

**Agenda and Papers**

**for the**

**Council of Governors meeting**

**to be held at 12:30**  
**on Wednesday 12 July 2023**

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## COUNCIL OF GOVERNORS MEETING

**Wednesday 12 July, 12:30 to 14:00**

**The Orchard Suite, The Orchards, New Road, East Malling, Kent, ME19 6BJ**

This meeting will be broadcast to the public

### AGENDA

1	Welcome and apologies	Chair	Verbal	12:30
2	Declaration of interests	Chair	Paper	12:32
3	Minutes of the council of governors meeting held on 19 April 2023	Chair	Paper	12:33
4	Action log and matters arising from the meeting held on 19 April 2023	Chair	Paper	12:35
5	Chair's report	Chair	Verbal	12:40
6	Chief Executive's report and reflections on Board of Directors meeting	Chief Executive	Paper	12:45
7	Outcome of governor elections	Governor Lead	Paper	12:55
8	Governor feedback from constituencies	Full council	Verbal	13:00
9	Report from communications and engagement committee	Chair of committee	Verbal	13:10
10	Report from charitable funds committee	Governor member of committee	Verbal	13:15
11	Report on patient and public engagement	Executive Director for Health Inequalities and Prevention	Paper	13:20
12	Report from nominations committee	Chair of committee	Paper	13:30
13	Well led review action plan	Chair	Paper	13:35
14	Update on procurement of the trust's external auditors	Chief Finance Officer	Paper	13:45
15	Any other items of business previously notified to the chair	Chair	Verbal	13:50
16	Questions from members of the public relating to the agenda items	Chair	Verbal	13:55
	Date of next meeting: Wednesday 18 October 2023, venue tbc			14:00

### 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
Sarah Ansell Public Governor, Ashford	None
Chris Cornell Public Governor, Canterbury	None
Elaine Ashford Public Governor, Dartford	None
Carol Coleman Public Governor, Dover/Deal	Committee member of League of Friends at Deal Hospital
Penny Shepherd Public Governor, Folkestone and Hythe	None
Lea Dehaney Public Governor, Gravesham	
Alison Fisher, Public Governor, Maidstone	None
John Woolgrove Public Governor, Rest of England	None
Gillian Harris, Public Governor, Sevenoaks	None
Jide Odumade 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
Jan Harris 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	

Last updated 3 July 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 Council of Governors meeting in public**  
**Held on Wednesday 19 April 2023 in the Invicta Suite, The Orida Hotel, Bearsted**  
**Road, Maidstone, Kent, ME14 5AA**

<b>Present:</b>	John Goulston Janet Allen William Anderson Sarah Ansell Dr Loretta Bellman Maria-Loukia Bratsou Alison Carter Carol Coleman Chris Cornell Ruth Davies Alison Fisher Gill Harris Janine Harris Tilly Harris Paula Kersten Kimberley Lloyd Penny Shepherd John Woolgrove	Chair Staff Governor for Corporate Services Staff Governor for Adult Services Public Governor for Ashford Public Governor for Tunbridge Wells Staff Governor for Children and Families Appointed Governor for Kent Dementia Action Public Governor for Dover and Deal Public Governor for Canterbury Public Governor for Tonbridge and Malling Public Governor for Maidstone Public Governor for Sevenoaks Staff Governor for Adult Services Public Governor for Thanet Appointed Governor for Universities Staff Governor for Health and Wellbeing Services Public Governor for Folkestone and Hythe Public Governor for Rest of England
<b>In Attendance:</b>	Pippa Barber Paul Butler Pauline Butterworth Ali Carruth Peter Conway Joy Fuller Kim Lowe Mairead McCormick Susan Mitchell  Victoria Robinson- Collins Dr Razia Shariff Dr Mercia Spare Karen Taylor	Non-Executive Director Non-Executive Director Chief Operating Officer Executive Director of Health Inequalities & Prevention Non-Executive Director Governor Lead (minutes) Non-Executive Director Chief Executive Assistant Director of Prevention and Public Health Services Chief People Officer  Non-Executive Director Chief Nursing Officer Non-Executive Director
<b>Observing:</b>	Sakina Ali Reza Gina Baines Judith Cramp	Administrative Assistant Assistant Trust Secretary/Committee Secretary Governor Support Administrator
<b>Apologies:</b>	Anjan Ghosh Elaine Ashford	Appointed Governor for Public Health Public Governor for Dartford

**19/04/01 Welcome and introduction**

Mr Goulston welcomed everyone present to the meeting of the Council of Governors (the Council) of the Kent Community Health NHS Foundation Trust (the Trust) held in public.

Apologies were received from Elaine Ashford and Anjan Ghosh.

The meeting was quorate.

**19/04/02 Declarations of interests**

Mr Goulston informed Ms Fuller that the document presented to the Council had omitted that he was also Chair of the West Kent Healthcare Partnership and therefore a member of the Kent and Medway Integrated Care Partnership Committee. It was confirmed that the register of interests would be updated.

**Action** – Ms Fuller

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

**19/04/03 Minutes of the Council meeting held on 20 January 2023**

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

**19/04/04 Action log and matters arising from the meeting held on 20 January 2023**

20/01/06 – Mr Goulston confirmed that the latest staff vaccination rates were 58% for flu and 56% for Covid which was above the national average.

In response to a comment from Mr Butler, Mr Goulston concurred that this could be improved on, next winter.

20/01/23 – Mr Goulston confirmed that Mr Flack would provide an update report at the 12 July meeting on the tender process for the contract of the external auditors.

**Action** – Mr Flack

The Council **RECEIVED** the action log and matters arising.

**19/04/05 Chair's report**

Mr Goulston presented a verbal report to the Council.

Mr Goulston reported that as Vice Chair of the Kent and Medway Mental Health Learning Disability and Autism Provider Collaborative Board he had attended an away day where three key priorities had been covered.

Mental health and wellbeing early intervention and prevention was considered. He explained that there is provision across Kent and Medway however services were scattered, and funding to the voluntary sector has been cut. The Provider Collaborative Board considered what could be done at a system, place and local level. The lived experience of patients and staff was discussed and how this could be embedded across services. Dementia services were raised, in particular

the work in Dartford, Gravesham and Swanley where diagnosis rates were high compared with national standards and the rest of Kent & Medway and DGS have models of good practice that could be rolled out.

Ms Lowe commented that funding had been cut for talking therapies at the Trust and felt that the Trust needed to consider wellbeing in the broadest sense and what it meant for staff and patients in real terms.

Mr Goulston stated the importance of maximising the use of available funding and consideration of any potential new funding.

Mr Goulston confirmed that the Well Led review from the Good Governance Institute concluded that the Board is effective, however there were recommendations for improvements. It was agreed that the report, together with the Trust response, would be discussed at the Council of Governors on Wednesday 12 July 2023.

**Action:** Mr Goulston

Mr Goulston reported that, it was important to consider how the trust communicates with Governors in a more proactive way in terms of what is happening in their local areas.

Mr Goulston invited further questions or comments regarding his report but none were raised.

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

#### **19/04/06 Chief executive's report and reflections on Board of Directors meeting**

Ms McCormick presented the report to the Council.

Ms McCormick asked the Council to take the report as read but wished to comment on key areas of the report. She reported that the We Care strategy had been launched and she reflected that the four ambitions of the strategy encompass the essence of the work that is ahead of the Trust for the next five years.

Ms McCormick referred to preparation for forthcoming strike action by the Royal College of Nursing and recognised the enormity of this for the patients and public and staff. She added that that finances were extremely challenging and would be linked in with new models of care. Ms McCormick acknowledged that early conversations would be necessary across services in order to add value to services. Ms McCormick mentioned the staff survey and how the work from this survey would align with the four ambitions of the strategy. She reflected on emerging models of care and how we would see more provider collaborative work.

In response to a comment by Ms G Harris regarding the opening of Edenbridge Memorial Health Centre, Ms McCormick acknowledged that there should have been earlier Governor engagement. She confirmed that the centre would open in November with a range of services. She clarified that services would not include X-ray facilities as previous usage of facilities was not sustainable however this



situation would be monitored and increases in demand would be taken into consideration.

Ms Allen mentioned that she had offered to meet with Ms G Harris regarding Edenbridge Memorial Health Centre and how to involve Ms G Harris with developments at the centre going forward.

**Action:** Ms Allen

In response to a query from Ms Coleman related to blood services at Deal Hospital, Ms McCormick confirmed that these services were now being provided by GP practices. Ms McCormick acknowledged concerns about access to blood services in the Deal area. She said that blood services could be provided again at Deal but for this to happen it would need to be in addition to the current GP provision. Ms McCormick informed Ms Coleman that she had spoken to the local MP directly and that decisions needed to be made regarding commissioning of blood services and that any access problems needed to be resolved.

In response to Ms Fisher's question related to prioritisation of the four ambitions of the strategy, Ms McCormick stated that the Trust needed to start work on components of all the ambitions but some parts of the work would take longer to deliver. Ms McCormick explained that the work needed to be aligned with the Health and Care Partnership priorities and acknowledged that it would be helpful to clarify what would be delivered in the first six months and the first year.

The Council **RECEIVED** the chief executive's report.

#### **19/04/07 Governor elections report**

Mr Goulston welcomed the new Governors; Ms Ansell, Mr Cornell, Ms J Harris and Ms Shepherd. Mr Goulston confirmed that their induction needed to be arranged.

Ms Fuller presented the report to the Council and asked the Council to take the report as read.

Ms Fuller highlighted that governor elections commenced on 19 January 2023 and concluded on 16 March 2023 and we had recently welcomed four new governors.

Ms Fuller confirmed that there had been no candidates for Swale or Gravesham constituencies. She added that there would be by-elections for both constituencies commencing on 26 April 2023. Ms Fuller and the communications team had developed a new communications plan to encourage interest for the governor posts in Swale and Gravesham areas.

In response to a question from Ms Coleman about whether vacant Governor posts could be covered by existing governors in neighbouring areas, Ms Fuller said she would take this matter up with Ms Denegri, Interim Trust Secretary.

**Action:** Ms Fuller

The Council **RECEIVED** the Governor elections report

**19/04/08 Governor feedback from constituencies**

Mr Goulston invited governors to share their activities since the previous Council meeting.

Ms Lloyd reported that she had been involved in the work developing the Staff Voice initiative.

Ms Davies reported that she had visited Tonbridge Community Hospital with the Wellness Bus. She had also attended League of Friends meetings at the Hospital.

Ms Allen reported that she had attended the Communications and Engagement meeting and had been involved in the Staff Voice working group.

Ms Fisher reported that she had attended the NHS Providers Finance and Business skills training and the Governor Support workshop and would recommend NHS Provider courses to other Governors. She had also observed the PPI workshop.

Ms Carter reported that she had attended the Communications and Engagement meeting and had attended a service visit to the Long-term Conditions service in Herne Bay and was impressed with the team of staff.

In her role with Kent Dementia Action Alliance, Ms Carter had been involved with organising the Kent Dementia Showcase on the 19 May 2023 and reported that the KCHFT Health Bus and other KCHFT services would be in attendance at the event.

Mr Goulston commented that his work on the Kent and Medway Mental Health Learning Disability and Autism Provider Collaborative Board emphasised that all NHS organisations should be dementia friendly.

Ms Shepherd reported that since being elected governor in March 2023 for Folkestone and Hythe she had reached out to the public governor for Folkestone and Hythe at the East Kent Hospitals University Foundation Trust (EKHUFT). She wondered whether any other Governor at KCHFT had similar contact with their opposite in number in acute hospitals.

Mr Goulston stated that one of the actions for the Kent and Medway Integrated Care Board was to arrange a meeting of the lead governors and chairs of all the Foundation Trusts in Kent and Medway. Ms Shepherd mentioned that our lead governor, Ms Coleman and the EKHUFT lead governor both represent Dover and Deal.

In response to an issue raised by governors about participation in We Care and service visits, Mr Goulston stated that governors had been volunteering for these visits but were not being included as an attendee.

Ms Coleman commented that in previous years opportunities to participate in visits had been communicated to different groups at the same time. Ms Coleman reported that this year governors were informed about visits after other groups, which meant that when governors expressed an interest in attending the

response from organisers had been that the visit was 'fully booked'. Ms Coleman expressed her concern that governors were being denied unique opportunities to accompany members of the board on visits to services.

Dr Spare reported that the services were experiencing pressures which meant that they would prefer not to have large groups visiting them. We Care visits had been limited to a governor or a Non Executive Director (NED), a clinical reviewer, a patient participant and a facilitator. Dr Spare believed that the lists of visit opportunities were communicated out to NEDs and governors at the same time and for a couple of visits the NED responded first.

Mr Goulston commented that the concept is that governors and NEDs should both be included in visits. In response to Dr Spare's comment that large groups of visitors might disrupt staff working in the services, Mr Goulston commented that other representatives on groups could be stood down to allow both governors and NEDs to participate. Dr Spare agreed to review participation in visits.

**Action:** Dr Spare

The Council **RECEIVED** the reports.

#### **19/04/09 Report from Communications and Engagement Committee**

Mr Anderson presented a verbal report to the Council.

Mr Anderson reported that the most recent Communications and Engagement Committee was really well represented by governors. He commented on positive themes to focus on for the year including new quality priorities, a new strategic direction, new governors starting and encouraging staff survey results.

Mr Anderson reported that staff governors were keen to support the Equity Diversity and Inclusion (EDI) strategy and action plan and were enjoying being part of the development of Staff Voice. Staff governors were also involved in planning a World Café style event due to take place in May.

Mr Anderson reported that the committee discussed how to engage with the public and members and the importance of involving public governors in this work. Alongside this, the committee would be linking in with the Engagement team and Communications team to develop robust plans for the coming year.

Mr Goulston mentioned that the Annual Members meeting and the Annual General meeting would take place on 20<sup>th</sup> September 2023. He explained that in the past the event had an engagement element with a theme and asked governors for feedback on a potential theme for this year. Mr Anderson agreed to work with the Communications team to plan the event.

**Action:** Mr Anderson and Ms Rogers

Ms Lloyd suggested hypertension as a theme and Ms Carruth commented that this would be considered.

The Council **RECEIVED** the report.

## 19/04/10 Report from Charitable Funds Committee

Ms Davies presented a verbal report to the Council.

Ms Davies reported that there had been a Charitable Funds Committee meeting and a workshop since the last Council of Governors meeting. She mentioned that NHS Charities Together could provide grants of up to £120,000 for specific projects and wondered if a wellness bid could be submitted for something like Talking Therapies. There was also another fund for community hospitals to help celebrate the forthcoming Coronation. Ms Davies concluded by explaining that the committee is establishing guidelines to support prioritisation and decision making regarding funding.

In response to Ms Davies' question about submitting a bid to NHS Charities Together, Ms Robinson-Collins clarified that there are teams putting together a bid for Talking Wellness but that there are strict criteria for accessing funds.

In response to a question from Ms Coleman about funding for Reflection Rounds to help them be more inclusive, Ms Carruth confirmed that the Reflection Rounds were currently cost neutral. Ms Robinson-Collins offered to look at the feasibility of a bid to support the inclusivity and accessibility of Reflection Rounds.

**Action:** Ms Robinson-Collins

In response to an issue raised by Ms Coleman regarding staff at Westview Hospital not being aware of the Trust's charitable funding, Dr Spare explained that committee is looking at focussing on fund managers who are also the budget holders for funds. She also commented that it was important that the impacts of funding are communicated to staff and patients. She gave Heron Ward as a good example of how funding had benefitted patients and staff.

In response to a suggestion from Ms Coleman about better communicating examples of the benefits of funding, Dr Spare confirmed that there was a marketing update at each Charitable Funds Committee but that this information could be shared more widely. Dr Shariff confirmed examples of the benefits of funding were shared on Flo but agreed that the information was a bit difficult to locate.

**Action:** Dr Spare

Dr Shariff explained the process which enabled fund managers to access and allocate funding within their service area. Dr Spare added that the committee was considering whether lower levels of staff could have access to funds going forward.

The Council **RECEIVED** the report.

## 19/04/11 Report on patient and public engagement, experience and complaints

Ms Mitchell, Assistant Director of Prevention and Public Health Services Presented to the Council highlights contained within the quarter three report.

In response to a question from Ms Coleman about the replacement for the Patient and Carer Council, Dr Spare confirmed that the terms of reference for the new group would go to the Quality Committee in May 2023, and when signed off, the

new group would start in late May or in June 2023. Mr Goulston emphasised the importance of governor representation on the new group and Dr Spare confirmed that there would be governor involvement.

In response to a question from Ms Coleman about reflecting the activity of public and patient members of the research and development team in the report, Dr Spare agreed that their activity could be included going forward.

**Action:** Dr Spare

In response to a question from Ms Coleman, Ms Mitchell explained the difficulties in obtaining a percentage figure for patient experience responses for community services. Long term patients might be seen up to four times a day so it wouldn't be appropriate to ask for a survey following each encounter. Alternatively, a Minor Injury Unit patient might be asked for a survey following each encounter. Ms Mitchell commented that surveys were not always the best way for patients to provide feedback.

In response to a question from Ms Coleman about obtaining a percentage figure from specific services, Ms Lloyd commented that some services do have targets for the number of surveys completed.

In response to a comment by Ms Ansell about the reduction in number of questions on the survey form, Ms Mitchell agreed that fewer questions on the form had resulted in an increase in surveys returned.

Ms Carter commented that services with higher levels of complaints might be those who had higher numbers of surveys completed.

In response to a question raised by Mr Cornell about closed captioning and translation for the videos on the KCHFT website, Mr Goulston suggested that this query be directed to the communications team.

**Action:** Ms Rogers

Mr Goulston asked Ms Barber to provide an overview of the complaints relating to the community paediatric team. Ms Barber replied that the matter had been investigated in terms of workforce issues, waiting lists, harm reviews and reviews of pathways. At the March Quality Committee meeting, Ms Barber confirmed that they had focussed on children's services and the high level of PALS queries regarding accessing appointment times. Ms Barber explained that the Trust could learn from Darent Valley Hospital who use an electronic tool where patients, parents and carers could access their appointment details.

Mr Goulston thanked Ms Mitchell for her final report and the work in support of the Council of Governors.

The Council **RECEIVED** the report.

#### **19/04/12 Any other items of business previously notified to the Chair**

There were no items of any other business.

**19/04/13 Questions from members of the public**

Mr Goulston presented a question from a member the public related to a delay in accessing support following a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). Ms McCormick confirmed that she had referred the complaint for investigation and explained that a pathway redesign was underway.

