

Agenda and Papers

for the

Council of Governors meeting

to be held at 12 noon
on Friday 20 January 2023

via MS teams

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COUNCIL OF GOVERNORS MEETING

Friday 20 January 2023, 12.00 to 1:30pm
Via MS Teams

This meeting will be recorded and published on the Trust's website

AGENDA

STANDING ITEMS				Time
1	Welcome, introduction and apologies	Chair	Verbal	12:00
2	Declaration of interests <i>To note the Council of Governors register of interests and declare any conflicts on items on the agenda</i>	Chair	Attached	
3	Minutes of the council of governors meeting held on 19 October 2022	Chair	Attached	
4	Action log and matters arising from the meeting held on 19 October 2022	Chair	Attached	
5	Chair's report <ul style="list-style-type: none"> Board of Directors: Board and Committee membership and designations 	Chair	Verbal & Attached	
6	Chief executive's report	Chief Executive	Attached	
ITEMS FOR REVIEW AND DISCUSSION – FEEDBACK FROM GOVERNORS AND COMMITTEES				
7	Governor feedback from constituencies	Full council	Verbal	12:30
8	Report from communications and engagement committee	Chair of committee	Verbal	
9	Report from charitable funds committee	Governor member of committee	Verbal	
10	Report on patient and public engagement, experience and complaints	Assistant Director Participation and Involvement	Attached	
11	Report from nominations committee	Lead Governor	Attached	

ITEMS FOR APPROVAL

12	Non-executive director appointments	Chair	Attached	13:10
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ANY OTHER BUSINESS

13	Any other items of business previously notified to the chair	Chair	Verbal	13:20
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QUESTIONS FROM MEMBERS OF THE PUBLIC

14	Questions from members of the public relating to the agenda items	Chair	Verbal	13:25
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DATE OF NEXT MEETING

15	Wednesday 19 April 2023, venue to be advised	Chair	Verbal	13:30
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BOARD PAPERS CIRCULATED FOR INFORMATION

The following papers are circulated for information:

- Board meeting (in public) agendas - 7 December 2022 and 18 January 2023
- Confirmed board meeting minutes – 7 September 2022
- Chief executive's report
- Committee assurance reports
- Integrated performance report

Council of Governors' Register of Interests

Council member	Declared interests
Mr John Goulston Trust Chair Chair of Council of Governors	Chair of Steering Board, NHS London Procurement Partnership (LPP) Co-chair, Kent and Medway Provider Collaborative Board for Adult Mental Health, Learning Disabilities and Autism
Vacant Public Governor, Ashford	
Lynne Spencer Public Governor, Canterbury	None
Elaine Ashford Public Governor, Dartford	None
Carol Coleman Public Governor, Dover/Deal	None
Vacant Public Governor, Folkestone and Hythe	
Dot Marshall Public Governor, Gravesham	None
Alison Fisher, Public Governor, Maidstone	None
John Woolgrove Public Governor, Rest of England	None
Gillian Harris, Public Governor, Sevenoaks	None
Vacant Public Governor, Swale	
Tilly Harris, Public Governor, Thanet	None
Ruth Davies, Public Governor, Tonbridge and Malling	None
Loretta Bellman, Public Governor, Tunbridge Wells	None
William Anderson, Staff Governor, Adult Services	None
Dawn Gaiger, Staff Governor, Adult Services	None
Maria-Loukia Bratsou, Staff Governor, Children and Families Services	None
Jan Allen, Staff Governor, Corporate Services	None
Kimberley Lloyd, Staff Governor, Health and Wellbeing Services	None
Vacant Appointed Governor, Age UK	
Vacant Appointed Governor, Carers First	

Last updated 13 January 2023

Vacant, Appointed Governor, Kent Association of Head Teachers	
Alison Carter, Appointed Governor, Kent Dementia Action Alliance	None
Anjan Ghosh, Appointed Governor, Local Authority	Director of Public Health at Kent County Council
Paula Kersten, Appointed Governor, Universities	Pro Vice-Chancellor and Dean, Faculty of Medicine, Health and Social Care, Canterbury Christ Church University

UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust Council of Governor's Meeting
Held at 10.30am on Wednesday 19 October 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
Maria-Loukia Bratsou, Staff Governor, Children and Families
Alison Carter, Appointed Governor, Dementia Action Alliance
Carol Coleman, Public Governor, Dover and Deal
Ruth Davies, Public Governor, Tonbridge and Malling
Alison Fisher, Public Governor, Maidstone
Gill Harris, Public Governor, Sevenoaks
Tilly Harris – Public Governor for Thanet
Kimberley Lloyd, Staff Governor, Health and Wellbeing Services
Lynne Spencer, Public Governor for Canterbury
John Woolgrove, Public Governor, Rest of England
Matthew Wright, Appointed Governor, Head Teachers Association

In Attendance:

Pippa Barber, Non-Executive Director
Ali Carruth, Director of Participation, Experience and Equalities
Georgia Denegri, Interim Trust Secretary
Joy Fuller, Governor Lead (Minute Taker)
Kim Lowe, Non-Executive Director
Mairead McCormick, Chief Executive
Dr Razia Shariff, Associate Non-Executive Director
Janice Smith, Good Governance Institute

19/10/1 Introduction by Chair

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

19/10/2 Apologies for Absence

Apologies were received from Dr Loretta Bellman – Public Governor for Tunbridge Wells, Dawn Gaiger – Staff Governor, William Anderson - Staff Governor, Anjan Ghosh – Appointed Governor for Public Health, Paula Kersten – Appointed Governor for Universities, Dot Marshall – Public Governor for Gravesham and John Norley – Appointed Governor for Age UK.

The meeting was quorate.

19/10/3 Declarations of Interest

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

19/10/4 Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 20 July 2022

The Council **AGREED** the minutes as an accurate record.

19/10/5 Matters Arising

27/4/6 Chair's Report - Work on the service directory for Governors was still in progress. Ms Fuller agreed to follow up with the Communications Team. Action open.

In response to a question from Mr Woolgrove, Mr Goulston advised that all services were listed on the public website. Ms McCormick agreed to look into how this can be improved either by producing a visual map of services or a clearer directory.

Action – Ms McCormick

20/7/7 Chair's Report – Ms McCormick confirmed that the report on KCHFT and KMPT collaboration would be ready to circulate to governors following the meeting.

Action – Ms McCormick

20/7/14 Report from Nominations Committee – It was agreed that a proposal on collating views for the chair and non-executive director appraisal survey would be discussed at the Nominations Committee meeting on 31 October, and reported back to the Council meeting in January.

Action - Mr Goulston

In response to a question from Ms Carter, Mr Goulston confirmed that dementia was one of the seven priorities of the Mental Health, Learning Disabilities and Autism Board.

The Council **RECEIVED** the Matters Arising.

19/10/6 Chair's Report

Mr Goulston presented a verbal report to the Council.

Mr Goulston had attended a number of service visits, including the west Kent musculoskeletal service and the tuberculosis team in north Kent.

Mr Goulston and Ms McCormick had met with the new Chair of the Tonbridge community hospital League of Friends, and took the opportunity to join a ward round at the hospital.

Mr Goulston, Ms McCormick and Mr Turner had attended the opening of Heron ward at Queen Victoria memorial hospital in Herne Bay.

Mr Goulston and a number of the executive team had attended a celebration event for allied health professionals in October, followed by the Trust's long service awards later the same day.

Mr Goulston and Ms McCormick had attended the NHS Providers' Chairs and Chief Executives quarterly network meeting in London. They had also attended a meeting of Kent and Medway Chairs and Chief Executives to discuss provider collaboratives.

Mr Goulston had attended the Kent and Medway Integrated Care Partnership board committee meeting, who were tasked to produce an integrated care strategy for Kent and Medway, which would be turned into a delivery plan. Mr Goulston agreed to provide an update at the Council meeting in January.

Action – Mr Goulston

Mr Goulston explained that the trust had commenced a programme to support staff to be vaccinated for flu and Covid.

Ms Coleman commented on the lack of available non-clinical space for trust staff at Faversham Cottage hospital, which had been picked up on a recent patient-led assessment of the care environment (PLACE) visit. Ms McCormick confirmed that she was aware of the situation and had agreed that some non-clinical space, not currently in use, could be converted.

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

19/10/7 Trust Quarterly Report

Ms McCormick presented the report to the Council.

Ms McCormick highlighted a number of areas contained in the report, and explained that the current priority for the trust was in relation to winter planning, particularly around workforce resilience.

Ms McCormick explained that there was an ongoing piece of work co-designed with staff, to utilise substantive and bank staff where possible, avoiding the need for agency staff.

Ms McCormick explained that further work was ongoing in relation to winter planning, and the trust would be working collaboratively with social care partners on a trial joint intensive rehabilitation model and other integrated opportunities such as virtual wards.

Ms McCormick clarified that she was in the process of reviewing the executive portfolios, and a proposal was expected to be shared within the next couple of weeks. She further explained that she had received positive feedback from services and teams that there had been a noticeable increase in visibility of the leadership team.

Ms McCormick explained that the business continuity plans would be updated to reflect risks and mitigation in relation to the potential strike action.

In response to a question from Ms Bratsou, Ms McCormick confirmed that the issue around the use of WhatsApp had been brought to her attention and

acknowledged that an urgent response was needed. Ms McCormick explained that there had been concerns related to the governance and safety of using WhatsApp and was being investigated.

In response to a question from Ms Fisher, Ms McCormick agreed that governors could be invited to observe a virtual ward or multidisciplinary team (MDT) meeting, and agreed to take this forward.

