

Agenda and Papers

for the

Council of Governors meeting

to be held at 12:30
on Wednesday 18 October 2023

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COUNCIL OF GOVERNORS MEETING

Wednesday 18 October, 12:30 to 14:00

Rooms 6 and 7, Trinity House, 110-120 Upper Pemberton, Eureka Park, Kennington, Ashford, Kent, TN25 4AZ

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 12 July 2023	Chair	Paper	12:33
4	Action log and matters arising from the meeting held on 12 July 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	Update on Intermediate Care Model	Assistant Director (Adults) Rehab and Therapies	Presentation	12:55
8	Governor Elections Process	Governor Lead	Paper	13:10
9	Governor feedback from constituencies	Full council	Verbal	13:15
10	Report from communications and engagement committee	Chair of committee	Verbal	13:20
11	Report from charitable funds committee	Governor member of committee	Verbal	13:25
12	Engagement and Volunteers Q1 Report	Assistant Director for Prevention and Public Health Services	Paper	13:30
13	Complaints Annual Report	Chief Nursing Officer	Paper	13:35
14	External Auditors Procurement – Update and Recommendation	Chief Finance Officer	Paper	13:40
15	Fit and Proper Person Test Framework	Chief People 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 17 January 2024, Trinity House				14:00

Council of Governors' Register of Interests

Surname	First Name	Role	Financial or other interests declared
Goulston	John	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 Adviser to the Board of Remedy Healthcare Solutions
Allen	Janet (Jan)	Staff Governor, Corporate Services	None
Anderson	William	Staff Governor, Adult Services	None
Ansell	Sarah	Public Governor, Ashford	Voluntary role with KCHFT, Vice Chair of Patient Participation Group at Hamstreet GP Surgery
Ashford	Elaine	Public Governor, Dartford	None
Bellman	Loretta	Public Governor, Tunbridge Wells	None
Bratsou	Maria-Loukia	Staff Governor, Children & Families	None
Carter	Alison	Appointed Governor, Kent Dementia Alliance	Owner of organisation 'No Place like Home' (Dementia Companionship and Care) and Chair of Kent, Swale, Canterbury and Ashford Dementia Action Alliance
Coleman	Carol	Public Governor, Dover/Deal	Member of League of Friends for Deal Hospital
Cornell	Chris	Public Governor, Canterbury	Employee of Birkbeck University and University of Arts
Davies	Ruth	Public Governor, Tonbridge & Malling	None
Dehaney	Lea	Public Governor, Gravesham	Patient representative at Darenth Valley Hospital
Fisher	Alison	Public Governor, Maidstone	None
Ghosh	Anjan	Appointed Governor, Public Health	Employee of Kent County Council, Board member of Kent Housing Group and Health in Europe Centre
Harris	Gillian	Public Governor, Sevenoaks	None
Harris	Janet (Jan)	Staff Governor, Adult Services	None
Kersten	Paula	Appointed Governor, Universities	None
Lloyd	Kimberley	Staff Governor, Health and Wellbeing Services	None
Odumade	Jide	Public Governor, Swale	None

Shepherd	Penny	Public Governor, Folkestone and Hythe	Shareholding and ownership interests of Orchard Community Energy and COAM Members Ltd
Woolgrove	John	Public Governor, Rest of England	None

**UNCONFIRMED Minutes of Council of Governors meeting in public held on
Wednesday 12 July 2023 in the Orchard Suite, The Orchards, East Malling,
Kent, ME19 6BJ**

Present:	John Goulston Janet Allen Sarah Ansell Elaine Ashford Dr Loretta Bellman Alison Carter Carol Coleman Chris Cornell Ruth Davies Lea Dehaney Alison Fisher Gill Harris Tilly Harris Paula Kersten Kimberley Lloyd Jide Odumade Penny Shepherd John Woolgrove	Chair Staff Governor for Corporate Services Public Governor for Ashford Public Governor for Dartford Public Governor for Tunbridge Wells 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 Gravesham Public Governor for Maidstone Public Governor for Sevenoaks Public Governor for Thanet Appointed Governor for Universities Staff Governor for Health and Wellbeing Services Public Governor for Swale Public Governor for Folkestone and Hythe Public Governor for Rest of England
In Attendance:	Pippa Barber Paul Butler Ali Carruth Sive Cavanagh Georgia Denegri Joy Fuller Kim Lowe Mairead McCormick Victoria Robinson-Collins Dr Razia Shariff Karen Taylor Nigel Turner	Non-Executive Director Non-Executive Director Executive Director of Health Inequalities & Prevention Deputy Chief Nurse Interim Director of Governance Governor Lead (minutes) Non-Executive Director Chief Executive Chief People Officer Non-Executive Director Non-Executive Director Non-Executive Director
Observing:	Judith Cramp Gina Baines	Governor Support Administrator Assistant Trust Secretary / Committee Secretary
Apologies:	William Anderson Maria-Loukia Bratsou Anjan Ghosh Janine Harris	Staff Governor for Adult Services Staff Governor for Children and Families Appointed Governor for Public Health Staff Governor for Adult Services

1 Welcome and introduction

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

Apologies were noted from William Anderson, Maria Loukia Bratsou, Anjan Ghosh and Janine Harris.

The meeting was quorate.

2 Declarations of interests

Ms Ansell, Public Governor for Ashford, declared she was now Vice Chair of the Patient Participation Group at Hamstreet Surgery near Ashford. Mr Goulston, Chair declared that he has been asked to be adviser to the Board of Remedy Healthcare Solutions which would be two to three days commitment per month.

It was confirmed that the Register of Interests would be updated.

Action - Joy Fuller

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

3 Minutes of the Council meeting held on 19 April 2023

Mr Goulston thanked Ms Fuller and colleagues for an excellent set of minutes.

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

4 Action log and matters arising from the meeting held on 19 April 2023

Mr Goulston declared that all items on the action log were closed apart from the update on the procurement of the Trust's external auditors. It was confirmed that this would be on the agenda. He therefore asked that this item be closed.

Action – Joy Fuller

In response to a question from Ms Coleman, Ms McCormick confirmed that the patient who spoke at the Board meeting on 12 July 2023 and the member of the public referred to in the final action on the log were two separate cases.

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

5 Chair's report

Mr Goulston presented a verbal report to the Council.

Mr Goulston reported that he and Ms McCormick had attended the opening ceremonies of gardens at Sevenoaks and Deal Hospitals. He thanked all those who had worked to open the gardens and acknowledged their significant efforts. He stated that the gardens would be a great facility for staff, patients and relatives.

Mr Goulston congratulated Ms Lloyd and Ms Allen who had both won staff awards.

Mr Goulston informed the Council that Ms Teresa Fennell, a member of the support staff team, had attended a function at 10 Downing Street as part of the NHS 75 anniversary celebrations where she represented the Trust and met the Secretary of State for Health and Social Care.

Mr Goulston attended the Leadership Conference on 27 June 2023 where Ms Rogers ran a session on the Staff Voice initiative. He recognised the contribution that Staff Governors, Mr Anderson and Ms Bratsou, had made on the co design of this initiative.

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

6 Chief Executive's report and reflections on Board of Directors meeting

Ms McCormick asked the Council to take the report as read.

Ms McCormick summarised key points of the report and highlighted the importance of the strategy and bringing it to life in order to achieve the Trust's ambitions. In particular she emphasised the opportunities to improve the quality of patient care, the pathways of patient care and the interface with the acute health sector, particularly ahead of the winter season. Ms McCormick mentioned the review of community hospitals and asked for governor support in taking this work forward together. She also mentioned the work of the staff networks and the Staff Voice initiative. Ms McCormick concluded her summary by stating how critical it was to understand the Trust's role in health and care partnerships and where its services could have the greatest impact.

Ms McCormick invited further questions and comments regarding her report.

In response to a question from Ms Davies, Ms McCormick explained that there would be multiple drivers for the timeframe of the review of the community hospitals. She stated that a review of the rehabilitation model had already started and would continue when the new Chief Allied Health Professional Officer, Rachel Dalton started later in the summer. Ms McCormick said that the Trust was working with Kent County Council (KCC) in east Kent to maximise use of joint facilities.

In response to a question from Ms Lloyd, Ms McCormick confirmed that every member of staff needed to have an appraisal. She handed over to Ms Robinson-Collins regarding the practicalities of recording appraisals. Ms Robinson-Collins

explained that there was a system deadline every year and this was necessary for reporting purposes. Ms Robinson-Collins suggested an off line conversation with Ms Lloyd to discuss the recording of appraisals for any individual staff member who might have been impacted by the deadline.

In response to a question from Ms Shepherd, Ms Carruth explained that there were five early adopter sites in east Kent for integrated neighbourhood teams. Ms Carruth said she would ensure that the Trust was involved in the development of these early adopter sites and that the voices of patient representatives and governors were heard.

Mr Goulston added that in West Kent there were six integrated neighbourhood team projects. He emphasised that it was important to consider how all this work was communicated with local people and governors.

Ms Rogers commented that she led the communications and engagement relating to the early adopter sites in east Kent and she invited Ms Shepherd to work with her as a patient representative.

In response to a question from Ms Coleman, Ms McCormick confirmed that waste reduction, the use of resources and estates optimisation all fell within the sustainability ambition in the strategy.

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

7

Outcome of governor elections

Ms Fuller outlined that the report contained information on the communications plan and voting information relating to the recent by-elections for the Gravesham and Swale constituencies. She asked the Council to take the report as read.

Ms Fuller welcomed the newly elected governors Mr Dehaney, Public Governor for Gravesham and Mr Odumade, Public Governor for Swale.

Mr Goulston welcomed Mr Dehaney and Mr Odumade to their first Council of Governors meeting.

Mr Goulston mentioned that there would be a task and finish group to consider the timetable for governor elections.

Action – Ms Fuller

In response to a question from Dr Bellman regarding Appointed Governor vacancies, Ms Fuller confirmed that an invitation had been sent to Age UK and the Kent Head Teachers' Association to nominate Appointed Governors. Ms Fuller agreed to follow this up as she had not had a response.

Action – Ms Fuller

Ms Coleman expressed her thanks to Ms Cramp, Ms Fuller and the communications team for their efforts to encourage an increased number of candidates for the by-elections in Gravesham and Swale.

The Council **RECEIVED** the governor elections report.

8 Governor feedback from constituencies

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

Ms Harris reported that, in response to a discussion at the previous Council meeting, she had visited the Edenbridge Memorial Health Centre with Ms Allen. During the visit Ms Harris was shown comprehensive plans for the centre and she confirmed that she was being kept up to date with progress. Ms Harris thanked Ms Allen for the visit.

Mr Odumade explained that he had spoken with members of the public in his constituency about how local NHS services could provide support. He reported that concerns from the public related to the levels of house building in his constituency which in turn put pressure on local NHS services.

Ms Davies reported that she had attended the Communications and Engagement Committee and the Charitable Funds Committee and had met with Tonbridge Cottage Hospital League of Friends.

Ms Ansell had attended a joint service visit to Westview Hospital with Ms Barber, Non-Executive Director and a public health event at Farrow Court, Ashford. Ms Ansell reported that the Farrow Court event was good but could have been better attended. Ms Ansell had also attended the Staff Awards ceremony at the Ashford International Hotel.

Dr Bellman had attended the Communications and Engagement Committee and two excellent We Care visits. One of the We Care visits had been to Hawkhurst Hospital and Dr Bellman had been impressed with the care and the leadership she observed and the progress that had been made since a previous visit last year. The other visit had been to a Long Term Conditions team. She had accompanied a community nurse on her visits and reported on the excellent care provided. She highlighted the challenges facing the team which included the difficulties of parking in Tunbridge Wells and the poor condition of the nurses base.