In response to a question from Mr Woolgrove, Mr Goulston confirmed that the Trust would respond to the member of the public and the outcome would also be shared with the Council of Governors.

**Action:** Dr Spare

**19/04/14 Date and Time of Next Meeting**

Wednesday 12 July 2023 from 12:30 to 14:00

Venue is to be confirmed and Mr Goulston requested feedback on the Invicta Suite at The Orida Hotel.

The meeting in July 2023 will be broadcast live to the public.

The meeting ended at 13.50

# **ACTION LOG FROM THE COUNCIL OF GOVERNORS MEETING HELD ON 20 JANUARY 2023**

Minute number	Agenda Item	Action	Action Owner	Update	Action status
20/01/06	Chief executive's report	To confirm the covid and flu vaccination rates for staff.	Ms Spare	Latest vaccination rates confirmed at the meeting in April.	Closed
20/01/13	External audit contract extension	To provide the Council with a regular update report on the tender process.	Mr Flack	Update to be provided at the July Council meeting.	Open
19/04/02	Declarations of Interest	To update the Register of Interests.	Ms Fuller	This has been updated.	Closed
19/04/05	Chair's Report	For the Well Led review and the Trust response to be discussed at the Council of Governors in July.	Mr Goulston	The Well Led action plan is an agenda item at the Council of Governors on 12/7/23.	Closed
19/04/06	Chief Executive's Report	For Ms Allen and Ms G Harris to meet to discuss developments at Edenbridge Memorial Health Centre.	Ms Allen	Ms Allen, Ms G Harris and Mr Tracey met at Edenbridge Memorial Health Centre to discuss developments.	Closed
19/04/07	Governor elections report	To discuss whether vacant governor posts could be covered by governors in neighbouring areas.	Ms Fuller and Ms Denegri	Governors are elected by members within their constituency to represent that constituency.	Closed



Minute number	Agenda Item	Action	Action Owner	Update	Action status
19/04/08	Governor feedback from constituencies	To review governor participation for service and We Care visits.	Dr Spare	This has been clarified and implemented.	Closed
19/04/09	Report from Communications and Engagement Committee	To consider a theme for the engagement element of the Annual Members meeting and the Annual General meeting.	Mr Anderson and Ms Rogers	This was considered at the Communications and Engagement Committee held on 21 June 2023.	Closed
19/04/10	Report from Charitable Funds Committee	To look at the feasibility of a funding bid to support the inclusivity of Reflection Rounds.	Ms Robinson-Collins	Ms Carruth confirmed that this was an entirely cost neutral activity so it would not be of any benefit to secure any charity funding. Additionally, the format of the rounds being virtual and the way they were embedded in the Trust brings a very high level of attendance and engagement from colleagues in the organisation. We are a front runner in terms of how we do this and other organisations use us as an exemplar of approach, so the use of charity monies would likely be better utilised for other projects or wellbeing activity.	Closed



Minute number	Agenda Item	Action	Action Owner	Update	Action status
19/04/10	Report from Charitable Funds Committee	To consider how to communicate the benefits of funding projects.	Dr Spare	In progress.	Open
19/04/11	Report on patient and public engagement, experience and complaints	To reflect the activity of public and patient members of the research and development team in future reports.	Dr Spare	The patient experience and complaints annual report will be presented to the Council meeting in October, following approval by the Quality Committee.	Open
19/04/11	Report on patient and public engagement, experience and complaints	To direct a query about closed captioning and translation for videos on the public website to the communications team.	Ms Rogers	The Trust abides by NHS Digital accessibility standards. Both Vimeo and YouTube are used within KCHFT – however, Vimeo is often our preferred platform as unlike YouTube it does not display ads. All videos have captioning that needs to be turned on within the video player. Translation services are available on YouTube but we don't recommend these for health advice, just general information as they use google translate. For translation people can request this from us by contacting the PALs team. Our accessibility statement has been updated.	Closed

Minute number	Agenda Item	Action	Action Owner	Update	Action status
19/04/12	Question from the public	Trust would respond to the member of the public and the outcome would also be shared with the Council of Governors.	Dr Spare	Update to be provided at the Council meeting in July.	Open

<b>Meeting Title:</b>	Council of Governors
<b>Date of Meeting:</b>	12 July 2023
<b>Agenda Item:</b>	6
<b>Subject:</b>	Chief Executive's Report
<b>Presenting Officer:</b>	Mairead McCormick, Chief Executive

This report will be presented to the Board meeting on 12 July 2023.

## CHIEF EXECUTIVE'S REPORT

### July 2023

### Our new We care strategy

This is my first CEO report as we start to embed our new *We care strategy* and deliver on the four big ambitions, which we will be focusing on over the next five years.

Each of the ambitions – *putting communities first, better patient experience, a great place to work and sustainable care* – has a number of targets and breakthrough objectives and it's been important that first we make sure every KCHFT colleague understands the role they play in helping us to achieve these. We have been running a series of webinars to translate these into individual objectives, led by the Executive Team and our KCHFT conferences over the year will focus on each one in turn.



We will be setting up a monthly Transformation Board, co-chaired by Chief Medical Officer Sarah Phillips and Director of Operations Claire Poole, which will hold us to account on delivering against our strategy. The leadership forum met in May to review and revise our targets and breakthrough objectives and develop our milestones that sit alongside these, plus decide how we report our progress to the Transformation Board.

As I've said before, this is an ambitious quality improvement approach. We might not get it right first time, but this about focusing on the ambitions, targets and objectives which will make most difference to patients and staff. Therefore, we are also review our enabling strategies, such as our quality strategy, people strategy, estates and sustainability strategy, and exploring workplans to support the overall delivery of our We care strategy. You can view an animation, which summarises our strategy, [here](#).

## Current situation and pressures

### Trust financial position

KCHFT is in a breakeven position to the end of May and the forecast for 2023/24 is breakeven. A cost improvement plan of £1,797k has been achieved to the end of May against a target of £2,407k which is £610k behind plan. The forecast is for the annual plan of £14.44m to be achieved in full (74.7% of the annual savings have been removed from budgets in May). Capital expenditure in May was £148k against a plan of £427k. The annual plan of £13.13m is forecast to be spent in full.

### Kent and Medway system financial position

The Kent and Medway System at month two has a deficit of £22.3m, which is £2.1m adverse to plan. Efficiencies of £10.1m have been delivered, which is £4.2m less than plan. The system is working on a multi-year financial recovery plan.

### Rachel and Mercy to join team

*Rachel Dalton* has been appointed as our new Chief Allied Health Professions Officer (CAHPO) and will start on 4 September and *Mercy Kusotera* will be joining us as Director of Corporate Governance from 7 August.

### Provider collaboratives

Provider collaboratives are a key component of effective integrated care systems, bringing a range of benefits from organisations working together at scale, reducing unwarranted variation in outcomes, access and experience, and building great resilience for services by sharing capacity and resources. Chief executives in provider organisations in Kent and Medway have agreed to progress at pace and form three, with an overarching provider collaborative, reporting to a committee in common.

The three collaboratives are:

- mental health, learning disability and autism (led by Helen Greator, KMPT CEO)
- community (led by me)
- acute (led by Jane Black, MFT CEO).

The intermediate care and integrated neighbourhood teams work links directly with our strategy and therefore the collaborative will be an enabler to support the progression. We have also identified opportunities with infrastructure services that will be worked through over the next few months. We will prioritise these based on where we believe we will have the highest impact, after a thorough review of data and exploring other system successes that can be translated.

### Health and care partnerships

An oversight letter from the Integrated Care Board has been received for East Kent Health and Care Partnership. This can be read in the appendix 1. We are waiting for the letter for West Kent.

### Community services contract

The Kent and Medway Integrated Care Board has published a prior intention notice to signal its intention to procure a significant transformation of its model of care for community services. Providers were invited to a market engagement event on 11 May, which members of the Executive Team attended to help shape and inform the transformation of community services. Contracts have been aligned to end on 31 March 2024. We are waiting for the detail of the next steps but continue to reshape services through provider collaborative work.

## New public governors elected for Swale and Gravesham

I am delighted to confirm Jide Odumade and Lea Dehaney have joined our council of governors. Jide was elected uncontested in Swale and Lea was nominated alongside three other candidates for Gravesham.



### The NHS at 75

Ahead of the NHS's 75th birthday, the NHS Assembly published an independent report: The NHS In England at 75: priorities for the future, which our colleagues contributed to. We have been celebrating 75 years of the NHS along with our colleagues across the country.



## Our colleagues are valued, feel heard and make changes easily to deliver better care

### 2023 Staff awards: celebrating colleagues who go above and beyond

I joined colleagues at Ashford International Hotel to celebrate our exceptional unsung heroes, inspiring leaders, outstanding teams, up and coming rising stars and compassionate clinicians at our staff awards. There were more than 350 nominations and the evening, funded by our charity, i care, shone a light on the achievements of our hardworking community teams, services and individuals. I really enjoyed hearing examples of colleagues going above and beyond, putting patients at the heart of everything they do. A huge congratulations to all the winners, runners-up and everyone who was nominated or took the time to nominate.



### Staff voice and KCHFT conference

Our KCHFT conference on Tuesday, 27 June focussed on our ambition to be a great place to work. It was the first conference we opened not just to leaders, but any colleague. Victoria Robinson-Collins, Chief People Officer gave an update on our work to refresh our **Nobody Left Behind** Strategy action plan. Director of Communications Julia Rogers presented a new approach to listening, co-designed with staff as part of the **Staff Voice** working group and colleagues gave their feedback to help shape the model. The aim is to provide a more structured approach to our engagement and make sure every colleague has a voice and the feedback loop is closed. We will use what we heard to refine the model, before testing our approach in a simulation.

### Nobody left behind action plan refresh

Since the start of the review of the action plan in the Nobody left behind strategy, the Public Engagement Agency (PEA) has carried out 20 phone interviews, consulted with staff networks, have spoken with colleagues and gathered lived experience. Together, we have held **four virtual online workshops** to discuss what nobody left behind means, what the trust needs to do to help managers/leaders have 'difficult' conversations and creating a safe space.

Everything we have heard, we have listened and acted on. For example, we have created a conversation pack to help managers have difficult conversations, improved equality and diversity training and revised the action plan.



We have now drafted an **action plan to help us achieve our six ambitions**. We tested the plan at three face-to-face workshops. The final part of testing was via a survey for all staff to have their say. PEA will now gather information in a final report before handing back to KCHFT, as we begin our work to make sure **nobody is left behind**.

### Our staff networks

*Our networks have been an important part of the nobody left behind action plan review. They have also continued their support for their members with their usual passion and dedication.*

The **Armed Forces Community Network** has worked closely with HR to achieve the silver Defence Employer Recognition Scheme accreditation and the Veteran Aware award. This includes the development of a policy to provide additional leave for reservists and a guaranteed interview scheme for veterans. They now have a new chair, Michele Ellis.

The **Menopause Network** continues to raise their profile with expert speakers and is working towards being a menopause-accredited employer. Lucinda Pincott from **Henpicked Menopause in the Workplace** gave us an insight at our June conference into how we can support colleagues with menopause.

Our **LGBTQ+ Network** has been working towards the Rainbow Badge accreditation alongside raising the network's profile during Pride month. The accreditation considers patient and colleague feedback and results will be available later this year.

The **Neurodiversity Network** has created sub groups to support its large membership with specific issues. The parent and carer group quickly developed and colleagues are supporting each other as they all go through different stages of diagnosis and care.

The **BAME Network** has developed their objectives through discussions with members. In August, we will meet face-to-face at a workshop to begin creating an action plan to these.

The **Disability and Carers' Network** now has a new chair, Helen Merrick. I'm delighted that Helen has agreed to undertake this role and we will provide an update when they agree their objectives.

### Calling on support for a men's network

To tackle offer more health and wellbeing support to our male colleagues, Gordon Flack, Chief Finance Officer, is gauging for support for men's network.



## End of year appraisals

Following our campaign this spring to encourage more meaningful appraisals, 97 per cent completed their appraisals. We carried out a snap survey in June and will use the results to continue to inform our strategy around meaningful conversations, through annual appraisals and one-to-one.



## Our conversations focus on what matters to the patient, so they get the right care, in the right place

### Introducing new health and social care combined posts to help with early discharge

A new Home First team, with joint support worker roles across health and social care, is to be launched shortly in east Kent. Kent Community Health NHS Foundation Trust and Kent County Council are leading the work and will be recruiting 25 people into the new health and social care assistant roles. The new colleagues, once in post, will support a caseload of around 30 patients helping them to return home with the aim of improving flow in our hospitals, getting people home faster and supporting patients' recovery and independence.

The team will deliver reablement, personal care and support nutrition, while also monitoring the patient's condition. They will also contribute to an overall plan of care, which includes all members of the multi-disciplinary team, in their own home. There is no need to have any previous experience, so the recruitment campaign will be targeting school leavers or people who do not work in the system to start an exciting career in health and social care.

### Team prepares for our new stroke ward at Westbrook

We are counting down to the opening of our new stroke rehabilitation ward in Margate. The Westbrook House Stroke Rehabilitation Centre will have 15 en suite rooms and most patients will stay for around six weeks. A specialist team will help people on their road to recovery and independence and the ward will have a gym and equipment as well as equipment to help people with everything from getting dressed, to eating. In preparation for the opening this month, we hosted a team day for colleagues to get to know each other and the different staff specialisms.



### Rethinking short term services

More than 100 colleagues came together to rethink the short-term care we provide in east Kent in May and that work is delivering at pace, with two workshops with our therapy colleagues taking place. The NHS England Behaviour Insight Team is also working with us to reduce the barriers between health, social care and voluntary sector organisations.



**Everyone has the same chance to lead a healthy life, no matter who they are, or where they live.**

Tackling health inequalities in partnership – the public health outreach bus



The health and wellbeing bus is touring supermarkets, towns, villages and community events throughout the summer delivering vital healthcare services to the heart of communities and offering people the chance to see check their health and get advice. Parents, shoppers and others have taken the chance to have a health checks and MOTs at events in Ashford, Broadstairs, Maidstone and Canterbury. The Tuberculosis (TB) Nursing Service and Health Visiting Teams held clinics on the unit in June.

Increasing ethnicity recording and reducing DNA rates

To achieve our target of increasing ethnicity recording, support sessions are now available for teams, delivered by the RiO and Health Inequalities Team. We've now identified services which can have the most impact on reducing the DNA (do not attend) rates and a toolkit of support is being developed. Two health visiting teams have already seen a reduction in their DNA rates, having implemented a package of locally focused change.

Responsive infant feeding

Three short animations have been produced in partnership by our Infant Feeding Service, our comms team and KCC to support healthcare professionals working with new parents to support parents in responsive bottle-feeding and reduce the risk of childhood obesity. KCC will be extending the information they are giving to health professionals and parents.







**We will live within our means to deliver outstanding care, in the right buildings, supported by technology, and reduce our carbon footprint**

**Sustainable care the focus of our third we care strategy executive webinar**

Chief Medical Officer Dr Sarah Phillips and Chief Finance Officer Gordon Flack led a webinar on our sustainable care ambition, offering colleagues the chance to hear more about our plans to meet our ambitious targets and ask questions. Key discussion points included electric vehicle charging points at our sites and how we reduce the number of admin processes clinicians complete to free up time for patient care.

**Staff spend less time on administrative tasks that don't add value – the rise of the flobot**

Our flobot drop-in sessions generated 37 fantastic new ideas for our bots, including managing waiting lists, waiting list letters and syncing some of the systems we use, to save community nurses and others having to complete the same information in two places to claim business mileage. These ideas feed directly into our sustainable care ambition in our we care strategy and our target to make sure staff spend less time on administrative processes that don't add value to patient care.

**Digital prescribing success**



The staggered roll-out of our new electronic prescribing and medicine administration system (EPMA) has already made a great impact on making our medicine rounds more efficient and safer for patients on Heron Ward at Queen Victoria Memorial Hospital in Herne Bay. EPMA is being introduced to help make prescribing and administering medicine safer and to protect our patients and colleagues. The next community hospitals are set to go live soon.

**Refreshed recruitment campaign**

We have relaunched our recruitment branding and campaign materials to take to careers events and open days. The branding features colleagues from around the trust, from matrons to workforce administrators, reflecting our diverse workforce and showcasing the range of roles we have in the trust. Members of our workforce team attended a NHS jobs fair in Westfield, London W12 in June and came away with more than 500 contacts interested in roles with KCHFT.



### Nurse apprentice recruitment

We are about to launch recruitment for the February 2024 intake of nursing associate (NA) apprentices and registered nurse degree apprentices (RNDA) in partnership with the Open University. This includes a refreshed Clinical Academy webpages featuring films and case studies from our most recent RNDA graduates.

### Health and care ambassadors and volunteers to careers in east Kent

We're working with East Kent Health and Care Partnership and other partners to encourage our colleagues to become **health and care ambassadors** and give just 75 minutes of their time to inspire and encourage young people into careers in health to celebrate the 75th birthday of the National Health Service.

We're also working with partners in east Kent on a new programme funded by NHS England called '**Volunteer to career**', which encourages school leavers or people looking to switch careers to volunteer for a short time with the NHS and then convert their experience into regular paid employment, while gaining a level two care certificate. The target is that 20 people will be on the scheme early in 2024.

That concludes my report. I'm really pleased with the progress that is being made as we start to make our ambitions a reality. I recognise there is a significant amount of change ahead as we co-design with our colleagues, patients and partners our new models of care, but I'm confident we are headed in the right direction.

*M. A McCormick*

**Mairead McCormick**  
**Chief Executive July 2023**



**Kent and Medway**

**Private and confidential**

Mairead McCormick  
Senior Responsible Officer  
East Kent Health & Care Partnership

**Chief Executive Office**

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ME15 6NB

**Sent via email**

13 June 2023

**Email:** p.bentley@nhs.net  
www.kentandmedway.icb.nhs.uk

Ref: PB/CMC51.23

Dear Mairead

**Place Oversight Meeting – East Kent**

Thank you for participation in our East Kent Place Oversight meeting on 22 May 2023. I would like to thank you for your leadership of the partnership and ask that you share my thanks on behalf of the ICB with the wider leadership team for the work you have delivered and the progress you have made this past quarter.

The purpose of our meetings is to have open, values-based, improvement-focused conversations at place-level, where we meet to discuss and hold each other to account in the delivery of priorities and how we can jointly and proactively support Place development.

These meetings also provide an opportunity to discuss the wider issues and risks of the geography, including quality, performance, and health inequality challenges where relevant.