Action – Ms McCormick

Ms Coleman commented that she had attended the recent Quality Improvement (QI) conference and congratulated the trust on the number of active provider collaborative projects.

In response to a question from Ms Carter, Ms McCormick confirmed that the trust had not recruited international allied health professionals from red list countries, and the main focus for the trust should be to recruit locally, via schools, colleges and universities.

In response to a question from Mr Goulston in relation to a seven day falls response service, Ms McCormick confirmed that it was evident that there were a number of missed opportunities to prevent the conveying of patients from home to hospital who had fallen, in part due to the inconsistent offer of services affecting ambulance response times. Ms McCormick was clear that all falls response services needed to go further to provide a more consistent and robust offer of twenty-four hours seven days per week.

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

19/10/8 Governor feedback from each of the constituencies

Ms Davies had attended two charitable funds committee meetings since the last Council meeting. She had visited Tonbridge community hospital with the league of friends, and the Matron had been very impressive. She added that the overseas nurses working there had felt very welcome. Ms Davies virtually attended the annual general meeting (AGM).

Ms Carter had observed the public board meeting held in September, and had virtually attended the AGM. She added that she had given a presentation to the Peoples Network about the work of the Kent Dementia Action Alliance. Ms Carter also visited the new Sevenoaks hospital sweet shop and emporium.

Ms Ashford had visited the Sevenoaks hospital sweet shop and the garden on the other side of the hospital.

In response to a question from Ms Ashford in relation to the impact of the recent Dartford bridge closure, Ms McCormick agreed that the impact of travel on staff was a concern, and provided an example of innovation in which e-bikes had been mobilised to enable travel locally. She added that the trust would be moving towards more locality-based teams which would help, but acknowledged that travel issues in Kent would not be easy to resolve. Ms Lloyd added that members of her team had raised concerns about travel.

Ms Bratsou reported that staff were tired as a consequence of Covid, but that morale had been improving. She commented that the teams felt that leadership

was responsive to them and their concerns. Ms Lloyd reported that staff in health and wellbeing services were also tired.

Ms Lloyd had attended a recent executive team meeting which she had found informative, and had virtually attended the AGM. She had attended a PLACE visit at Faversham community hospital, and found it useful to look at the hospital environment in a different way.

Ms Harris had visited Sevenoaks community hospital in August. In September, she had observed the Strategic Workforce Committee, which she found to be a very informative meeting. In October, she had visited the sweet shop at Sevenoaks Hospital. She reported that it was really good initiative, and was interested to see what could be done for people living with dementia in hospital.

Ms Coleman had attended a PLACE visit to Faversham community hospital. She had attended a Dover community event with the One You trainers which was well attended.

Ms Coleman wished to thank the ICARE charitable funds committee in awarding funding to provide a quiet staff area and new garden for patients at Deal hospital.

Ms Coleman had been working with the communications team on the winter well event which would take place at the old Debenhams site in Folkestone on 12 November. She explained that Trinity House was a collection point for the donation of old coats, which would be handed out at the event to members of the public in need.

Ms Fisher had visited the musculoskeletal service in Aylesford and had attended a PLACE visit at Westview hospital in Tenterden. She felt that staff could have been pre-warned which would have relieved worries about the visit.

Ms Fisher was pleased that there would be a focus on increasing the number of volunteers in the trust.

Ms Fisher had observed three board committee meetings as part of her induction. She was disappointed that governors remained unable to observe committee meetings as standard. Mr Goulston confirmed that she would have the opportunity to raise this issue at the governor well-led focus group that would be arranged.

Ms Allen had observed the public board meeting in September, and had attended a recent executive team meeting. In October, she had visited the sweet shop at Sevenoaks hospital and commented that she had donated an old-fashioned record player with some LPs to go in the outpatient area of the hospital.

Ms Spencer confirmed that she continued to volunteer in the antenatal administration office at Kent and Canterbury hospital. She added that although some of her recent governor-related visits had been postponed, she had further visits and activities booked for the next couple of months.

The Council **RECEIVED** the report.

19/10/9 Report from Communications and Engagement Committee

In the absence of Mr Anderson, Ms Coleman confirmed that the committee had not been able to meet since the last meeting.

Ms Coleman confirmed that a meeting would be convened when Mr Anderson returned from leave. She added that a proposal would be put forward to appoint a deputy chair to ensure continuity of the committee.

The Council **RECEIVED** the report.

19/10/10 Update from Charitable Funds Committee

Ms Davies presented a verbal report to the Council.

Ms Davies confirmed that the committee had met twice since the previous council meeting, and was delighted to report that the Heron ward in Herne Bay and the new garden in Deal were now open.

Ms Davies explained that the main focus for the committee was to support staff experiencing financial hardship. She explained that there would be funds of approximately £30,000 available for this use, for individual grant applications of up to £500.

Mr Goulston wished to record thanks to the Mermikides family for the generous legacy which enabled the refurbishment of Heron ward. In response to a question from Ms Coleman, Mr Goulston agreed that recognition could be acknowledged by mounting a plaque in the Heron ward.

In response to a question from Mr Wright, Ms McCormick confirmed that the trust was required to follow the agenda for change pay structure. Ms Lowe added that there remained a small number of job roles that did not follow the agenda for change pay structure, and the trust paid the real living wage, rather than the national living wage.

Ms Davies commented that she had been impressed by the offers available for staff such as free car charging points and Bluelight discounts.

The Council **RECEIVED** the report.

19/10/11 Report on patient and public engagement, experience and complaints

Ms Carruth presented the report to the Council.

In response to a question from Ms Coleman, Ms Carruth confirmed the work of the health inequalities steering group in relation to culturally sensitive dietary requirements.

Mr Woolgrove congratulated the Patient Advice and Liaison Service (PALS) on 100% achievement of responses to questions within 48 hours.

The Council **RECEIVED** the report.

19/10/12 Board of Directors – committee membership and designations

Mr Goulston presented the report to the Council, and confirmed that a further update to the report would be presented at the Council of Governors meeting in January, following the conclusion of the well led review.

Mr Goulston highlighted an error on table 2 on page 38 of the papers pack. Kim Lowe had been incorrectly listed as deputy chair of the Finance, Business and Investment Committee. The deputy chair should read Peter Conway.

The Council **RECEIVED** the report.

19/10/13 Governor elections process

Ms Fuller presented the report to the Council.

It was agreed that a review of the governor constituencies would take place at the governor development day in March 2023. It was also agreed that governor engagement would be topic for discussion at the governor development day.

Action – Mr Goulston

Ms Denegri confirmed that the trust constitution would need to be approved by members at the annual general meeting held in September.

In response to a question from Mr Woolgrove, Ms Fuller explained that the difference in term of office start dates for governors appointed in the same election year, was due to unopposed governors being officially appointed earlier than governors where they were required to go to a ballot. Ms Fuller agreed to discuss governor terms of office dates with Ms Denegri following the meeting.

Action – Ms Fuller

In response to a question from Ms Shariff, Ms Coleman confirmed that questions or concerns from constituents would be discussed with Mr Goulston who then approached the appropriate director or service lead to gain an answer. Ms Bratsou confirmed that staff governors met regularly to discuss staff concerns, and if appropriate they would be escalated to the executive team for resolution.

Ms Barber confirmed that a further discussion on engagement with constituencies should take place at a future governor development session.

Ms Lloyd felt that staff governors could engage more with the staff networks and would add to the agenda for the next staff governor meeting.

Ms Barber confirmed that a governor induction and training programme should be developed for the year ahead, in addition to the forward plan for the development sessions. Mr Goulston confirmed that public and staff governor engagement would be added to the agenda for the governor development day in March 2023.

Action – Ms Fuller

In response to a question from Ms Fisher, Mr Goulston confirmed that a programme of events across Kent and Medway would be shared with governors.

Action – Mr Goulston

In response to a question from Ms Coleman, Mr Goulston confirmed that a conference for all Council of governors in Kent & Medway and South East Coast Ambulance Service NHSFT had been verbally approved by the respective organisations. Mr Goulston agreed to discuss with Ms Coleman and Ms Allen at their next informal meeting.

The Council **RECEIVED** the report and **APPROVED** the timetable.

19/10/14 Papers Available for Governors

The papers would be circulated to the Council and added to the governor workspace on the staff intranet.

19/10/15 Any Other Business

In response to a question from Ms Davies, Ms McCormick confirmed that her concerns for the next few months would be the resilience of our workforce during winter, and keeping a strong focus on prevention.

20/7/16 Questions from members of the public

There were no questions from the public.

The meeting ended at 12:02

20/7/17 Date and Time of Next Meeting

Wednesday 18 January 2023.

Venue: Clive Emson Conference Centre, Kent Event Centre, Detling Showground, Maidstone, Kent, ME14 3JF (subject to change).

