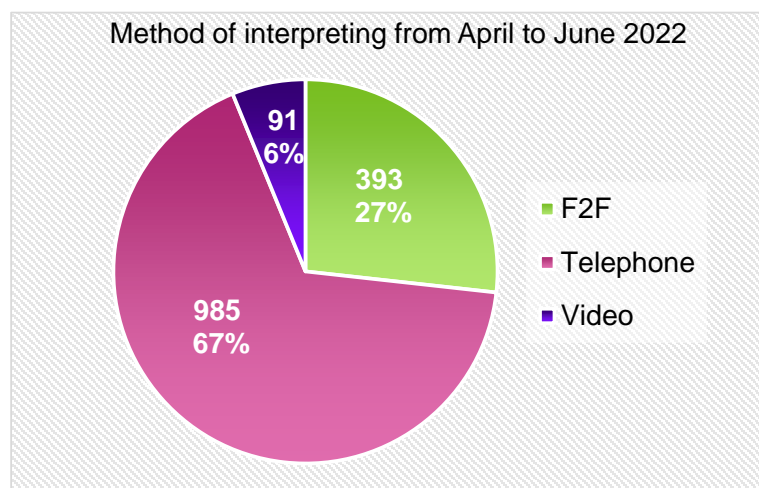
Patient Experience Volunteers - we are now working with the community rehabilitation team to recruit a patient experience volunteer to support the service to undertake patient experience surveys. We are also advertising for volunteers for 4 further sites including Ashford, Dover, Herne Bay and Folkestone. To date our patient experience volunteer has contributed to 35 surveys for the falls team and 59 for community rehab services (east Kent).

Volunteers week - we shared volunteer stories both internally and externally via social media channels, our website and our internal mail. We not only recognised our volunteers but to highlight those services doing fantastic work with engaging volunteers. This was to market the idea of involving volunteers and encourage other services to consider taking on

a volunteer to add value to service delivery. Our volunteers also received personalised letters from our trust's Chair and thank you badges organised by our communications team.

Interpreting

The chart below shows the methods of interpreting used across all services, from April to June 2022. Telephone interpreting continues to be the main method of communication with foreign language speaking patients and families at **67% (985)** of all bookings.



Top 10 languages requested for interpreting (April to June)

(1) Romanian (177)	(6) Turkish (90)
(2) Slovak (150)	(7) Russian (62)
(3) Bengali (117)	(8) Punjabi (60)
(4) Bulgarian (92)	(9) Nepali (47)
(5) Polish (91)	(10) Arabic (44)

Accessible information and Easy Read

Accessibility visits have been arranged with Victoria Hospital, Deal and Hawkhurst community hospitals in July, to prepare the sites for a Healthwatch visit in September. Participation partners will support the visits to make sure colleagues are supporting patients and carers with their communication and information needs. An audit checklist has been created to allow colleagues to check their compliance with Accessible Information Standard (AIS) monitoring.

The AIS e-learning used at corporate induction has been updated and will be added to the new cultural awareness training to make sure all new colleagues joining the trust are compliant with the Standard and the Equality Act.

The following **Easy Read** documents have been progressed this quarter:

- **patient experience survey** – updated with new equality monitoring questions and tested by Easy Read group.
- **COVID-19 vaccine consent questions and validation service guide** – produced for translation into foreign languages for asylum seekers receiving the vaccine at pop-up clinics.
- **One You shop poster** – tested by the Easy Read group and now in use by service.
- **Epilepsy client questionnaire** – tested by the Easy Read group and now in use by service.

- **Accessible information patient letter** – tested by the Easy Read group and used by service.

Expert Patients Programme

The Chronic Disease Self-Management Programme (CDSMP) 2020 Update for facilitators is complete. The Facilitators are now able to deliver the 2020 version of the CDSMP. The filming for the updated Expert Patients Programme (EPP) film is completed and awaiting final edits by the communications team.

The communications team are working on a new look EPP resources and promotional materials, as well as updating information and design on the public website. This will support recruitment to the programme as well as raising the profile within the trust and other organisations working with individuals living with one or more long term health conditions. Presentations this quarter have been given to the menopause network, post graduate medical students, as well as attendance at the Patient and Carer Partnership (PCP) Carers Conference in June 2022.