**Key discussion highlights were:**

- The H&CP continues to grow its role in the wider system. Partnership working in East Kent is developing well, with strong engagement and representation across a number of partners. The H&CP is in the process of strengthening links with Kent County Council (KCC) and key voluntary sector partners. The H&CP is also working with District Councils to support addressing the wider determinants of health, including identifying efficiencies that increase clinical staff capacity, for example, practical parking support from District Councils to support pressure in community nursing.
- Clinical engagement and leadership are well embedded in East Kent H&CP. The H&CP is about to launch a process for the recruitment of a Primary Care Medical Director, in line with other Health and Care Partnerships in the system. H&CP programmes of work are

Chair | Cedi Frederick  
Chief Executive | Paul Bentley

**Together, we can**



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steered by the Clinical Cabinet and the Quality Forum has now been established, chaired by the Chief Nurse, with clinical representation across system partners. The H&CP is committed to ensuring parity of esteem to Mental Health in clinical governance of all programmes, recognising the significant unmet need, particularly for Children and Young People.

- The continued positive progress at place-level was recognised, with much work being undertaken to progress needs-led delivery plans, as evidenced by the positive feedback from the local population at the recent Health and Care Partnership Board. East Kent has identified three key pillars for delivery, focussed on prevention and wellbeing; integrating neighbourhood care teams; and Urgent and Emergency Care. The H&CP is working with wider system partners and national leaders, including Public Health colleagues and the National Association for Primary Care to build meaningful transformation for the future in addition to identifying shorter term benefits to delivery programmes. The H&CP will work with the ICB Delivery Team to align ICB and H&CP delivery plans with national policy for each of the transformation programmes to reduce duplication and clarify areas of responsibility.
- East Kent is making excellent progress towards delegation. The partnership leaders maintain good relationships with ICB team members and will continue to work together to develop an H&CP Memorandum of Understanding (MOU) to clarify the roles and responsibilities of the partnership. The H&CP MOU has been ratified by the board, pending virtual agreement of final metrics and quoracy within the next two weeks.
- The five Kent and Medway Primary Care Recovery priority programmes are coming to an end. There were a number of successful pilot programmes undertaken in East Kent that will be reviewed in preparation for the next phase of implementation. A new national recovery document was recently published, which sets out expectations for the financial year. The ICB and H&CP will work together to ensure current models and priority programmes align to the newly published guidance.
- Winter planning was discussed. The ICB are looking to develop winter plans that consider sustainability beyond the first year for those schemes where funding is usually available. The ICB delivery team will work with H&CPs to identify schemes that could be implemented at risk in years 2 and 3 to support sustainability.

### Challenges:

- Workforce challenges were discussed. The H&CP are developing workforce plans at place, building on the positive work underway in East Kent with education partners to develop an East Kent people plan, with a focus on opportunities for integration and developing care pools with social care partners.
- There is a significant financial challenge across the system this year. The finance principles and governance documentation are currently being updated to include recovery, recognising the role of all system partners in improving the Kent and Medway position. The ICB are working with system partners, including H&CPs, to identify solutions at both system and organisational level. The H&CP have identified maximising utilisation of the bed base; use of Additional Roles Reimbursement Scheme (ARRS) funding; and reviewing

underutilised estate provision, particularly in relation to patients with cognitive impairments, rehabilitation, and recovery as potential areas of focus. The H&CP will provide an update on progress of estates programmes to the next oversight meeting.

- The ICB are looking towards fair share allocation of funding to H&CPs based on demographics in the longer term, however, the system financial pressures and East Kent Hospitals financial recovery programme will necessarily significantly delay the timeline for this.
- Both East Kent Hospitals and Kent and Medway ICB are currently in Tier 1 support nationally for Urgent and Emergency Care (UEC). The ICB are working with system partners, providers, H&CPs, and NHS England to review existing UEC plans to ensure they prioritise the areas of greatest need. The NHSE regional team, alongside the ICB, are working with the NHSE national team to minimise any additional burden on EKHUFT beyond existing RSP requirements.

### Next Steps

- The H&CP will work with the ICB Delivery Team to align ICB and H&CP delivery plans with national policy for each of the transformation programmes to reduce duplication and clarify areas of responsibility.
- The ICB delivery team will work with H&CPs across the ICS to identify workforce schemes that could be implemented at risk in years 2 and 3 to support sustainability.
- Discussions at the next meeting will include barriers to delivery, mitigating actions and support where delivery plan areas are off track.
- The H&CP will provide an update on progress of estates programmes to the next oversight meeting.

It is clear that significant progress has been made in East Kent over the last quarter. I look forward to discussing the continued progress and the impact of the H&CP delivery plans at the next East Kent Place oversight discussion.

Once again, I do want to take the opportunity to thank you for your leadership of the partnership and would ask that you extend my thanks on behalf of the ICB to the wider leadership team of the partnership for your hard work and the progress made in the past quarter.

Yours sincerely



**Paul Bentley**  
**Chief Executive**  
**NHS Kent and Medway**

CC:

Jackie Huddleston, Locality Director Kent & Medway, NHS England  
 Natalie Davies, Chief of Staff, NHS Kent and Medway  
 Gerrie Adler, Director of Oversight, NHS Kent and Medway  
 Karen Sharp, Programme Director, East Kent Health & Care Partnership



<b>Meeting Title:</b>	Council of Governors
<b>Date of Meeting:</b>	12 July 2023
<b>Agenda Item:</b>	7
<b>Subject:</b>	Outcome of governor elections
<b>Presenting Officer:</b>	Joy Fuller, Governor Lead

### 1. Purpose of the report

To update the Council of Governors on the outcome of the 2023 governor by-elections for Gravesham and Swale.

### 2. Elections process

Governor by-elections were held recently in Gravesham and Swale. The elections process commenced on Wednesday 26 April 2023 with the notice of elections, and the results were declared on Tuesday 27 June 2023. The elections were administered by Civica Election Services, an independent scrutineer.

Prior to the elections, a communications plan was developed between the governor support office and communications team. Throughout the elections process, a series of promotional activities took place including save the dates and reminder emails, which were circulated regularly to Trust members in Gravesham and Swale. Notices were placed in local newsletters and information was shared via community networks. Posts were shared regularly on social media platforms and via the staff intranet.

### 3. Results

The table below confirms the number of candidates received for each constituency:

Gravesham	4 candidates
Swale	1 candidate

The following candidates were elected for a three-year term:

Constituency	Candidate	Term of Office
Gravesham	Lea Dehaney	Elected for 1 <sup>st</sup> Term
Swale	Jide Odumade	Elected for 1 <sup>st</sup> Term

Jide Odumade was elected uncontested as the new Public Governor for Swale.

The voting turnout for Gravesham was 12.2%, which is comparable with previous years. The report of voting is attached for your information (Appendix 1).

An induction session has been booked for all new governors elected during 2023 on Friday 7 July 2023. All governors were invited to attend.

#### 4. **Recommendation**

The Council is asked to note the outcome of the by-elections for Gravesham and Swale.

**Joy Fuller**  
**Governor Lead**  
**5 July 2023**



KENT COMMUNITY HEALTH NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 23 JUNE 2023

CONTEST: Public: Gravesham

RESULT		1 to elect
Lea DEHANEY*	14	ELECTED
Prince ADEOLA*	12	
Mugeem KHAN	10	
Boluwatife (Bolu) OLORUNDA	5	

\*Result confirmed by recount

Number of eligible voters		335
Votes cast by post:	18	
Votes cast online:	23	
Total number of votes cast:		41
Turnout:		12.2%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		41

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- was sent the details of the election and
- if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

**James Mackins**  
**Returning Officer**  
**On behalf of Kent Community Health NHS Foundation Trust**



<b>Title of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	12 July 2023
<b>Agenda Item:</b>	11
<b>Subject:</b>	Patient and public engagement
<b>Presenting Officer:</b>	Ali Carruth, Executive Director for Health Inequalities and Prevention

This report gives an overview of public and patient engagement, volunteer services, interpreting, accessible information and the expert patients programme for the year April 2022 to March 2023.

**Ali Carruth**  
**Executive Director for Health Inequalities and Prevention**  
**July 2023**

# Engagement and Volunteers Annual Report 2022-23

## Executive summary

This report gives an overview of public and patient engagement, volunteer services, interpreting, accessible information and the expert patients programme for the year April 2022 to March 2023.

### People's Network

#### Recruitment and training

Recruitment to the network and training for Participation Partners (PPs) has been a key focus this year. We have streamlined our processes and there have been a number of training opportunities through the year to enable Partners to understand the communities we serve including LGBTQ+ and carer awareness training

As part of a focus group, members of the network reviewed and updated a new welcome and training pack for partners, including information about the trust, involvement opportunities and mandatory training. The document, along with a role description will support newly recruited partners, ensuring they are compliant with relevant trust policies and also understand opportunities to get involved with our services.

We co-designed an interview skills training session to support partners to take an active role in staff recruitment. Six people have completed the training to date, with a number of interview panels supported by partners including ones for the quality management and health inequalities teams. The training will be carried forward as part of a new QI project: recruiting in partnership, which will include the co-design of job descriptions, shortlisting and interviewing. The project will aim to embed the patient voice in our recruitment processes, ensuring we are recruiting colleagues that uphold the values of the trust and our patients.

#### Newsletter

We continue to send a quarterly Participation Matters newsletter to our public members, volunteers and colleagues. Some of the popular features over the past year included stories from young volunteers to celebrate Volunteer's Week, the return of pets as therapy (PAT) dog Mucci to Edenbridge Hospital, disability awareness and taking part in the Patient-Led Assessments of the Care Environment (PLACE). We are currently undertaking a survey with the audience to inform how we build newsletters going forward and ensure the content is engaging and informative about the opportunities available for volunteers and patient involvement.

A number of partners and public governors were involved in PLACE inspections in September and November. All nine community hospitals were assessed and a debrief session will take place in the spring to evaluate and plan how we carry out visits for the next assessments.

#### Quality Improvement (QI) project

The project to assess the impact of patient and carer involvement on trust governance groups has finished, however not with the original aim. The project group came to a mutual agreement that while the group achieved the first part of the aim for partners to attend over 50% of trust governance groups, the level and impact of involvement was difficult to implement and evidence due to the variation in the purpose, aims and objectives of each governance group.

As part of the project the following work was completed:

- role descriptions co-designed for six governance groups
- two partners were re-invited to virtual mortality reviews (this was paused during the pandemic)
- a partner was recruited to the Patient and Carer Council
- a 'we asked, they said' recruitment resource was created, detailing the value PPs bring to governance groups
- a new Patient Safety Partner role was developed and has been recruited to, to support the Patient Safety team.

## Participation

### Patient and Carer Council

The Council oversaw the work relating to participation, engagement, co-design and involvement taking place across the organisation. The Council was co-chaired by a Participation Partner.

### Working Together Groups

We have undertaken specific focused work with patients, public and family carers to enable them to use their unique experiences to shape and develop our services. Below are some examples of the participation work undertaken across the organisation:

#### Adult Therapy Rehabilitation service – provision of a seven-day service.

Work was undertaken in September and October 2022 with the therapy rehabilitation service to evaluate patients' views on extending therapy sessions over a 7-day period in the community and in hospital to ensure continuity of service. All patients receiving therapy sessions in the community were sent a survey asking their opinions; and focus 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.

Those patients who were not in favour of the 7-day service, cited their reason as

- it would 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

### Outcomes following evaluation

The service started a 7-day working therapy pilot in the community hospitals over a 6-month period with a review in April 2023. The service is working 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 and have review the current therapy assessment form to allow more time for therapy sessions.

### Virtual wards

To ensure that the voices of patients and carers have been at the centre of our work to implement virtual wards in our east Kent respiratory service, engagement with patients and families from the Breathe Easy east Kent groups was undertaken to ascertain views thoughts and ideas about the virtual model. Two focus groups were held in September 2023 and a survey was developed and shared widely. Information and a video about the wards were shared as part of the focus groups.

### Outcomes following the focus groups

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 comments and concerns following the focus sessions:

- concerns about using the technology
- ensuring robust training to use technology is available
- support for families and carers – including peer support

In addition, people were provided with the opportunity to be involved to use their experiences and have been involved in;

- co-designing a leaflet for virtual wards
- co-designing a survey to monitor effectiveness and ease of use of equipment (digital technology)
- co-designing the contents of a welcome call for all new patients receiving care via a virtual ward

### **Veterans and Armed Forces Community**

As part of our continuing work with veterans and members of the armed forces community to ensure the organisations meets the Armed Forces Covenant Standards, we have developed a QI project - To increase the number of Armed Forces Community Members identified on our electronic patient system RiO and to improve the lived experience of Armed Forces Community Members.

We worked with our integrated musculoskeletal (IMSK) service to hold a focus group in January 2023 for patients who were identified as veterans or members of the armed forces community, to gain insight in to experience of care, asking them what mattered to them as veterans in terms of accessing our services and what extra support or signposting they might need for themselves or their families.

### **Outcome following the focused work**

Participants from the focus group said that the services were excellent and wouldn't want anything more in terms of 'good care' although they did say that service could provide information about support groups for both armed forces members and their families. This information has now been added to the carer's packs. A further focus group is planned with the Podiatry service with additional questions to gain feedback and insight into some of the barriers to services and stigma faced by members of the armed forces.

### **Learning Disability Service – LGBTQ+ resources**

Linked in to objectives from the staff LGBTQ+ network to improve patient experience, a task and finish piece of work has been undertaken with the learning disability service particularly to look at the needs of service users identifying as LGBTQ+. Members of the service worked with service users to carry out some preliminary work to ascertain information already available and to identify any gaps. Alongside this work LGBTQ+ bitesize training was delivered to the team to establish the need for resources for the patient group and an understanding of some of the issues for LGBTQ+ people. Preliminary work identified some resources available, although they weren't easily accessible and highlighted a lack of information with regards to relationships, especially around sustaining a healthy relationship as well as understanding possible stigma. The task and finish group were able to identify material and resources that were missing and build a new resource for LGBTQ+ service users which will be reviewed by service users during April and May 2023.

### **Public Health Parent & Carer forum**

We have developed and embedded our hybrid model of engagement including an increased focus on outreach sessions to facilitate engagement with a wider range of parents and carers. Projects have included: Health Visiting's Kent Baby website including co-creating content, development of a healthy growth tool and feeding the parents' voice into the Health Visiting strategy. Establishing a parent steering group for School Health's "This is Me" neurodiversity pilot and helping to increase use of the online registration form for the School Aged Immunisation Service.

### **Health Visiting Did Not Attend/Was Not Brought (DNA) project**

Parents in districts with the highest DNAs (Thanet and Dartford), helped to identify reasons for not attending and potential service improvements. Changes made included moving venues, considering

bus routes, introduction of texting and not booking appointments too far in advance. Across Health Visiting there has been a drop in DNA rates with Dartford, a target area, seeing a 5.1% reduction.

#### **Children and Young People (CYP) Forum**

Sessions were held in 7 schools across Kent with CYP supporting the following projects: The development of a communication strategy aimed at young people, including their preference around social media, and design and navigation of websites. Co-creating a student invite human papillomavirus infection (HPV) letter with incentive, which during the pilot led to a 5% increase in use of the online HPV registration process. We co-designed a year 3 emotional wellbeing and resilience resource, following Public Health England guidance, with a primary school on the Isle of Sheppey which is currently being piloted.

#### **Chat Health**

26 students helped to co-create a social media campaign to promote Chat Health – a young person texting support and advice service for School Health. Young people wanted a relaxed 30-60 second video, promoted on Snapchat, with friendly faces of NHS Chat health nurses, including diverse representation. There was an immediate nearly 700% increase in new conversations during the pilot, with the videos seen over 415,000 times by 15-18-year-olds in Kent. Engagement has included those not in education, helping to reach groups who experience health inequity. Significant safeguarding cases that were previously unknown to services have been identified.

#### **4 Weight loss pilots – Adult Health Improvement**

The projects were co-designed and piloted with relevant populations following central government funding to tackle obesity in under-served populations. These included postnatal women in areas of deprivation, Nepalese, Black, African and Caribbean communities as well as those with learning disabilities. Working with local community groups we held insight sessions and co-design workshops to develop the pilots and co-design resources.

Across Adult Health Improvement lessons learned will be used to enhance existing masterclasses on working with the different populations. The booklet for the weight loss programmes has been changed to include learning from all pilots: weight stigma, cultural values & behaviours, whole family approach, and an easy read version.

The learning disabilities pilot which included 17 participants, saw better outcomes than the core service with 73% of the 17 completers achieving weight loss. There has also been increased access to the One You Ashford shop by people with LD.

Stronger relationships have been established with community groups with 17 health walks since carried out with the Nepalese community and health checks routinely now being offered through the Nepalese community centre and Karibu Kent.

#### **Adult Neurodevelopmental Service**

A website for our Adult Neurodevelopmental service has been co-designed with service users, charities and provider partners and will provide service users with a fantastic resource for information, self-management options and signposting. Our Community Paediatrics team have been building a Parent and Carer forum, which will be available to work with the service to co-design service improvements. Our quality improvement lead has used innovative recruitment methods to recruit 20 potential parent partners who have expressed interest, with 12 parents already confirmed to be part of this forum.

### **Carers involvement**

Work to ensure improved family carer involvement has continued and as members of the Triangle of Care (ToC), our community hospital matrons, carer champions and participation managers are continuing the work to identify, support and improve involvement for carers to the Carers Trust who oversee the ToC nationally. As a result, we were successful in achieving our first-year accreditation in April 2022, as members of the scheme. KCHFT remains the first non-mental health service to

join as members. We have now embarked on our second year working with our community services to develop their plans to improve family carer involvement.

### **Carers Champions**

We have 28 carer champions who continue to support carer involvement, particularly in our community hospitals and through 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 Kent community hospitals with one for the west Kent community hospitals to be agreed.

### **Carers survey – giving carers a voice**

Carers survey completion remains low with an average of 20 being completed each quarter. A QI project was established in January 2023, through the carer's involvement steering group, to improve completion of the survey and feedback from carers.

To date, the project

- has revised the current carers survey to scale down the number of questions included. The QI project group will evaluate number completing at the end of April 2023
- ensured that the survey is available in the carers pack
- planned communication for services to promote the QR code to access the survey
- working with the volunteer service to recruit specific volunteers in community hospitals to undertake the survey

### **Partnership Working**

We have developed and strengthened our partnerships with carer organisations. Involve Kent and Carers Support East Kent have regular weekly contact with our Carer Champions in the community hospitals and as a result we are seeing more referrals for carers assessments, information and advice. Continued monitoring of referrals received by both organisations is in place along with referral outcomes. Carer Champions have reported that this is an invaluable resource for carers accessing support.