Ms Coleman had visited Queen Victoria Memorial Hospital, Herne Bay with Ms Barber and reported that there was a lack of storage for Heron Ward with equipment being kept in corridors. She thanked Ms McCormick and Mr Goulston for attending the garden opening at Victoria Hospital, Deal and reported that the garden was being used every day come rain or shine. Ms Coleman confirmed that she had attended the Communications and Engagement Committee.

Ms Fisher had attended the NHS Providers Governor Focus Conference and reported it had provided an excellent opportunity to network with governors from other NHS Trusts. Ms Fisher took part in a webinar on integrated care. She had also attended a presentation by Weald Primary Care Network (PCN) where she had noted how the PCN's priorities linked with those of the Trust. She had also attended the NHS 75 service at Westminster Abbey.

Ms Ashford reported that since the previous Council meeting she had been linking in with the Healthy Living Centre in Dartford.

Ms Allen had attended the Nominations Committee and the Communications and Engagement Committee meetings. She reported she had been involved in the 'Staff Voice', monthly Staff Governor meetings and had attended the Leadership Conference.

In response to a question from Ms Allen about the renewal of Disclosure and Barring Service (DBS) checks, Ms Robinson-Collins confirmed that a three yearly DBS renewal was required for staff who worked in premises that had an Ofsted registration and for some roles in children's services. There was a requirement in staff contracts that if anything changed that could influence a DBS check then staff were obliged to inform their line manager and a further DBS check would be carried out. As part of the recruitment process, staff were encouraged to sign up to the DBS renewal service. Job descriptions were assessed to ascertain the level and frequency of DBS check needed. Ms McCormick suggested that further clarity would be helpful particularly in relation to Staff Governors.

Action – Ms Robinson-Collins

Ms Lloyd had chaired the Communications and Engagement Committee meeting as Deputy Chair in Mr Anderson's absence and had attended the monthly Staff Governor meetings. Ms Lloyd had been involved in 'Staff Voice' and as an Ambassador for the 'Nobody Left Behind' initiative. Ms Lloyd attended the NHS 75 celebration at Rochester Cathedral and reported that it was a lovely occasion. Lastly Ms Lloyd reported that she has been invited to attend some We Care visits.

Ms Shepherd reported that she had joined the East Kent Adult Services Community Engagement online monthly meeting. She had also attended some online lunchtime seminars which were part of the Research in the Community Week in mid-June and also attended an Integrated Care webinar and an Environmental Sustainability webinar. She had attended the KCC Kent Care Summit and attended the Staff Awards ceremony in Ashford. She reported how much the awards ceremony had demonstrated the Trust's strong focus on team work.

Ms Carter reported that she had been very busy with the Kent Dementia Showcase and she thanked colleagues and fellow governors who had attended the event.

Ms Kersten reported that the Canterbury Christ Church University was starting to look at the new NHS Long Term Workforce plan. She would welcome a discussion with the Trust on the priorities and challenges of the plan particularly in relation to community nursing. Mr Goulston agreed to link Ms Kersten with the People Committee.

Action – Mr Goulston

Mr Cornell reported that he had been part of the panel that reviewed the nominations for the Staff Awards. He had been struck by how much the nominations reflected the positive culture of the Trust.

The Council **RECEIVED** the reports.

9 **Report from communications and engagement committee**

Ms Lloyd, as Deputy Chair of the committee, agreed to take questions and comments from the Council.

In response to a question from Mr Goulston, Ms Rogers stated that there would be a hybrid Annual Members Meeting on 20 September 2023 and then a separate themed members event later in the autumn.

In response to a question from Ms Shepherd, Mr Goulston confirmed that the Annual Members Meeting would be held from 2pm to 4pm. He asked Ms Fuller to confirm the date and time to Governors.

Action – Ms Fuller

Ms Coleman confirmed that the Annual Members Meeting would be recorded and added to the public website.

The Council **RECEIVED** the report.

10 **Report from charitable funds committee**

Ms Davies presented a verbal report to the Council.

Ms Davies reported that the committee had met the previous week. There had been a presentation from two members of staff on Heron Ward which had brought alive the improvements. However, Ms Davies acknowledged Ms Coleman's previous comments about lack of storage for equipment.

In terms of current funds available, Ms Davies confirmed that there was a healthy amount and the Hardship fund would be launched during the summer. There were teams who did not access funding and there was ongoing work to reach such teams and make the bidding process as streamlined and accessible as possible. Ms Davies reported that donations were falling but that text donation had been used to good effect at the recent Staff Awards ceremony.

In response to a question from Ms Coleman about administrative costs, Mr Turner explained that the matter was under regular review. He added that the auditing fees had increased significantly over the last three years and to tackle this, there was a retendering process to appoint new auditors.

Ms Sharif commented that the administrative costs were reasonable compared to those of other NHS Trusts. She added that there were some funding pots which were quite difficult to distribute because of their restrictions and there were discussions regarding plans for these types of funds.

The Council **RECEIVED** the report.

11 **Report on patient and public engagement**

Ms Carruth presented highlights contained within the annual report.

Ms Carruth asked the Council to consider how frequently they would like to receive updates on engagement going forward.

Mr Goulston invited questions and comments from the Council.

Ms Coleman gave feedback that a recent participation project had been found to have a lack of consistent purpose, aims and objectives which resulted in the impact of the work being unmeasurable. Ms Coleman suggested that terms of reference could be introduced across all participation groups so that public and patient input could be reflected. Ms Carruth thanked Ms Coleman for her feedback and agreed to consider how to move this forward.

Action – Ms Carruth

Ms Coleman commented that she was unaware of some of the participation and engagement groups cited in the report and that governors might wish to be involved in such groups if they knew the details in advance. Ms Carruth confirmed that recent directorate changes had resulted in a more joined up approach to communication of participation and engagement events and activities.

Ms Lloyd outlined that she was working with Ms Claire Baldock, Voluntary Service Manager, to look at ways of embedding volunteers into some of the trust's services. This work was considering how to ensure that volunteers had a meaningful role and how volunteering could develop into a career.

In relation to Ms Carruth's enquiry about the frequency of the engagement report, the Council expressed a preference for the report to be quarterly. Ms Carruth agreed to work on introducing a quarterly cycle for the report.

Action – Ms Carruth

The Council **RECEIVED** the report.

12

Report from nominations committee

Mr Goulston presented the report in his role as Chair of the Nominations Committee.

Mr Goulston stated that the Nominations Committee held on 24 May 2023 considered annual appraisals for the Chair and the Non-Executive Directors. Mr Goulston explained that governors provided feedback as part of the appraisal process. In the previous year only 20 per cent of governors provided feedback. This year 66 per cent of governors provided feedback and Mr Goulston thanked them for their comments.

Mr Goulston confirmed that at the Nominations Committee on 25 October 2023 there would be a six-monthly review of the Chair and Non-Executive Director appraisals. He also confirmed that the October Committee meeting would consider Non-Executive Director succession as Mr Conway's third term expired on 31 March 2024 and Ms Barber's third term expired on 30 November 2024.

Mr Goulston commented that a new NHS Leadership Framework was to be published including information on appraisals for Chairs and Non-Executive Directors. A paper outlining recommendations for the 2023/24 appraisal process would be considered at the October Committee meeting.

Mr Goulston invited comments from members of the Nominations Committee.

Ms Barber extended her thanks to Ms Denegri for leading the changes to the appraisal process. Ms Barber encouraged all governors to take part in the appraisal process by providing feedback.

Ms Coleman thanked Ms Denegri for her advice and guidance over the last 18 months.

Mr Goulston commented that Ms Denegri had submitted a summary of the KCHFT Chair's appraisal to NHS England and that he too would be submitting a summary of the Non-Executive Directors' appraisals.

Action – Mr Goulston

In response to a question from Ms Fisher, Mr Goulston confirmed that there would be a succession process for the Non-Executive Directors who would be reaching the end of their third term in 2024. The succession plan would go to the Nominations Committee for consideration and then to the Council of Governors for approval.

The Council **RECEIVED** the report.

13

Developmental well-led review

Mr Goulston asked the Council to take the report as read.

Mr Goulston highlighted key actions including Board development, strategic direction, Board effectiveness and culture of the Board and organisation. He also highlighted the actions related to the review of committees and related to the NHS Workforce Disability Equality Standard (WDES) and the NHS Workforce Race Equality Standard (WRES).

Mr Goulston invited questions and comments on the key actions or on the report itself.

In response to a question from Ms Fisher, Ms McCormick confirmed that Mr Kevin Galvin, Director of Estates and Facilities, has recently joined KCHFT.

Mr Goulston suggested that there should be an update on the key actions at the Council of Governors in six months' time.

Action – Ms Fuller

The Council **RECEIVED** the report.

14

Update on procurement of the Trust's external auditors

Mr Goulston asked the Council to take the report as read.

He recommended a further update be brought to the next Council of Governors in October 2023.

Action – Ms Fuller

The Council **RECEIVED** the report.

15 **Any other items of business previously notified to the Chair**

Ms Carruth reported that KCC was consulting on the use of the buildings where their clinics and children's centres are located. As the Trust delivered many of its services out of KCC buildings it had been invited to respond. Ms Carruth reported that KCC was now pausing its initial consultation as they would be issuing a consultation on the Family Hub model. She explained that it was proposed that Family Hubs would deliver health and social care services for children and young people aged 0 to 19 years (extending to 25 years of age for those individuals with special educational needs).

Ms Carruth said that once KCC had feedback on the Family Hub model they would be considering it alongside the feedback from their initial consultation. She confirmed that the Trust had responded to the initial consultation and would be responding to Family Hub consultation as well.

In response to a question from Ms Fisher, Ms Carruth elaborated that those buildings that would not be part of the Family Hub model would be considered as part of the initial consultation.

In response to a question from Ms Ashford, Ms Carruth confirmed that the proposals in the initial consultation could mean the closure of some children's centres.

Mr Goulston asked Ms Fuller to circulate the link to the initial consultation.

Action – Ms Fuller

In response to a question from Ms Coleman, Ms McCormick outlined that the Trust was working through final proposals for the blood service in Deal and an announcement would be made in the next couple of weeks regarding a trial for the re-establishment of the service. Ms Coleman thanked Ms McCormick for the update and her efforts in this regard.

Mr Goulston gave a reminder that the Annual Members Meeting would be held on Wednesday 20 September 2023 between 2pm and 4pm and would be hybrid. The venue would be confirmed for those who would like to attend in person.

16 **Questions from members of the public**

Mr Goulston noted that there were no questions from the public.

Date and Time of Next Meeting

Wednesday 18 October 2023 from 12.30pm.

Venue was to be confirmed.

The meeting in October 2023 would be broadcast live to the public.