ACTION LOG FROM THE COUNCIL OF GOVERNORS MEETING HELD ON 19 OCTOBER 2022

Minute number	Agenda Item	Action	Action Owner	Update	Action status
19/10/15	Matters arising	To produce a map of services per area.	Ms McCormick	In progress. The Communications team are updating the public website with a searchable list of services by area.	Open
19/10/15	Matters arising	To circulate to governors the KCHFT and KMPT collaboration report following the meeting.	Ms McCormick	Circulated to governors on 4 November 2022.	Closed
19/10/15	Matters arising	To discuss a proposal on collating views for the Chair and Non-Executive Director appraisal survey at the Nominations Committee meeting on 31 October and report back to the Council meeting in January 2023.	Mr Goulston	The appraisal system and templates were discussed and tested with the Nominations committee and circulated to the Governors for completion by 25 January 2023.	Closed
19/10/5	Chair's report	To provide an update at the Council meeting in January 2023 on the delivery plan for the integrated care strategy for Kent and Medway.	Mr Goulston	The draft Kent & Medway Integrated Care Strategy and its engagement plan were agreed at the Integrated Care Partnership meeting on 8 December 2022. An update will be provided at the January Council of Governors meeting.	Closed

Minute number	Agenda Item	Action	Action Owner	Update	Action status
19/10/7	Trust quarterly report	To invite Governors to observe a virtual ward or multidisciplinary team meeting.	Ms McCormick	Dates for the virtual ward/MDT meetings will be circulated to all Governors via Trust Secretary.	Open
19/10/13	Governor elections process	To review the constituencies at the development day in March 2023.	Mr Goulston	On forward plan.	Open
19/10/13	Governor elections process	To discuss governor engagement at the development day in March 2023.	Mr Goulston	On forward plan.	Open
19/10/13	Governor elections process	To discuss governor terms of office dates with Ms Denegri	Ms Fuller	The election results are announced at the same time (returning officer's contested and uncontested reports) so the start dates are the same.	Closed
19/10/13	Governor elections process	To share with governors a programme of public events across Kent and Medway.	Mr Goulston	This is now being provided by the Public Health Events Officer and circulated monthly as part of the Governor weekly updates.	Closed

Title of Meeting	Council of Governors
Date of Meeting:	20 January 2023
Agenda Item:	5
Subject:	Board of Directors: Board and Committee membership and designations
Presenting Officer:	John Goulston, Trust Chair

This report updates on changes on the Board and Committee membership and designations. It was considered and approved by the Board at its meeting on 7 December 2022. It is brought to the Council of Governors for information and noting.

John Goulston
Trust Chair
January 2023

BOARD OF DIRECTORS: BOARD AND COMMITTEE MEMBERSHIP AND DESIGNATIONS

Purpose

This report was considered by the Board at its meeting on 7 December 2022 and all recommendations approved. It is circulated to the Council of Governors for information.

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 Trust regulators or recommended as part of a system of good governance.

As the Board members are fully aware, there have been several changes to the membership of the Board over the past year. In concert with this, further changes have been signalled and proposed for consideration.

This paper provides an update following the recent changes of the executive directors' portfolios which were approved by the Remuneration Committee on 11 November 2022. The report from the Chief Executive to the Remuneration Committee followed on from the external review of executive portfolios. The Chief Executive has also reviewed and triangulated against the delivery of key priorities required by national, regional, newly legislated integrated care boards, health and care partnerships and KCHFT organisational priorities.

This report presents the proposal for Board membership and Non-Executive Director and Executive Director responsibilities with the required approval where appropriate. The paper also presents proposals for Board recommendation to the Council of Governors as necessary.

2. Board Membership

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

Non-Executive Directors (From 1 February 2022)	Executive Directors (As at 21 November 2022)
John Goulston, Chair	
1. Pippa Barber	1. Mairead McCormick, Chief Executive

2. Peter Conway	2. Pauline Butterworth, Deputy Chief Executive & Chief Operating Officer
3. Nigel Turner	3. Gordon Flack, Chief Finance Officer (CFO)
4. Paul Butler	4. Sarah Phillips, Chief Medical Officer (CMO)
5. Karen Taylor	5. Mercia Spare, Chief Nursing Officer
6. Kim Lowe	6. Victoria Robinson-Collins, Chief People Officer (CPO)
7. vacancy	
Non-voting board member	Non-voting board members
Razia Shariff, Associate Non-Executive Director	Ali Carruth, Director of Health inequalities & Prevention
	Chief Allied Health Professions Officer (new post to be recruited to)

The Director of Communications will report to the Chief Executive and attend Board development sessions.

A Director of Corporate Governance will be appointed and report to the Deputy Chief Executive.

The posts of Director of Strategy & Partnerships and Director of Corporate Services have been removed.

The Trust Constitution sets out 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.” (paragraph 8.8)

Also, that there shall be a majority of NEDs including the chair (paragraph 8.10.2).

3. Membership of Board Committees

3.1 From **December 2022**, the membership of Board Committees is set out in table 1 below. Changes since November 2022 are shown in red font.

Table 1 - Membership of Board Committees from 1 December 2022

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

- 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 proposes 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. There are no changes from the previous report.

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	Peter Conway
Charitable Funds	Nigel Turner	Razia Shariff
Quality	Pippa Barber	Karen Taylor
Strategic Workforce	Kim Lowe	Nigel Turner
Remuneration	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 April 2022. 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 arrangements reflect the new guidance issued by the NHS in December 2021 on NED champion roles ("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, Business and Investment Committee oversees 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 4 below.

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

First name	Surname	Start date	(Re) Appointment to the Board	Period of appointm't	End date appointm't
Peter	Conway	01/03/2015	01/04/2021 (R2)	3 years	31/03/2024
Pippa	Barber	01/12/2016	01/12/2022 (R2)	2 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 Nominations 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 the 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 and next steps

The Board is asked to approve:

- i. The Non-Executive and Executive Director membership of committees as set out in Table 1 effective from 1 December 2022
- ii. The changes to the executive directors' designations following the approval of the Remuneration committee.

Next steps

The Board is asked to note:

- the composition of the Board and its voting membership as set out in section 2.
- that a Chief Allied Health Professions Officer and a Director of Corporate Governance will be appointed.
- Executive Directors' substructures will be realigned by the end of December 2022.
- Executive Directors' objectives to be worked through by the end of December 2022.
- Appraisals – a new process will be in place for executive directors for February 2023.
- An external well led review is currently taking place. The report will be presented to the Board of Directors and then to the Council of Governors in early 2023. Any changes to board designations and or committee membership following the well led review will be proposed to the Council of Governors or the Board of Directors depending on the nature of any proposed change.

25 November 2022

Chair, John Goulston

Chief Executive, Mairead McCormick

Kent Community Health NHS Foundation Trust

Title of Meeting	Council of Governors
Date of Meeting:	20 January 2023
Agenda Item:	6
Subject:	Chief Executive's report
Presenting Officer:	Mairead McCormick, Chief Executive

This report highlights some key updates since the previous Council of Governors meeting held in October.

Current situation and pressures

The festive period saw a perfect storm of huge demand for services, rising rates of Covid, flu and other infections and lack of capacity, which means despite the enormous efforts of everyone working in the NHS in Kent and Medway and across the country, it's been an incredibly challenging couple of weeks.

Our acute hospitals and urgent treatment centres are overcrowded and our urgent response services, like our acute, rapid and community response teams are also facing significant demand. The past couple of weeks have seen South East Coast Ambulance Service and Medway Foundation NHS Trust declaring critical incidents.

At times like this, it's important for us to recognise the difficult decisions colleagues are taking on a daily basis, as we come together as a health and care community to grapple with rising demands.

The pressure has been greater in many ways than wave one of the Covid-19 pandemic, but I am incredibly proud of our KCHFT colleagues for the way they have stepped up to support our colleagues in primary care, the acute hospitals and our ambulance service.

We are all working collectively to use the resources we have in a way which will have the greatest impact on keeping people who need us most safe and cared for.

We know this way of working is not sustainable for the future and not what I want for our patients or our staff. It will take time to redesign our models of care, but this is what is required to prevent working like this in the future and we are fully committed to doing this in the months and years ahead.

Winter escalation and extreme conditions

As part of our winter plan, we temporarily opened beds at Westbrook in Margate and Westview in Tenterden and created additional capacity in our community hospital wards.

Our aim, as always, is to provide people with the best possible care. This means making sure our patients in community hospitals are supported to get up and moving so their condition does not deteriorate and they can return home, where we know they want to be.

The period between Christmas and New year was particularly difficult and we heightened the visibility of the Executive Team over bank holidays and weekend to ensure staff felt supported and that we could deal with any particular challenges quickly and effectively. We have continued to visit services to understand the pressures on the ground and continue to be impressed by everyone's efforts but it's really important that we keep checking that people are having some down time to recover.

Stroke ward

Our plans are continuing to open the stroke ward at Westbrook, in Margate and in December we held a successful recruitment open day. We offered eight positions with a second open day due to take place this month (14 January).

Operational planning guidance

NHS England (NHSE) published national planning guidance for the Operational Plan for 23/24 and the Joint Forward Plan.

NHSE set out three tasks over the coming year:

- recover our core services and productivity;
- as we recover, make progress in delivering the key ambitions in the NHS Long Term Plan, and;
- continue transforming the NHS for the future.

Recovering core services is focused on improving: Ambulance response times, A&E waiting times, elective waits, cancer backlogs, diagnostic standard, access to primary care, particularly general practice.

KCHFT has already developed plans that satisfy the requirements of the operational planning guidance regarding: Two-hour urgent community response, virtual wards, but others will require focus, such as self-referral for some services. A single operational plan will be submitted by the ICB on behalf of all trusts. This submission is due at the end of March.

Approach to developing our strategy

The current KCHFT trust strategy is due to be refreshed for 2023. There is appetite for a continuous quality improvement approach to the strategy for the next five years. We are developing a plan for a true north-style of strategy over the next quarter, ready to launch for 2023/24 and will be engaging with colleagues, patients and partners as this is developed.

Strike action

At the time of writing, we were preparing for two days of industrial action, after RCN members at KCHFT voted to strike.

While KCHFT was not on the list for strike action in December, KCHFT is listed for strike action on 18 and 19 January and we have planned for this, from agreeing derogations with the RCN to ensure we can deliver safe services, contacting patients who may be affected and holding webinars with colleagues so they can ask any questions they have.