The focus for the next quarter is to;

- Deliver the programme both in person and virtually.
- To plan and recruit to the CDSMP facilitators training at the end of the year
- To continue to raise the profile of EPP with the help of the revised promotional materials
- To seek guidance on funding applications to deliver the course in west Kent

Equality, Diversity & Inclusion \ Health Inequalities and Healthy Communities Project Kent

The Healthy Communities Project Kent (HCPK) has made further progress across its programme of work throughout Quarter 1.

We have continued to raise awareness of the importance of **ethnicity recording** through numerous presentations, engagement meetings with services, and producing a trust-wide communications campaign. Service-level updates and monthly trend insights were provided to services to enable monitoring at an operational level, alongside demonstrating to staff the result of their hard work. The development of a bank of resources to support staff in recording ethnicity was added to. Through these actions, the Trust ethnicity recording rate has risen from 58% in January 2022 to 67% in June 2022, with some services almost doubling their recording rate.

Two **Cultural Awareness** e-learning modules have been produced: Understanding Culture in Healthcare, and Cross-Cultural Communication, the first of which is to be made mandatory as the new Trust-wide Equality, Diversity and Inclusion (EDI) training. The 'How Do I Ask...?' series of resources, aimed at improving staff confidence when asking sensitive questions particularly around ethnicity recording, has been expanded to cover phrasing for all protected characteristics, with additional versions produced for Veterans and Carers, which also include key information about these groups. Additionally, the HCPK has been working closely with interpreting services to provide personalised access templates for services, in addition to planning drop-in sessions for staff, and creating a condensed 'How To' video to support quick access.

Healthy Communities Steering Group held its inaugural meeting in May 2022, and continues to hold monthly meetings, acting as a platform to identify and discuss health inequalities and barriers experienced by migrant communities and ethnic minorities, and as a consulting group on Trust projects and initiatives. Forty-three members were recruited,

representing multiple communities across Kent, and following significant exploration of inequalities and barriers, the group has identified its Key Areas of Focus for the next quarter.

Additional Initiatives planning is currently underway to re-establish the Roma Mothers' Breastfeeding Support Group and utilise these engagement sessions to include post-natal weight loss advice delivered by One You. The HCPK team also contributes data to, and attends, We Care Quality Review Panels to ensure equality monitoring is always considered, provides insight and advice as part of the EDI steering group for Ellenor Hospice, and has produced health inequalities training material which has been incorporated into KCHFT's Quality, Service Improvement and Redesign (QSIR) course. Finally, the development of equality monitoring workshops is in progress, which will aim to provide information, guidance and support to staff, volunteers and participation partners.

The **Equality Impact Assessment Tool** is now in use across the organisation with monthly support sessions being offered to staff.

The **Health Inequalities Programme Board** set up to oversee the health inequalities work taking place across the organisation held its inaugural meeting and the new **Head of Health Inequalities** post was successfully recruited to.