The meeting ended at 13.53

DRAFT

Action Log updated: 10/10/2023

Date of meeting	Minute number	Agenda Item	Action Points	Action Owner	Current Status/Update	Open/Closed	Date Closed
19/04/2023	19/04/13	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	The Adult ADHD pathway remains challenged in terms of waiting times due to demand. The Trust is working collaboratively with the ICB to identify initiatives that can support people waiting. However the waiting list for diagnosis and treatment by 3rd parties remains protracted. At the last Public Board meeting the patient story was presented by someone on this pathway who could describe first hand some of the challenges.	Closed	10/10/2023
12/07/2023	2	Declarations of Interest	For the Register of Interests to be updated.	Ms Fuller	The register has been updated	Closed	30/08/2023
12/07/2023	4	Action log and matters arising	To close the item relating to the update on the procurement of the Trust's external auditors.	Ms Fuller	Item closed	Closed	30/08/2023
12/07/2023	7	Outcome of governor elections	To set up a task and finish group to consider the timetable for governor elections	Ms Fuller	Ms Fuller met with Ms Coleman and it was decided that Ms Fuller would submit a briefing paper to the Director of Governance to include proposals for forthcoming elections rather than set up a task and finish group.	Closed	06/09/2023
12/07/2023	7	Outcome of governor elections	To follow up the invitation to nominate an Appointed Governor sent to Age UK and Kent Association of Headteachers.	Ms Fuller	In progress 30/8/23. Letters sent to Age UK and Kent Association of Headteachers. Update 4/10/23 Ms McCormick to approach a contact from Age UK. Follow up emails sent to Kent Association of Headteachers.	Open	
12/07/2023	8	Governor feedback from constituencies	To provide clarity on DBS checks and renewals in relation to Staff Governors.	Ms Robinson-Collins	The situation has now been clarified and DBS checks are underway.	Closed	30/08/2023

12/07/2023	8	Governor feedback from constituencies	To link Ms Kersten with the People Committee to discuss the plans in relation to education of community nurses.	Ms Victoria Robinson-Collins	Ms Robinson-Collins has arranged a meeting on Thursday 7 September 2023 to discuss this matter further.	Closed	01/09/2023
12/07/2023	9	Report from communications and engagement committee	To confirm the date and time of the Annual Members Meeting to Governors.	Ms Fuller	All governors have been invited to the AMM and AGM	Closed	30/08/2023
12/07/2023	11	Report on patient and public engagement	To review how to best reflect public and patient input to participation groups.	Ms Carruth	Going forward, the Senior Participation Manager will be joining the Governor Comms and Engagement meetings in order to provide regular updates on engagement, participation and co design activities and initiatives.	Closed	31/08/2023
12/07/2023	11	Report on patient and public engagement	To work on a quarterly cycle of reporting for patient and public engagement.	Ms Carruth	The Q1 engagement report has been submitted for presentation to the next Council of Governors in October.	Closed	31/08/2023
12/07/2023	12	Report from nominations committee	To submit a summary of the Non-Executive Director appraisals to NHS England.	Mr Goulston	This summary has been submitted.	Closed	30/08/2023
12/07/2023	13	Developmental well-led review	To diarise an update on progress towards key actions at the Council in six months' time.	Ms Fuller	Added to forward plan for the agenda in January 2024	Closed	30/08/2023
12/07/2023	14	Update on procurement of the Trust's external auditors	To diarise a further update for the next Council in October 2023.	Ms Fuller	This has been added to the October agenda	Closed	30/08/2023
12/07/2023	15	Any other business	To circulate the link for the KCC consultation on use of its buildings for clinics and children's centres.	Ms Fuller	KCC link circulated to governors via weekly update email.	Closed	31/08/2023



Title of Meeting	Council of Governors
Date of Meeting:	18 October 2023
Agenda Item:	6
Subject:	Chief Executive's Report
Presenting Officer:	Mairead McCormick, Chief Executive

This report provides highlights of some key updates since the previous Public Board report in July 2023. This report will be presented to the Board meeting on 18 October 2023.

Mairead McCormick
Chief Executive
October 2023

CHIEF EXECUTIVE'S REPORT October 2023

This report highlights some key updates since our previous public Board report in July.

Our we care strategy, executive visits and the importance of listening

Since our last public Board meeting, we have continued to develop our thinking around our new *We care strategy* and I'm pleased with the progress we are making. This has included some Executive Team members and other colleagues, visiting Maidstone and Tunbridge Wells NHS Trust to hear their learning about a new strategic direction, which takes a more focused approach. We have also held our first KCHFT Improvement Board.



There is a huge amount of work progressing to achieve our four ambitions, which includes significant programmes of work to re-think our models of care. I would like to thank every member of KCHFT for their efforts. These achievements – alongside our new direction of travel – were highlighted at our **annual meeting** on Wednesday, 20 September, where we were joined by colleagues, patients, public and partners. You can view it [here](#).

I really welcome the report into **Reading the signals** on our agenda today. It's important we all take the learning from this and from the investigation, which will follow from the conviction of Lucy Letby, a nurse at the **Countess of Chester Hospital**. I have pledged to all colleagues to always listen to any concerns, if people feel they cannot raise an issue with their manager or department lead, they can raise it with me.

Getting out and about and visiting services is incredibly important to me and provides a good sense to the Board and executive team colleagues of how things feel on the ground – there have been **19 executive visits to services**, since the last Board meeting, a summary of these can be found below.



Improving care for patients, carers and their families and meeting the **financial challenge** is one we can only face as a system and one which will only be solved through better integration. The development of provider collaboratives is absolutely key to this and more detail about our East Kent Provider Collaborative is included in the papers. You can also read some of the progress we are making through our work in the [east](#) and [west](#) Kent health and care partnerships, in the latest newsletters.

The Kent and Medway Integrated Care Board published a prior intention notice, to procure a significant **transformation of its model of care for community services**. We are waiting for the detail of the next steps from the ICB, after Medway Health and Adult Social Care Overview Scrutiny Committee deemed these changes a substantial variation to services.

Executive Team visits

Since July, the Executive Team has visited 19 services. Teams continued to be proud of their quality improvement approach to tackling issues, the wellbeing support provided by the trust and the support within their teams, as well as our approach to listening, while recognising there are areas where we can still improve.

Concerns continue around demand and capacity, including the increasingly complex nature of their caseloads, issues around the quality of our estate, duplication between digital and paper notes, as well as gaps or overlaps in commissioning, in some places.

We're currently reviewing our programme of visits to improve the structure of these to focus on our four strategic ambitions, what colleagues want to talk to us about, tailor support that is needed and improve our response to acting on feedback.

Trust ambition: A great place to work

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

NHS staff survey 2023: Now live

We have launched our next campaign to encourage colleagues to complete this year's national NHS Staff Survey. By 11 October, our response rate was at 25.2 per cent, higher than the national average for community trusts. Bank colleagues are also included in this year's survey, we have a 10.74 per cent response rate, the **highest response for community trusts** in the country, at time of writing.



Pulse survey results quarter two 2023: We are safe and healthy



The latest pulse survey launched in July. This survey had a particular focus on **rest breaks** and more than 1,330 colleagues responded.

In all three **core** questions, including, 'in my team we support each other (83 per cent agree)', 'my organisation is supporting my health and wellbeing (66 per cent agree)' and

'I feel well-informed about changes taking place (60 per cent agree)', we scored higher than other community trusts and considerably higher than the national average.

However, the health and wellbeing and important changes questions scored lower than our results for the same questions in the previous survey. We are looking carefully at the results to see where we need to provide additional support to teams.

Hardship fund launched

We have introduced a hardship fund for colleagues who find themselves with an unexpected or emergency expense they can't afford. Funds have been made available for this purpose through our charity, *i care*, which supports staff health and wellbeing, as well as patient care. The maximum payment that will be made to any colleague from the fund is £500. Colleagues

will also be given financial counselling and referrals to other schemes which could help them. All applications are dealt with by an external provider – North Kent Citizen's Advice.

Staff vaccinations

Our seasonal vaccinations programme is now underway. We are offering free flu vaccinations for every colleague and Covid boosters to everyone who is eligible.

The programme this year is being delivered by our school-aged immunisation service, with bookable clinics provided across Kent and Medway, via the online booking system. Colleagues in East Sussex and London will be able to use their local provision, if they want to. Bookings in the first two weeks have filled up quickly, with more vaccinators being added to popular dates and venues.



National People Promise in action campaign

Colleagues from our Thanet district nursing and health visiting teams have been featured in this year's national NHS England People Promise campaign.



Developing staff voice model

Engagement with colleagues from across the organisation continues to take place to co-design a new staff voice model, which includes developing a staff council-type approach. A draft model, developed by staff governors, network leads, FTSU guardian, health and wellbeing champions and other colleagues, was tested at our 'We care' conference in June, attended by 250 staff. Feedback has now been analysed and is helping to guide next steps. The model has our staff governors at its heart and one of the next steps is to develop the role descriptions and increase support and training for our staff governors.

Our apprentices

The achievements of 56 apprentices were celebrated at a graduation event in August. We have now trained 222 colleagues through our apprentice scheme since 2018.

Our apprentices include 17 fully-qualified registered nurses and 27 nurse associates, as well as assistant practitioners, physiotherapists, dental nurses, occupational therapists, business administrators and chartered managers.

During the past five years we have more than doubled the number of apprenticeships on offer, including 26 different programmes ranging from level two to level seven Master's degrees. Our next cohort of registered nurse degree apprentices begin in February 2024.

Trust ambition: Better patient experience

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

'We care' conference showcases plans to transform hospital rehabilitation and recovery



In September, we hosted our 'We care' conference, focused on our 'better patient experience' ambition and our plans to transform rehabilitation and recovery in our community hospitals, helping people to get home sooner and safely.

More than 175 colleagues joined the conference in person, with another 100 joining online to listen to test our thinking about the case for change. **Ninety-six per cent** of people agreed we needed to change our approach to rehabilitation in our community hospitals. We also heard powerful feedback from colleagues who are striving to improve patient care and provide the best possible experience. We produced a short film to explain the Westbrook Model and how it can benefit patients, colleagues and the wider system.

Integrated neighbourhood working



The first of four 'early adopter' Integrated Neighbourhood Teams, Total Health Excellence (THE) east and west, held their launch event on Thursday, 7 September. We are working closely with the PCNs to make sure we play a significant role in plans to provide more joined-up working for patients and residents.

The other PCN early adopters in east Kent; Canterbury North and South, Mid Kent and The Marsh, will also be meeting shortly to discuss their priorities. Discussions are underway with the next cohort of fast followers, including PCNs in Thanet.

Clinical coordination hub for west Kent

We are working with South East Coast Ambulance Service (SECamb), and other partners to trial the co-location of teams to provide additional support to ambulance crews and reduce transportation to acute hospitals. The hub, at our site near Maidstone Hospital, will be trialled from this week for a period of four weeks. Following the trial, we will jointly evaluate the data to understand the impact this trial has had for staff, patients and our partners.

Awards

The East Kent Community Specialist Respiratory Service has been shortlisted in the Health Service Journal Awards.

The nomination recognises the team's commitment during the pandemic as they continued looking after vulnerable patients and how the team continues to provide innovative solutions to the challenges they face every day.



The team will join other finalists on 16 November at the awards ceremony in London. You can watch a short film of the project [here](#).

Our community chronic pain management team was highly commended in the national PrescQIPP CIC awards, for its work in prisons. We were recognised in the patient safety and overprescribing category, for reducing the use of opiates in prisons.

A new medical centre for Edenbridge

We organised a public meeting in Edenbridge on Saturday, 7 October, to provide an update to the community on the next steps to deliver a new £13.5 million community healthcare hub for the town. More than



140 people attended, including local MP Tom Tugendhat and we fed back what we heard during our listening events in March and how we have responded to their concerns, particularly around x-ray, minor injuries services, travel and transport.

A pilot to provide a minor injuries services from Monday to Friday at the Edenbridge Medical Practice in place of the one at Edenbridge Hospital, has proved successful and will continue at the practice until the new centre is opened later this year.