### **Carers Conference**

In June 2022, Kent Community Health NHS Foundation trust (KCHFT) delivered a joint carers conference in partnership with Kent and Medway Partnership Trust (KMPT). The conference was held in Ashford and attended by more than 80 family carers and representatives from our partner carers organisations across Kent, including IMAGO, Carers Support East Kent, Involve Kent, Crossroads Kent, with representation from Healthwatch, One You and Kent County Council. The event helped to raise awareness of carers and the challenges they face in their caring role and gave them the opportunity to talk first hand to organisations about their experiences. Presentations were received from some of our carer organisations as well as an overview from both KMPT and KCHFT about the work they are undertaking to improve the lives of carers.

## **Volunteers**

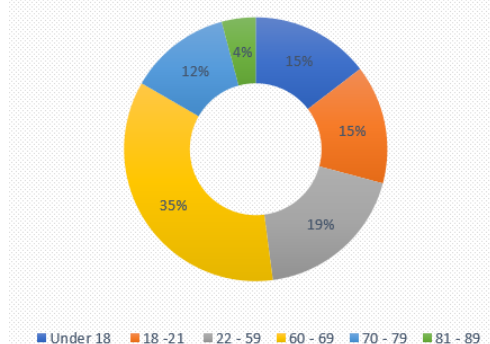
Recruitment for the hospitals has been a focus for the voluntary service with a particular emphasis on the number of young people being recruited as volunteers. Of the 37 volunteers in our hospitals 14 are aged under 21. All 14 are patient facing and 13 have an interest in working in health and social care in the future. The chart below shows the numbers recruited during 2021-2023.

### Changes in volunteer resourcing within the community hospitals



The breakdown of the age that is representative of all our volunteers can be viewed below. Encouraging people to volunteer at all ages, including those of working age we hope will impact on future resourcing within the NHS.

### Age of Volunteers



We have supported the recruitment of 24 walk and talk volunteers, 8 infant feeding support volunteers and 28 League of Friends volunteers. Within the last 12 months both Sevenoaks and Deal have re-opened their League of Friends shops and tea rooms within our community hospitals to support both staff and patients.

Alongside our recruitment we have been working to upskill our volunteers. We have provided carers awareness, LGBTQ+, safeguarding and information governance training to all our volunteers. Empowering volunteers and raising their competencies has a positive impact on the skills they provide in their placement as well as support them in any future career opportunities.

Patient feedback has always been pivotal to improvements for our patients. Our patient experience volunteer in podiatry has completed 377 telephone surveys during the year. In addition to this we have a new volunteer in Sevenoaks Integrated Musculoskeletal (IMSK) service which has recently started. Our patient experience software allows us to state whether a volunteer has completed the survey with a patient/carers so we can understand the impact volunteers have on us being able to receive feedback.

Our volunteer drivers delivered just over 1,600 vaccines to sites between September 2022 to February 2023. For the first year they supported dual COVID-19 and Flu clinics for staff. The support they offered delivering vital vaccinations to keep our staff safe contributed to 2600 staff vaccinations. We updated the training provided for drivers, and we have been working with the volunteers to create a new recruitment plan for the next season to allow us to attract and recruit more drivers.

We undertook a data cleanse project which started in April 2022 to date. This included contacting all of our volunteers and we removed 75 who were no longer active and helped 9 return to their



previous roles. We improved records to include local supervisors and other vital information to allow a more seamless process for supporting volunteers and the services. Apart from day to day operational use of this data, it has also allowed us to undertake tasks both at Christmas and for our staff awards to recognise volunteer's contribution with a collaborative approach between services and our team.

Over the past year we have worked in partnership with various internal and external stakeholders including closer working with participation partners, governors, One You and research and development teams. This has allowed us to have a joined-up approach with any events or projects we deliver, any training we are offering and even standardising processes such as expenses/recruitment.

These are the volunteers recruited from the health walker recruitment event in February 2023.



A recent example of a partnership working was a co-ordinated effort to work with the staff wellbeing team to deliver their wellness bus stop tour. Voluntary services co-ordinated and liaised with the workforce wellbeing lead to engage participation partners, volunteers, and staff governors in the events at our sites across Kent.

*"The volunteers added value and in this I think of the x6 ways to wellbeing and in particular connecting with others which enriches and supports our working and outside lives; keeping learning from others who are coming from different places and perspectives; being in the moment as we share and reflect on our experiences; and of course giving of both volunteering because we care and come together to be kind: [Six Ways to Wellbeing | Live Well Kent](#). Your volunteers added benefit in many ways with their unique and different perspectives and knowledge. It helped people feel comfortable, while at the same time emphasised to staff both in the wellness rooms and as I walked with them around the buildings and offices that there is a real importance placed upon their wellbeing. Also, the volunteers who can hold unique influence got the opportunity to listen to staff and their lived experiences, including the ones who declined to attend as they could 'not take a break' and no doubt this will result in future benefits".*

Quote from John Stone, Health and Wellbeing Lead

## Interpreting

Since October, all interpreting and translation services have been managed by a central budget which has reduced the burden on operational colleagues. This has contributed to reduced delays for securing interpreters as providers don't need to wait for payment confirmation. We can also monitor the budget more closely and provide accurate reports on interpreting and financial data.

In the next financial year, the trust will be using virtual interpreting methods wherever possible to facilitate ease of securing the right interpreter for the patient. The interpreting policy is being updated to reflect this and the team is working alongside clinical services to determine when the use of in person interpreting will still be required to ensure we deliver good patient care.



Across the whole trust, a total of 6,763 interpreting bookings were completed from April 2022 to March 2023. Telephone interpreting continues to be the main method of contact, making up 66.12% of the total bookings:

Face to face	Telephone	Video
1939	4472	352

#### Top 10 languages requested for interpreting (April 2022 to March 2023)

(1) Romanian (778)	(6) Bulgarian (381)
(2) Slovak (666)	(7) Turkish (378)
(3) Bengali (501)	(8) Russian (312)
(4) Polish (478)	(9) Arabic (298)
(5) Punjabi (444)	(10) Nepali (259)

### Accessible information and Easy Read

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).

Since August, 47,392 pages were viewed on the main KCHFT website using the Recite Me toolbar. The following tools were used by site users on those pages:

Screen Reader	Translation	Styling	Reading aids
2,780	64,163	3,339	722

We continue to work with East Kent Mencap at a monthly focus group to produce accessible patient information in an Easy Read format. Some of the highlights this year included:

- One You shop poster for learning disability drop-ins
- screening appointment letters for the TB Nursing service
- client questionnaire for the Epilepsy Nursing service
- the Kent and Medway care plan for the integrated care board.

In November, members of the group with diabetes took part in a focus group led by EK360 to review the My Care Record, feeding back on the content and accessibility. Patients with diabetes will be the first cohort of the public with access to My Care Record. All three members felt confident that they could use the app, especially to manage their diabetes medication. Further testing with the larger group is to take place soon.

### Expert Patients Programme (EPP)

The Expert Patients Programme (EPP) is delivered under licence from the Self-Management Resource Centre (SMRC), it is a self-referral, free 6-week course for people who live with one or more long-term health conditions. The aim of the course is to support individuals living with one or more long-term health condition to regain their independence, manage everyday situations and boost mental health and wellbeing. The course is delivered in the east of Kent, including Swale, and has a team of 6 volunteer facilitators, managed by the EPP Coordinator, who is also a SMRC accredited Master Trainer as well as a Chronic Disease Self-Management (CSMP) facilitator.

The new EPP film has been useful in terms of raising awareness of the course, both the public website and Flo has been refreshed and all documentation reviewed and revised. The new look resources and promotional materials have been developed to aid recruitment to Facilitator training. Referrals to the course are increasing, in particular in Q3, as a direct result of a presentation by the

coordinator to the Ashford Chronic Pain Support Group. A very successful course was delivered in Ashford with 11 participants all of whom completed the course. Feedback from this group includes:

- It was a well-run course. Lots of useful and helpful information given by people who live with long-term conditions. so pleased that Jane was able to run a course in Ashford. I will tell others in the Pain Management group
- Fantastic experience. I have never attended such an informed course
- Very good course, enjoyed very much
- I have got more out of this course second time around. Being in the right frame of mind and able to relax more when I feel I am becoming stressed.
- Good informative information, good rapport with teaching team, good skills learnt, book good for future reference.
- Learned lots from this course, including pacing, self-respect, and listening to your body

There are currently 36 people on the waiting list all of whom will be offered a course as they become available in the different localities. Most referrals are self-referrals, which is preferred, but referrals also come from lifestyle advisors, occupational health clinicians, and from presentations given by the coordinator.

Focus for the coming year will be on raising awareness of the programme and recruiting participants to courses.

**Sue Mitchell**

**Assistant Director Prevention and Public Health Services**

**Date 3 July 2023**

<b>Meeting Title:</b>	Council of Governors
<b>Date of Meeting:</b>	12 July 2023
<b>Agenda Item:</b>	12
<b>Subject:</b>	Nominations Committee
<b>Presenter:</b>	John Goulston, Trust Chair

## 1. Introduction

The Nominations Committee of the Council of Governors is not a decision-making body but rather it makes recommendations for consideration and approval by the Council.

This report provides an update on the committee's work at its last meeting on 24 May 2023. Present were governors Carol Coleman, Jan Allen, Maria-Loukia Bratsou and John Woolgrove. Ruth Davies was unable to join but had sent her comments in advance of the meeting. Also present was the Chair, John Goulston, (not during the discussion about his appraisal). In attendance were Pippa Barber, Senior Independent Director and Georgia Denegri, interim Director of Governance. The meeting was quorate.

The Committee considered the appraisal process undertaken for the Chair and Non-Executive Directors (NEDs) for 2022/23. This report advises the Council of the recommendations of the Committee.

## 2. Appraisal of Chair and NEDs for 2022/23

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

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

## 3. Recommendations

The Council of Governors is asked to note that the agreed appraisal process 2022/23 for the Chair and NEDs was completed and that the Chair and NEDs were all performing satisfactorily and individual objectives and personal development plans had been agreed.

**Georgia Denegri**  
**Interim Director of Governance**  
**July 2023**

<b>Meeting Title:</b>	Council of Governors
<b>Date of Meeting:</b>	12 July 2023
<b>Agenda Item:</b>	13
<b>Subject:</b>	Developmental well-led review
<b>Presenter:</b>	John Goulston, Trust Chair

The Trust commissioned the Good Governance Institute (GGI) to undertake a developmental review of leadership and governance in line with NHS England's well-led framework. The review was carried out from September to December with the final report issued in March 2023. GGI presented their findings and recommendations to the Board at its meeting on 7 March 2023.

The review identified many areas of good practice and strong leadership and made 15 recommendations for further strengthening the Trust's governance arrangements and leadership. An action plan with designated leads, timescales and relevant groups for monitoring progress was developed and presented to the Board at its meeting on 14 June 2023.

The GGI well-led developmental review report is attached at Appendix 1.

A summary of the high priority actions and timeframes is presented at Appendix 2.

The executive team will be monitoring delivery of the full action plan (including the medium and low priorities) monthly with updates provided to the board every six months.

The Lead Governor, Carol Coleman, was interviewed and a focus group with governors was held on 14 December 2022.

## Recommendation

The Council of Governors is asked to NOTE the report.

**Georgia Denegri**  
**Interim Director of Governance**  
**July 2023**



**Kent Community Health NHS Foundation Trust**

# Well-led developmental review

Final report from the Good Governance Institute

**10 March 2023**



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The Good Governance Institute exists to help create a fairer, better world. Our part in this is to support those who run the organisations that will affect how humanity uses resources, cares for the sick, educates future generations, develops our professionals, creates wealth, nurtures sporting excellence, inspires through the arts, communicates the news, ensures all have decent homes, transports people and goods, administers justice and the law, designs and introduces new technologies, produces and sells the food we eat - in short, all aspects of being human.

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## Kent Community Health NHS Foundation Trust

### Well-led developmental review report

<b>Document name:</b>	Well-led developmental review final report
<b>Date:</b>	10 March 2023
<b>Author/s:</b>	Janice Smith Mike Weaver Kathryn Webb
<b>Reviewed by:</b>	Professor Andrew Corbett-Nolan
<b>Designed by:</b>	Sophia Adesoye

The report has been prepared by GGI Development and Research LLP(GGI) for the board of Kent Community Health NHS Foundation Trust. The report highlights the conclusions drawn from the review and an outline of future suggested actions and improvements to address the identified shortcomings and strengthen the governance structure.

The matters raised in this report are limited to those that came to our attention during this assignment and are not necessarily a comprehensive statement of all the opportunities or weaknesses that may exist, nor of all the improvements that may be required. GGI Development and Research LLP has taken every care to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed. However, no complete guarantee or warranty can be given with regard to the advice and information contained herein. This work does not provide absolute assurance that material errors, loss or fraud do not exist. This report is prepared solely for use by Kent Community Health NHS Foundation Trust. Details may be made available to specified external agencies, including regulators and external auditors, but otherwise the report should not be quoted or referred to in whole or in part without prior consent. No responsibility to any third party is accepted as the report has not been prepared and is not intended for any other purpose.

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## Section 1 Introduction

### *Your developmental well-led review*

The Good Governance Institute (GGI) was commissioned to carry out a developmental well-led review for Kent Community Health NHS Foundation Trust (KCH) and using the NHS England well led framework. The review uses the eight key lines of enquiry (KLOEs) from the guidance to provide a framework for an assessment of current and future dynamics for well led development for the trust.

This review was undertaken between September and December 2022 and followed GGI's well-established methodology which is grounded on the triangulation of evidence gathered through meeting observations, interviews, focus groups and documentation reviewed followed by subsequent analysis. Our aim is to provide added value by taking a developmental approach rather than providing a detailed audit of compliance, structures and processes.

This type of review does not provide a rating similar to the CQC, but is designed to describe in the future how the trust can develop to make use of the well led framework to run the trust, which this report does. However, we understand that the governors have to hold the non-executive directors to account for the effectiveness of the board and want to make clear our views in this regard.

### *Overall board effectiveness*

We consider that this is a well functioning, competent board with effective leadership who understand and clearly discharge their duties. We have included a recommendation for board development as we believe that the board should, and realistically can, set itself the ambition to become a truly highly performing board. With patients and the local community at the heart of what they are working to achieve, this board genuinely values their staff and governors and listen to their views and seek to enhance staff wellbeing whilst recognising the need for greater diversity. They have promoted significant work on the quality of services and with patients and carers to ensure that their voice is also heard. There is a well understood strategy which is sensibly being adapted to align with the ICB strategy. Governors in their role of holding the non-executives to account for the performance of the board have in this report excellent evidence of a board that is performing well and aspires to improve their impact and added value even more.

### *The board and the system*

The NHS has been going through significant changes in the past year and the introduction of Integrated Care Boards (ICB) promoting system collaboration and population health has altered the landscape entirely. KCH now have to rethink how services should be delivered, how they can best collaborate with partners and what is best for population health. The new NHS Code of Governance also places specific requirements on provider reports around system responsibilities, as does the current national operating framework. This all brings with it both challenges and opportunities. With this in mind, we have identified a key priority for the trust in the coming year.

As part of the local system, the trust is uniquely placed to bring to life the NHS Kent and Medway's strategic aims. By maximising the opportunities offered by providing more care nearer to home and in the community the trust is in pole position to deliver five of the six shared outcomes articulated in the [Kent and Medway Interim Integrated Care Strategy](#). The trust can support all NHS organisations in the system, safely discharge patients from hospital more quickly and provide intermediate care and possibly other forms of support in the home for those who need it. Now is the time for the trust to work as a lead partner with the local Integrated Care Board (ICB), identify the needs of the local population and decide exactly which services the trust could

provide. The board can then develop and agree a strategy to deliver these. The board has already started to think ahead and look at both intermediate care and integrated neighbourhood teams in strategy workshops which is commendable. We encourage the trust to complete this work as soon as possible.

The trust is the organisation best placed to provide system leadership in this area and to liaise with its system partners and align efforts to attain the system's objectives. Providing this fix to the system's underlying issues will be significant and will take some time to materialise, and as such is a significant strategic decision to take. However, it is the community service providers who will provide the level of care in people's homes that is needed, keep them out of hospital for as long as possible and also provide the care they need when they leave hospital and rehabilitate people to live in their own homes or a care setting. Essentially this would be provision of wrap around care out of hospital.

## Section 2 Summary of findings and recommendations

This review has been undertaken to provide the trust with an independent view of areas of best practice and improvements that require attention. In line with this, below is a summary of findings and recommendations by KLOE. Detailed analysis of findings is included in section 4 of this report.