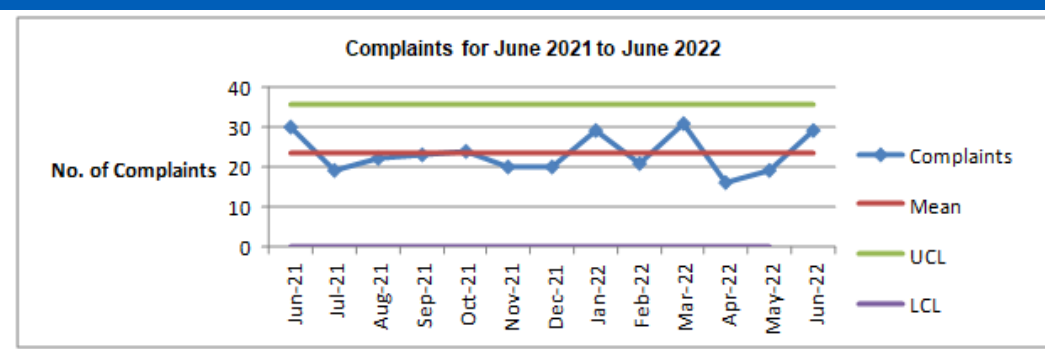
East Kent Bereavement QI Project

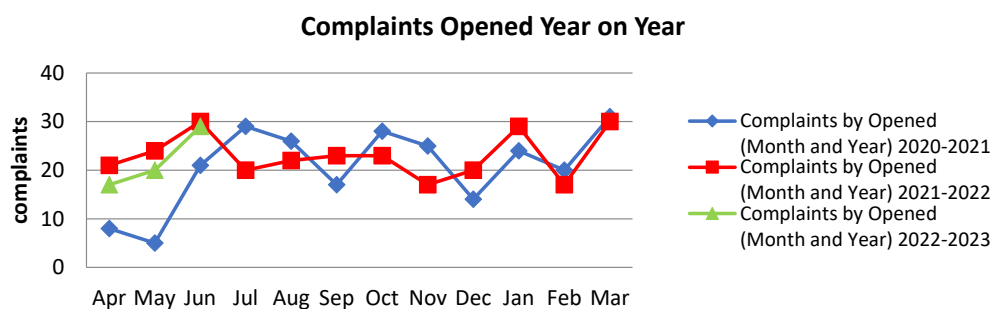
Following completion of the QI project '**Establishing an effective system to ensure the voice of the relative / carer is heard and listened to for the bereaved**', there is now an established process in place in order to obtain feedback. Following introduction of the revised bereavement pathway for east Kent long term community nursing services, the process has also been introduced to west Kent long term community nursing services.

Since April 2022, there have been 2 surveys completed by bereaved families. Both families fed back that there was an end of life care plan in place for their loved one and felt they had been involved in discussions regarding the treatment plan. Both confirmed they had received the pack with one rating it as 'excellent' and one as 'good'. Both confirmed their loved one died in their preferred place. For both of these families there were delays in collection of equipment following the death of their loved one of 6 and 27 days. As a result of this feedback, services have established a named contact within the CCG to liaise with the equipment provider, in order to address these issues. The impact of COVID along with staffing issues were cited to be the cause of the delay.

This work won '**project of the year**' at a recent engagement conference recognising the involvement from the East Kent Community Engagement group.

Complaints and Patient Advice Liaison Service (PALS)

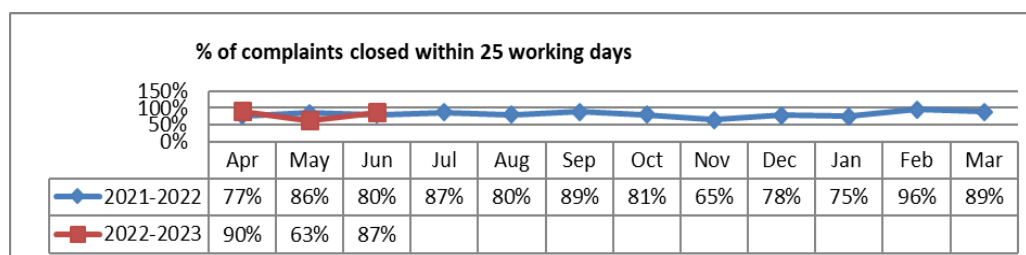




66 complaints were received in quarter one which is a small decrease in complaints received during these months in the previous period last year from 75 in April to June 2021. Of the 66 cases received there were 26 different services logged:

- 10 related to community nursing
- 8 related to community paediatrics
- 5 related to chronic pain
- 4 children's therapies
- 4 community assessment beds
- 3 for community hospitals, immunisations, podiatry and urgent treatment centres (UTCs).

There were also complaints for continence, community respiratory services, clinical nutrition and dietetics, Covid vaccination site, dental, East Sussex children's integrated therapy and equipment service (ESCITES), falls, frailty Team, health visiting, community orthopaedics, minor injury units (MIUs), MSK, rapid transfer service, sexual health, community rehabilitation, children's bladder and bowel and west Kent discharge team.



68 cases were closed in total; Of the 68 complaints closed during the period, 67 were due to be closed within 25 working days. Of those 67, 10 did not meet the target.

- 7 were due to delays in service providing the draft
- 1 was due to a delay in the approval process
- 1 was due to delays to both receiving draft and in the approval process
- 1 was due to difficulties in speaking to complainant to discuss concerns.

Of the 10 complaints 9 were only overdue by 6 days or less. Our audit this year will focus on those cases not closed within 25 working days to see if there are improvements and learning we can gain from this.