Trust ambition: Putting communities first

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

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 have produced a short animation to help describe the purpose and importance of recording ethnicity and other protected characteristics on Rio. [Health inequalities](#)

Tackling health inequalities

In September, Rhona Clover and Vita Martin-Achong from our Health Visiting Team attended the Institute of Health Visiting's national excellence in practice conference to deliver a presentation on our innovative Family Partnership Programme. They demonstrated how the programme is supporting parental confidence, child development and improved outcomes for Kent's most vulnerable families through this enhanced Health Visiting offer.

The public health bus welcomed its 1,000 visitor in quarter two. The main reasons for visiting the bus are for school-age immunisation catch up and NHS Health Checks. The bus also supports the rough sleeper service and the sexual health team.

ADHD medicine shortage

We are working with NHS England and the ICB to co-ordinate messaging to parent, patients, primary care and other stakeholders on the national shortage of ADHD medication.

Trust ambition: Sustainable care

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

Staff spend less time on administrative tasks that don't add value

Our flobots automation programme continues to deliver savings for the trust in time and money. More than 100 processes have been automated, representing 15 whole time equivalent (WTE) administrative posts. A further 76 processes are being assessed and worked on, representing an indicative **unvalidated** saving of £1.43m or 87,021 (55.25 WTE) time-releasing hours.

Until recently, we have approached the programme with a focus on releasing time and improving health and wellbeing. While this is still a significant target for us, we have also now started to focus on releasing cash and/or demonstrating a reduction in vacancies/bank spend through automation, for example, reducing time spent on Rio. Our breakthrough objective target to deliver automations is five per cent (£700k) of our efficiency target in 2023-24.

A huge thank you to all our KCHFT colleagues and volunteers for everything they do – and to our partners, without whom, we will not be able to improve care and outcomes for our patients.

M. A McCormick

Mairead McCormick
Chief Executive October 2023

Title of Meeting	Council of Governors
Date of Meeting:	18 October 2023
Agenda Item:	8
Subject:	Governor Elections Process
Presenting Officer:	Joy Fuller, Governor Lead

1. Introduction

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

In early 2024, we will be holding governor elections in the following constituencies:

- Public Governor, Dartford (1 vacancy)
- Public Governor, Tunbridge Wells (1 vacancy)
- Public Governor, Sevenoaks (1 vacancy)
- Public Governor, Thanet (1 vacancy)
- Staff Governor, Corporate Services (1 vacancy)
- Staff Governor, Adult Services (1 vacancy)
- Staff Governor, Children and Families (1 vacancy)
- Staff Governor, Health and Wellbeing Services (1 vacancy)

2. Proposal

It is proposed that the election process should commence on Thursday 11 January 2024, in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Thursday 11 January 2024
Deadline for delivery of nominations	Monday 29 January 2024
Publication of statement of nominated candidates	Tuesday 30 January 2024
Final day for candidate withdrawal	Thursday 1 February 2024
Notice of Poll published	Thursday 15 February 2024
Close of election	Thursday 7 March 2024

Declaration of results	Friday 8 March 2024
Governor induction session	Monday 29 March 2024

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

3. **Recommendation**

- Governors are asked to approve the proposed timetable.
- Governors are asked to receive the Quarter 2 public membership activity for information (please see appendix 1).

Joy Fuller
Governor Lead
October 2023

Appendix 1

Public membership activity

Quarter two: July to September 2023

The trust's public membership at 30 September 2023:

Total membership = 8,448

Month	Number of new members
July	4
August	29
September	4

Of the membership

- 553 are from Black, Asian or minority ethnic communities
- 34 are aged 21 or under
- 1,186 are aged over 75.

Contacts

Who speaks for you?

Reminders to vote for our Gravesham governor were shared with 149 constituency members. This messaging was also supported by a social media campaign targeting followers in the Gravesham area. This was seen by 1,817 people on Facebook and 714 people on Twitter (X).

Involvement opportunities in west Kent

We invited 812 west Kent members to join engagement events hosted by West Kent Health and Care Partnership during the summer.

Join our annual meeting

We shared an invitation and a reminder to our members to join us at our annual meeting. This equalled 7,158 contacts.

Keeping in touch

In [July](#), [August](#) and [September](#), we shared our stakeholder newsletter with members. These messages were sent to more than 3,640 members each time with an average read rate of 29 per cent. Each newsletter included a personalised message from one of our public governors: July was Alison Fisher (Maidstone), August was Loretta Bellman (Tunbridge Wells) and September was Sarah Ansell (Ashford).

In August, we supported Public Governor Sarah Ansell to send a personalised message to her constituents in Ashford. This was sent to 261 people, with a 33 per cent read rate.

That's a total of 19,300 contacts.

Community Health: Promoting our governors and membership offer

In September, we published the autumn issue of our Community Health magazine (20,000 printed copies), which included a full-page spotlighting the work of our governors. In a message from Lead Governor Carol Coleman, we promoted the year in review and also welcomed our new governors who joined the council in 2023.

The magazine also featured a full-page membership form which could be returned by freepost. This will be complimented by a social media campaign to encourage people to sign up to become a member, including three top reasons to join. The first post was published just after our annual meeting and the following posts are scheduled for this month. The first post reached more than 352 people on Facebook. The online version of the magazine has been viewed 154 times.



NHS
Kent Community Health
NHS Foundation Trust

Three reasons to become a member of KCHFT

Have your say on NHS services | NHS discounts | Hear the latest NHS news

Sign up to be a member kentcht.nhs.uk/member

we care

Title of Meeting	Council of Governors
Date of Meeting:	18 October 2023
Agenda Item:	12
Subject:	Engagement and Volunteers Q1 report
Presenting Officer:	Susan Mitchell, Assistant Director Prevention and Public Health Services

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

Susan Mitchell
Assistant Director Prevention and Public Health Services
October 2023

Engagement and Volunteers Quarterly Report April to June 2023

Executive summary

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

People's Network

There are currently **19** active participation partners supporting the People's Network with an average of **12** attending monthly meetings. This quarter, the group have engaged with updates on the health inequalities work plan, voluntary services and the new hubs mobility service.

The highlight of the quarter was celebrating our participation partner of the year at the 2023 staff awards. Steve Bamford won this year's title for the amazing work he has done to support the Sexual Health Team, co-designing a HIV peer support group and raising money for our charity, i care. Congratulations also goes to runner up, Anne Carroll, for the support she has provided to the South East Driveability Service.



Participation Matters

This quarter's newsletter was sent to **3606** public members and volunteers with a **38 per cent** (1375) open rate. The edition featured Julian and Lizzie's volunteer stories for Volunteer's Week, the winners of participation partner and volunteer of the year, a Healthwatch award to recognise work by the People's Network, and a call to action for the patient-led assessments of the care environment starting in September.

After two years of a successful and well-established network, plans are in motion to reimagine the objectives and format of the group. The terms of reference and code of conduct are currently in development and will be linked to the population health and patient experience and learning groups.

Participation

Patient and Carer Council (PCC)

The PCC disbanded early in the year due to the executive team restructure. This has now been replaced by the Patient Experience and Learning Council with meetings beginning in July. KCHFT Governors and participation partners will be part of the membership for the new council.

Veterans and Armed Forces community

As part of our continuing work with veterans and members of the armed forces community to make sure KCHFT 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 and to improve the lived experience of Armed Forces community members.

We worked with our Podiatry service to hold a focus group in June 2023 for patients who were identified as veterans or members of the armed forces community. To gain insight into their experience of care, we asked what mattered to them when accessing our services and what extra support or signposting they might need for themselves or their families. Participants from the focus group said the services were excellent and wouldn't want anything more in terms of 'good care' although they did say that the 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.

Virtual wards

Evaluation from the virtual wards patient engagement sessions carried out in September 2022 evidenced patient concerns with regard to digital exclusion in using technology to manage their health care at home. To make sure patients were given the opportunity to discuss their concerns, a meeting was arranged with Doccla, the provider of the technology. About 30 patients and carers attended the meeting in Whitstable in April to address technology concerns. The representative from Doccla brought equipment used by patients on a virtual ward and explained how it worked, from taking the readings to being reviewed by the clinical teams. Patients and carers were able to practice with the equipment. Following the session, the attendees felt very positive about the potential of being a patient on the ward. This was a great learning experience for Doccla and for the members of the group. We were able to present the virtual ward patient engagement work to the NHS England regional group which was very well received.



Engagement toolkit and training

We have continued to work with our participation partners, health inequalities team and other colleagues to develop a suite of resources to enable the organisation to better involve and engage with patients, unpaid carers and families.

We have developed a toolkit including top tips for engagement as well as resources and information. The toolkit has been designed as a practical guide to help services to deliver effective and meaningful engagement detailing different methods to collect, insight, feedback and experience.

The toolkit is currently being designed and will go live in September 2023.

Together with participation partners, we have revised our co designed involvement training to align with current legislation, organisational strategy and address feedback from previous training. Two sessions were delivered as a pilot with dental and planned care QI project leads, to support involvement of patients and service users in their QI projects. The evaluation from both sessions stated that the training had increased participant knowledge and developed skills and confidence in delivering patient engagement.

Talking Together support group

Three sessions were held this quarter covering the topics; discrimination at work, employment law and travel rules on going abroad with medication. The aim of discussing these topics was to reduce anxieties, share knowledge and experiences among members. The group expanded with three new members, taking the group to 11 regular members.

HIV missed appointment project

17 patients who had missed more than two HIV appointments identified barriers and service solutions to support patients to attend their appointments. Two main themes emerged; appointments were booked too far in advance and there were challenges attending for those working as shift workers or working away from home. Patients suggested the following improvement changes:

- reminder texts with a clickable link to make changes to appointments quicker and easier
- ability to book their own appointment instead of clinic staff booking their appointments too far in advance
- weekend and evening appointments, even if these are a few times a month.

This work has been fed into Sexual Health's ongoing project to reduce DNA rates of people living in the most and least deprived areas.

Kent Family Website

To support an improved service user experience, the Public Health webpages (Kent Family) have been developed, including health visiting, school health and school aged immunisation services. **Eight** parents helped design and test the Kent Family webpages which provide access to services and support based on a child's stage in life (Kent Baby (0-5), Kent Child (4-11), and Kent Teen (11-19)) providing family centred access, and improved transition between services. Parent participation sessions were held both online and at children centres in Thanet. The site will be launched in September.

Peer-to-peer parenting and nutrition project

Parents living in Thanet helped co-develop a research proposal to fund a peer parenting and nutrition project as part of a collaboration between the University of Surrey and the Health Visiting service. If funding is successful, parents will co-design a program to be delivered by parents for parents, supporting healthy and responsive eating and feeding. If funding is approved, the programme will start in July 2024 and has the potential to contribute towards a reduction in obesity rates in the most deprived areas.

Eastern European School Aged Immunisation project

To improve uptake of school aged immunisations amongst the Eastern European population, we partnered with Compas charity to interview **61** Eastern European parents and identify their attitudes towards vaccination of children and their experiences of school aged immunisations. Issues identified included

- confusion over different schedules of vaccinations to home countries
- lack of understanding of systems in the UK
- lack of confidence in vaccinations delivered by nurses in schools and an expectation that vaccinations should be delivered by GPs
- a belief that parents should make healthcare decisions for their children until they are 18.

Six parents worked with us to identify service solutions including co-designing a targeted and translated invitation letter and testing our online registration system. In response to the insights, a new model of close working with the primary care network in Margate has been developed, with clinics held jointly and invitations supported by local GP surgeries.