I will provide an update at the council meeting, but I would, once again, like to put on record that for our colleagues who voted or intended to strike, we recognise it will not be a decision they have taken lightly and we respect their right to strike. I know how conflicted many of them have been and how much they care about their patients.

Our website is being kept up-to-date with vital information for the public during any strike action, www.kentcht.nhs.uk/strike.

Covid-19 and flu vaccinations

We continue to monitor rates of Covid and flu. As of 12 January, our staff vaccination rates are 56.9 per cent for Covid and 58.6 per cent for flu. This is above the national average. We're still providing flu jabs for colleagues until 28 February and we are working with the ICB team which is providing mobile catch up clinics at venues accessible to our teams. All colleagues with a work phone have also had text reminders, which was effective in increasing uptake.

People

Staff health and wellbeing and cost of living

Colleagues came together in December at a special health and wellbeing event to set in motion our new network of Health and Wellbeing Champions (HWBC), as well as discussing the key issues impacting staff wellbeing.

To build on the progress made on the day, HWBCs are now meeting to develop the role of champions across KCHFT and how champions can support our colleagues. Our December monthly staff health and wellbeing newsletter contained details of mental health support along with more tips on saving money during the cost of living crisis. Our next People Pulse survey is now live and focuses on asking people about flexible working and what more we can do to support people.

Community public health assistants recruitment

As part of the new health visiting strategy, we have advertised for the new role of public health assistant in all areas of Kent to support the universal child health and wellbeing reviews for parents with children aged up to two-and-a-half. The process was a huge success with more than 80 applicants, 29 people interviewed and 14 offered roles as CPHAs.



Patients and service users

Urgent care services

Working with NHS Kent and Medway, we are planning to upgrade Sheppey Minor Injury Unit, in line with the national Urgent Care Strategy, to a GP-led urgent treatment centre.

We are currently in consultation with staff about changing shift patterns with new opening hours of 8am to 8pm in line with our UTCs across the country.

In December, we took the difficult decision to temporarily close Edenbridge Minor Injury Unit due to staffing challenges so we could keep the urgent treatment centre, in Sevenoaks open, which can treat a wider range of conditions and is opening longer.

Teams are working hard to re-open the MIU on 20 January.

Armed Forces Covenant

Our Executive Team was joined on December 6 by representatives of the Royal British Legion and a veteran patient and his wife to witness the signing of the Armed Forces Covenant. The pledges underlying the covenant will help us put in place support measures to help our military families as well improve access to our services for veterans. By signing the covenant, we can submit a nomination to the Defence Employer Recognition Scheme and achieve Veteran Aware Accreditation through the Veterans Covenant Healthcare Alliance.



Community Health magazine

Our winter Community Health magazine for patients is in community venues and supermarkets now. It includes how our Specialist Community Respiratory Service has helped Stephen enjoy life again and how virtual wards are helping people like 89-year-old Alan Reed receive hospital care at home so he can stay at home with his beloved wife Yvonne. It also includes tips and advice for people to stay well and warm this winter.



Partnerships

Vaccination for diphtheria

KCHFT's vaccination teams worked closely with the UK Health Security Agency throughout November and December to vaccinate migrants against diphtheria after a spike in infections at the Manston processing centre. Thanks to teams for reacting quickly.

Virtual wards

We are continuing to develop vital **Hospital at Home virtual wards** as part of the East Kent Health and Care Partnership, for people with acute respiratory infections and those living with frailty, as part of a national vision to provide 40 to 50 virtual beds, per 100,000 of the population by December 2023. Working with acute partners, local care homes, GPs and hospices, the aim is to provide hospital-level care to patients in their own homes. Next month, we will be holding an event for patients, colleagues and staff involved in delivering these to develop our plan for the future. Virtual wards are also being developed and expanded in west Kent too.

It may have been an incredibly challenging start to the year, but it's also important to look back on what we achieved in 2022, you can read a [snapshot here](#).

We may still have some challenging months ahead, but I'm looking forward to co-designing some exciting new models of care with our patients, staff and our partners.

I conclude my report with a huge thanks to our staff for everything they are doing and acknowledging it is also an incredibly difficult time for our communities too.

Mairead McCormick
Chief Executive January 2023

Title of Meeting	Council of Governors
Date of Meeting:	20 January 2023
Agenda Item:	10
Subject:	Patient and Public Engagement, Experience and Complaints
Presenting Officer:	Sue Mitchell, Assistant Director of Participation and Involvement

This report gives an overview of public and patient engagement, volunteer services, interpreting, accessible information, complaints and patient experience during quarter 2 (July to September 2022).

Sue Mitchell
Assistant Director of Participation and Involvement
January 2023



Patient and Carer Partnership Team report July to September 2022

Executive summary

This report gives an overview of public and patient engagement, volunteer services, interpreting, accessible information, health inequalities, complaints and patient experience during quarter 2 (July to September 2022).

Patient and Carer Council

The council have continued to hold regular, monthly meetings and have received information and presentations on a range of initiatives involving patients and carers to improve services. The September meeting was cancelled to acknowledge the mourning period following the death of Her Majesty the Queen.

The council received presentations as follows:

- Closing report for the Healthy Community Kent Project and how the work undertaken will be built upon by the wider health inequalities programme.
- A highlight report covering the work being established by the veteran programme board to address significant issues for veterans in terms of barriers and access to healthcare
- Evaluation from the joint Kent Community Health NHS Foundation Trust (KCHFT) Kent and Medway NHS and Social Care Partnership Trust (KMPT) carers conference held in June and the significant work planned to address carers feedback from the conference.
- An overview of the Patient and Carer Partnership team Q1 report

The meeting continues to be co-chaired by a participation partner. Other participation partners 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** on and were **involved** in:

- NHS England's Peer Leadership Development Programme, for an opportunity to get involved
- the Communications Team, for guidance on how to develop a communications plan for the network
- the Edenbridge project, for an opportunity to get involved with the planning group
- the new patient experience surveys
- Kent Dementia Action Alliance
- new menus for the community hospitals to feedback on accessibility and diversity
- the new health inequalities agenda
- an information guide for patients and families going through end of life, to feedback on the content
- getting involved with clinical audits, for an opportunity to get involved.

Two members of the learning disability group took part in the **interview panel** for a Clinical Lead for the Neurodevelopmental service in July. The first draft of the **interview skills training** has been co-designed with the first session planned for Participation Partners (PPs) in November.

The latest **Participation Matters newsletter** was sent on Monday, 3 October to **3710** public members and volunteers. The main features included the return of Mucci, Edenbridge Hospital's very own pets as therapy (PAT) dog, information about staying safe this winter by getting flu and Covid vaccinations, and how to get involved as a research champion. So far, there is a **34.6% (1284)** open rate.

The **QI project** to assess the impact of patient and carer involvement on trust governance groups is well underway. Three months in, the project group has:

- engaged with the **Mortality Surveillance Group** to re-invite two PPs to virtual mortality reviews (this was paused during the pandemic)
- recruited another PP to the **Patient and Carer Council**
- finalised two **role descriptions** for two governance groups, with six more in production
- engaged with staff from other groups and committees who have expressed an interest in engaging with the project.

25 PPs and public governors signed up to be involved in **Patient-Led Assessments of the Care Environment** (PLACE), which started in September and will end in November.

Three PPs have attended a total of 12 quality review panels with the quality management team this quarter.

Participation

There have been some specific pieces of focussed participation initiatives this quarter:

Adult Therapy Rehabilitation service to evaluate patients views on extending therapy sessions over a 7-day period in the community and in hospital. All patients receiving therapy sessions in the community were sent a survey asking their opinions and working together groups were facilitated for patients in the community hospitals. The findings were that 60% of patients in the community and 73% of patients in community hospitals were in favour of 7-day extended therapy.

The reasons for those patients who were not in favour:

- Interfere with their family and activity time which tends to be on a weekend
- It would put more pressure on staff and the system
- Patients need a break from therapy

The reasons for those patients who were in favour:

- More appointments available so would be seen quicker
- More flexibility
- For those patients who are alone it would be nice to see someone over the weekend

Planned work following evaluation:

- The service is commencing a 7-day working therapy pilot in the community hospitals
- The service intends to work with patients to co-design an information booklet to support patients with their exercises over a 7-day period with the support of their carers and families if they choose
- Review of the therapy assessment form to free up more time for therapy sessions

Virtual wards as part of the implementation process, engagement with patients and families was undertaken to ascertain views, thoughts and ideas about the virtual model for respiratory patients. Two working together groups were held and a survey was developed and shared widely. In addition, people were provided with the opportunity to be involved to use their experiences in the work to co-design, deliver and implement the virtual ward model. Information and a video about the wards were shared as part of the engagement. 70% of those attending focus groups and 72% of those responding to the survey rated their confidence around the virtual wards at 7-8 (fairly confident). The main themes were:

1. Concern about using the technology; reliability; what would happen if it fails, data is lost

2. Poor internet signal
3. Ensuring the devices are maintained and in working order
4. Robust training for patients and families and staff being confident in equipment
5. Clear and concise information for patients and carers including easy read versions available
6. A robust training programme to use technology and capture data needs to be in place for patients and families without jargon with an easy read version available.
7. Concerns about support between 8pm and 8am
8. Support for families and carers – including peer support

People who expressed interest in being involved further are now supporting the development of the programme and co-designing information leaflets for patients and families.