Outcomes of the 68 closed cases:

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

The top 3 themes are:

- Querying clinical treatment received, not received or care provided
- Lack of wait for or cancellation of appointments/visits

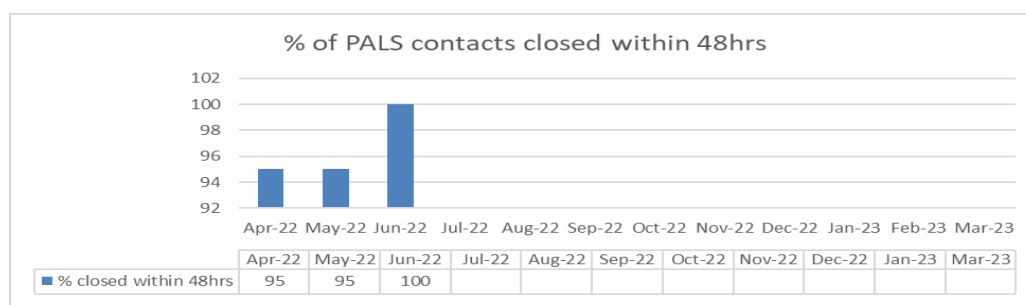
- Families unhappy with the admissions and discharges of patients from hospitals or from services.

12 actions were created. Examples of actions raised to make improvements as a result of the complaint, included:

- Sexual Health adding a new process in for recording the removal of the intrauterine system coil (IUS).
- Dental adding a link in the SMS message to direct patients to our website where they could access "what to expect at their assessment appointment".
- ESCITES are resetting the transfer of care process and now has a weekly meeting for the lead therapists which includes an action log for any cases where therapists are leaving and work needs handing over. An audit was completed in September 2022 to check the effectiveness of this.

PALS

We reached our **90% of all PALS queries will be resolved within 48 hours** in 2022 and this target has continued into 2023. We have seen an increase in contact this quarter and for the first time in June we received over 400 PALS contacts. We are working on communication updates to help signpost patients and callers more appropriately, which involves providing a more detailed online form, a better automatic response to email contact and working with communications to get the website updated.



	PALS contacts received	Closed within 48hrs	% closed within 48 hrs
Apr	338	322	95%
May	363	348	95%
Jun	424	440	100%

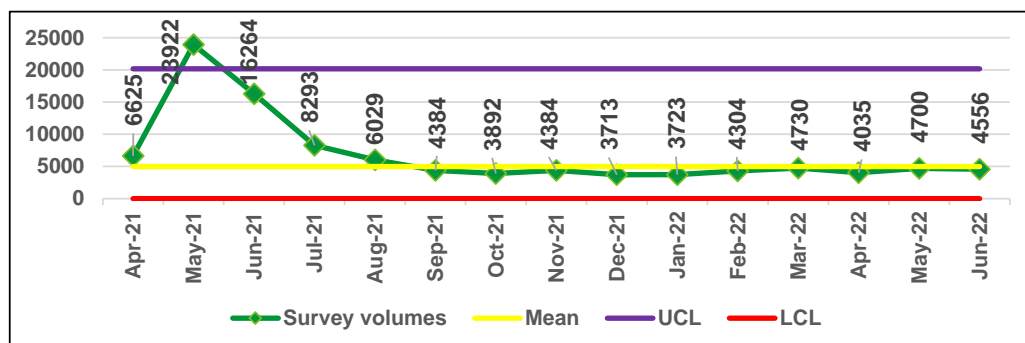
There were PALS enquiries for 38 services. The highest number continue to relate to community paediatrics with 46 contacts. The main themes for these are still the wait for referral, appointment, diagnosis or assessment, difficulty getting hold of and lack of support from the service. We are aware of the measures in place to reduce the waiting lists and contact will be made to the GP's and MP's to update them via the communications team. Children's therapies also had 23 contacts in regard to delayed therapy, lack of contact, appointments and support. Again, the service is aware of the issues and waiting lists.

Patient experience survey volumes

Monthly trust wide survey volumes – April 2021 to June 2022.