Carers involvement

Carers champions

We have **28** carer champions who continue to support carer involvement, particularly in our community hospitals. Through the monthly network meeting, champions are encouraged to

share stories of 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. We are also looking for a lead for the west Kent community hospitals.

Carers involvement steering group

The carers involvement steering group continues to monitor carer involvement across the organisation. Current work being undertaken by the group includes:

- reviewing and updating the carers survey to minimise questions and increase completion rates
- developing a bitesize version of the carers awareness training to be available as e-learning
- reviewing the external website and better access to the carers survey
- carers conference planning for 2024.

Volunteers

Recruitment and retention

We currently have **166** active volunteers working across the trust. This quarter we've had one leaver, 14 currently going through recruitment and **16** newly recruited; six community hospital support volunteers, one cardiac rehab support volunteer, one gardener and eight breastfeeding support volunteers. Recruiting new volunteers and supporting services helps to increase awareness of our volunteers and provides more opportunities for volunteers to make a positive contribution to the care of our patients, the public and colleagues.

Volunteer of the Year

This year, we introduced a new category in our staff awards celebration to recognise the amazing work of our volunteers. Our winners were Derek and Tasha, speech and language support volunteers. Derek and Tasha have both had strokes in the past and following a speech therapy working group, volunteered to run a group for other patients with communication difficulties. They run the group independently, providing an opportunity for patients to communicate in a safe space, share experiences, listen, empathise, and give suggestions without judgement.



Voluntary Services also won the award for Support Service of the Year for always striving to provide a high level of service to all who engage with them. Winning the award not only provides recognition but is another step to raise awareness of volunteers at KCHFT.

Volunteers Week

This year the team organised two recognition events in Ashford and Tonbridge, attended by **55** staff and volunteers.

We want volunteers to feel valued and to enjoy supporting KCHFT. Our events included a quiz and raffle, and talks from research champions, infant feeding, and health walk services. We also had a talk from our staff wellbeing lead who discussed the services available to both volunteers and colleagues. The health and wellbeing of our volunteers is paramount, and enables us to support individuals to make a positive impact in their roles.



Interpreting

Completed interpreting bookings this quarter:

Month	Face-to-face	Telephone	Video
April	139	322	36
May	156↑	369↑	53↑
June	159↑	372↑	43↓

Compared to quarter one last year, the use of interpreters is increasing across all methods as can be seen below from April to June 2022.

Month	Face-to-face	Telephone	Video
April	114	314	22
May	161	365	44
June	118	306	25

Top 5 languages used this quarter:

Language	Completed bookings
Romanian	175
Slovak	154
Bengali	129
Polish	117
Punjabi	115

Top 5 services using interpreters this quarter:

Service	Location	Completed bookings
Physiotherapy	Gravesham Community Hospital	138
Health Visiting	Gravesend	134
Dental	Inner North East London	129
Community Orthopaedics	Westbrook, Margate	77
Dental	Outer North East London	74

Accessible information

Recite Me

This quarter, the public have utilised the following tools on the accessibility toolbar on the public website:

Screen reader	Translation	Styling	Reading aids
912	23,873	1,227	294

Easy Read documents

The learning disability group have tested and produced the following documents in an Easy Read format:

- Dental acceptance letter
- Dental appointment letter
- Medical history form

Patient experience

Responses from the adult patient experience survey for the question ‘*If you need help to communicate or understand information, did we support you?*’ were reviewed for the quarter. **Eight** responses for the Podiatry Service mentioned a patient being deaf or hard of hearing. Feedback was shared with the team with actions including:

- procuring hearing devices or portable hearing loops for community-based teams
- reminder to colleagues to accurately record, share and act on patient communication needs.

Two responses for the Clinical Nutrition and Dietetics Service were shared as examples of good practice when supporting communication needs of patients:

- “I am autistic and therefore get very anxious when I don't know what's happening. Beth explained everything she was going to do before she did it and answered every question I had in as much detail as I needed” – Home Enteral Nutrition
- “I have hearing loss and I explained this to the young lady prior to starting our conversation. She was absolutely brilliant in speaking to me slowly and precisely, something a lot of people actually don't understand, we need precise conversation and slowly” – Community Dietetics

Expert Patients Programme (EPP)

Due to staff unforeseen absence, courses for this quarter have been put on hold. We are currently working with the lead EPP facilitator and volunteers to explore how we will deliver the postponed courses.

Sharon Picken
Senior Participation Manager
 1st August 2023



Kent Community Health
NHS Foundation Trust

Title of Meeting	Council of Governors
Date of Meeting:	18 October 2023
Agenda Item:	13
Subject:	Complaints Annual Report 2022/23
Presenting Officer:	Dr Mercia Spare, Chief Nursing Officer

This report provides assurance that KCHFT responded in a timely and compassionate way to complaints and PALS contacts received during 2022 to 2023 and used the learning identified to improve services.

Dr Mercia Spare
Chief Nursing Officer
October 2023

Complaints and PALS Annual Report 2022/23

1.0 Introduction

The aim of this report is to provide assurance that Kent Community Health NHS Foundation Trust (KCHFT) responded in a timely and compassionate way to complaints and PALS contacts received during 2022-2023; and used the learning identified to improve services.

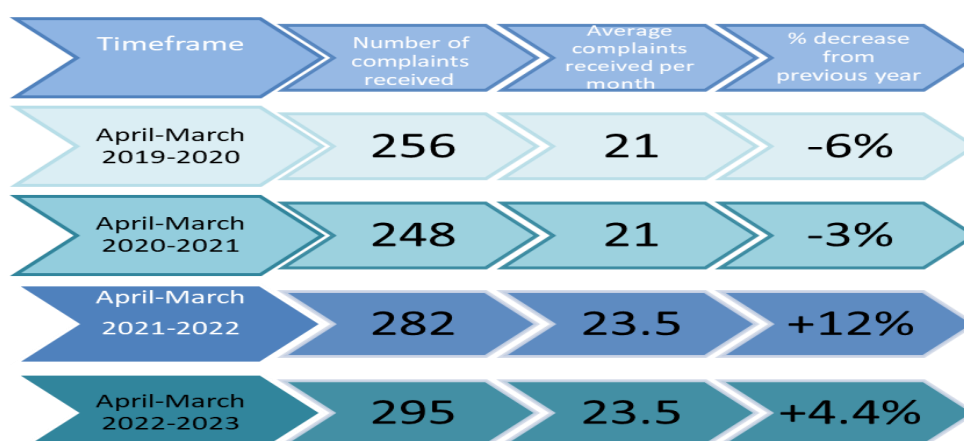
1.1. This report meets the reporting requirements detailed in regulation 18 of the Local Authority Social Services and NHS Complaints Regulations (2009) and will specify:

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

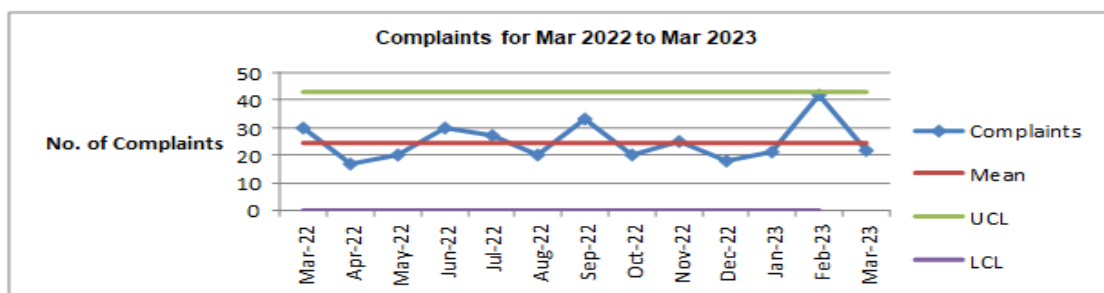
In addition, data on contacts with PALS are included to provide an overall view of queries, concerns and issues raised to the trust.

2.0. Complaints received in 2022/2023

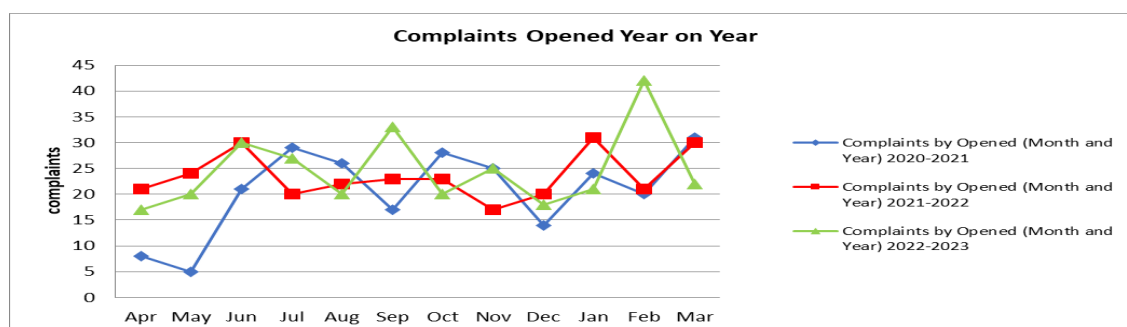
2.1. In 2022/2023, 295 complaints were received in comparison to 282 in 2021/2022; an increase of 13 (4.4%). This is the second increase in 3 years, following a steady reduction between 2018 and 2020. Community Paediatrics, who saw a further increase became the service with the largest number of complaints. Community Nursing followed closely behind, but this was still a large reduction from last year. Further information and detail can be seen in 4.1 and 5.1.



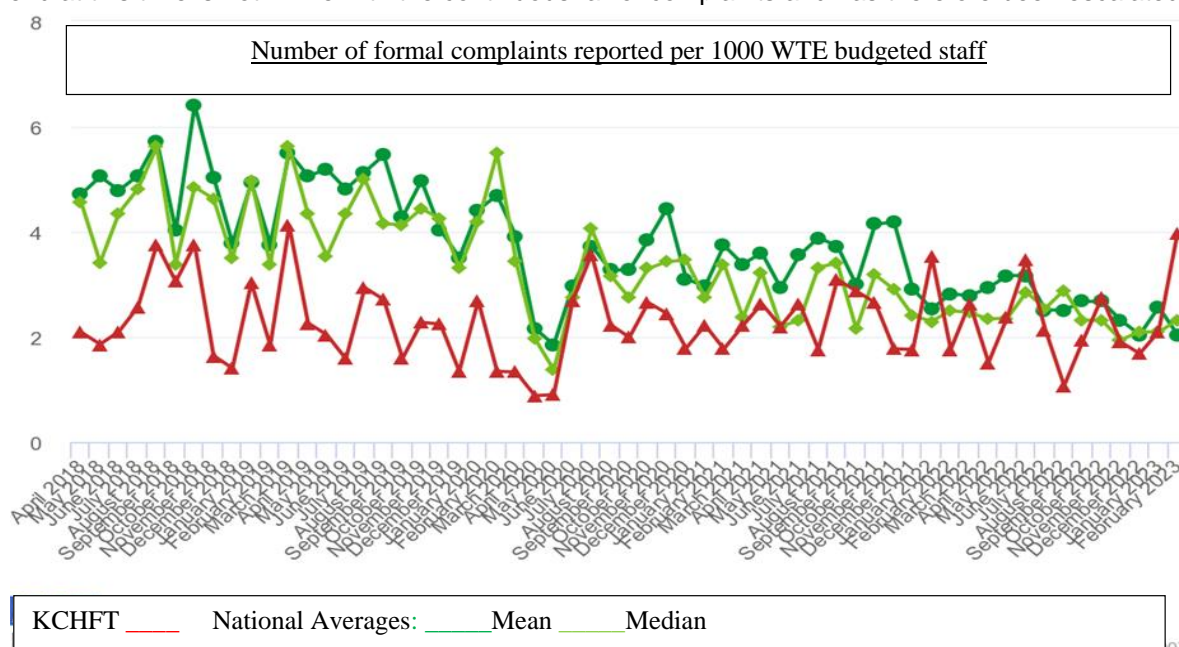
2.2. Whilst there was an increase in complaints received across the year, monthly complaint numbers have been fairly consistent. However, complaints peaked in Sep 2022 (33) and February 2023 (42).