Veterans we have developed a QI project to support our work towards the Armed Forces Covenant. The aim of the project is to increase the number of veterans identified on our electronic patient system Rio and to hold engagement sessions with veterans to explore their experience of our services and any barriers they may face.

Triangle of Care



Phase 2 Implementation Community nursing services have been provided with a presentation to introduce the Triangle of Care (ToC) scheme. Support has also been provided to guide staff in the completion of the self-assessment which provides a benchmark against the 6 key standards of the Triangle of Care pledge.

Carer Information packs are established in the community hospitals providing carers with practical and wellbeing support and advice. A total of 71 carer information packs have been issued this quarter. The packs have been adapted for community nursing services and these and are being distributed.

Giving Carers a Voice survey previously feedback received from carers of patients was minimal, with only 10 surveys received between 1 July 2021 to 27 July 2022. During the period of July to September, a total of 28 surveys were submitted. With the introduction of the Carers Packs it is anticipated that feedback will increase. The survey has been aligned to the ToC standards:

- Carers confirming they were recognised as a carer
- Received a warm welcome by the service
- Were involved in care discussions and provided with relevant information to aid support

Carer Champions recruitment from community nursing services is ongoing to add to the 25 established in the community hospitals. Using the monthly network meeting, champions are encouraged to share stories from carer involvement. To assist communication and to promote a support network between champions, a lead champion has now been identified for the east community hospitals with one for the west community hospitals to be agreed.

Carer Awareness training has been undertaken by 12 members of staff:

- 67% reported their knowledge had increased from 'good' pre-attendance to 'excellent' post attendance
- 33% reported their knowledge had increased from 'good' pre-attendance to 'very good' post attendance
- 100% reported the training would have an 'excellent' impact on their everyday practice
- 100% rated the trainer as 'excellent'

One member of staff attending the session, on learning about the availability of services from care support organisations, reported being able to arrange a night sitting service for one of her patients with the support being made available 20 mins following the referral received by the service. Following this outcome, the contact number for the service has

been widely shared with the team with encouragement to access carer support when needed. Training will be converted to e-learning to enable more operational staff to attend.

Volunteers

Recruitment and returners 7 volunteers have been recruited and 5 have been restarted in the last quarter, 3 of which are under the age of 21. We have seen a decrease this month in the number of volunteers being recruited and less activity during the summer holidays.

Since our last quarter we reported that we have been safely returning inactive volunteers post pandemic. One such volunteer is 'Mucci', a patient assistant therapy dog. Mucci and owner Michele have returned to Edenbridge Memorial Hospital and are bringing lots of joy to our patients and staff on the wards and day centre. Mucci still remembered where he was going after all his time out of service. We are working with Michele to market and promote more pets as therapy volunteer opportunities across the trust.



Carers awareness and roll out of volunteer refresher training

whilst our recruitment has been slower we have been focusing our efforts on supporting our volunteers to keep engaged. One such incentive is the offer of carer awareness bitesize training to all our volunteers. We have had volunteers in various roles across the whole of the trust attend. We used Microsoft forms to collect the feedback as a trail and 9/11 (73%) of learners engaged in our survey. The course had successful outcomes with 7/9 (78%) rating their knowledge of carers as low or good at the start, ending with 9/9 (100%) rating knowledge as very good or excellent at the end. This will help us achieve our aims to ensure volunteers are empowered to involve carers more in their activities with patients. Furthermore, we are rolling out safeguarding and information governance training during September to our volunteers to ensure they are supported with fresh and relevant training for their roles. Going forward this will become a requirement of the service to monitor training and compliance.

Working with services we visited Gravesend Urgent Care Centre (UTC) and a feedback session was organised for the volunteers. Mainly supporting with meeting and greeting, the volunteers have been vital to our UTC and BCG TB Vaccine clinics during and after the pandemic (one of our volunteers turned 91 this month). the onsite supervisor and voluntary services had a session on how we can improve volunteers experience at Gravesham, and created a great opportunity for all our volunteers to meet one another. This was an important exercise and changes made will be fed back in later reports.

Interpreting

Telephone interpreting continues to be the main method of communication with foreign language speaking patients and families at **67.4% (1048)** of all bookings.

From 1 October, all interpreting and translation services will be managed by a central budget, so staff will no longer have to arrange payment. This means there will be reduced delays for securing interpreters as providers won't need to wait for payment confirmation. The team will also be able to monitor the budget more closely and provide accurate reports on interpreting and financial data.

Top 10 languages requested for interpreting (April to June)

(1) Romanian (167)	(6) Bulgarian (96)
(2) Slovak (160)	(7) Arabic (90)
(3) Polish (127)	(8) Russian (77)
(4) Bengali (119)	(9) Turkish (65)
(5) Punjabi (112)	(10) British Sign Language (42)

Accessible information and Easy Read

Accessibility visits at Deal and Hawkhurst Hospitals took place in July to prepare the sites for a Healthwatch visit in September. 6 PPs supported the visits, completing an audit checklist with the matrons on their compliance with the Accessible Information Standard (AIS). The audits identified some actions for the hospitals, including:

- providing up-to-date AIS material to patients and families (posters, leaflets and resources for staff)
- using the hearing devices more frequently to support patients
- reviewing noticeboards to ensure information for patients and visitors meets accessibility requirements (e.g. clear, visible, readable)
- recruiting volunteers to support staff to meet the AIS needs of patients
- reminding staff to familiarise themselves with AIS criteria (asking, recording, flagging, sharing and meeting patient communication and information needs).

In August, we secured a new license for **digital inclusion software** on our public websites, called Recite Me, which has additional accessibility functions and a [Web Content Accessibility guidelines](#) (WCAG) scanning tool to identify any gaps in our accessibility provisions. The software enables our site users to easily navigate our public websites, supporting those with impairments to their vision, hearing, mobility, thinking and understanding (for people with dyslexia, autism or learning difficulties). The People's Network voted for the design of the toolbar icon to make sure it is clear and visible when site users arrive on the website.

The following **Easy Read** documents have been progressed by the learning disability group this quarter:

- PLACE training for patient assessors – delivered to the group in September.
- Invitations to PLACE visits – tested and finalised (five members of the group are joining the visits to Deal and Queen Victoria Memorial community hospitals).
- Invitation to test My Care Record – tested and finalised (five members of the group will be attending testing sessions in Ashford).
- My health passport – tested and waiting for sign off by the neurodevelopmental service.

Expert Patients Programme (EPP)

The promotional film is finished and is featured on the trust public website. The EPP webpages on Flo and the public website have been updated, pending a new look and feel for EPP, in line with materials for the Patient and Carer Partnership team. Presentations this quarter have been provided to post graduate medical students to encourage future referrals.

The challenges this quarter have been the availability of facilitators which is due to ill health and other commitments. A recruitment plan for new facilitators has been implemented which includes a short film and training will take place in January 2023. Our aim is to add 6 new facilitators to the programme which will help more courses to be delivered both online and in person. During Q2 there have been four face to face and one virtual course delivered in Thanet, Canterbury, Ashford and the Isle of Sheppey. All courses run for a 6 week period.

Health Inequalities

The Health Inequalities Programme Board was set up to oversee the health inequalities work taking place across the organisation. Health inequalities has been aligned to the trust business planning process and a programme of work is due to be agreed in Q3.

Team Development recruitment is ongoing for 2 new Health Inequalities & Partnership Managers and a Health Inequalities Data Analyst.

Integrated Care Board (ICB) /Public Health / Health and Care Partnerships (HCP) involvement partnership work in the system is currently evolving and the Head of Health Inequalities and Consultant Public Health attended and contributed to the planning of the Public Health Kent Strategy Task and Finish Group, and the Director for Patient Experience, Participation and Health Inequalities is a member of the East Kent Population Health Management Group.

Health Inequalities Data the dashboards are being developed on Power BI which is the trust's electronic data system. By October 2022 services will be able to analyse patient data by ethnicity, age, deprivation, sex, DNA rate/numbers, waiting times and list sizes, referral profile, caseload profile, non-engagement rate/numbers. Statistical Process Charts are being developed to support communicating data. The data produced will inform the Trust business planning process. Support will be provided to leads/services to understand the health inequalities within services and develop long term plans responding to the needs identified by service health inequalities profiles.

Ethnicity monitoring of patients is one of our Equality Objectives to improve over the next 2 years. Recording has improved from October 2021 = 62.1% to September 2022 = 67.3% Promotional campaigns and advice from the Rio (patient electronic system) working group have supported improvement. The recording options on Rio have been changed from 'Not stated' and 'Not known' categories to 'Client refused to answer' and 'Client not asked' respectively. This will tell us more about the reasons for ethnicity not recorded and help us to further support services.

Health Inequalities Community Steering Group has held monthly meetings, acting as a platform to identify and discuss health inequalities and barriers experienced by migrant communities and ethnic minorities. During Q2 the group identified its key areas of focus:

Recruitment: *Improving accessibility and diversification of Trust job adverts to enable recruitment of the most appropriate individuals and remove unnecessary barriers.* The group reviewed a KCHFT job advert in July's meeting and shared their feedback. Recommendations were shared with the Recruitment team to respond.

Food and Dietary: *Consideration and provision for ethnic minorities in Community Hospitals.* The group discussed community hospital menus in July's meeting and feedback was shared with the catering team. The catering team has agreed to consider groups recommendations at the time of the menu revision around the first quarter of 2023. A member of the catering team will participate in the group meeting at the start next year.