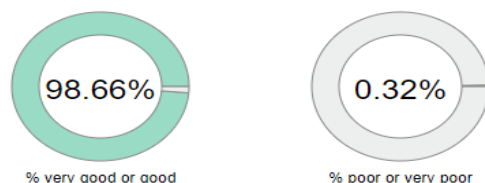
An increase is seen in **survey volumes** during quarter one, with **13,291** completions. The survey volumes for this quarter are lower when compared to the same period in 2021, due to the closure of the COVID-19 vaccination centres. Almost a **68%** increase is seen in service bespoke survey completions for this quarter (**13,263**) when compared with the same

period in 2021 (**7,910**). A **0.1%** increase is seen in the overall satisfaction score for quarter one (**96.7%**), when compared with data for the previous quarter (96.6%).



NHS Friends and Family Test (FFT)

A total of **12,825** people answered the FFT question 'Overall, how was your experience of the service?' during quarter one, giving a high overall score of almost **98.7%**. This is **0.1%** decrease when compared with the previous quarter (**98.8%**).



Response	Percentage	Number of times response selected
Very good	89.46%	11469
Good	9.20%	1179
Neither good nor poor	0.90%	115
Poor	0.18%	23
Very poor	0.14%	18
Don't know	0.12%	16

The main theme seen from people who rated their overall experience as poor or very poor related to waiting times, either from referral to appointment or when clinics were running late, for a variety of services.

Services were able to contact 5 people who had given consent to do so, to discuss and resolve their concerns. It is possible that an error was made when answering the FFT question on two surveys, as these contained positive question responses and comments.

Increasing quantity and quality of patient/carer feedback

Inpatient discharge survey A new survey was introduced for patients to give feedback about their stay in a community hospital. This replaced a lengthy, tick box question survey and focuses on gaining qualitative feedback.

Palliative and End of Life Care survey A replacement survey was produced to gain feedback about the care provided to patients at their end of life. The new survey includes more suitable questions and is available for all services that provide end of life care i.e. community nursing teams (including children services), community hospitals, rapid response and home treatment services.

Carers survey - An **Easy read** version of the 'Giving Carers a Voice' survey was made available for use by all services across the trust. Survey questions are supported with graphics and in addition, audio for electronic completions.

Giving Carers a Voice poster and leaflet 'Have your say' posters and leaflets were produced to promote the survey available for adult carers to give their feedback. These contain a QR code that links through to the survey. Posters are being displayed in suitable areas within community hospitals and a copy of the leaflet is being included within Carer's Packs (information pack given to carer's of inpatients).

Actions taken and improvements made

Examples of action taken by services as a result of patient feedback:

Dental Service

You said: Patient was unhappy that they had a wasted visit as their dentures were not ready.

We did: The importance of following process was reiterated to all permanent and bank staff. Denture appointments will not be made during the Christmas period when the laboratory is closed.

Hawkhurst community hospital (inpatients)

You said: Patient requested being able to go outside for a while.

We did: The information board was updated to make visitors aware they can take patients outside in a wheelchair, onto the patio area, providing patients are wearing clothing suitable for the weather conditions.

Kent Continence service

You said: Patients experienced technical issues when accessing virtual group education sessions.

We did: An alternative software system is being used to avoid technical problems. An invite link is shared with patients at the point of booking. A video explaining what patients can expect from the session is also made available.

Sue Mitchell
AD Participation & Involvement
Date: 19.07.22

Title of Meeting	Council of Governors
Date of Meeting:	19 October 2022
Agenda Item:	2.5
Subject:	Board of Directors – committee membership and designations
Presenting Officer:	John Goulston, Chair

1. Introduction

The Constitution of Kent Community Health NHS Foundation Trust (the Trust) sets out the composition and makeup of the Board of Directors (the Board) both in terms of Executive and Non-Executive Directors' roles. In addition, there are several other roles which are either required by the Trust's regulators or recommended as part of a system of good governance.

As the Council of Governors will be aware, there have been several changes to the membership of the Board over the past year. In concert with this, further changes were proposed and approved by the Board at its meeting in public on 7 September 2022.

This paper provides an update following recent chief executive and executive director changes to the Board since April 2022. It presents the Board membership and Non-Executive Director and Executive Director responsibilities.

2. Board Membership

The Constitution sets out that the Board is made up of a maximum of seven Non-Executive Directors and a Chair in addition to this number. Equally, the maximum number of Executive Directors is seven.