- 2.3. The following graph shows levels 1 to 4 complaints received by month for the last 3 years. This follows a similar trend to 2021, but with spikes in August 2022 and February 2023. In February 2023 there were 42 complaints, the highest received in 5 years (only 3 years data shown in table below).



- 2.4 KCHFT is benchmarked against other Community Trusts via the Benchmarking Network. The graphic below demonstrates that KCHFT (highlighted in red) is generally below the average number of formal complaints per 1,000 WTE staff members. For the first time, KCHFT complaints rose above the national average on several occasions during the year. This reflects a falling national average trend, but a rise in KCHFT's complaints, which in some months exceeded the national average. The KCHFT trend at this time is not in line with the continuous fall of complaints and has therefore been escalated.



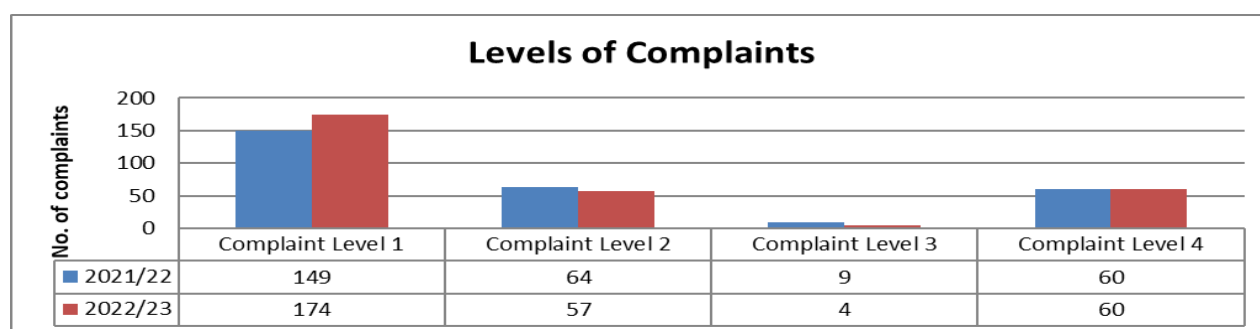
3.0 Levels of complaints

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

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

The National Complaints Handling Standards have made changes to how complaints are categorised, where all complaints that receive a response will now be deemed a complaint. In KCHFT's future reports, adjustments will be made to reflect the new reporting requirements.

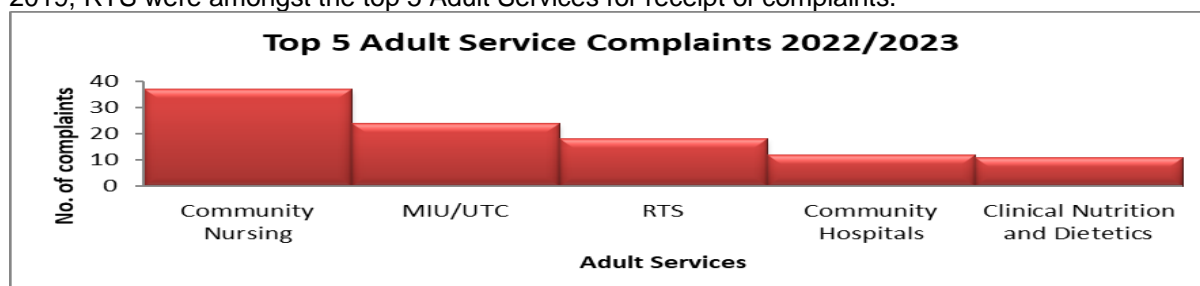
- 3.2. In 2022-2023 there was an increase in Level 1 complaints; a small decrease in Level 2 and 3 complaints; whilst Level 4 multi-agency complaints remain the same. The increase in Level 1 complaints by 25 cases (14%) is a clear indication that staff and services are trying to resolve complaints early, finding a local resolution or response where possible.

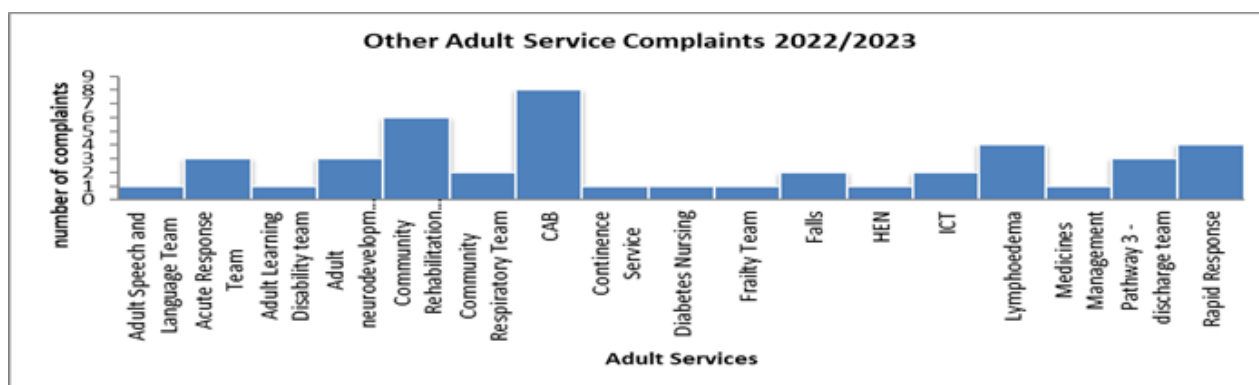


- 3.3. 41 services across the KCHFT received complaints in 2022-2023. 146 for Adult Services, 94 for Children's and Specialist Care and 52 for Planned Care and Dental. Due to a Trust re-structure, new directorates were created and therefore the complaints were aligned to three main clinical areas. There were also 3 for Corporate Services.
- 3.4 34 cases were referred to the Patient Safety Team for possible Serious Incident review. This is a reduction from the 61 referrals made in 2021/22 by 45%. Of these 2 cases were escalated. 1 was reported as Serious Incident and 1 as an After-Action Review. These were in relation to catheter and drain care and patient deterioration. There is a correlation between the reduction of community nursing and community hospital complaints and the reduction in complaints requiring referral to the Patient Safety Team. This will be highlighted further in the report.

4.0 Complaints in Adult services

There were 146 complaints received for Adult Services during 2022/23. For the first time since 2018 (when reporting in this format started) Community Nursing Services did not receive the highest volume of complaints across the Trust. Their complaints reduced by 19%, from 52 in 2021/2022 to 37 in 2022/2023. However, they continue to have the largest number of complaints in Adult Services, followed by the Urgent Treatment Centres and Minor Injury Units (MIU) (24), Rapid Transfer Service (RTS) (18), Community Hospitals (12) and Clinical Nutrition and Dietetics (11). For the first time since 2019, RTS were amongst the top 5 Adult Services for receipt of complaints.





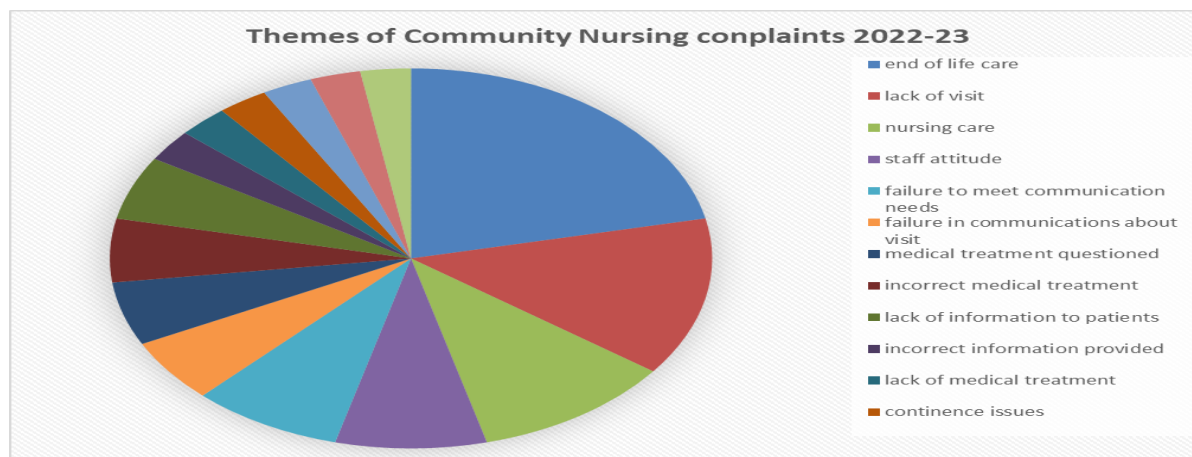
- 4.1 Community Nursing received 37 complaints in 2022-23, a reduction on the previous year when 52 complaints were received. However, this service also has the highest number of patient contacts 173,550 (20,000 more than last year) making a complaint to contact percentage of **0.021%**. This is a decrease from **0.34%** last year and also lower than 2019/2020 which was **0.028%**. The chart below indicates the areas in which the complaints occurred, with South Kent Coast again receiving the highest complaint to contact percentage across the teams.

Adult Community Nursing Teams	Patients Seen	Complaints	%
Long Term Conditions - Ashford	14,218	2	0.014
Long Term Conditions - Canterbury	37,709	3	0.007
Long Term Conditions - South Kent Coast	34,668	11	0.031
Long Term Conditions - Swale	91	0	0
Long Term Conditions - Thanet	26,072	7	0.026
Long Term Conditions - West Kent	54,853	13	0.023
EKNNS	5,400	1	0.018

- 4.2 Minor Injury Units/Urgent Treatment Centres (MIU/UTC) received 24 complaints which is **0.013%** of patient visits to the MIU/UTC (178,239). The percentage is consistent with last year **0.09%** and the year before **0.017%** of complaints per patient visits. Again, this is due to the increase in patients being seen rather than a reduction of complaints, as last year there were 14 complaints. Gravesham received 7, Folkestone, Deal and Sevenoaks each received 4 and Sittingbourne and Sheppey receiving 2 each. Gravesham has seen an exponential increase in the number of visits between 2021-22 and 2022-23, of over 16,000 patient visits, as well as Folkestone, Deal and Sevenoaks all seeing higher attendances at the UTC's. This may be due to a number of factors including the change to UTC with GP's available, patient difficulties getting GP appointments.
- 4.3 The Rapid Transfer Service (RTS) provides a liaison service between KCHFT and the Acute Trust (East Kent Hospital University Foundation Trust). Complaints are consistent, frequently relating to the discharge from the Acute Trust into to home/care home settings. In a number of cases KCHFT's input has been to confirm our input and process followed.
- 4.4 Community Hospitals received 12 complaints, a significant decrease from the 32 received the previous year, but back to previous yearly levels. The ratio of complaints per patient discharge has increased to 0.6% from 0.35% in 2021/2022. The Community Hospitals have had large numbers of patients fit for discharge waiting for care packages over the past year which has reduced our admission numbers. The Hospitals also provide 2 Stroke pathways and have increased bed base numbers for these patients. The patients on this pathway remain for approx. 6 weeks which increases their length of stay greatly at both Sevenoaks and QVMH hospitals, thus reducing our admission numbers further. The two main themes were family querying the therapy provided and admission and discharge of patients.
- 4.5 Clinical Nutrition and Dietetics received 11 complaints (0.05%) which is in line with the previous year of 12. The service is asked to contribute comments to multi-agency complaints about hospital care, where they provide clarity regarding the patient care they have delivered and we would expect this to continue.