Patient Feedback: *Which communities are, and which aren't we hearing from and why.* Initial patient feedback (Family Friends Test (FFT) responses received in Q1) categorized by ethnicity percentage of the respondents, was presented to the group in August's meeting. A number of queries with regards to the timing of the survey and collection of data were raised by the group which were duly shared with the survey team and responses presented back to the group in September. Recommendations being discussed by the Patient and Carer Partnership Team to explore and present back options to the steering group.

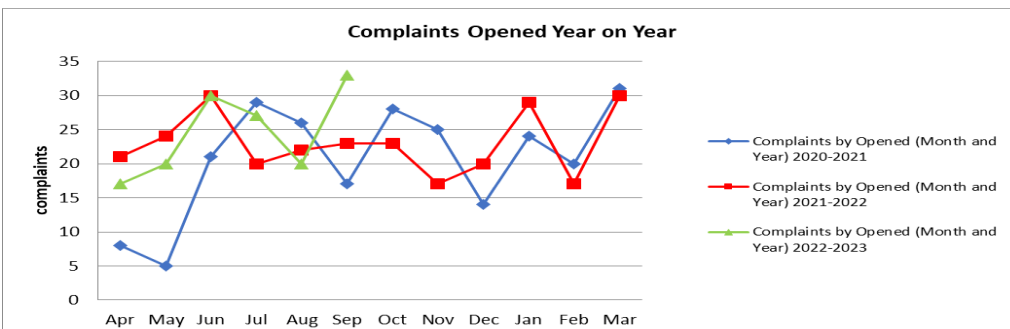
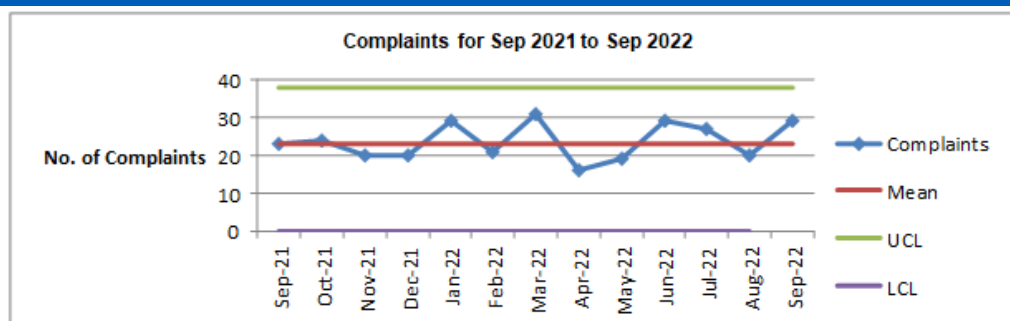
Interpreting and Translation: *Improving access to and quality of interpreting and translation services.* The interpreter and translation services were presented to the group at the August meeting and the members shared their appreciation and suggestions for the improvement of the services and its provision can be improved for the ethnic minorities.

Healthy Communities Project Kent (HCPK):

The project concluded in August 2022 with relevant initiatives incorporated into the health inequalities programme going forward.

Additional Initiatives Roma Engagement Event in Margate in October with a general health and wellbeing focus. Planning has included our public health team, One You and Primary Care Network (PCN) in the area. Update to be reported for Q3.

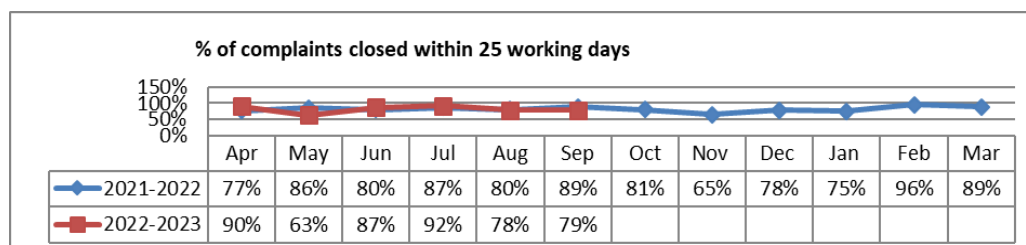
Complaints and Patient Advice Liaison Service (PALS)



82 complaints were received which is an increase compared to the previous period last year when there were 65 complaints. Of the 82 cases received there were 29 different services logged:

- 11 community paediatrics
- 10 community nursing
- 8 urgent treatment centres
- 5 dental services
- 5 children's therapies
- 4 community assessment beds
- 3 clinical nutrition, 3 dietetics, 3 podiatry

There were also complaints for Acute Response team (ART), Adult Neurodevelopment, Adult Learning Disability Service, Adult Speech and Language, Intermediate Care Services, Chronic Pain, Community Hospital, Community Respiratory Services, East Sussex Children's Integrated Therapy and Equipment Service (ESCITES), Health Visiting, Kent and Medway Communication and Assistive Technology (KMCAT) service, Lymphoedema, Community Orthopaedics, Medicines Management, Musculoskeletal (MSK) service, Immunisations, Rapid Response, Rapid Transfer Service, Sexual Health, Community Rehabilitation and Special Children's Nursing.



75 cases were closed in total; 69 with the 25-working day response target, of these 12 did not meet the target:

- 5 were due to delays in service providing the draft
- 4 was due to a delay in the approval process

- 2 were due to meetings arranged with complainants
- 1 was due to difficulties in speaking to complainant to discuss concerns

Of the 12 complaints 8 were only overdue by 8 days or less and the other 4 were between 14-17 days overdue. We are completing our audit on those cases not closed within 25 working days to see if there are any improvements and learning we can gain from this. The results will be published in Q3.

Outcomes of the 75 closed cases.

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

Themes (top 3):

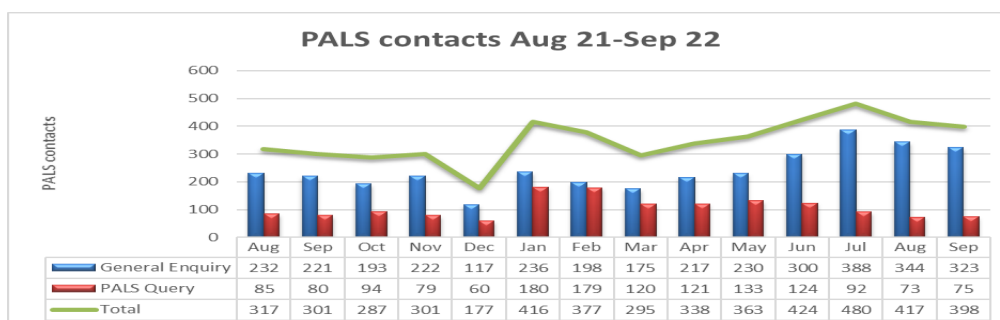
- Communication with patients and families about care
- Querying clinical treatment received, not received or care provided
- Families unhappy with the admissions and discharges of patients from hospitals or from services.

An example of **actions raised to make improvements** as a result of the complaint, included:

- Clinical Nutrition and Dietetics reviewing written information provided to all patients and will work alongside acute team to ensure Home Enteral Nutrition (HEN) welcome packs are given out face to face.
- MSK physiotherapy advising patients that should they not receive an exercise sheet within 48hrs to contact the admin team
- Lymphoedema have secured a ground floor room at Sevenoaks Hospital long term for ease of access for patients.
- There is also an increase in waiting times noted which we do expect to further increase by Q3.

Patient Advice and Liaison Service (PALS)

97% of all PALS queries were resolved within 48 hours in this period. We continue to see an increase in PALS contacts year on year. With approximately an additional 400 contacts in Q2 compared to last year. The service is undertaking a number of administrative and communication updates to ensure patients and the public have the correct details and are signposted correctly.

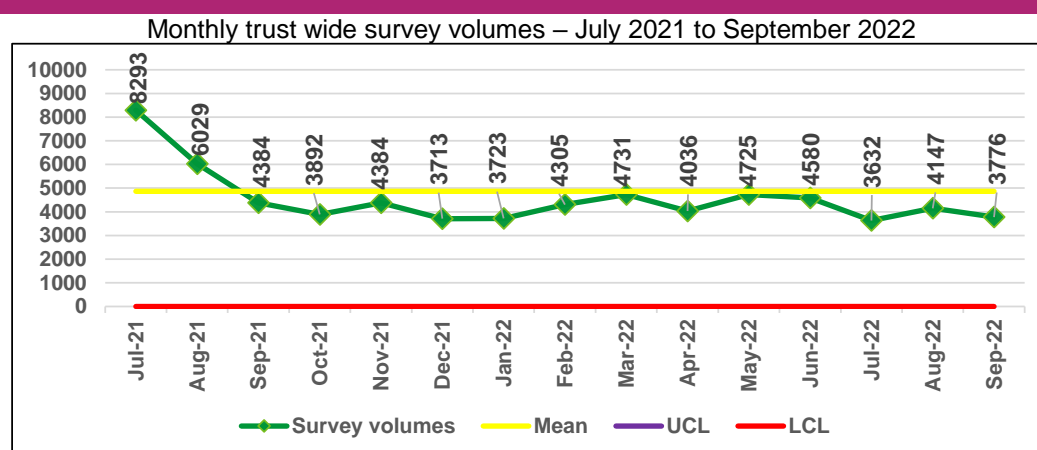


	PALS contacts received	Closed within 48hrs	% closed within 48 hrs
Jul	480	465	96.7%
Aug	417	400	96%
Sep	398	397	99.7%

There were PALS enquiries for 30 services. The most PALS contacts continue to be from community paediatrics with 98 contacts. The main themes for these continue to be 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 letters have been sent to GP's, MP's and all patients waiting. Dental also had 88 contacts in regard to difficulty getting through to service, referrals, letter from service, waiting time, wanting home visits, lack of contact, appointments and support. Again, the service is aware of the issues and waiting lists, and we have fed back which surgeries patients they were trying to call, as requested.