2.1. Non-Executive Directors (NED)

From 1 February 2022, the Non-Executive membership of the Board is as follows;

Chair: John Goulston

1. Pippa Barber
2. Peter Conway
3. Nigel Turner
4. Paul Butler
5. Karen Taylor
6. Kim Lowe

Razia Shariff is an Associate Non-Executive Director, a non-voting member of the Board.

2.2. Executive Directors

Mairead McCormick commenced on 1 July 2022 as chief executive and accounting officer of the Trust. Gordon Flack has returned to his substantive role as Director of Finance.

In addition, Natalie Davies, Director of corporate services, has been appointed as Chief of Staff of Kent & Medway Integrated Care Board and left the Trust for her new role on 31 August 2022.

Ali Carruth, Director of Patient Participation, Engagement & Involvement, has resumed responsibility for health inequalities, Emergency Response Planning Preparation (EPRR), Freedom to Speak Up and governor engagement. This includes a title change to Director of Participation, Experience and Equalities and membership of the Trust Board as a non voting member.

As at 1 September 2022, the executive directors are as follows;

Chief Executive - Mairead McCormick

1. Gordon Flack, Deputy Chief Executive & Executive Director of Finance
2. Sarah Phillips, Medical Director
3. Pauline Butterworth, Chief Operating Officer
4. Mercia Spare, Chief Nurse
5. Victoria Robinson-Collins, Director of People, Organisation Development
6. Gerard Sammon, Director of Strategy & Partnerships

Ali Carruth, Director of Participation, Experience & Equalities is a non-voting member of the Board.

The Chief Executive has appointed an interim Board Secretary to support the governance of the Board and Council of Governors. The Chief Executive has also engaged an external review of executive portfolios. In addition, an externally facilitated developmental review of the Board's leadership and governance using the well-led framework will take place this autumn and governors will be invited to attend a focus group to give their views.

- 2.3 The constitution allows the Board to have “up to a maximum of 7 other Non-Executive Directors (and)...7 Executive Directors” 8.2.2,3. It goes on to say that “In the event that the number of Non-Executive Directors (including the Chair) is equal to the number of Executive Directors, the Chair (and in his absence, the Deputy Chair), shall have a second or casting vote at meetings of the Board of Directors in accordance with the Standing Orders for the Board of Directors.” (8.8) and finally that there shall be a majority of NEDs including the chair (8.10.2). The above shows that we are in the position of having an equal number of NEDs and Executive Directors. In the interim, the chair therefore has a casting vote if we ever need a vote. In the meantime, a NED vacancy is acceptable without standing down any executive director from voting.

3. Membership of Board Committees

- 3.1 From **1 September 2022**, the membership of Board Committees is set out in table 1 below. 'C' is used to signify the chairperson of the Committee; 'M' is used to signify a member of the Committee (changes since 1 April are shown in bold).

Table 1 - Membership of Board Committees from 1 April 2022

Board member	Audit & Risk Committee (2 NED's required for quoracy)	Charitable Funds Committee (1 NED required for quoracy)	Finance Business & Investment Committee (2 NED's required for quoracy)	Quality Committee (2 NED's required for quoracy)	Strategic Workforce Committee (2 NED's required for quoracy)	Remuneration and Terms of Service Committee
Pippa Barber	M			C		M
Peter Conway	C		M			M
Nigel Turner	M	C			M	M
Paul Butler			C	M		M
Karen Taylor				M	M	M
Kim Lowe			M		C	M
Razia Shariff		M		M		Attends but not a member
Sarah Phillips			M	M		
Pauline Butterworth			M	M	M	
Mercia Spare		M		M	M	
Victoria Robinson-Collins		M			M	
Gerard Sammon			M	M		
Gordon Flack	Attends but not a member of ARC		M		M	

3.2 Executive directors will utilise their deputies where necessary to ensure attendance and utilise specific expertise.

3.3 As part of good governance, all non-executive directors, the Chair and the Chief Executive are encouraged to attend at least one meeting per year of the Board committees that they are not formal members of.