4.6 Themes and Trends

4.6.1 Community Nursing complaints have been broken down into categories. The chart below details the top categories, with End of Life Care being the highest, followed by the lack of or delay in visits and nursing care. There has been an increase in complaints relating to End of Life Care from 3 in 2020-2021 to 11 in 2021-2021. This continues to be fairly consistent, with 8 complaints in 2022-2023. Learning is shared at the End of Life Steering Group and Mortality Review Panels and Steering Group.



4.6.2 Of the 8 complaints regarding end of life care, 2 related to staff attitude, 2 were about poor standards of care, and 1 each referring to the lack of a visit, querying a change to medication, querying catheter care, and about the lack of communication with the family.

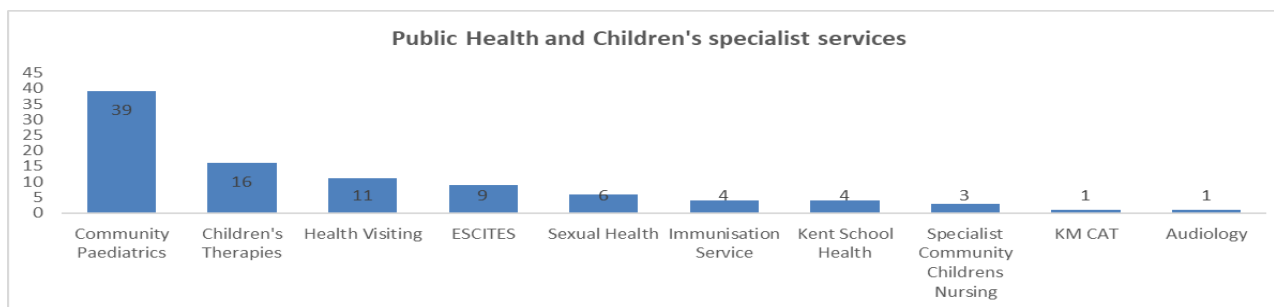
4.6.3 Of the 25 MIU/UTC complaints, 14 related to clinical treatment, 6 Staff, 2 communication issues, 2 waiting times and 1 access to treatment. Of the 14 clinical treatment complaints. 3 were regarding to x-ray's not being taken, 2 referred to a lack of assessment or treatment, 2 related to wound care, 2 regarding a missed a fracture and 2 reporting a lack of medication provided. In addition, the acute Trust requested that the service provide comment regarding cannula removal, allergy to dressing, and a treatment query.

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

5.1 There were 94 Public Health and Children's Specialist complaints for 2022/23 which is an increase on the 86 received in 2021/22. This is significant, as the directorate has changed and no longer includes Dental. There would be an additional 11 complaints with Dental included.

Community Paediatrics had the highest number of complaints with 39. This is a significant but anticipated increase of 54% from 18 in 2021/22.

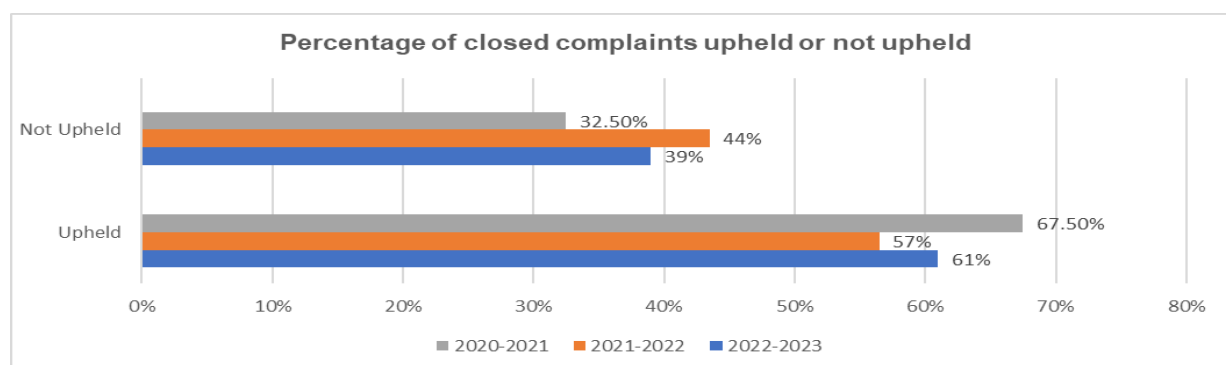
- Kent Children's Therapies also continues to have high numbers of complaints with 16 this year which is in line with 15 in 2021/22.
- Health Visiting complaints reduced slightly from 14 to 11
- East Sussex Children's Integrated Therapy and Equipment Service (CITES) had an increase from 6 in 2021/2022 to 9 in 2022/2023
- Complaints from other services increased with additional complaints for Sexual Health, Audiology and Kent and Medway Central Admin Team (KM CAT).



- 5.2 Community Paediatrics (39) saw the highest recorded number of complaints this year, equating to 41% of the Public Health and Children's Specialist Services complaints for 2022/23. The main themes remain waiting time for appointments and assessments (26), access to treatment (3), clinical treatment concerns (3), staff attitude (2), communication issues (2), prescribing medication issues (2) and discharge from the service (1). Prolonged waiting times for Community Paediatrics is a national issue, with the COVID-19 pandemic adversely affecting waiting times for initial appointments and diagnostic ASD assessments. The service experienced higher than usual referral rates for over a 12-month period, as children have struggled with being out of education and/ or not having other specialist input or social experiences. The service also experienced a reduction in medical capacity due to retirements. Community Paediatrics has been working hard with new initiatives and processes to ensure children requiring the most urgent help are seen in a timely manner. They are recruiting new doctors and strengthening the multi-disciplinary team to support children to 'wait well'.
- 5.3 Children's Therapies maintains a high number of complaints, with access to treatment and clinical treatment issues as the main themes (4 each). This is followed by communication issues, waiting times and Trust administration concerns (all 2), with discharge from the service and patient care recording 1 each. Across each of the areas was a general concern regarding a lack of support from the service. Kent Children's Therapies have made a number of changes to address the challenges they are facing. They have amended their service criteria and service offer (from September 2022) in order to reduce waiting times for therapy and enable the service to prioritise children most in need of specialist intervention. They are now seeing almost 90% of children within 12 weeks of their referral to the service. They continue to invest in the services website (Children's Therapies - The Pod | Kent Community Health NHS Foundation Trust (kentcht.nhs.uk)) which provides families with support and advice either prior to referral and whilst awaiting intervention.

6.0 Not Upheld and Upheld Complaints

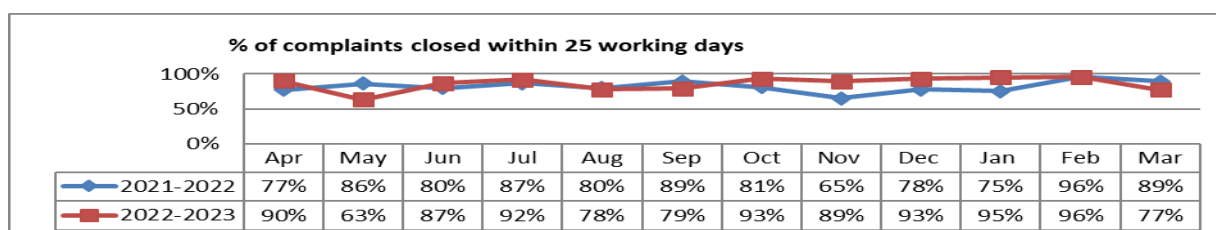
- 6.1 Complaints are required to be reported nationally using the KO41 reporting tool. This includes the number of upheld and not upheld complaints. Of the 303 complaints closed in 2022-2023, a second year of increase, an additional 11 were closed this year. 118 were not upheld, compared to 127 in 2021/2022. All complaints which are partially upheld are counted as being upheld. Complaints are not upheld when following the investigation, it was found that staff had acted appropriately, followed correct procedures, provided the care required or were just being asked to comment on care provided by an external Trust or organisation. However, KCHFT treats all complaints, including those reported as not being upheld, as an opportunity to provide an apology to the complainant for their experience of our care and as a learning opportunity.



- 6.2 The Not Upheld complaints were largely for Level 1 (52) and Level 4 (42) complaints. This is a small decrease on Level 1 complaints from the previous year (65). Of the 52 Level 1 complaints there were again 25 services involved which is the same as 2021/2022. The 42 Level 4 complaints were across 18 differing services. Clinical Nutrition and Dietetics had the most (6), which all asked for comment from EKHUFT about care provided in the Acute. Again, it was found that appropriate action and procedures were undertaken, but that further explanation of these, the care provided and service timescales was required. Contact was made to do this, or appointments or plans were arranged in order to provide clarification. This included 7 meetings held by the services.
- 6.3 There were 185 Upheld Complaints including; 152 with individual change/formal apology, 1 no consent, 12 service/organisational change learning and 20 both individual and service change learning. From these 185 complaints there were 35 Actions created across 19 services. These are highlighted in more detail in Actions.

7.0 Closed within 25 working days

- 7.1 Of the 303 complaints closed during the period, 288 were closed working with the 25 day timeframe as per the Comments, Concerns and Complaints Policy. Of those cases 248 (87%) were closed within this timeframe, exceeding the objective of 80% for complaints closed within 25 days.



- 7.2 There were 40 complaints that did not meet the agreed 25-day timescales in 2022-2023. This is a reduction from 47 in 2021/22 (3% decrease). Delays were related to receiving the required information from the service, the completion of the approval process and delays in meetings with the complainants. Although meetings held are reported as delays this is a positive step to ensure local resolution. It was agreed to focus the annual complaints audit for 2021-2022 on those complaints that did not meet the target response date of 25 working days to identify any learning in areas of delay so that improvements can be made in those areas. Changes have been made to the Standard Operating Procedure and in the way the team monitor complaints to try to ensure all complaints meet the 25 day and 60-day timescales. This is detailed in 11.0.

8.0 Themes and trends by subject

- 8.1 The top 4 themes of closed complaints were **Clinical Treatment (66)** as the most common, followed by **Communication (52)**, **Admission/Discharges from services (31)** and **Waiting Times (30)**. The table below details some of the concerns raised under the top themes:

Clinical Treatment	Communication	Admission/Discharge	Waiting Times
Unhappy with wound care management	Querying why communication with patient with dementia and not with of power of attorney	Patient discharged without family being informed	Unhappy with wait for ASD assessment
Issues raised regarding catheter care	Felt language used in report indicated service non-commitment and that information incorrect	Unhappy with placement of patient after discharge from hospital	Unhappy with delay in home visit for lymphoedema care
Upset that caused pain during clip removal	Lack of professionals working together to resolve patient issues	Concerns about discharge of patient to home, as lived alone	Concerns about delay in follow up audiology appointment
Concerns raised with regards to changes made in medication for diabetes	Unhappy with referral for safeguarding and communication regarding this	Concerns about lack of care package on discharge	Family unhappy with wait for speech and language therapy

Unhappy with feeding advice given in hospital	Unhappy with letter to GP sent by service	Concerns about discharge from service when stammer not improving	Unhappy with waiting times at UTC
Unhappy with level of physiotherapy given on the ward	Highlighted that patient had not received information on exercises	Unhappy as does not know reason for discharge from service	Querying waiting times for ASD assessment and diagnosis
Unhappy with misdiagnosis of illness	Family felt appointments were being made without their knowledge at the school	Family unhappy with discharge and wanting further rehabilitation	Unhappy with 3 yr wait for community paediatrics when letter said 4 months.