Patient experience survey volumes



A decrease is seen in **survey volumes** during Q2, with **11,555** completions, when compared with Q1 (13,341). A reason for the reduction in survey volumes is undetermined, though this is possibly in line with the usual month to month variation trend seen during the summer holiday period. The survey volumes for this quarter are lower when compared to the same period in 2021 (18,538), due to the closure of the COVID-19 vaccination centres.

New generic experience surveys

A total of **2,916** completions were gained during the month of September, following the launch on the 1st. These completions are included in the total number of survey volumes) shown in the 'patient experience survey volumes' section above. The new surveys replace lengthy, tick box question bespoke surveys and focus on gaining feedback via the FFT question, with two follow-up free text boxes (What was good? and What could be better?) plus a set of demographic questions, including veteran status where relevant.

Adult experience survey (1404) for a wide variety of services, with the highest number of returns seen for:

- Acute response teams
- Community nursing teams
- Clinical nutrition and dietetic services
- Integrated MSK services
- Podiatry
- Sexual health clinics
- Urgent treatment centres (Deal and Folkestone)

Parent/Guardian/Carer experience survey (286) for a number of services, including school health (east Sussex), health visiting and the dental service.

Young person experience survey (110) the immunisation teams achieved the highest returns, with completions seen for other services including school health teams and the dental service.

Children's experience survey (125) the dental service gained the majority of completions.

Easy read experience survey (991) the majority of completions were for the dental services. Other services that gained reasonable volumes were the community learning disabilities teams, orthopaedics and Whitstable and Tankerton hospital (inpatients). The community hospitals are trialling this survey to gain feedback from their patients diagnosed with dementia or cognitive impairment.

NHS Friends and Family Test (FFT)

A total of **11,145** people answered the FFT question 'Overall, how was your experience of the service?' during Q2, giving a high overall score of almost **98.7%**, consistent with the previous quarter.



Response	Percentage	Number of times response selected
Very good	90.15%	10047
Good	8.54%	952
Neither good nor poor	0.63%	70
Poor	0.17%	19
Very poor	0.22%	24
Don't know	0.30%	33

The main theme seen from people who rated their overall experience as poor or very poor related to communication/information and waiting times i.e. in clinics and for appointments from referral, for a variety of services. All feedback was highlighted to services for sharing with staff for learning purposes. Services were able to contact nine people who had left their contact details to discuss their feedback, with satisfactory outcomes.

Actions taken and improvements made

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

Immunisation team

You said: Parent and child were kept waiting past the appointment time and received a call to say they had not attended whilst still in the waiting area.

We did: As non-KCHFT, who record arrivals, failed to inform staff of the attendee, an alternative waiting area that is closer to the consulting room will be used in future, so that KCHFT staff are able to better monitor appointment arrivals.

Sexual health service

You said: Patient felt the nurse gave unsolicited advice and felt there was lack of communication before an examination was made.

We did: The Programme Manager spoke to the team about how to broach difficult conversation and examinations, to improve communication with patients.

Dental service

You said: Parent said their child was unhappy being seen by a male dentist.

We did: Now if the service has been made aware of the child's preference of clinician, a pop-up note is added to the patient's records for future appointments.

Sue Mitchell
AD Participation & Involvement
Date 14 October 2022

Meeting Title:	Council of Governors
Date of Meeting:	20 January 2023
Agenda Item:	11
Subject:	Nominations Committee report
Presenting Officer:	Carol Coleman, Lead Governor

1. Introduction and purpose of the report

The Nominations Committee (the committee) is a committee of the council of governors (the council). It is not a decision-making body but rather it makes recommendations for consideration and approval by the council.

The purpose of this report is to provide a summary of the discussions held at the committee meetings held on 31 October 2022 and 9 January 2023, and to confirm the recommendations made for approval by the council.

2. Re-appointment of Paul Butler, non-executive director

The committee considered the reappointment of Paul Butler as a non-executive director and supported a recommendation to the council that Paul be reappointed for a further term of office of three years with effect from 1 March 2023.

3. Appointment of Razia Shariff to non-executive director

The committee considered the appointment of Razia Shariff to the current vacancy for a non-executive director and supported a recommendation to the council that Razia be appointed for a term of office of three years.

4. Appointment of associate non-executive directors

The committee considered a proposal to establish a pool of associate non-executive directors across Kent and Medway that could aid succession planning to replace two forthcoming non-executive director vacancies of Peter Conway and Pippa Barber when their terms end in 2024. The committee supported a recommendation, subject to the Chair receiving feedback from the chairs of the other Kent and Medway provider Trusts.

5. Annual review of remuneration of the chair, non-executive directors and associate non-executive directors

The committee considered the annual review of the remuneration of the chair, non-executive directors and associate non-executive directors and supported a recommendation to the council of governors that the remuneration would remain unchanged and would be reconsidered when new national guidance is published.

6. Recommendations

The Council of Governors is asked to approve the following recommendations:

- The reappointment of Paul Butler as non-executive director for a further three-year term of office.
- The appointment of Razia Shariff as non-executive director for a three-year term of office.
- The remuneration of the chair, non-executive directors and associated non-executive directors should remain unchanged.

Georgia Denegri
Interim Trust Secretary
January 2023

Title of meeting	Council of Governors
Date of meeting:	20 January 2023
Agenda item:	12
Subject:	Non-Executive Director appointments
Presenter:	John Goulston, Chair
Purpose:	Approval

1. Introduction

On the recommendation of the Nominations committee, this paper asks the Council of Governors to approve:

- the re-appointment of Paul Butler, Non-executive director, for a second term of three years.
- the appointment of Dr Razia Shariff, Associate Non-Executive director, as a Non-Executive Director for a three years term.

2. Background

The Council of Governors is responsible for the appointment of the Non-Executive Directors (NEDs) of the Trust. To discharge this responsibility, the Council asks the Nominations Committee (“the Committee”) to consider the matter in detail and make a recommendation back to the Council for consideration.

All NEDs have a maximum 3 year term, following which they can be reappointed. Good governance suggests that the maximum length of service for a NED to serve an organisation and still be independent is up to 10 years.

In considering an up-coming vacancy, the Nominations Committee would usually consider:

- The independence of the NED;
- The skill mix of the Board;
- The balance of experience on the Board;
- The recommendation of the Chair of the Trust

and determine whether the NED should be offered a further term of office or whether there should be an openly advertised competitive appointment process.

3. Paul Butler

The term of office of Paul Butler is coming to an end on 28 February 2023. The Nominations committee considered in detail at its last meeting whether to recommend to the Council that he is offered a further term of office.

Paul was first appointed to the Board of Kent Community Health NHS Foundation Trust on the 1 March 2020.

Paul is the Chair of the Finance, Business and Investment Committee, a member of Quality Committee and a member of the Remuneration Committee.

Board and Committee Attendance 2021/22

Formal Board	12 out of 12 meetings
Quality Committee	7 out of 9 meetings
Finance, Business & Investment Committee	7 out of 7 meetings

Paul undertook two We Care visits in 2021/22.

Paul has presented an annual deep dive on the work of the Finance, Business and Investment Committee to the Council of Governors' Development sessions on an annual basis. His last presentation was at the last Council of Governors Development session on 19 October 2022.

3.1 Assessment

KCHFT is facing potential change as a result of both the lasting impact on service delivery following the pandemic and the development of Integrated Care Systems. These involve the Board reviewing potential strategic changes to services and service delivery at a Kent and Medway system level; at a place level (4 Health Care Partnerships in Kent and Medway); at a neighbourhood level (42 Primary Care Networks); and a provider collaborative level. As part of this, the Board will also discuss and review potential strategic and tactical changes and partnerships at these different levels.

Paul's professional background is an accountant in industry. He was formerly Chief Executive of South East Water and prior to that its Director of Finance. He retired from South East Water in 2020.

Paul has demonstrated since being appointed as a NED at KCHFT in March 2020 that he can positively contribute to the agenda facing the Trust over the next few years.

Paul has excelled as Chair of the Finance, Business and Investment Committee and has been a valued member of the Quality Committee. Paul provides insightful questions at Board and Committee meetings, notably at the Remuneration Committee and at Board development sessions.

As Chair, I value Paul's experience, advice and support as a Non-Executive Director and Paul is an excellent chair of the Finance, Business and Investment Committee. I am confident that Paul will offer added value to the Board over the next few years in supporting the Trust as it finds its right strategic direction within the Kent & Medway integrated care system.

3.2 Recommendation: The Council of Governors is asked to approve the re-appointment of Paul Butler for a further term of three years.

4. Razia Shariff

There is currently a Non-Executive Director (NED) vacancy on the Trust Board following the resignation of Sola Afuape on 20 January 2022.

On 8 December 2021, following a competitive process supported by recruitment search consultants, the Council of Governors approved the appointment of two NEDs (Kim Lowe to succeed Bridget Skelton and Karen Taylor to succeed Francis Drobniowski - both appointments commenced on 1 February 2022), as well as the appointment of Dr Razia Shariff as Associate NED for an initial two-year term.

The terms and conditions for an Associate NED give no guarantee of a NED post at the end of the term of the appointment. The Associate NED role is used successfully in the NHS to support Board talent management strategy and achieve a balance of Board level skills and diversity. The Associate NED role enables succession planning with Associate NEDs who demonstrate over time that they have the requisite skills, knowledge and experience to become a NED having the opportunity to become a NED when a vacancy with a matched skill set arises on a Board.