### KLoE 1: Leadership

<b>Summary of findings:</b>	<p>The last year has seen significant changes at senior executive level and changes to executive portfolios. Despite this change, the trust leadership has remained stable and work continues to create a cohesive, collaborative executive team.</p> <p>The chair and non-executive directors are a high calibre group of individuals with wide experience of the local healthcare system and a sound understanding of their role as members of the board.</p> <p>It is recognised that board diversity needs to improve, and the pandemic has impacted on the visibility of the board, particularly as the trust covers a large geographic area.</p>
<b>Recommendations:</b>	<ol style="list-style-type: none"> <li>1. Consider how to make NEDs more visible to staff including making the most of opportunities which arise when attending meetings on site and from board visits.</li> <li>2. The board should review its development needs and create an outcome-orientated board development programme against specific goals. This should include information sessions, strategic needs, team building and informal sessions to enhance their work as a unitary board.</li> </ol>

### KLoE 2: Vision and strategy

<b>Summary of findings:</b>	<p>The trust strategy that sets out the vision and mission for the organisation was published in 2019. The strategy is supported by four area specific strategies. Staff were clear about the strategy in their areas and the vision and mission of the trust.</p> <p>The trust has made considerable progress on environmental sustainability and has sought to embed this in the organisation. However, this needs further promotion and linking with the ICS sustainability targets.</p>
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<b>Recommendations:</b>	<p>3. Refresh the current strategy together with the underpinning sub-strategies as appropriate to tie in with the Kent &amp; Medway Integrated Care Strategy and the ICB's Joint Delivery Plan and reflect the trust's contribution to the system.</p> <p>4. The trust should increase the promotion, monitoring and reporting of environmental sustainability, including the trust's Green Plan and its links to the system wide green plan and the Sustainability Strategy.</p>
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### KLoE 3: Culture

<b>Summary of findings:</b>	<p>Trust culture was described as supportive and friendly. People felt able to speak up and supported when raising concerns. As one of the largest community health providers in England covering a large geography it is perhaps not surprising there were pockets in the organization where a supportive culture did not always exist.</p> <p>Staff told us the trust is getting better at being an inclusive organization but recognized more work needed to be done. Staff network leads are passionate advocates for the work they and their colleagues undertake but the weight of expectation requires greater recognition and support in order to continue the good work of staff networks.</p>
<b>Recommendations:</b>	<p>5. The trust should ensure there is sufficient resource to support the work of the staff networks and to continue to prioritise work on the WRES and WDES.</p>

### KLoE 4: Governance

<b>Summary of findings:</b>	<p>There are clear roles and established meeting structures, which have been effective but were designed for a different NHS system and to suit previous trust structures. They need to be reviewed to ensure they are still fit for purpose. We have highlighted areas for consideration.</p> <p>At the meetings we observed we saw positive input by executive directors and constructive challenge by NEDs. They were all well prepared for meetings and understood the areas for discussion. Papers are clear and presented with a uniform cover sheet but they can be lengthy and work is being done to address this.</p> <p>We understand that work to review trust policies and procedures (which was stood down due to the pandemic) has been reinstated. It will be necessary for all SOP and policy owners to review all documents with past review dates and make sure they follow the correct route for review, approval and ratification of the documents for which they are responsible.</p>
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<b>Recommendations:</b>	<ol style="list-style-type: none"> <li>6. The trust should provide training for those who regularly write board papers to enable them to enhance this skill and produce more focused papers for the board.</li> <li>7. The trust should undertake a review of the management groups (that is, the meetings which are outside of the board committees) with the aim of reducing the number of groups which meet, to release time spent in meetings. Focus should then be on ensuring that meetings run effectively, including the reporting of assurance. Any such rationalisation of the management assurance meetings' structure will need to be accompanied by organisational development to ensure that the new structure provides more effective assurance.</li> <li>8. The trust should ensure the governance of trust Standard Operating Procedures and policies in the organization is understood and followed by all staff who have responsibility for the review, approval and ratification of trust documents.</li> </ol>
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#### KLoE 5: Management of risks, issues and performance

<b>Summary of findings:</b>	<p>The trust is considered to have effective processes in place to identify, understand and monitor risk and staff understand how to report and manage risk at Divisional level.</p> <p>The trust has a risk management policy and strategy that was reviewed in May 2022. The Code of Governance for NHS provider trusts, published on 27 October 2022 requires a board of directors to monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. In view of this provision the trust should create a separate risk management strategy that should be reviewed annually.</p> <p>In addition, the trust does not have a recognisable separate corporate risk register. A corporate risk register would usually include risks that have a wider impact beyond the service where they arose, and that need involvement by executives or colleagues from other services to resolve them.</p> <p>The trust is aware that there is an issue with estates management and needs to continue to find a solution for this which will assist both the trust and the system.</p>
<b>Recommendations:</b>	<ol style="list-style-type: none"> <li>9. In view of provision Section D, 2.8 of the Code of Governance the trust should create a separate risk management strategy.</li> <li>10. In order to clearly identify risks that have a wider impact beyond the service where they arose it is recommended that the trust creates a corporate risk register.</li> <li>11. Estates management needs to continue to be a priority for the trust focusing on the leadership of the estates team and amending the strategy to align with the ICS strategy making it fit for purpose.</li> </ol>

**KLoE 6: Information management**

<b>Summary of findings:</b>	<p>The trust's Digital Strategy lays out the trust's approach for how digital services will support the trust's vision for providing systems and services to support its staff in their mission to provide first class, innovative patient care across the community. The trust is working to align with central NHS strategic thinking, whilst also allowing the opportunity to achieve the trust's digital ambitions.</p> <p>Staff told us the rollout of the RiO electronic patient record system (EPR) had been problematic and frustrating. They suggested the trust and its EPR supplier needed to improve internal processes for responding to requests for changes to the EPR to suit the requirements of their services.</p>
<b>Recommendations:</b>	12. The trust should review its internal processes for responding to requests for changes to the EPR to suit the requirements of their services.

**KLoE 7: Service users, staff and external partner engagement**

<b>Summary of findings:</b>	<p>The trust has done considerable and innovative work with patients and carers over the past couple of years. It created a new Participation, Engagement and Patient Experience Directorate in 2020 to make sure patients, service users and family carers can use their own lived experiences to develop trust services and appointed an executive director to lead the work. Engagement with the public, patients, local groups and organisations has grown significantly. This is an area in which the trust excels.</p> <p>The trust has made considerable effort to engage with the ICB and ICS and partners involved with these. The external partners that we spoke to thought that the trust was well led and praised both the chair and the chief executive for their leadership and contribution to the ICS. They thought that the trust was participating well in the system. However, they thought that the trust could be more influential, and they would like them to be bold and brave and play more of a leadership role in the system.</p>
<b>Recommendations:</b>	13. The trust needs to decide which opportunities presented by the new system it wants to develop and work with the ICB and other partners to achieve this.



**KLoE 8: Learning, continuous improvement and innovation**

<b>Summary of findings:</b>	<p>The trust was an early adopter for the Patient Safety Incident Response Framework, and its implementation is quite advanced. The After Action Reviews (AAR) review process has helped to create a very robust response to incidents. The patient safety team work to make sure action is completed on time and learning is embedded.</p> <p>Staff told us serious incidents involving other organisations e.g., General Practitioners and Acute Trusts are more of a challenge as it can be difficult to get them to engage in the investigation process. There is a clear need for a system wide serious incident investigation policy in order to ensure all partners participate in the investigation process when they are required to do so.</p> <p>Some staff felt that they did not have the time to reflect on the work that they do or to access developmental opportunities when they arise. As the trust sees itself as a learning organisation, this needs to be addressed.</p>
<b>Recommendations:</b>	<p>14. We recommend that the trust takes every opportunity to agree a system wide policy for the investigation of serious incidents that involve different partners in the system.</p> <p>15. The trust is asked to consider how it may ensure all staff have the means to access personal and professional development and the opportunity to introduce changes within their services.</p>

### Section 3 Context, acknowledgements and limitations

Kent Community Health NHS Foundation Trust (KCH) was established on 1<sup>st</sup> April 2011 by a merger of Eastern and Coastal Kent Community Services NHS Trust and West Kent Community Health and became a foundation trust in March 2015. It is now a part of Kent and Medway Integrated Care System (ICS). The trust is one of the largest NHS community health providers in England, serving a population of about three million people; with 1.5 million people across Kent, and 1.5 million people outside of Kent, including East Sussex and London. The trust currently employs over 5,000 staff with a budget of £259.3 million and a year-end expenditure of £262.1 million for 2021/22. It provides services to patients both in their homes and in their communities.

In July 2019, the trust received an overall rating of Outstanding from the latest CQC inspection. Specifically, the trust was rated Good in the Safe, Responsive, and Well-led domains, and was rated Outstanding in the Effective and Caring domains. The trust appointed a new chief executive, Mairead McCormick, who started on 1 July 2022. Since the CQC inspection, the trust has also seen many changes in the leadership team to the other executive directors and has new non-executive directors (NEDs) too.

Since the previous inspection, working practices at the trust have shifted considerably as a consequence of the global Covid-19 pandemic and new NHS systems. Following the completion of a due diligence review to the new chief executive, the Good Governance Institute was commissioned by the trust to undertake a developmental well-led review of the trust's leadership and governance.

#### Acknowledgements

The GGI review team would like to thank everyone who made themselves available for interviews and to those who provided project support and documentation for review.

#### Limitations

The review is limited to the documentation that was provided to GGI during the time period described and confined to the information provided to us by those whom we interviewed as part of this process or observed at those meetings we were able to attend. The review was mainly carried out virtually, which inevitably added challenges to the process and, together with the other limitations, provide a caveat to the report's findings.

## Section 4 Detailed findings by KLoE

### KLoE 1: Leadership

#### KLoE 1: Characteristics of good organisations

- Leaders have the experience, capacity, and integrity to ensure that the strategy can be delivered and risks to performance addressed.
- The leadership is knowledgeable about issues and priorities for the quality and sustainability of services, understands what the challenges are and takes action to address them.
- Compassionate, inclusive and effective leadership is sustained through a leadership strategy and development programme and effective selection, development, deployment and support processes and succession-planning.
- Leaders at every level are visible and approachable.

#### Chief Executive and executive team

The trust went through significant changes at chief executive level last year. Paul Bentley left after six years to become chief executive of Kent & Medway Integrated Care Board (ICB), Gordon Flack (Director of Finance) became interim chief executive and then Mairead McCormick was appointed as chief executive and took up post on 1 July 2022. Despite these changes, the leadership of the trust has remained stable.

The new chief executive is well respected and has an inclusive leadership style which has been appreciated by the executive team and other staff. She wants to maximise the potential of the executive team and has redesigned the portfolios to reflect the role she wants for each executive director. The previous portfolios had grown to suit the skills and aspirations of each person rather than necessarily reflecting their role. This change has been largely welcomed by the executive team but still needs some time to bed down particularly with the level below executive directors.

The chief executive is very visible across the trust despite its geographical size. She has visited as many services as possible and undertakes frequent communications with staff. Some of the staff we spoke to in focus groups had not met her but felt that she was approachable and that they could speak to her if they wanted to. Given that she has only been in post for six months, that is quite an achievement.

The chief executive is friendly and approachable and everyone we spoke to felt that she understood the trust and its challenges as well as opportunities for the future. She has made a good impression on the staff and listens to them in as many ways as she can. Her leadership style was seen as compassionate and empathetic.

The executive team are competent, motivated individuals but appeared to be working in silos for much of the time and need to work together more as a team. This should be helped by the recent changes in the portfolios and the inclusive style of the chief executive. There is a mixture of first time executive directors and those with years of experience which should enhance team working with wisdom and new ideas. There is still more work to be done to enable the executive to work together as a cohesive team but the chief executive is aware of this and has made good progress in the right direction including the provision of OD support for the team.

#### Chair and non-executive directors (NEDs)

The chair has been in post since November 2018 and has led the trust through some difficult times including the COVID 19 pandemic. He has a solid background in the NHS having been both a finance director and a chief executive in several NHS trusts and he understands the local system well. He became chair of the trust when he retired as a chief executive outside the local area.

At the board meeting we observed he had a pleasant inclusive style and enabled board members to contribute well, whilst keeping the agenda moving. He understood the papers and was clearly on top of the business. This was also true of the council of governors meeting that we observed and he was praised by the governors in their focus group.

The NEDs are a high calibre group of individuals who bring wide experience to the board. Some have been on the board for a long time whilst others joined last year. From the document review and our observations, they understand constructive challenge and ask appropriate questions at both the board and committee meetings. They are informed and have read their papers and understand their role.

Their visibility in the trust has suffered due to the pandemic when everything they did had to be virtual. Many of the staff did not know who they were. However, the reinstated planned visits and their attendance at large staff events will help this going forward. This will always be a problem for NEDs in a trust with a wide geography but face to face visits are helpful for both staff and NEDs.

### **Board skills and development**

Board composition is rightly at the forefront of the Chair's thinking. There is a good cross section of skills on the board and the NEDs have a variety of backgrounds and relevant experience providing diversity of views. However, there is only one person from the BAME community on the board and this is something to be rectified. Board members are very concerned about this and work has started to identify suitable BAME candidates for board vacancies and they are happy to utilise associate NED roles in the meantime.

Board development was difficult to engage with during the pandemic, but in recent months there have been development sessions put on which we would characterise as largely to do with knowledge acquisition, briefings or working through specific issues. High performing boards commit to an outcome-orientated programme designed to grow the board against specific developmental goals that is coordinated to include individual and group development for the board team. We recommend that the board is ready for this now.

Accordingly, the board should review its development needs and create an annual programme identifying the areas for immediate attention. We recommend an outcome-focussed and joined-up approach to board development rather than a piecemeal programme of board seminars. As there was a long time when the board could not meet in person, some informal meetings or social events should be included to help the board to get to know each other better as a unitary board.

### **System involvement**

The trust is playing its part in both the Integrated Care Board (ICB) and the Integrated Care System (ICS). The chair and chief executive are leading at Place level and other executives and NEDs sit on various system groups and committees. The need for involvement in the ICS has a significant impact on senior time. It is a challenge for the board to get the right balance between general involvement, engaging with the ICS and showing system leadership and at the same time expanding system thinking and working across the trust. A well facilitated board discussion on how best the trust could discharge its responsibilities as a system leader may be helpful. This dovetails well with the new NHS Code of Governance, which includes system responsibilities for provider boards.

We will come back to this in KLOE 7.

#### **Recommendation 1**

Consider how to make NEDs more visible to staff including making the most of opportunities which arise when attending meetings on site and from board visits.

**Recommendation 2**

The board should review its development needs and agree an outcome-orientated board development programme against specific goals. This should include information sessions, strategic needs, team building and informal sessions and be designed to enhance their work as a unitary board.

**KLoE 2: Vision and Strategy****KLoE 2: Characteristics of good organisations**

- There is a clear statement of vision and values, driven by quality and sustainability. It has been translated into a robust and realistic strategy and well-defined objectives that are achievable and relevant.
- The strategy is aligned to local plans in the wider health and social care economy and services are planned to meet the needs of the relevant population.
- Staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them.
- The vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and external partners.
- Progress against the delivery of the strategy and local plans is monitored and reviewed, and there is evidence of this. Quantifiable and measurable outcomes support strategic objectives, which are cascaded throughout the organisation. The challenges to achieving the strategy, including relevant local health economy factors, are understood and an action plan is in place.

**Strategy**

The trust has a well-established strategy that was published in 2019 and is well known to the staff. It sets out the vision, mission and how to get there and there is a simple leaflet describing the strategy.

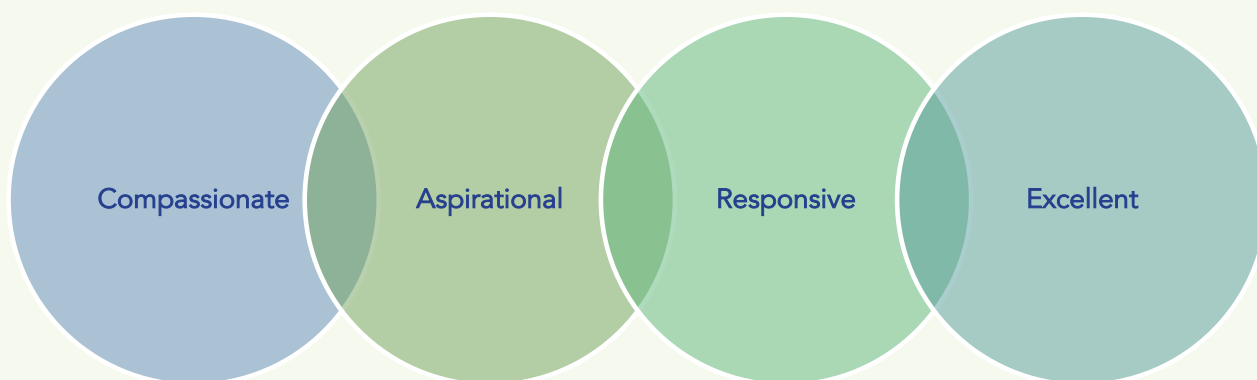
**Our vision**

A community that supports each other to live well

**Our mission**

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

## Our Values



## Our Goals



There are a number of area specific strategies which have been created more recently and set out how the trust strategy will be achieved in each of the following areas:

- Digital strategy 2021 – 2024
- Our People strategy 2020 – 2024
- Quality strategy 2021- 2025
- Sustainability strategy 2021 – 2024

Each supporting strategy has specific themes and aims and explains what will be done and how the trust will know it has got it right. These are clear documents and easily understood by staff and the public.

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

The People Strategy is based on the mission and values and the challenges both nationally and locally. It has seven themes and aims which are engaging our people; empowering our people; looking after our people; developing our people; treating our people fairly; compassionate, inclusive and effective leaders for our people and our people of the future. These are set out clearly with measures for how the trust will know if it has got it right.

The Quality Strategy is also based on the vision and mission. It has the quadruple aim of improving staff experience at work; reducing cost and increasing value for money and efficiency; enhancing patient experience and improving population health by better patient outcomes, safety and clinical effectiveness and reducing health inequalities and harm. It describes how quality runs through everything done by the trust.

The Sustainability Strategy is a longer document than the others and sets out what environmental sustainability means and where the trust is now in various areas. It has five commitments and two goals which are to use resources wisely and to invest in staff and community, develop knowledge and facilitate opportunity. The ambition is broken down into a number of workstreams that are set out in the document.

Staff that we spoke to were clear about the strategy in their areas and the vision and mission of the trust so it appears to have been well disseminated and understood. However, the trust strategy is currently under review as it needs updating to take into account the new NHS system that the trust is now part of.

The chief executive is leading this work and intends to align the trust strategy with the ICP's Integrated Care Strategy and the ICB's Joint Forward Plan and either adjust or develop new strategic objectives for the trust and its contribution at Place and ICB level. The key issue is identifying the trust's contribution to the system and population health and how this differs from what is being done at present. There have been facilitated board workshops looking at this and the integrated care model as part of it. They are also introducing True North as a methodology for tracking progress.

The development of new strategic objectives to align with those of the ICS and identifying the trust's contribution to the system are clearly the priority for the next few months. This may result in some changes in working practice so it will be important to involve staff in the discussions.

## Environmental Sustainability

The NHS is the first health system to embed in law, with the Health and Care Act 2022, the ambition of net-zero. The Act places specific duties on all NHS bodies to statutory emissions and environmental sustainability targets. The target of reaching net zero is 2024 and each board should have appointed a 'net zero lead'. Environmental sustainability is one of the eight quality statements in the new CQC assessment framework. All this should make environmental sustainability a significant focus for NHS boards.

The trust has made considerable progress on environmental sustainability and has sought to embed this in the organisation. There is a well qualified and enthusiastic head of sustainability and a project manager who lead this work but need further resource, in our view, to have an even greater impact in a trust with such a wide geographical reach.

The trust's Green Plan was published in 2020 and was a five year plan. However, as this subject moves so fast, it was relaunched in November 2021 and a Sustainability Strategy (as mentioned above) was produced. The



trust describe this as “an investment in the health and resilience of our communities as well as our planet” The Sustainability Strategy includes ten targeted key questions to structure a holistic approach to sustainability across the trust and an action plan with SMART targets which will be updated annually. The Trust has started well but needs to ensure that targets are measurable and being met consistently. Sustainability needs to remain a priority for the Trust and the Board should have regular reports on progress.