4. Chairs and Deputies of Board Committees

4.1 As detailed in Table 1, each of the Board committees has a chair. In the interests of good governance, each committee should also have a deputy chair. Table 2 sets out the deputy chair for each Board committee. This will be reviewed on an annual basis in order to ensure that we take account of succession planning. **The only change since April 2022 is Razia Shariff becoming vice chair of the Charitable Funds Committee.**

Table 2 - Chairs and Deputy Chairs of Board Committees

Committee	Chair	Deputy Chair
Audit and Risk	Peter Conway	Pippa Barber
Finance Business and Investment	Paul Butler	Kim Lowe
Charitable Funds	Nigel Turner	Razia Shariff
Quality	Pippa Barber	Karen Taylor
Strategic Workforce	Kim Lowe	Nigel Turner
Remuneration and Terms of Service	John Goulston	Pippa Barber

- 4.2 The Remuneration Committee will continue to be chaired by the Chair of the Trust with the Senior Independent Director as the Deputy Chair of the Committee. Where the Chair proposes an agenda item to the Committee e.g. salary change or appraisal of the Chief Executive, the Deputy Chair of the Committee will chair the relevant item.

5. Other Non-Executive Board Leadership Responsibilities

There have been no changes from 1 April to the other Non-Executive board leadership responsibilities. Thus section 5 of this paper is unchanged from the 1 April 2022 version. For completeness section is repeated below.

5.1. Deputy Chair and Senior Independent Director

Paragraph 13.1 of the Trust's Constitution states that "The Council of Governors at a formal meeting of the Council of Governors shall appoint one of the Non-Executive Directors as a Deputy Chair for such period not exceeding their term of office as a Non-Executive Director, as the Council of Governors may specify on appointment."

Deputy Chair means the Non-Executive Director appointed by the Council of Governors to take on the Chair's duties in accordance with paragraph 13.2 of the Constitution if the Chair is absent for any reason.

The Council of Governors at its meeting on 21 March 2022 approved the continued appointment of Peter Conway as Deputy Chair of the Trust. Peter is also the Chair of the Audit and Risk Committee. The Chair proposes that Peter Conway continues as Deputy Chair.

The Senior Independent Director is appointed by the Council of Governors. The Council of Governors on 21 March 2022 approved the appointment of Pippa Barber as Senior Independent Director.

5.2. Non-Executive Director Champion Roles

In addition to the responsibilities in table 2 and excluding the Vice Chair and the Senior Independent Director; there are the following assigned NED lead roles / responsibilities:

- Staff Health & Wellbeing – Kim Lowe
- Freedom to Speak Up – Karen Taylor
- Security Management - Paul Butler

In addition, under the 2003 Maintaining High Professional Standards in the modern NHS: A Framework for the Initial Handling of Concerns about Doctors and Dentists in the NHS and the associated Directions on Disciplinary Procedures 2005, there is a requirement for chairs to designate a NED member as “the designated member” to oversee each case to ensure momentum is maintained. There is no specific requirement that this is the same NED for each case. The framework was issued to NHS foundation trusts as advice only. Kent Community Health NHS Foundation Trust follows the framework.

The above reflects the new guidance issued by the NHS in December 2021 on NED champion roles Reference: “A new approach to Non-Executive director champion roles” December 2021 - https://www.england.nhs.uk/wp-content/uploads/2021/12/B0994_Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles_December-2021.pdf

This guidance sets out a new approach to ensuring board oversight of important issues by discharging the activities and responsibilities previously held by some NED champion roles, through committee structures. It also describes which roles should be retained and provides further sources of information on each issue.

Table 3 – Committee leadership roles

Role	Committee	Guide suggests
Hip fractures, falls and dementia	Quality	Quality
Palliative and end of life care	Quality	Quality
Resuscitation	Quality	Quality
Learning from deaths	Quality	Quality
Health and safety	Audit and Risk	Quality
Safeguarding	Quality	Quality
Safety and risk	Audit and Risk	Quality
Lead for children and young people	Quality	Quality
Counter fraud	Audit and Risk	Audit and Risk
Emergency preparedness	Audit and Risk	Audit and Risk
Procurement	Finance	Finance
Cyber security	Audit and Risk	Finance/ Board
Security management – violence and aggression	Workforce	Workforce

Health and Safety and safety and risk currently are led by the Audit and Risk Committee which already has an effective link to the corporate assurance management arrangements. It is not therefore proposed to change this arrangement.

Similarly, cyber security is effectively overseen by the Audit and Risk Committee and whilst the Finance and Investment Committee oversee digital the risk component sits best with Audit and Risk.