NHS England advised that the appointment of an Associate NED to a substantive NED role lies with the Nominations committee and the Council of Governors, and does not require an additional interview or open recruitment campaign where the Associate NED has been appointed through an open campaign and competitive process.

Dr Razia Shariff has the skills and experience aligned to the those required for the current vacant NED post, and has developed well over the past eight months. The Nominations Committee was therefore considered an abridged appointment process for the vacant NED position.

4.1 Vacancy assessment

Person Specification and Job Description

In addition to the general job description for NEDs (which was used at the last recruitment in the autumn 2021), the specific skills, knowledge and experience required for the current NED vacancy are as follows;

- In the field of health inequalities and or population health
- Voluntary, Community and Social Enterprise sector experience aligned to working with health and care or other relevant parts of the public sector
- Customer service engagement and user experience and or patient and public engagement.
- Knowledge in the way in which NHS organisations can add social value to their local community

In addition to the above essential requisites, we are looking for a NED who can add to our existing board members' life experience through one or more of following:

- Of BAME heritage
- The experience of women
- Younger People
- Those who are open about their faith

- The lives of people from socially deprived backgrounds
- Those who live with a disability or are openly LGBT

Beyond these specific skills, we need a NED who can bring different insights and perspectives, really challenging our thinking and helping us to do more for and with our population and staff.

Most importantly, our Non-Executive Directors need to have the 5 top qualities detailed in Appendix 1 to this paper.

4.2 Assessment

Dr Razia Shariff, who lives near Dover, has been Chief Executive of Kent Refugee Action Network since July 2016, working to support asylum seekers and refugees at Folkestone and Canterbury. Razia has more than 25 years' experience in the social sector, public sector and in higher education at the national and local level in the UK. She has worked on the management and strategic level for the past 15 years and has worked with marginalised communities throughout her career. She is also a member of the Children in Need South East Grants' Panel. In 2020, she was awarded a PhD in international politics focusing on critical social moments and the capability approach. She has also worked with NICE to develop national guidance and has been trustee of the People's Health Lottery.

As evidenced above, Razia has a good match to the skills, knowledge and experience required for the current NED vacancy. As Chair, I have had regular 1-2-1 meetings with Razia, including agreeing her objectives in April 2022 and discussing her progress in July and September. Her objectives for 2022/23 are as follows;

Strategy

- Support the Board to ensure that the Equalities, Diversity and Inclusion (EDI) Strategy and People Strategy are effectively assured and executed. Offering constructive challenge as required across all strategic discussions to ensure EDI considerations.
- Actively contribute to the Health Inequalities Programme Board and ensure this is fed into strategic discussions at the Board level.
- Ensure that the 'voice' of patients, staff and public are heard and acted on at the Strategic level.

Assurance

- As a member of the Quality Committee ensure that there is assurance in relation to EDI, health inequality and staff and public engagement.
- Contribute to the Charitable Funds Committee meeting discussions to ensure effective use of funds raised in a timely manner.
- Work with other NED's, the Executives, CEO and Chair to ensure that the Board is a well-functioning and Unitary Board, addressing challenges to ensure effective assurance mechanisms are in place.
- Continue to learn and develop my skills and abilities through training, work shadowing and buddying to be an effective Associate NED on the Board.

Culture & Leadership

- Work with Governors, staff networks and staff through we care visits and deep dives to learn and ensure that the culture of the Trust is a positive and constructive one that is reflective and responsive to changing needs and demands.
- Work with the Board members, NEDs, Executives, CEO and Chair to ensure effective leadership of the Trust and a positive and inclusive culture.

Razia is a member of the Quality Committee and is vice chair of the Charitable Funds Committee. Razia has also joined the Trust's Health Inequalities Board and undertaken two 'We care' visits. Razia is also making a valued and full contribution to Board meetings and development sessions. All Board members concur that Razia is ready to be a Non-Executive Director and as a Board, we have confidence that she will make a valuable contribution and provide added value to the Board going forward should she be appointed as a NED.

4.3 Remuneration and Terms and Conditions

The remuneration for newly appointed Non-Executive Directors is set at £13,000 with a 20% uplift if the NED is a chair of a Board Committee. It is therefore proposed that this remuneration with the same current terms and conditions for all NEDs is offered to Razia. The appointment will be for an initial 3-year term of office.

4.4 Recommendation: The Council of Governors is asked to approve the appointment of Razia Shariff as Non-Executive Director for a term of three years.

5. Recommendations

The Council of Governors is asked to:

- APPROVE the re-appointment of Paul Butler as a Non-Executive Director for a further term of three years, from 1 March 2023 to 28 February 2026, with the same terms and conditions as he currently has.
- APPROVE the appointment of Razia Sheriff to the current NED vacancy (match of skills and experience, and values and performance to date) for a term of three years with the same terms and conditions for all Non-Executive Directors.

November 2022
John Goulston
Chair
With support from
Georgia Denegri
Interim Trust Secretary

APPENDIX A

Summary brief for recruitment of Non-Executive Directors – key requisites

We are not just looking for the requisite skills and experience of our Non-Executive Directors; we want to know how they went about it, what they did to achieve the impact or outcome they are claiming. We want on our Board those who have not just achieved great things but can describe **how** they have done them and what they achieved. It is the **behaviour** that will determine their impact and positive contribution as a Kent Community Health Board member, not the fact they were involved in something.

We want all the below skills/qualities and more, embedded in experience that brings knowledge and relevant experience to enrich and take forward Kent Community Health's strategic and ambitious intent within the context of being a system leader within the Kent & Medway Integrated Care System.

First order requisites

- You need to have a genuine commitment to improving the health and well-being of the people of Kent and Medway and the promotion of excellent health care services together with a desire to add value combined with a willingness to give advice but the tolerance to be ignored.
- Each Non-executive must be able to demonstrate strategy, leadership & governance as a core skill set with senior level experience (preferably Board level) in a complex organisation.
- All non-executive directors must champion the standards of public life; honestly, integrity and diversity are the hallmarks of a good board.
- The successful candidates will be need to be able to demonstrate the range of behaviours required to contribute effectively in this board level role. Non-executives should listen more than transmit; think more than do and advise more than tell.

Specific skills that we are looking for - i.e. you must have at least one of the following;

- People / workforce strategy and transformation; staff engagement and empowerment and organisation development
- In the field of population health, inequalities and the way in which NHS organisations can add social value to their local community
- Voluntary, Community and Social Enterprise sector experience aligned to working with health and care or other relevant parts of the public sector
- Customer service engagement and user experience and or patient and public engagement
- Digital change experience
- Clinical or health and care professional, including social work

In addition to the above essential requisites, we welcome applications where you can add to our existing board members' life experience through one or more of following; if you can bring insights into:

- Of BAME heritage
- The experience of women
- Younger People

- Those who are open about their faith
- The lives of people from socially deprived backgrounds
- Those who live with a disability or are openly LGBT

Beyond these specific skills, we want candidates who can bring different insights and perspectives, really challenging our thinking and helping us to do more for and with our population and staff.

Most importantly, our Non-Executive Directors need to have the 5 top qualities detailed in Appendix A1 below.

APPENDIX A1

TOP 5 QUALITIES WHICH MAKE A GOOD NON-EXECUTIVE DIRECTOR - April 2019

At the awards ceremony of the 2019 NED Awards, Sir Roger Carr gave a marvellous acceptance speech for his NED Lifetime Achievement Award. His wise advice is summarised below:

"In these turbulent times, the need for non-executives has never been greater. Having had the privilege of sitting on many boards, in good and not so good times, I am often asked what I think makes for a good non-executive. Here are my top five qualities for non-executives:

1. Have the right motivation

You need to think 'what can I contribute?' over 'what's in it for me?' This requires a genuine interest in the business, a desire to add value combined with a willingness to give advice but the tolerance to be ignored.

Targeting where you add value is critical. You should offer independent judgement on people, clarity of mind on risk management, vision for the future on strategy, focus on succession planning and also be able to offer some help in the day-to-day.

In summary, although you need the skillset to contribute as an individual, you should have the mindset of a team player.

2. Don't confuse helping with meddling: role confusion is dangerous for everyone

This is the biggest challenge if you are used to an executive role. To help, you have to understand the business; read the papers, visit the sites and engage with the management. Non-executives should abide by some key principles of behaviour: listening more than transmitting; thinking more than doing and advising more than telling.

The board challenges, advises and encourages. The executives execute. And, at the end of the day, non-executives execute the executive if they continually fail.

3. Have the humility to believe others have something to offer, and the patience to judge if you are right.

The best boards comprise individuals who are sure of themselves but respect colleagues for their contribution. Rushing to judgement is risky, but so is delay in acting on poor performance. Board members should be measured in forming opinions but swift in implementing conclusions.

4. You may have been hired for your experience, but you will be valued most for your character.

As a chairman, I look for those who are authentic in their manner and have the courage to speak truth to power, but the resilience to be rebuffed. Most importantly, board members must have the integrity to know, that despite external pressure, a board must do the right thing simply because it is the right thing to do.

5. Increasingly, the focus is on how you make money (*how we ensure the best use resources in health and care*), not just how much money you make (*growing our income*).

This pressure come from shareholders (*health and care regulators*), employees and customers. It considers **honestly, integrity and diversity as hallmarks of a good board**. These are not optional extras but the heart of the business.

To improve business's reputation and trust in these areas, the role of the non-executive is key: how we conduct ourselves, present ourselves, govern ourselves and pay ourselves.

In summary, to deliver on our ambitions, our leaders must be performance driven but values led.