

**UNCONFIRMED minutes
of the Kent Community Health NHS Foundation Trust (KCHFT)
Annual General Meeting
held on Wednesday 28 September 2022
The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming,
Maidstone ME16 9NT**

Meeting held in public via MS Teams Live Event

Board members present: John Goulston, Trust Chair (Chair)
Pippa Barber, Non-Executive Director and Senior Independent Director
Paul Butler, Non-Executive Director
Pauline Butterworth, Chief Operating Officer
Ali Carruth, Director of participation, experience and patient engagement
Peter Conway, Non-Executive Director
Kim Lowe, Non-Executive Director
Mairead McCormick, Chief Executive officer
Victoria Robinson-Collins, Director of People and Organisational Development
Gerard Sammon, Director of Strategy and Partnerships
Dr Razia Shariff, Associate Non-Executive Director
Karen Taylor, Non-Executive Director
Nigel Turner, Non-Executive Director

Lead Governor representing the Council of Governors: Carol Coleman, Lead Governor (other governors joined virtually)

In Attendance: Gina Baines Assistant Trust Secretary and Committee Secretary (minute taker)
Sive Cavanagh, deputy chief nurse (representing Dr Mercia Spare, chief nurse)
Dr Lisa Scobbie, deputy medical director (representing Dr Sarah Phillips, medical director)
Gill Jacobs, Deputy director of finance (representing Gordon Flack, Director of Finance and deputy chief executive)
Georgia Denegri, interim trust secretary

28/09/01 Introduction by Trust Chair

Mr Goulston welcomed the Board, the Council of Governors and members of the public to the annual meeting of Kent Community Health NHS Foundation Trust (KCHFT).

28/09/02 Apologies for absence

Apologies were received from Mr Gordon Flack, Director of Finance and Deputy Chief Executive; Ms Gill Harries, public governor, Sevenoaks; Dr Sarah Phillips, Medical Director and Dr Mercia Spare, Chief Nurse.

28/09/03 Declarations of interest

There were no declarations other than those formerly recorded.

28/09/04 Minutes from 2020/21 annual meeting

The minutes were read for accuracy and agreed as a true record.

Mr Goulston thanked those members of the Board and the Council who had stepped down during the last year for their service to KCHFT and welcomed the new members on to the Board and Council of Governors.

28/09/05 Our year 2021/22

A film presentation was given which provided examples from various services about their work during the year. The presentation is published on the Trust's website.

28/09/06 Mr Goulston reflects on the year

Mr Goulston thanked the Board and the Council of Governors for the work that they had done over the last twelve months.

Mr Goulston thanked staff for delivering outstanding care through another difficult year. Using innovation, technology and partnership working to create opportunities and improved ways of working, our teams saw more than two million people, face-to-face and virtually.

He further reflected on the importance of being kind to one another, both for staff and patients. He also stressed the importance of collaboration in delivering quality services to the communities of Kent and Medway.

28/09/07 Our Lead Governor, Ms Carol Coleman

Ms Coleman thanked the outgoing lead governor and deputy lead governor, Mr David Price and Dr Sue Plummer for their years of service. They had undertaken a considerable amount of work to develop an effective Council of Governors during their tenure.

On behalf of the Council, Ms Coleman thanked the staff and volunteers for the work they had done throughout the pandemic in delivering services and by going the extra mile.

The Council also wished to extend its thanks to the Board Directors who had left during the year; Mr Paul Bentley, outgoing Chief Executive and Ms Bridget Skelton, outgoing Non-Executive Director and Senior Independent Director, for their support to the work of the Council and the Trust.

The Council welcomed Ms Mairead McCormick, the new Chief Executive, Mrs Kim Lowe, Non-Executive Director, Ms Karen Taylor, Non-Executive Director, and Dr Razia Shariff, Associate Non-Executive Director.

2021/22 had been a busy year for the Governors supporting the mass vaccination hubs, carrying out their Governor duties, participating in the Patient and Carer Council and observing the Trust Board meetings. Video conferencing had been embraced which had allowed more Governors to attend more events virtually. As the country moved out of the pandemic and restrictions lifted, Governors had visited services where they had had the opportunity to hear from both staff and patients. The Council had worked with the communications team to engage with local communities and attend a number of external events. The Governors had also attended, observed and participated in internal meetings such as committee meetings and events such as the winter well campaign.

With regards to its formal duties, the Council of Governors had approved the external auditors for a further two years and received the Trust Chair's appraisal from the Senior Independent Director and received the appraisals of the Non-Executive Directors from the Chair. Governors had participated in the recruitment of the two new Non-Executive Directors, the Associate Non-Executive Director, as well as the new Chief Executive Officer.

There was one change to the Constitution to note which extended the term of office for Public Governors to six years.