6. Non-Executive Director Terms of Office

The Council of Governors on 20 July 2022 approved the extension of Pippa Barber’s term of office by 2 years to 30 November 2024. The terms of office for the Non-Executive Directors are detailed in table 3 below.

Table 4 - terms of office for the Non-Executive Directors

First name	Surname	Start date	(Re) Appointment to the Board	Period of appointment	End date appointment
Peter	Conway	01/03/2015	01/04/2021 (R2)	3 years	31/03/2024
Pippa	Barber	01/12/2016	01/12/2022 (R2)	3 years	30/11/2024
Nigel	Turner	01/10/2018	01/10/2021 (R)	3 years	30/09/2024
Paul	Butler	01/03/2020		3 years	28/02/2023
Karen	Taylor	01/02/2022		3 years	31/01/2025
Kim	Lowe	01/02/2022		3 years	31/01/2025
John	Goulston	01/11/2018	01/11/2021 (R)	3 years	31/10/2024
Associate NED Razia	Shariff	01/02/2022		2 years	31/01/2024

NB R – reappointed to the Board of Directors by the Council of Governors for a second term of 3 years. Non-Executive Directors and the Chair can stand for two 3-year terms of office and be offered up to a further 3 years by the Council (R2). The maximum term for a NED is 9 years.

Appointments of Non-Executive Directors are the responsibility of the Council of Governors. The Council of Governors has formed the Nomination Committee to consider the appointment and re-appointment of Non-Executive Directors and make recommendations to the Council.

7. Associate Non-Executive Director

Following the NED recruitment process in the autumn of 2021, the Council of Governors approved the appointment of Razia Shariff as an Associate Non-Executive Director from 1 February 2022. The appointment is to support succession planning and add to the diversity of thinking on Board of Directors.

An Associate NED provides additional support to the Board and constructively challenges the Trust's ambitious vision for integrated care focused on improved public health outcomes, both in terms of strategy and successful execution of service change. The Associate NED role is used successfully in the NHS to support Board succession strategy and achieving a balance of Board level skills. Associate Non-executive directors cannot participate in any formal vote at Board.

8. Recommendations

The Council of Governors is asked to note:

- From 1 September 2022, the Non-Executive and Executive Director membership of committees as set out in Table 1.
- From 1 September 2022, the Chairs and Deputy Chairs of the Committees as set out in Table 2 and section 4.

- The changes to the executive directors' designations with the appointment of Mairead McCormick as Chief Executive and with Natalie Davies, Director of Corporate Services, leaving the Trust (see section 2.2).
- The composition of the Board and its voting membership as set out in section 2 and
- That the Chief Executive has appointed an interim Board Secretary to support the governance of the Board and Council of Governors.
- The Chief Executive has engaged an external review of executive portfolios.
- An external well led review will take place this autumn and governors will be invited to attend a focus group to give their views.

October 2022
John Goulston
Chair

Title of Meeting	Council of Governors
Date of Meeting:	19 October 2022
Agenda Item:	2.6
Subject:	Governor Elections Process
Presenting Officer:	Joy Fuller, Governor Lead

1. Introduction

In accordance with Annex 3 of the Constitution 'The Model Rules for Elections', the Trust is required to hold annual elections to fill any vacant seats due to governor terms of office coming to an end, or to fill any vacancies that have arisen during the course of the year.

We will be holding governor elections in the following constituencies:

- Public - Canterbury
- Public - Gravesham
- Public - Swale
- Staff – Adult Services

The constituency of Swale is currently vacant. The other constituencies are as a result of the existing governor reaching the end of their three-year term of office in early 2023.

2. Proposal

It is proposed that the election process should commence on Thursday 19 January 2023, in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Thursday 19 th January 2023
Deadline for delivery of nominations	Monday 6 th February 2023
Publication of statement of nominated candidates	Tuesday 7 th February 2023
Final day for candidate withdrawal	Thursday 9 th February 2023
Notice of Poll published	Thursday 23 rd February 2023
Close of election	Thursday 16 th March 2023
Declaration of results	Friday 17 th March 2023

Governor Induction Day	Wednesday 30 March 2023
------------------------	-------------------------

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

3. **Conclusion**

Governors are asked to approve the proposed timetable.

Joy Fuller
Governor Lead
October 2022