### Recommendation 3

Refresh the current strategy together with the underpinning sub-strategies as appropriate to tie in with the ICS’ strategy and reflect the trust’s contribution to the system.

### Recommendation 4

The trust should increase the promotion, monitoring and reporting of environmental sustainability, including the trust’s Green Plan and its links to the system wide Green Plan and the Sustainability Strategy.

## KLoE 3: Culture

### KLoE 3: Characteristics of good organisations

- Leaders at every level live the vision and embody shared values, prioritise high quality, sustainable and compassionate care, and promote equality and diversity. They encourage pride and positivity in the organisation and focus attention on the needs and experiences of people who use services. Behaviour and performance inconsistent with the vision and values are acted on regardless of seniority.
- Candour, openness, honesty, transparency and challenges to poor practice are the norm. The leadership actively promotes staff empowerment to drive improvement, and raising concerns is encouraged and valued. Staff actively raise concerns and those who do (including external whistle-blowers) are supported. Concerns are investigated sensitively and confidentially, and lessons are shared and acted on. When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again.
- There are processes for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations.
- Leaders model and encourage compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported. There are processes to support staff and promote their positive wellbeing.
- Equality and diversity are actively promoted, and the causes of any workforce inequality are identified and action taken to address these. Staff, including those with protected characteristics under the Equality Act, feel they are treated equitably.
- There is a culture of collective responsibility between staff and teams, where conflicts are resolved quickly and constructively and responsibly is shared.

### A changing culture

Our focus group interviews painted a positive picture of the culture of trust that was described as supportive and friendly. Staff felt able to speak up and believed their concerns were valued and responded to. Staff reported a change in trust leadership which they felt had begun to foster a more open and supportive working environment.

Staff told us the pandemic brought about a change in culture in the organisation. Staff felt the board and the senior leadership team recognised the hugely challenging role the workforce had faced over the last two years, and the need to have an open, honest and supportive discussion about the challenges facing the trust. Operational and clinical teams felt they were empowered to act with speed and agility in response to this unprecedented event. Staff believed the empowerment of people closer to the service fitted well with the culture the trust is working towards. Staff hoped the trust would continue to foster the culture of keeping staff involved in decision making.

The trust is one of the largest NHS community health providers in England, serving a population of about 1.4 million across Kent and 600,000 in East Sussex and London. Given the geographic area covered by the trust some staff suggested there are pockets in the organisation where a supportive culture did not always exist. Some staff are reported to be frustrated, tired and feeling pressured. This is very standard at the moment within the NHS, and it was a concern of those we spoke to that this could have an impact on the interaction between staff and managers. It was recognised that the trust has a history of working very hard with its staff on listening to and learning from staff feedback. The trust should use results from its staff survey results and concerns raised through Freedom to Speak Up to understand differences in culture in teams within the trust.

### Equality, diversity and inclusion

The trust's relevant strategy "Nobody Left Behind, Our people, equity, diversity and inclusion strategy, 2021/22 to 2023/24" asked the question as to how the trust could make all staff feel safe and empowered to bring their full selves and potential to work. The trust worked with its senior leaders, staff partnership forum, staff networks and took account of findings from the Workforce Race Equality Standard and Workforce Disability Equality Standard (WRES and WDES). The strategy sets out the trust's commitment, building on what it has already achieved, to help make the trust the best employer for its people with equal access to career opportunities and fair treatment in the workplace. The trust has worked hard to grow the diversity of its teams and has received recognition as follows;

- Awarded Level 2 Disability Confident employer.
- An active participant in the Mindful Employer Scheme.
- Committed to the Stonewall Diversity Champions and Workplace Equality Index programmes.
- The trust follows the disability confident programme, an initiative by the Department of Work and Pensions to ensure the welfare of people with disabilities, from the point they apply for a job and throughout their career with the trust.
- The trust has six staff networks which are supported by a champion from the trust board. These are:
  - Armed Forces Community Network
  - Black, Asian and Minority Ethnic Network
  - Disability and Carers' Network
  - LGBTQ+ Network
  - Menopause Network
  - Neurodiversity Network

We were told recent changes in the executive team had made a real difference in terms of how equality, diversity and inclusion (EDI) is perceived and supported by the trust. The trust has made great progress in raising the profile of EDI in the trust. It is clear from our interviews that staff network leads are passionate advocates for the work they and their colleagues undertake. However, the weight of expectation, whilst understood by the trust, requires greater recognition and support in order to continue and expand the work of staff networks.

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) were reported to the board on 7 September 2022. The trust had made progress over the last twelve months but there were still areas where the trust needed to make improvements in the coming year. Members of the board noted turnover figures amongst black and minority ethnic colleagues (BAME) was too high and that there were pockets of even higher turnover, such as in the Musculoskeletal Physiotherapy Service. The board noted there was considerable work to be done around encouraging staff to report their disabilities on ESR, the NHS Employee Staff Record system. The board recognised the trust had significant work to do and that WRES and WDES are a top priority for the board. We understand that a refresh of the trusts EDI strategy and actions urgently required will be reported to the Board on 19 April 2023.

An external company was commissioned to undertake a review of EDI in the trust. The trust held a leaders' conference where some BAME colleagues talked about their experiences. We were told that some managers came away from the conference feeling moved by the session and wanting to do something about it, but they did not have the tools. Staff told us the trust is getting better at being an inclusive organisation but recognised more work needed to be done. We were told that Kent itself is not diverse and this doesn't necessarily always lead to diverse thinking. In fact around 10% of the population is non-white British, with significant variation across the county and more than 30% of the residents of Blean Forest are non-white British. We were told that the population makeup of Kent and Medway influences how colleagues from protected characteristic backgrounds are treated, and sometimes that is not what the trust would wish it to be. Some staff thought that there was a lot of unconscious bias that needed to be recognised. Staff thought the trust was starting at a reasonable point, but there was more it could do in relation to inclusivity and diversity and tolerance.

### **Incident reporting**

Staff told us the trust has always been a good reporter of incidents and the trust has a very healthy reporting culture. The Care Quality Commission (CQC) inspection report published in 2019 rated the trust as outstanding and noted the trust had a genuinely open culture in which all safety concerns raised by staff and patients who use services are highly valued as integral to learning and improvement. During our interviews staff reported there had never been a blame conversation happening in the trust. This was considered to be different to some other organisations in Kent and Medway. Staff suggested the challenge would be to get everybody in the system at the same level of reporting and safety culture as KCH.

### **Employee wellbeing**

Staff told us that support for staff is done in a discreet but effective way. The trust is developing a hardship fund through the charitable funds committee and became a real living wage employer in 2022. The trust is considered to be a financially stable organisation that supports investment in its people and services. Many of the staff we spoke to said they enjoyed working for the trust. They told us the trust is very supportive, provides access to development opportunities and invests in its staff. People felt that the board has a real commitment to make a difference. When a concern has been raised, the Board will take action and respond to it.

### A learning organisation

The patient story presented at board meetings provides an opportunity for the board to hear the voice of patients and staff. There is a conversation that happens afterwards where the trust takes accountability for the action that follows and provides assurance that lessons have been learned and ensures changes have been made. The We Care visits programme supports a culture of identifying and sharing what the issues and challenges are and following a process that seeks to identify the most effective solutions.

#### Recommendation 5

The trust should ensure there is sufficient resource to support the work of the staff networks and continue to prioritise work on the WRES and WDES

## KLoE 4: Governance

### KLoE 4: Characteristics of good organisations

- Structures, processes, and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, are clearly set out, understood and effective.
- The board and other levels of governance in the organisation function effectively and interact with each other appropriately.
- Staff are clear on their roles and accountabilities.

### The Governance Framework

The Governance Framework of Kent Community Health NHS Foundation Trust is overseen by the trust board, which comprises of executive and non-executive directors. The board has the following key functions:

- to set strategic direction, define trust objectives and agree trust operating plans
- to monitor performance and ensure corrective action is taken, where required
- to make sure financial stewardship is met
- to make sure high standards of corporate and clinical governance are met
- to appoint, appraise and remunerate directors
- to encourage dialogue with external stakeholders

The board meeting that we observed was chaired well and everyone was encouraged to participate. There was good constructive challenge from the NEDs and the executives summarised their papers well. The agenda was clearly set out in themes with timings and the papers had consistent cover sheets although the papers were quite lengthy with 315 pages. Strategy was restricted to the private part of the meeting and it would be helpful if some strategic discussion could be in public too.

The trust also has an unusual cycle of meetings with the board only meeting quarterly in public and meeting privately in the months in between. However, some matters that would usually be in public, like performance and quality, are then discussed at private meetings. We understand that consideration is being given to publishing relevant reports on the website as it is important that this information is in the public domain and we know that it is not the board's intention to keep it private.

The trust is supported by committees whose membership includes non-executive directors, executive directors and senior managers of the organisation. Each committee has relevant terms of reference. A formal update report for each committee is reported to the board, regularly outlining the activity carried out against the individual committee's terms of reference. The committees of the board are as follows:

- Audit and Risk Committee
- Charitable Funds Committee
- Finance Business and Investment Committee
- Quality Committee
- Remuneration and Terms of Service Committee
- Strategic Workforce Committee

### **Audit and Risk Committee**

The Audit and Risk committee is a non-executive committee of the Board with delegated decision-making powers to provide assurance and hold the Executive Team to account for the corporate governance and internal control. The Audit and Risk committee provides the board with assurance on key aspects including

- effective systems of internal control and risk management.
- effective internal audits and service reviews
- reviewing the findings of external audits and other significant assurance functions
- reviewing risks which have been assigned to the committee and providing assurance that key controls and action plans are adequate to address gaps in controls
- reviewing and reporting on the annual report and financial statements.

Central to the purpose of any audit committee is the responsibility to review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the trust's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board. A standing item on the Audit and Risk meeting agenda is to receive a verbal update on matters discussed at each board committee meeting as well as at the Council of Governors. In the meeting observed in November there were verbal updates from the Chair of the Quality Committee and Strategic Workforce Committee. Each update provided an opportunity for all members of the committee to be informed of potential areas that may represent compliance, risk or control issues. The meeting was effective and well run.

### **Charitable Funds Committee**

This committee acts on behalf of the corporate trustee, in accordance with the trust's standing orders to oversee the charity's operation and to make sure the administration of charitable funds is distinct from the trust's exchequer funds.

### **Finance Business and Investment Committee**

This committee has delegated decision-making powers and maintains robust financial management by monitoring financial performance and making recommendations to the executive team and the board. Executive directors and senior service leads attend by invitation when the committee discusses issues relating to their area of responsibility.

### **Quality Committee**

This committee has delegated decision-making powers. The chief nurse, the medical director, chief operating officer and the director of health inequalities and prevention are members. Other individuals with specialist knowledge attend for specific items with the consent of the chair. The committee invites clinical representatives to attend its meetings to provide assurance on key governance and risk issues and quality improvement.

### **Remuneration and Terms of Service Committee**

Committee members are non-executive directors. The committee is chaired by the trust's chair. The chief executive and director of workforce, organisational development and communications will also normally attend meetings, except where matters relating to them are under discussion.

### **Strategic Workforce Committee**

This committee has delegated decision making powers and provides assurance for strategic workforce issues. Its purpose is also to keep abreast of the strategic context in which the trust is operating in and the consequences and implications on the workforce. It has a particularly important role at present with workforce recruitment and retention being a major concern in the NHS.

### **Committee observations**

Based on our observations of the board and its committees there is much to commend the trust on its approach to governance and the accountability structure it has within the trust. There are clear roles and established meeting structures, which are felt to be effective. Papers are comprehensive, if a little long and presented with a cover sheet that included the purpose of the paper, the ask of the committee, a summary of key points and the proposed recommendation. Non-executive chairs of each committee demonstrated a clear understanding of matters to be discussed, papers were presented as read and time was given for questions and comments on every item. We saw meetings where there was good challenge by NEDs, and positive involvement from the executive directors and others attending.

### **Meeting papers**

The ability to write cogent, succinct, summarized papers that enable the board to make a decision is a real skill. People recognised that the trust has improved the quality and reduced the volume of papers presented to board and its committees. The quality report is now presented as slides. This allows the board to focus on the key points and get through a lot of new information in a shorter period of time. However, this is a work in progress and we recommend training for those who regularly write these papers to enable them to develop their skills and help the board with more focused papers.

### **The Council of Governors**

The Council of Governors (CoG) comprises 13 public governors, five staff governors, and six partnership governors (including one Kent County Council governor). Each public governor represents one of the 12 local authority areas in Kent, plus one governor for the rest of England. There are currently three vacant public

governor positions for the local authority areas of Ashford, Folkstone and Hythe and Swale. Staff governors are elected by trust members of staff. Partnership governors are appointed from organisations that include Kent County Council and local universities.

The CoG meets formally four times a year and has its Annual Members Meeting. The current lead governor was elected in February 2022 and is efficient and enthusiastic. She is a good ambassador for the governors and understands her role. The lead governor and deputy lead governor meet with the trust chair on a regular basis. Governors attend and observe the trust board meeting held in public and board committee meetings. Governors that attend the board and board committees are encouraged to provide a report for the CoG. Governors are expected to attend at least 3 of the 4 CoG meetings held per year.

The CoG includes a developmental section that allows time for discussion of matters raised at previous meetings e.g., the new ICB chief executive and chair attended a meeting of the CoG. Diversity of the CoG and the membership continues to be a challenge. The CoG has made a point of recruiting younger people and was successful in recruiting a public governor who is in full time education. The trust provides an induction course for new governors.

Every meeting of the CoG receives an update on membership e.g., the number of members joining, leaving, demographic information including age etc. There has been a major change in the communications and engagement team who are looking afresh at how the trust interacts with its membership and the public. Examples of previous public and membership engagement events include a winter well week, where every single day covered a different topic e.g., looking after the under-fives and slips, trips and falls.

The governors that we spoke to were very positive about their role and felt valued by the trust. They praised the chair and felt that they could speak to him when they wanted to. Along with governors elsewhere, they are not sure whether they have a role in the new ICS but appreciate the trust are cognisant of this. The support team for the governors was light but this has been addressed recently with extra resource being added to the team. We have observed many CoGs and this is one of the most effective that we have seen.

#### **A supportive assurance programme.**

We Care reviews were implemented in 2018 and are a supportive assurance programme that enables the delivery of high-quality care, through shared learning and quality improvement initiatives to make sure:

- the care delivered by the trust supports Care Quality Commission (CQC) regulations.
- there is increased transparency and assurance
- staff are confident to articulate their rationale for care delivery in peer review
- the use of trust data ensures consistent information
- of involvement of all KCHFT staff and stakeholders.

The We Care review programme uses the CQC methodology of the key lines of enquiry (KLOE) and fundamental standards of care to make sure the teams visited are reviewed within a consistent framework. We Care reviews are co-ordinated by the Quality Management Team to simultaneously gain assurance and the actions are included in infrastructure services business plans. The Quality Management Team look at all aspects of external inspection and accreditation, not just CQC. The Quality Management Team reviewed the structure and content of the pre-visit data pack to align internal performance, quality and safety data to the CQC KLOE. The pre-visit data packs were tailored to the teams being reviewed adding additional metrics, such as length of stay, clinical audit and granular patient safety information alongside national benchmarks.



We Care reviews recommenced in September 2020 to provide assurance of the quality and safety of care delivered to service users in line with the trusts reset and reimagine work plan.

### **Innovation, improvement and assurance**

Staff told us the trust is an amalgamation over time of different organisations providing services that are disparate and spread over a large geographic area. Teams that provide the same or similar services in different parts of the organisation may be structured differently, work differently, and operate under different criteria for accepting patients. Staff recognised there is a tension between wanting everything to be uniform for the trust and the reality of people doing things as they always have or as they were commissioned. Traditional assurance methods perform a function, and they are a necessary part of how the trust is accountable to the wider NHS. However, we were told there is a tension between what governance is needed to support an environment that allows for innovation and improvement, versus one that is a more traditional assurance model.

The Ockenden report published on 30 March 2022, that is the latest in a whole series of reports dated back to before the Francis Review, highlighted the need for trust boards to have oversight of quality and performance and to foster a positive environment to support and encourage service improvement at all levels of an organisation. Every member of the Board needs sufficient information at a high enough level to be confident that the organisation is well run, but not so much information that it becomes difficult to tell what is important. A trust meeting structure should reflect the following guiding principles.

- Provide a clear line of sight from the floor to the board and back again.
- Demonstrate a clear separation of management and board responsibilities.
- Empower decision makers and leaders in the Integrated Service Units.
- Enable staff to achieve their objectives.

The meeting structure should reflect the following design principles.

- Management and board responsibilities are clear and separate
- As few layers within the hierarchy of meetings as possible. The structure should only have four tiers of meetings in order to ensure the timely reporting of information from floor to Board and back again.
- There should be as few meetings as possible. Those that are held should be invested in order to become productive and worthwhile.
- The structure should not conflate assurance and improvement forums
- All relevant staff understand and can describe the structure

Whilst it is not part of a Well Led Review to look in detail at the management meetings structure of a trust, we were told that there was a significant amount of time consumed by meetings and multiple reporting levels which is not unusual. Also, it is poor practice to have management groups reporting into board committees, bypassing the executive. In common with many other trusts, a large assurance meetings structure of this kind can obscure the 'board to ward' (or service area) line of sight and so there is the twin issue of significant opportunity cost lost to meetings and less effective control. In other trusts this has been addressed through applying lean management to the assurance process, with the board and the regulator seen as the 'customers' the system needs to be focussed on. Typically, such a process would start with a comprehensive review of the trust meetings' structure to evaluate the nature and size of the issue, and we recommend that at a time when the trust is under such a pressure around skilled staff this is undertaken within the next six months.

For example, during our review of the trust's risk management arrangements, we noted the Corporate Assurance and Risk Management (CARM) Group, an operational meeting, was reporting directly to the Audit and Risk Committee. There would be a clear separation of management and board responsibilities if CARM reported directly to the integrated management meeting (IMM) that monitors and reviews all high risks that are not described on the BAF and escalates local risks in relation to the trusts' strategic priorities.

### **The governance of trust Standard Operating Procedures and policies in the organisation**

Staff told us there used to be a policy team that kept a spreadsheet of the trust's standard operating procedures (SOP's) and policies that included detail of when they were due for review, the policy / SOP owner and the governance groups that review, approve and ratify the document. We were told the process that operates around SOPs and policies is not working as well as it previously did and of cases where policies and SOPs had gone to the wrong governance groups for review and approval. We understand that the interim trust secretary has been looking at the process for policies so has begun the work needed in this area but all SOP and policy owners will need to be made aware of the correct route for review, approval and ratification of the documents for which they are responsible.