Looking ahead, elections to the Council of Governors would take place in early 2023. Details would be published nearer the time.

Finally, the Council wished to thank the staff and volunteers for their work and commitment in bringing back to life the community hospital gardens.

28/09/08 Snapshot of the year animation

Ms McCormick shared how proud she was to have joined the Trust in July 2022. Since joining, she had visited a number of services and had received a hearty welcome from patients, staff, volunteers, governors and members. She reflected that it had been another tough year for the health service and thanked the staff and governors for all that they had done over the last twelve months. She also thanked Mr Gordon Flack for stepping in as Acting Chief Executive before she had taken up her appointment at KCHFT.

A film presentation was given celebrating the work that KCHFT services had undertaken during the year and as part of the response to COVID-19. Looking ahead to the next twelve months, there was much that KCHFT was planning to do to support colleagues and partners in the ambulance service,

primary care, the acute trusts and mental health services, to reduce backlogs and make healthcare more accessible in the community.

A considerable focus would be on increasing our workforce by filling vacancies. This would be done in part by recruiting Allied Health Professionals from overseas, continuing to train the workforce of tomorrow through the Nursing Academy and encouraging positive conversations about working in healthcare. The organisation would also continue to support colleagues where it could in easing the cost of living pressures. In addition, KCHFT would be implementing its Nobody Left Behind strategy over the coming months. The staff networks would play an important role in this and Ms McCormick welcomed the armed forces network and the neurodiversity network that were the latest groups to be launched.

The pandemic had highlighted the urgent need to tackle health inequalities in our communities and KCHFT was well placed to tackle these. The Health Inequalities Steering Group would be setting the direction of travel and services were already working proactively on their caseloads. Aside from this and like all Trusts, some services in KCHFT had long waiting lists and they were looking for innovative solutions to tackle them.

New models of care within community services were being examined to help support acute trusts get people home for better rehabilitation. Winter planning was well under way and KCHFT was on track with its partners to introduce virtual wards. Integrated services were being developed which included the Edenbridge Memorial Health Centre, currently under construction. All these examples would make a real difference for patients.

At a system level, the Kent and Medway Integrated Care Board had been launched on 1 July 2022. Its role would be to manage integrated care from a system perspective. KCHFT would continue to lead on digital transformation including the Kent and Medway Care Record.

28/09/09 Finance animation

A film presentation was given which set out the key headlines from the 2021/22 annual accounts and report and the iCare charitable funds annual accounts and report.

28/09/10 Proposal to receive and formally adopt the 2021/22 annual report and accounts

The 2021/22 annual report and accounts were received and formally adopted.

28/09/11 Questions from members of the public relating to the agenda

The Chair informed the meeting that several questions had been submitted in advance and the relevant Executive Directors were invited to respond.

People who had joined the meeting online were reminded that if they wanted to ask any questions they could do so by using the chat function and their question would be read out and responded to.

Q1. What are you doing to help support the lowest paid staff at KCHFT?

Ms Robinson-Collins, Director of People and Organisational Development reflected that the cost of living crisis was affecting many people across KCHFT. The organisation had been working hard to support staff with a number of packages. Last year, KCHFT had been accredited as a UK living wage employer. This meant that it paid the real living wage and would continue to do so despite the financial pressures. Being awarded the accreditation had led to an increase in wages of 200 KCHFT's employees. KCHFT had also provided staff with access to financial support by introducing a number of financial wellbeing apps, one of which provided access to small loans and an advance on salary. KCHFT was also using the RAC tracker tool for fuel prices as a local arrangement for mileage rates for colleagues. Other support included meeting the cost of the NHS Blue Light discount card. Lastly, a hardship fund was being introduced which was supported through iCare, KCHFT's charitable fund. The Trust saw its responsibility to support its staff's health and wellbeing as a top priority and this had been recognised by a platinum standard award from NHS Kent and Medway for its work.

Q2. How are we going to tackle the understaffing issue going forward?

Ms Robinson-Collins responded that KCHFT was undertaking a variety of approaches to tackle the staffing issues. These included focussing on retaining staff through providing greater development and career progression; ensuring an environment of psychological safety through equality, diversity and inclusion and leading with compassion and providing support for cost of living pressures. More widely, roles were being redesigned for the future, integrating services across traditional boundaries and implementing new models of care to make roles more interesting. All these approaches were designed to make KCHFT a more attractive place to work and highlight the benefits of working in healthcare for the current and future generations of healthcare workers.

With regards to the problems around recruitment, this was a national issue. Working in the NHS across Kent and Medway was being heavily promoted. The NHS as a whole had looked overseas to recruit international nurses, some of whom were working in KCHFT's own community hospitals and services. Following the success of the international recruitment programme for nurses, KCHFT was planning to recruit Allied Health Professionals internationally. Other programmes to recruit domestic staff, porters and apprentices were also being heavily promoted.

Q3. Are we reviewing our job descriptions which are extremely generic and not profession specific?

Ms Robinson-Collins explained that job descriptions had been streamlined with a view to creating more consistency across the organisation. She acknowledged that this did make it more difficult in some cases to attract some specialists. The recruitment and operational teams had subsequently worked on how they could strategically support attracting and developing staff in those affected services. This would include the revision of job descriptions and advertisements where appropriate.

Q4. Has the Trust got plans to introduce the NHS reservists initiative launched earlier this year?

A4. Ms Robinson-Collins explained that the reservists played an important role in supporting the NHS during peak times and emergencies. KCHFT was fully supportive of the initiative and welcomed those who put themselves forward via the national NHS reservists team.

Q5. When are we going to get a Chief Allied Health Professional at KCHFT?

A5. Ms McCormick responded that there was new national guidance around the role of Allied Health Professionals and how they connected to the Board. She would be reviewing the guidance to see how KCHFT could reflect this in its own senior management team. An outline would be available in the coming weeks.

Q6. How does the Trust make sure the programmes and improvements it is making do not duplicate similar work being done in other Trusts?

Ms McCormick indicated that the Trust was well connected with the other providers in Kent and Medway and there were mechanisms in place to avoid duplication. The Kent and Medway Integrated Care System whose members included both NHS Trusts and Local Councils had been set up to maximise the benefits for the people that they served. The Trust also worked with the various primary care networks to ensure that the Trust's services supported primary care's priorities.

Q7. Why is there still an east / west Kent divide? It would surely make more sense from a staffing and patient safety point of view to have a common approach to service delivery.

Ms Butterworth responded that many services had a common approach to delivery, but there was still some local variation. The Trust was working closely with our partners in both the east and west to meet the needs of our local populations and improve consistency.

Q8. How far in advance do we plan in the NHS?

Mr Goulston explained that the NHS normally worked to a five-year plan. Ms McCormick added that these plans did change if necessary such as in the case of the pandemic.

Q9. When are NHS England PLACE inspections starting again?

Ms Carruth explained that these inspections were a patient led assessment of the clinical environment, known as PLACE. During the pandemic they had been paused. As the NHS had opened up, PLACE lite inspections had been re-introduced. The first full PLACE inspection began in September at Faversham Community Hospital and they would continue until December 2022.

Q10. How long until virtual wards will be up and running?

Ms Butterworth explained that virtual wards were designed to provide patients with consultant-led care at home or in a care home setting with support from an Advanced Nurse Practitioner (ANP) geriatrician, the GP and monitoring technology. Virtual wards were originally set up in response to the pandemic. The aim in Kent and Medway was to provide between 40 and 50 beds with each of Maidstone and Tunbridge Wells NHS Trust and East Kent University Hospitals NHS FT delivering care to respiratory and frail elderly patients. Not all services would rely on new technological solutions. The care was patient specific to identify who would be most suitable for the approach.

Q11. Why is the Sittingbourne Memorial Hospital no longer open as a walk-in vaccination centre with the nearest being Gillingham or Leysdown on the Isle of Sheppey?

Ms Butterworth explained that the NHS Kent and Medway Integrated Care Board determined the best place and provider for the vaccination centres rather than KCHFT. GP and pharmacies should be able to advise people on how best to access vaccination as close to home as possible.

Q12. Rio is our patient information database which stores all our appointment and care records for our patients. Now we have moved to more virtual appointments, is Rio able to keep a record of the videos to help with keeping accurate records?

Ms Butterworth responded that there was a working group for the system's functionality. Rio did not yet have this functionality but the working group was exploring whether this was something that could be introduced.

Q13. Could dialysis treatment be delivered closer to home?

Ms McCormick responded that KCHFT did not offer this service. However, where it made sense to offer care closer to home, then KCHFT would look to deliver it. This was a priority for the Integrated Care Board.

Q14. What is a non-executive director?

Ms Barber explained that a Board was made up of executive directors and non-executive directors. Executive directors were full time employees and reported to the chief executive officer. Non-executive directors in contrast

came from a range of backgrounds. Their role was to constructively challenge the executive directors and contribute to the development of the organisation. They supported the Board with wider experience and offered this expertise to the organisation.

Closing remarks

The Chair thanked the Lead Governor and Executive Directors for their presentations and responses and invited members of the public to send in any further questions after the meeting.

Mr Goulston further thanked KCHFT services and staff across Kent and Medway, East Sussex and inner and outer north east London for their work over the last year.

The following year's annual public meeting would be held on 20 September 2023.