#### **Recommendation 6**

The trust should provide training for those who regularly write board papers to enable them to enhance this skill and produce more focused papers for the board.

#### **Recommendation 7**

The trust should undertake a review of the management groups (that is, the meetings which are outside of the board committees) with the aim of reducing the number of groups which meet, to release time spent in meetings. Focus should then be on ensuring that meetings run effectively, including the reporting of assurance. Any such rationalisation of the managerial assurance meetings' structure will need to be accompanied by organisational development to ensure that the new structure provides more effective assurance.

#### **Recommendation 8**

The trust should ensure the governance of trust Standard Operating Procedures and policies in the organization is understood and followed by all staff who have responsibility for the review, approval and ratification of trust documents.

## KLoE 5: Management of risks, issues & performance

### KLoE 5: Characteristics of good organisations

- There is an effective and comprehensive process to identify, understand, monitor and address current and future risks.
- Financial pressures are managed so that they do not compromise the quality of care. Service developments and efficiency changes are developed and assessed with input from clinicians so that their impact on the quality of care is understood.
- The organisation has the processes to manage current and future performance.
- Performance issues are escalated to the appropriate committees and the board through clear structures and processes.
- Clinical and internal audit processes function well and have a positive impact on quality governance, with clear evidence of action to resolve.

### Management of risks

The trust has a risk management policy and strategy that was reviewed in May 2022. The purpose of this policy and strategy is to ensure there is a consistent approach to risk management across the organisation by embedding it into the Trust's processes. As well as providing a description of the procedural processes required to conduct risk management, the policy and strategy sets out a longer-term plan to further integrate risk management within the culture of the organisation.

The trust is considered to have effective processes in place to identify, understand and monitor risk. The trust internal auditors gave substantial assurance for the effectiveness of the trust's risk management and board assurance framework (BAF) processes in July 2022. The report concluded the trust had clear risk management processes in place across the organisation and a sufficiently comprehensive risk management policy. During our review we found that staff agreed the trust has a robust risk management system that helps to foster a culture where staff feel able to report risks on the risk register.

A risk management strategy is a forward-looking document which sets out an organisation's ambition to develop and embed its approach to risk management, for example by auditing its risk management processes, defining its risk appetite, delivering training to its workforce, or implementing new systems and databases. A risk management policy describes the process by which risk is identified, assessed and managed within an organisation. It also describes the key concepts, and the responsibilities of important post holders within that process. It tells us what should be happening already.

The Code of Governance for NHS provider trusts, published on 27 October 2022 requires a board of directors to monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. In view of this provision the trust should create a separate risk management strategy that should be reviewed annually. This review should cover all material controls, including financial, operational and compliance controls. The board should report on internal controls through the annual governance statement in the annual report. Any matters arising from this review should be incorporated into a revised risk management strategy.

The board has delegated responsibility for the detailed scrutiny of the BAF to its audit and risk committee (ARC). ARC is responsible for oversight of the system of control in the trust and for providing assurance to the board that the model of risk management is effective. The committee seeks to assure the board that effective risk management systems are in place. It achieves this by managing the development of the risk management policy, internal and external audit reviews, calling executive directors to account for their risk portfolios and by monitoring the BAF at each of its meetings.

### Operational management of risk

The operational management of risk is central to the executive team's role which performance manages the BAF by reviewing it in detail on a monthly basis. The purpose of the review is to establish for each risk:

- Whether the risk is accurately described,
- Whether the ratings represent the organisation's exposure to the risk, given the current controls,
- Whether the risk meets the BAF threshold,
- Whether the risk can be linked in a parent/child relationship to an existing risk on the BAF
- Whether the actions identified are sufficient and suitable for the appropriate mitigation of the risk where appropriate

In addition, the executive team will review the risks described on the BAF to ensure they accurately describe the organisation's risk exposure. Where new high risks arise, the director responsible for mitigating the risk must ensure this is added to the BAF through the executive team meetings and on advice of the corporate assurance and risk management group (CARM). Any risk that has a consequence of four and a likelihood of three, will automatically go for executive director consideration as to whether it should be included on the BAF.

The head of corporate services improvement produces an assurance report for the audit and risk committee (ARC) that includes a summary of matters discussed at CARM. A member of the chief nurse's team attends the CARM group, and another attends the patient safety and clinical risk group. When risks reach a certain threshold, they are discussed at the monthly executive performance review (EPR) meeting that includes most of the executive team and the service leads. The EPR meeting is an opportunity to directly inform the executives of the highest risks and discuss action to mitigate those risks. Anything that is enough of a risk to be a risk to the organisation or ability to deliver, is recorded on the BAF.

The trust reports risks scoring over 15. However, this is not a separate corporate risk register. Indeed, a corporate risk register is a summary of the more significant information within the trust's risk register and not a separate governance instrument. It should comprise operational risks that score highly in terms of their likelihood of occurring and their potential impact, that have a wider impact beyond the service where they arose, and that need involvement by executives or colleagues from other services to resolve them. The rollout of the RiO electronic patient record system (EPR) was highlighted to us as a risk that is frequently reported and one that cuts across Divisions. This would be a very good example of a risk that would need to be included in the trust's corporate risk register. In order to clearly identify risks that have a wider impact beyond the service where they arose it is recommended that the trust creates a corporate risk register.

## Integrated Management Meeting

The integrated management meeting (IMM) monitors and reviews all high risks that are not described on the BAF and escalates local risks which are in relation to the trust's strategic priorities ensuring risks are accurately detailed and rated with effective action plans.

## The Corporate Assurance and Risk Management (CARM) Group

CARM is an operational meeting which currently reports to the ARC. CARM reviews risks and incidents identified from all directorates across the trust and ensures they are adequately described on the directorate risk registers. Additionally, the group identifies themes and trends among risks graded as medium and above which, when combined, may present a higher risk than indicated by their individual risk rating. Risks rated as high are reviewed through CARM. Risk/incident deep dives are periodically performed in conjunction with the review of the triangulation report. Areas of concern are escalated to the executive team as appropriate. The trust should consider whether CARM should report directly to the integrated management meeting (IMM) rather than ARC. The IMM meeting monitors and reviews all high risks that are not described on the BAF and escalates local risks in relation to the trusts strategic priorities and would be better placed to assure ARC of matters in relation to risk and risk management. A recommendation regarding this is dealt with in KLOE 4, recommendation 7.

## Patient Safety and Clinical Risk Group

The patient safety and clinical risk group reviews, by service, risks graded 9 and above. Additionally, the group identifies themes and trends throughout clinical services. The chief nurse chairs the group and assists with identifying what action can be taken to reduce the clinical elements of risks discussed at the meeting. Areas of concern are escalated to the executive team as appropriate. The Patient Safety and Clinical Risk Group reports directly to Quality Committee.

## The Board Assurance Framework

The BAF is considered by the executive team at least fortnightly and is reviewed at every trust board meeting held in public or in private. Some staff suggest the trust could do more in relation to proportionate governance that is a little less risk adverse. The trust has undertaken work to develop its risk appetite, but this is not finalised. Having risk appetite on the BAF will serve to prompt discussion of risks that will be tolerated and risks that will not be tolerated and how that balances against the action being taken and the target risk rating. At its board meeting in public on 7 December 2022 the top three BAF risks were reported as follows:

- **Kent County Council (KCC) funded Social Care Risk:** There has been a sustained lack of domiciliary care for KCC funded long term packages of care in the system. This is caused by a number of factors including availability of workforce; reduced numbers of domiciliary care providers in the marketplace, variations in rates of pay and Local Authority funding constraints. This is having an impact on system flow as discharges from hospitals are delayed and NFTR numbers have increased.
- **Operational Pressures and Staff Shortages Risk:** Risk that the on-going operational pressures combined with staff shortages or skill mix issues as a result of managing high turnover alongside a deterioration in retention, vacancies, high acuity of patients and staff absence may result in

unacceptable demands on staff and impact on safer staffing levels, a poorer service to patients and/or the need to limit services with the resultant impact on the system. Risk that the ongoing nature of the pressure described will impact on staff stress levels, fatigue and morale to an extent that the delivery of services to patients is compromised.

- **Winter Pressures & System Surge Risk:** If the winter surge combined with insufficiently funded/coordinated system and plans and or covid related staff absence puts significant additional demand on KCHFT services. Then the demand & decreased staffing capacity could result in the system being overwhelmed and patients not receiving the services they require. Resulting in patients at risk of harm if the level of care or pathway of care required cannot be provided.

Staff also felt that these were the top three risks and had a good understanding of the issues and what was being done to mitigate them.

Another risk reported to the Trust Board meeting in Public on 7 December 2022 was a risk in relation to Equality and Inclusion. *Risk that we are not achieving the level of equality and inclusion aspired to in our strategy. This results in disillusioned staff exiting the trust impacting levels of turnover and recruitment and undermining our aim to be the best employer.* Staff we spoke to suggested that the trust has work to do address risks in relation to equality and inclusion and that the trust would serve its population better if its staff better represented its population.

The trust has much to be commended on in terms of the scrutiny it applies to the review and reporting of the BAF and the extent to which the staff we spoke to understood and agreed with the top three BAF risks reported to the board. Staff were aware of the work to standardise the way risks are described on the divisional risk registers. The trust has developed key phrases / keywords that could be fitted around any risk. This has helped structure the risk in such a way that anybody reading it could understand.

We understand that work is going on to review the BAF and whether it includes the right risks now. Some staff suggested there needed to be a better understanding of how risks that cut across divisions are escalated on to the BAF e.g., RIO the trusts electronic patient records (EPR) system. It was noted by staff that work needed to continue to review risks that have been on the BAF for some considerable time, especially those risks where it is known that some of the controls are reported to be inadequate. Staff recognised the need to actively manage the action being taken in relation to each risk and to consider whether the risk has changed, shifted or the tolerance of the risk had changed.

## Managing performance

The trust has developed a performance framework to ensure the principles of performance management are embedded within the trust and that all staff are aware of their responsibilities and tools available to them to create a culture of high performance and performance improvement. The key objectives of performance management for the trust are to:

- *Inform priorities for management action, developments and funding*
- *Improve performance linked to benchmarking or peer comparison*
- *Provide assurance against the achievement of strategic and business objectives*
- *Deliver regular comprehensive reporting, including requests from third parties*
- *Facilitate the Executive Management Team's role of ensuring progress and identifying corrective action*

- *Embed strong risk management*
- *Provide input for the appraisal and development process concerning training and personal development plans.*

It is incumbent upon all members of staff to contribute to the organisation's performance and its future success. Each member of staff is responsible for providing evidence of their involvement in the delivery of trust services. This can range from completing a personal development plan, patient notes / records, activity data forms; inputting data on the IT systems, managing budgets, recording staff sickness correctly, to reporting to the Trust Board regarding overall performance. In order that individual members of staff are aware of their responsibilities in respect of the performance management framework, job descriptions need to reflect these duties. Failure to perform these duties is considered as a disciplinary issue.

The trust has strong financial leadership and a well-established team that has a good track record of delivery. Both executive and NEDs have a strong understanding of the financial position and the future risks in relation to the efficiency requirements and as a system partner within a financially challenged ICS. We understand that there are discussions taking place about sharing financial risk across system partners but until that is agreed, it will be up to the financial leadership team to support transformation and service change to improve financial efficiency within the trust and across the ICS. It will be important to ensure strong financial governance to maintain grip and control during a challenging period for the ICS.

## Estates

There is a long-standing issue about the management of estates of which the trust is aware. We have identified the estates function as a key area for leadership development and improvement. Strong leadership is required to address the many concerns raised, these included the estates strategy, technical ability, business cases, the backlog maintenance schedule and workforce development. Estates can also provide significant opportunities for financial efficiency and improving patient experience across the ICS with the right leadership and governance to effect change.

The most recent estates strategy required further consultation with stakeholders and does not appear to link to the other strategies at the trust. The strategy includes the trust taking over a substantial number of properties from NHS Property Services. This approach will require strong leadership and workforce development as the trust will be duty bound to ensure the buildings are in good condition and fit for purpose. To support the estates function to be an effective enabler of services further consideration should be given to the strategy and whether this supports the ICS strategy.

Leadership should focus on workforce development, improving technical abilities and encouraging a stronger customer service focus to deliver the requirements of the Trust. Business cases are an important element of estates development ensuring adequate analysis to enable informed decisions with clear benefits and outcomes.

We are aware of a new joint appointment with KMPT for an estates optimisation lead and suggest they focus on the issues raised here and building credibility with the NEDs.



**Recommendation 9**

In view of provision Section D, 2.8 of the Code of Governance the trust should create a separate risk management strategy.

**Recommendation 10**

In order to clearly identify risks that have a wider impact beyond the service where they arose it is recommended that the trust creates a corporate risk register.

**Recommendation 11**

Estates management should continue to be a priority for the trust focusing on the leadership of the estates team and amending the strategy to make it fit for purpose.

**KLoE 6: Information management****KLoE 6: Characteristics of good organisations**

- Quality and sustainability both receive sufficient coverage in relevant meetings at all levels. Staff receive helpful data on a daily basis, which supports them to adjust and improve performance as necessary.
- Integrated reporting supports effective decision-making. There is a holistic understanding of performance, which sufficiently covers and integrates the views of people, with quality, operational and financial information.
- Performance information is used to hold management and staff to account.
- The information used in reporting, performance management and delivering quality care is usually accurate, valid, reliable, timely and relevant, with plans to address any weaknesses.
- Information technology systems are used effectively to monitor and improve the quality of care.
- Data or notifications are consistently submitted to external organisations as required.
- There are robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

**Digital Strategy**

The Trust's Digital Strategy (2021/22 to 2023/24) lays out the trust's approach for how digital services will support the vision for providing systems and services to support its staff in their mission to provide first class, innovative patient care across the community. The trust is working to align with central NHS strategic thinking, while also allowing the opportunity to achieve the trust's digital ambitions that are set out as follows:

- have accessible and integrated technology; giving our staff the digital tools to achieve their ambitions for excellence.
- create a digital space that is capable of becoming an integral part of collaborative, shared public health IT services.
- create highly secure, innovative and sustainable digital services.
- gain better returns on the financial investments we've made in our digital technologies
- have a highly motivated and highly skilled IT workforce.

The trust aims to provide end-user-centric, secure, digital services that are innovative to the benefit of the local health system while being agile enough to evolve with the way that technology is changing. The trust aims to embrace partnerships with other like-minded organisations, learning from each other to achieve success and improve the lives of patients. The trust is working to build stronger relationships with commissioning and provider leaders in the Kent and Medway Integrated Care System (ICS), strengthening the technology capability of KCH and driving the integration of services across the local health economy.

The trust has made substantial investment in new digital tools, for example, the deployment of a new electronic patient record system, RiO, which integrates with the Kent and Medway Care Record. Over the next three years the trust will continue to deliver, using Covid-19 working practices and experiences to develop methodologies that are sustainable for the future. The trust plans to focus on developing its digital capability to support the creation and delivery of high-quality services and build on its shared leadership role within the Kent and Medway ICS.

### Electronic patient record (EPR) system

Staff told us the rollout of the RiO electronic patient record system (EPR) had been problematic and frustrating for some staff. RiO was introduced four years ago and replaced an EPR that was developed very much around each service. This had resulted in 45 different systems. Having one EPR is considered by staff to be better for the trust, however being a more generic system, this may require reconfiguration to suit the requirements of individual services. Examples of problems with using RiO were reported as follows.

- *"I was watching a receptionist putting a referral on to Rio. It took about 82 clicks to move data from a referral form onto the system which is a waste of time".*
- *"Staff are using four different systems because they work with GPs, which is primary care system, which is Rio, they work with the nurse practitioners, that's a different system, and then they have a third system for referrals from 111. Staff are so used to navigating and negotiating that system, there's no space for them to say, why can't we just have one system".*

Staff suggested the trust and its EPR supplier needed to improve internal processes for responding to requests for changes to the EPR to suit the requirements of their services. Staff knew that they could access support from RiO champions but this did not always work. RiO is reported to be a risk that is frequently reported and one that cuts across Divisions. In KLOE 5, we have recommended that the trust should develop a corporate risk register. The implementation of the trust's EPR, (RiO) should be included in the corporate risk register and the trust should review its internal processes for responding to requests for changes to the EPR.

### Data Integrity

The director of finance provided a report on data integrity to the Audit and Risk Committee in November 2022. This included an update on progress with the introduction of Statistical Process Control (SPC) Reporting and work to implement and develop a business intelligence tool, Microsoft PowerBI.

### Statistical Process Control (SPC) Reporting

It was reported that the use of SPC charts continues to be embedded in performance reports, including the integrated performance report to the board and commissioner reports. The trust is working to implement the use of SPC charts within PowerBI that will further enhance reporting and highlight variation that could be caused by data quality issues. Staff told us the use of PowerBI made it easier for staff to access activity and performance data.

### Microsoft PowerBI

It was reported that the trust has been working with other local provider partners to implement and develop a business intelligence tool, Microsoft PowerBI. This tool has enabled the development of dashboards and reports that utilise the regular data flows from RiO, further enhancing the near real-time visibility of key data and metrics (thus highlighting issues potentially due to data quality). A number of performance and data quality dashboards/reports are now available to all staff of the trust. Previously weekly produced reports that were manually shared are now available live on PowerBI and refreshed daily. This has streamlined the process and given staff greater and more frequent access to a number of elements of their service data such as waiting lists.

### Recommendation 12

The trust should review its internal processes for responding to requests for changes to the EPR to suit the requirements of their services.

## KLoE 7: Service users, staff and external partner engagement

### KLoE 7: Characteristics of good organisations

- A full and diverse range of people's views and concerns is encouraged, heard and acted on to shape services and culture.
- The service proactively engages and involves all staff (including those with protected equality characteristics) and ensures that the voices of all staff are heard and acted on to shape services and culture.
- The service is transparent, collaborative, and open with all relevant stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them.

## Engagement and participation

The trust's work in patient engagement is exemplary and innovative and demonstrates the importance that it gives to this area. The trust created a new Participation, Engagement and Patient Experience Directorate in 2020 to make sure patients, service users and family carers can use their own lived experiences to develop trust services. Engagement with the public, patients, local groups and organisations has grown significantly over the last two years. The Patient and Care Partnership Team leads on all participation and engagement work in the trust and collaborates with staff to develop initiatives to make sure there are opportunities for patients, service users and family carers to be involved as equal partners in the decision-making process.

The trust established a patient carer council in 2020. The aim of the council is to drive cultural changes needed in participation, co-design, shared decision-making and engagement. The council is co-chaired by an executive director and a patient representative. Membership of the council includes existing patients, carers, public governors and trust staff. The council receives reports in relation to activities relating to participation, involvement and engagement being conducted by the trust, supports and oversees the trusts quality priorities linked to patient, service user and family carer involvement and submits reports to the trust board quality and strategic workforce committees for assurance.

The trust's Patient Engagement Group became the new People's Network in August 2020. The People's Network conducts essential participation and engagement work in partnership with trust staff and aims to engage and involve patients in activities that promote self-care, wellness and empowerment as well as shape and design relevant services. The People's Network participated in a number of initiatives from August 2020, including co-designing the trust's complaints policy and training and focus groups to evaluate patient experience of care during the pandemic. GGI spoke to several members of the People's Network who feel they are listened to, supported and treated as valued stakeholders that make a significant contribution to the work of the trust. The trust's participation manager was considered to be a valuable conduit through which they could raise any concerns or issues.

The trust assistant director of participation and involvement produces a quarterly report on public and patient engagement, volunteer services, interpreting, accessible information, complaints and patient experience. The trust joined the Triangle of Care (ToC) scheme in April 2021 and is one of the first non-mental health care providers in the UK to have joined as a member. The scheme evidences the trust's sustained commitment to recognise and involve carers and families using trust services. The Healthy Communities Project Kent (HCPK) seeks to advance equity of access to trust services and support the trust's EDI agenda. The project will do this by progressing, refining and sustainably embedding the principles of the preceding Healthy Communities Programme Kent within the Trust as a Legacy Project.

We were told by staff that they do think that the trust wants to hear their views and that there are a number of ways that they can put forward their opinions from meetings and surveys to direct engagement with the executive team. There are also a number of staff networks (described under KLOE 3) for those with protected characteristics which seek to ensure that their voice is heard. In fact, they have been so successful that there is a need to provide more resource to continue the work. The trust also reviews and acts on the results of the staff survey and seeks to improve what they do. However, this area never stands still and needs to be kept under constant review as new initiatives will be needed every year to engage more staff effectively.

## External partner engagement

This is an area of particular significance at present both practically and strategically and is key to the future direction of the trust. Considerable effort has been made to engage with the ICS and the ICB and other collaboration partners. The systems partners that we spoke to were very positive about the trust's involvement in the ICS.

The trust places great emphasis on the role of Place within the system as they can contribute most at that level. The chair of the trust also chairs the West Kent Health and Care Partnership and the chief operating officer is also involved. The chief executive is the senior responsible officer of the East Kent Health and Care Partnership and those we spoke to said that she had made a very positive contribution to this troubled area. Other board members participate in different system work areas and the trust is fully committed to making the system work.

However, as is the case in many trusts, the role that NEDs should play in the new system is not clear. This will resolve in time but meanwhile, we suggest that opportunities are found for NEDs to be more involved with system work.

The external partners that we spoke to thought that the trust was well led and praised both the chair and the chief executive for their leadership and contribution to the ICS. They thought that the trust was participating well in the system. However, they thought that the trust could be more influential and they would like them to be bold and brave.

Partners felt that KCH was key to the work of the system increasing community care and keeping people out of hospital. Kent County Council is in a difficult position and some partners thought that it would be better for the population if KCH provided more domiciliary care. We appreciate that there are differing views on this but the trust does need to identify the areas where it can have the most influence and make the greatest difference and this could be part of the discussion. There have already been board workshops about a new approach to intermediate care and integrated neighbourhood teams and what this will mean for the trust and its partners and these need to be developed and finalised. The trust is in an unique position due to geography and services to provide part of the solution to the issues around intermediate care if the other partners in the ICS also play their part.

The trust clearly wants to collaborate with the ICS and understands the need to do this and that is appreciated by external partners. However, there may be a need for the trust to take the initiative in some areas and these should be agreed as a priority so that the trust can have maximum influence on the discussions. The future of the trust may well depend on this.

#### **Recommendation 13**

The trust needs to decide which opportunities presented by the new system it wants to develop and work with the ICB and other partners to achieve this.

### **KLoE 8: Learning, continuous improvement and innovation**

**KLoE 8: Characteristics of good organisations**

- There is a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research.
- There is knowledge of improvement methods and the skills to use them at all levels of the organisation.
- The service makes effective use of internal and external reviews, and learning is shared effectively and used to make improvements.
- Staff are encouraged to use information and regularly take time out to review individual and team objectives, processes and performance. This is used to make improvements.
- There are organisational systems to support improvements and innovation work, including staff objectives, rewards, data systems and ways of sharing improvement work.

**Patient Safety Incident Response Framework (PSIRF)**

The Patient Safety Incident Response Framework (PSIRF) guides the NHS on how to develop the cultures, systems and behaviours necessary to respond to patient safety incidents in a way that ensures organisations learn from them and implement improvements. The trust was an early adopter for PSIRF, and its implementation is quite advanced. The introduction of PSIRF brings a broader, risk-based approach to patient safety incidents that includes the option to use alternative, proportionate and effective responses to incidents e.g., the use of case note review; timeline mapping, after action reviews and audit. The PSIRF is due to be launched in April 2023. The patient safety team (PST) proposes to work with the assistant director of participation and involvement when implementing the PSIRF Framework. The trust holds a patients safety summit every week to talk about patient safety incidents. The meeting is attended by the Infection Prevention and Control (IPC) team, the patient experience team, heads of different services and other trust leads.

**After Action Reviews**

We were told that the trust's After Action Reviews (AAR) review process has helped to create a very robust response to incidents. The PST review all moderate harm incidents and consider whether or not they meet the Serious Incident (SI) criteria. The team look at the 72-hour incident report and there is a minuted conversation to identify any potential learning.

The trust will hold an AAR even if the incident doesn't meet the SI criteria. All staff involved in the incident are asked to talk about what happened. Members of the PST facilitate discussion but in the future staff will facilitate their own discussion and identify learning that is then monitored by an action plan. The PST work to make sure action is completed on time and learning is embedded. All AARs involve patient safety partners who sit on the trust's patient safety group. The intention is to agree a job specification for patient safety partners.

**Working with partners**

Staff told us serious incidents involving other organisations e.g., General Practitioners and Acute Trusts are more of a challenge as it can be difficult to get them to engage in the investigation process. A lot of the time they will not engage, and until the ICB has decided how they want to oversee the SI investigation process it is difficult to finalise a trust policy.

**Triangulation**

The risk management triangulation and compliance report bring together data from incidents, serious incidents, risks, board assurance framework (BAF), complaints and claims to provide a 'live' snapshot summary formatted in pie charts, graphs or tables of the service for the last 12 months. The CARM Group reviews risks and incidents identified from all directorates across the trust and ensures they are adequately described on the risk register. Additionally, the group identifies themes and trends among medium and above graded risks, which, when combined may present a higher risk than indicated by their individual risk rating. Risk/incident deep dives are also periodically performed in conjunction with the review of the risk management triangulation and compliance report. Areas of concern are escalated to the executive team as appropriate.

### Learning and innovation

Whilst staff development is important to the trust, we were told that some staff may not have the space, time and resources that would allow them the opportunity to take a step back and reflect on their daily work. This is important to get ownership and buy-in from the staff. During our work with the trust, we identified many examples of innovative practice including:

- Implementation of the region's first integrated Care Co-ordination Centre, strengthening collaboration between acute and community care. This is one of the UK's first examples of shared operational decision making and strategic capacity planning across a region, and a move to integrated care delivery.
- The first UK health service provider to adopt CriticalArc's SafeZone® technology for lone worker protection, staff safety, mass and targeted communications, and emergency response coordination.
- Development of a team dedicated to recruiting and supporting patients and carers to work directly with services to co-design, develop and improve the trust's work.
- Establishing a programme board and steering group for health inequalities. The steering group has 70 members from different organisations across Kent.

### Integrated Management Meeting

The trust holds an integrated management meeting (IMM) twice a week. Immediately after IMM, operational teams meet and discuss headlines from the IMM with their individual team leads. IMM gives senior leaders from each of the services time to come together and to think about some of the challenges they face and discuss the action that should be taken. Staff told us that IMM functions as a valuable forum that serves the purpose of cascading information up to and down from the senior leadership team. Once a month operational teams hold a governance meeting to discuss strategy, business planning and work in relation to the trusts Quality Improvement True North work. Monthly meetings are also an opportunity for operational teams to discuss the workforce development programme.

#### Recommendation 14

We recommend the trust takes every opportunity to agree a system wide policy for the investigation of serious incidents that involve different partners in the system.

#### Recommendation 15

The trust is asked to consider how it can ensure all staff have the means to access personal and professional development and the opportunity to introduce changes within their services.





## Appendix A: Methodology and summary of work carried out

### Methodology

The review was undertaken using a well-established technique grounded in the triangulation of evidence. This conforms with the standard for well-led reviews set in the NHSI and CQC guidance of June 2017. GGI's review process used a variety of materials, templates and benchmarking tools to guide various review activities, which have included:

- semi-structured interviews with key staff within KCH
- semi-structured interviews with external stakeholders
- a review of relevant documentation
- interviews with staff focus groups
- meeting observations, including of the Trust board and assurance committees

The review team used the NHS England (previously NHS Improvement) well-led framework, which is structured around eight key lines of enquiry, as the basis for the review:



*NHSI: Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts, June 2017, p.10*

In carrying out this review we have also been mindful of the CQC's new single assessment framework including eight quality statements, which is being implemented in 2023.

## Interviews

The following is a list of individuals interviewed as part of this well-led review

### Non-Executive Directors

Name	Role
Pippa Barber	Non-Executive Director
Paul Butler	Non-Executive Director
Peter Conway	Non-Executive Director
John Goulston	Chair and Non-Executive Director
Kim Lowe	Non-Executive Director
Razia Shariff	Non-Executive Director
Karen Taylor	Non-Executive Director
Niger Turner	Non-Executive Director

We also interviewed the following executive directors as part of the Due Diligence review and discussed further points with them for this review

Name	Role
Pauline Butterworth	Chief Operating Officer
Ali Carruth	Director of Health Inequalities and Prevention
Natalie Davies	Corporate Services Director/Board Secretary
Gordon Flack	Deputy Chief Executive/ Finance Director
Mairead McCormick	Chief Executive
Sarah Phillips	Medical Director
Victoria Robinson Collins	Director of People and Organisational Development
Julia Rogers	Director of Communications and Engagement
Gerard Sammon	Director of Strategy and Partnerships
Mercia Spare	Chief Nurse

### Further internal interviews

Name	Role
Ruth Brown	Community Service Director for Pharmacy
Carol Coleman	Lead Governor
Georgia Denegri	Interim Corporate Trust Secretary
Joy Fuller	Governor Lead/ Freedom to Speak Up Guardian
Mark Johnstone	Community Service Director for Dental and Planned Care
Ben Norton	Head of Corporate Services Improvement
Claire Poole	Deputy Chief Operating Officer
Lisa Sherratt	Head of Risk, IG, Health and Safety Lead
Clare Thomas	Community Service Director for Adult Services
Clive Tracey	Community Service Director for Specialist and Public Health
Dan Wright	Head of Sustainability

### Stakeholder interviews

Name	Role
Paul Bentley	Kent and Medway ICB Chief Executive
Alison Carter	Appointed Governor representing Kent Dementia Action Alliance (Charity Stakeholder)
Jackie Craissati	Kent and Medway NHS and Social Care Partnership Trust Chair
Tracey Fletcher	East Kent Hospitals University NHS Foundation Trust Chief Executive
Cedi Fredrick	Kent and Medway ICB Chair
Richard Smith	Kent County Council Corporate Director Adult Social Care and Health

Focus group	Date
Matron's focus group	8 December 2022
Professional advisory group (AHPs) focus group	12 December 2022
Doctors from frailty & home treatment service	13 December 2022
Patients' focus group	13 December 2022
Governors' focus group	14 December 2022
Doctors from sexual health service	15 December 2022
IMM focus group	16 December 2022
Doctors from children's hearing and community paediatricians' focus group	20 December 2022
Band 5 nurses focus group	9 January 2023

### Meeting observations

The following is a list of meetings observed during the review:

Meetings observed	Date of meeting
Trust board	30 November 2022
Finance, business, and investment committee	12 October 2022
Quality committee	22 September 2022
Strategic workforce committee	3 November 2022
Council of governors	19 October 2022
Executive team	8 November 2022

### Documents reviewed

The following is a list of documents reviewed during the well-led review:

- Public and private board meeting papers
- Committee meeting papers
- Cycle of business for each board assurance committee
- Cycle of business for the board
- Attendance records for the last 12 months for the board and its committees
- The board assurance framework (BAF)
- The policy and procedure on risk management
- The succession plan at board level

- The corporate strategy for the organisation
- All supporting strategies to the organisational strategy
- Organisational policies
- The performance management framework
- Organograms for the organisation
- Annual report and accounts for the last two years
- The corporate meetings structure
- Internal audit reports from the last 12 months
- The organisation's Green Plan
- The organisation's EDI plan

## Appendix 2 - Well led - the key actions for the important recommendations in the GGI review

Ref	Recommendation	Key action(s)	By date	Progress to date
R2	The board should review its development needs and create an outcome orientated board development programme against specific goals. This should include information sessions, strategic needs, team building and informal sessions to enhance their work as a unitary board	Develop board development programme 2023/24	July 2023	Draft outline prepared and discussions re potential Board facilitator re Board Effectiveness and Culture
R3	Refresh the current strategy together with the underpinning sub-strategies as appropriate to tie in with the Kent & Medway Integrated Care Strategy and the ICB's Joint Delivery Plan and reflect the trust's contribution to the system.	Refresh People Strategy, most notably EDI plan (see R5). Complete Estates Optimisation Strategy/ Plan. Develop intermediate Care clinical strategy with revamped rehabilitation and recovery pathways	December 2023	Intermediate Care Strategy being developed with partners in East Kent. Refreshed EDI to the Board (see R5)
R5	The trust should ensure there is sufficient resource to support the work of the staff networks and to continue to prioritise work on the WRES and WDES.	Review current allocations with staff networks as part of network review exercise and undertake gap analysis to inform proposal for executives to consider. Continue to prioritise work on WRES and WDES by delivering on agreed actions following NLB refresh.	December 2023	Network review exercise commencing June 23 anticipated conclusion date with paper to execs October 23. NLB refresh due to conclude mid July 23. WRES/ WDES dashboard and NLB refresh update, then action plan, to SWC and Board June, September.
R7	The trust should undertake a review of the management groups (that is, the meetings which are outside of the board committees) with the aim of reducing the number of groups which meet, to release time spent in meetings. Focus should then be on ensuring that meetings run effectively, including the reporting of assurance. Any such rationalisation of the	Mapping of all groups and then review and revise the governance structures in place to oversee the quality and safety, use of resources, finance, and people agendas	December 2023	Review commenced for Quality sub groups

	management assurance meetings' structure will need to be accompanied by organisational development to ensure that the new structure provides more effective assurance.			
R9	In view of provision Section D, 2.8 of the Code of Governance the trust should create a separate risk management strategy.	Develop combined document as risk management framework (strategy, policy and procedures) to clarify accountabilities for, and escalation thresholds in relation to risk from ward to board.to clarify accountabilities for, and escalation thresholds in relation to risk from ward to board in line with best practice.	October 2023	To ARC on 31 August then Part 1 Board on 19 October 23
R10	In order to clearly identify risks that have a wider impact beyond the service where they arose it is recommended that the trust creates a corporate risk register.	Develop corporate risk register and refresh the BAF in line with best practice and introduce an explicit means of seeking and providing assurance on strategic risk to the board	In place and ongoing	Corporate Risk Register in place and reviewed by ARC who will review it at each meeting. Draft outline to Board on 14 June 23. Full draft to Audit & Risk Committee on 31 August
R11	Estates management needs to continue to be a priority for the trust focusing on the leadership of the estates team and amending the strategy to align with the ICS strategy making it fit for purpose.	Review estates and facilities governance and compliance and the change the structure to ensure adequate leadership in place and undertake a culture and behavioural review.	December 2023	Estates report presented to the Board on 14 June, and new Estates Director in post.
R12	The trust should review its internal processes for responding to requests for changes to the EPR (RiO) to suit the requirements of their services.	Review current process and lessons learnt from progress to date, engage with current supplier to improve usability of the system, work with other organisations with similar issues (e.g. KMPT) for solutions	Ongoing	Problem has been recognised and options being explored

<b>Meeting Title:</b>	Council of Governors
<b>Date of Meeting:</b>	12 July 2023
<b>Agenda Item:</b>	14
<b>Subject:</b>	Update on procurement of the trust's external auditors
<b>Presenting Officer:</b>	Gordon Flack, Chief Finance Officer

### Summary update

This paper provides an update on the procurement of the trust's external auditors, in relation to Council of Governors Minute no. 20/01/13.

Following the expiration of the last external auditor contract on 31 March 2023, the Trust has commenced a new external auditor contract with Grant Thornton LLP for the period 1 April 2023 to 31 March 2024. The new contract also provides an option for an extension of one year covering the period 1 April 2024 to 31 March 2025.

The award of the new contract followed the compliant procurement process undertaken in 2022 and which concluded in early January 2023.

Current legislation states NHS Trusts and Integrated Care Boards (ICBs) must appoint an external auditor to audit its accounts by 31 December in the financial year preceding the one to which the audit relates. Although the current legislation does not explicitly refer to NHS Foundation Trusts, it is advised as best practice and demonstration of good governance for NHS Foundation Trusts to apply the same timelines for re-procuring external auditor services.

As reported at the Council of Governors meeting in January 2023, it was advised the Trust would explore the scoping and agreement for a potential collaborative tendering exercise with Kent & Medway system partners to be undertaken in 2023-24 in preparation for a new contract from 1 April 2024 (Financial Year 2024-25).

As an update, the Kent & Medway Integrated Care Board (ICB) are to lead on the tendering exercise and are in the process of confirming interest from all system partners. It is then expected a timetable for the procurement exercise will be issued during July with the plan for the procurement to conclude before 31 December 2023, in compliance with best practice and legislation in place.

### Recommendation

The Council of Governors is asked to receive this update paper.

**Carl Williams**  
**Head of Financial Accounting**  
**30 June 2023**