9.0 Re-opened complaints 2022/2023

9.1 22 complaints were re-opened (7% of the total closed). This is a decrease in number from 2021-2022 when there were 32 (11% of the total closed). Following feedback from the audit in 2020-2021 that focused on re-opened cases, changes were made to the Standard Operating Procedures (SOP) to reduce the number of reopened cases where no additional new complaint was noted. This has impacted on the number of complaints re-opened this year.

10.0 Parliamentary and Health Service Ombudsman (PHSO) cases

10.1 4 cases were opened by the ombudsman in 2022/2023. Of these cases:

- 1 has had a final view and is upheld, with a financial remedy, apology and action plan required regarding a fistula forming after vac therapy.
- 1 has been closed and not upheld in regard to community nursing and pressure sore deterioration
- 2 are enquiries, both with notes requested and PHSO still reviewing regarding children's therapy support and one regarding medication provided at patient end of life.
- In 1 case mediation was requested, but the service declined to participate as this would not resolve the concern raised. The process cannot be changed, as the prescriber is the GP and not the nursing service.

10.2. Of the 3 cases that were opened in previous years, 1 has now had a final view and has been upheld with a financial remedy, apology and action plan to be completed. 2 are still with the PHSO awaiting an update. There was also 1 mediation completed with actions on end of life care shared with the family, including a new End of Life leaflet that the complaint had influenced.

11.0 Quality of Complaints Management

11.1 The Patient & Carer Partnership Team have completed an audit to provide assurance that their complaints handling process is of a high standard and to evidence compliance with the KCHFT Comments Concerns and Complaints policy since 2018. Actions from these audits have been taken forward and there is significant assurance that standards are embedded into practice and are operating effectively. It was agreed to focus the audit for 2021-2022 on those complaints that did not meet the target response date of 25 working days to identify any learning to identify areas of delay so that improvements can be made in those areas.

11.2. The audit identified a number of areas of good practice demonstrating the robust processes in place.

- 100% of cases where we were waiting on consent the complaints process continued.
- There was a 16% increase in staff offering meetings for complaints - 8 out of 49, which confirms the actions from previous audits are embedded and provides the complainant an opportunity to share their concerns for early resolution of complaints.
- 50% of meetings held resolved complaints and only 1 out of these requested a written response.
- 83% of complainants that had meetings were happy with the communication with them during the complaints process.

11.3. The continued learning from the Audit findings is:

Improvement Required	Action to be taken
1. Review response times within 25 working days after improvements put in place following audit	Complete further audit on complaints over 25 days in 2022-2023 to review improvements and continue with learning and implementing improvements
2. Emails to approvers to contain deadline date for return of draft	Date for return of draft added to subject line and body of emails to approvers. To be added to SOP
3. Staff to also advise senior level approvers that if not responded then draft will continue approval process so that process is not delayed	Process put in place to advise senior level approvers that draft will continue the approval process if not responded within timeframe given. New process to be added to SOP.
4. Complaints caseload meeting weekly to highlight complaints with delays and to agree next steps or escalation	Caseload meeting to continue to report on open caseload, report is shared prior to meeting for complaints officer update each week.
5. Use of notepad on Datix to be expanded by staff to assist in advising other staff where complaints and are and next steps needed if sick/leave	Staff to embed expanded use of Datix notepad use. To be part of next re-audit in 2022-23 to confirm better use of this.
6. Datix changes to be made to provide more detailed data for reporting on reasons for delay - more drop down options and freetext	Update to Datix to be implemented for better reporting on reasons over 25 days.
7. Better handover of cases by staff when on leave and during holiday periods	Manager to monitor leave and handover's when staff on leave and to escalate need for additional hours to cover if needed.

12.0 Feedback from complaints survey

12.1. A revised survey commenced from April 2022. However due to staffing levels and increased workload surveys or links to surveys were not regularly sent out in 2022-23. There was only 1 survey received of the 25 sent out, which is 4%.

12.2. Staff feedback is also sought on the support provided to them by the Patient and Carer Partnership Team. All surveys received with 100% positive feedback. Providing support for staff members involved in complaints is essential to resolve concerns raised in a timely and compassionate way. Comments received include:

good communication and explains options of action to take
The team are always so helpful and supportive
Staff member was very quick to respond when I contacted her.
discussed and was given advice that was clear. I have added to my appraisal a request to spend time with the complaints team to learn how to deal with the variety of complaints that may be received

12.3. A total of 138 staff undertook the e-learning training designed for all staff to give them an overview of the trust's complaints procedure and what to do if they are contacted by a patient, relative or member of the public wishing to raise a concern. This is a slight decrease from last year when 177 staff completed this in 2021/2022. This training is not mandatory but completion is actively encouraged when complaints officers speak to staff and services. However, we are aware this training has now not been updated for several years and will be reviewing and updating in the next 2 years.

13.0 Equality, Diversity and Inclusion.

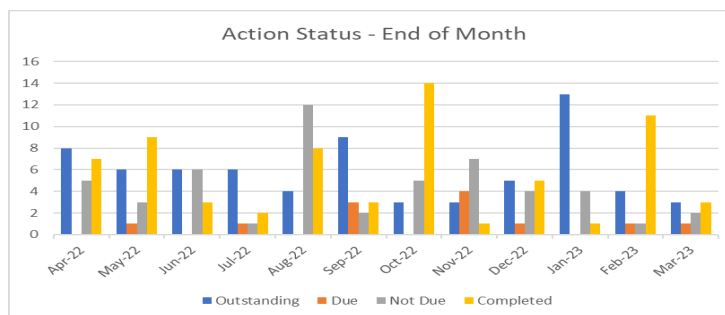
14.1 Reducing health inequalities and preventing ill health is a key priority in the NHS Framework and due to this the Complaints Team has completed and introduced a Patient Equality, Diversity and Inclusion monitoring form, which asks questions to find out whether all patients are treated equally and receive the

best standard of care. This information will be used by the Health Inequalities team as part of their data to tailor services to better meet patient access to services and their needs.

14.0 Learning from Complaints

14.1. As part of the Complaints process we continue to monitor improvements made by services as a result of complaints. Improvements have been shared in bi-monthly reporting to the Quality Management Meeting. It was also shared in the Patient and Carer Partnership Team Quarterly Report until the directorate change at the end of Quarter 4 Dec-Mar 2022-23. Going forward these are now sent monthly to services as part of our complaints monthly report. Any good practice, themes and learning from complaints is shared quarterly at the Patient Safety and Clinical Risk Group.

	Outstanding	Due	Not Due	Completed
Apr-22	8	0	5	7
May-22	6	1	3	9
Jun-22	6	0	6	3
Jul-22	6	1	1	2
Aug-22	4	0	12	8
Sep-22	9	3	2	3
Oct-22	3	0	5	14
Nov-22	3	4	7	1
Dec-22	5	1	4	5
Jan-23	13	0	4	1
Feb-23	4	1	1	11
Mar-23	3	1	2	3



Improvements made as a result of feedback from complaints during 2022/23 include:

- **Rapid Transfer Service:** Following a complaint where incorrect and old patient data had been used to affect a discharge the service has created a new referral form to ensure up to date patient information is entered and used.
- **Dental:** Staff gave patient identifiable information to a member of the public in error due to mis-communication. All staff to read and understand the patient Identification Policy. All staff to ask for 4 different demographics from patients before giving any patient identifiable information e.g. Name, Date of Birth, Address, NHS number or telephone number. This is to be standardised across the service. Lessons learnt to be shared via a Bulletin so whole directorate are aware
- **Infant feeding:** Following a complaint where a family were referred to both infant feeding and to 'Umbrella' a charity service, which caused confusion. The service has emailed Infant feed leads for MTW to advise of pathway into KCHFT health visiting breastfeeding drop in services and to raise awareness of pathway for tongue-tie co-ordination service and has emailed 'Umbrella' service to advise of current pathway and waiting times for KCHFT services.
- **Community Nurses:** When clips were left in after a clip removal from a patient, it was agreed that the team would have further training on clip removal.
- **Clinical nutrition & dietetics:** Patient dissatisfied with the level of post-treatment care they have received from the service following chemo and radiotherapy. The service is reviewing the written information provided to all patients and will work alongside the acute team to ensure Home Enteral Nutrition welcome packs are given out face to face and ensure patients have all the correct contact details.
- **Physiotherapy:** Concerns were raised as a patient did not receive the "at home exercises" to help alleviate their pain. The service is looking at how they can receive a daily report of any undelivered or rebounded emails from the external system to ensure that this does not happen again and to be able to follow up with patients that have not received the email.
- **Community Nurses:** Following a complaint about the care provided at a patient's End of Life a workshop was completed that focussed on compassion and kindness.
- **Community Nurses:** Changes were made to extend and overlap nursing shifts to ensure enough staff are able to visit overnight.
- **Sexual Health:** Following issues with an IUS removal and fitting, a new step in the procedure has been put in place to ensure the IUS removal is recorded on the records.

15.0 Patient Advice and Liaison Service (PALS)

- 15.1. Annual reporting for PALS commenced in August 2021, resulting in part year data collection only for this year. The first full year of data was completed in 2022-2023, therefore comparisons between years are limited in this report.

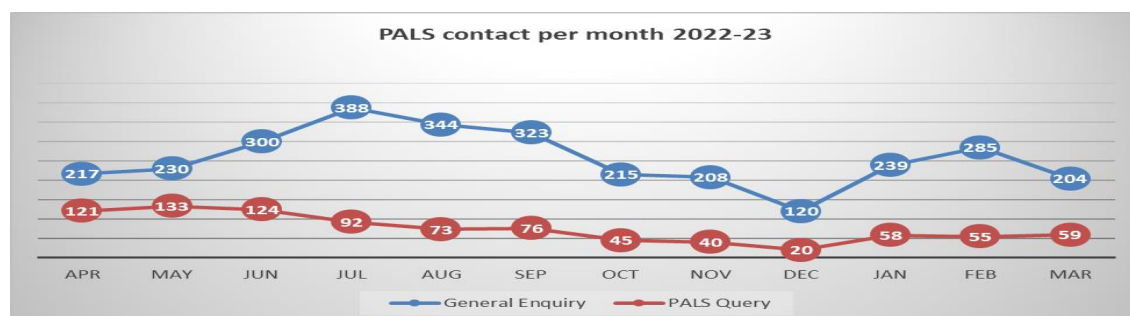
Contact can be made to PALS via telephone, text, email, online form or on the public website. The service has updated the online form to be more informative and include more information so that they can direct patient's and the public contacting easier.

The Trust's 'Contact Us' page on the public facing website has been updated to direct the public to other relevant departments within KCHFT, as well as providing details of other Trusts. This was updated in August 2022. At this time, PALS saw a reduction in their contacts, but there is no substantive evidence that this was linked to the update.

- 15.2. PALS log contacts under two types:

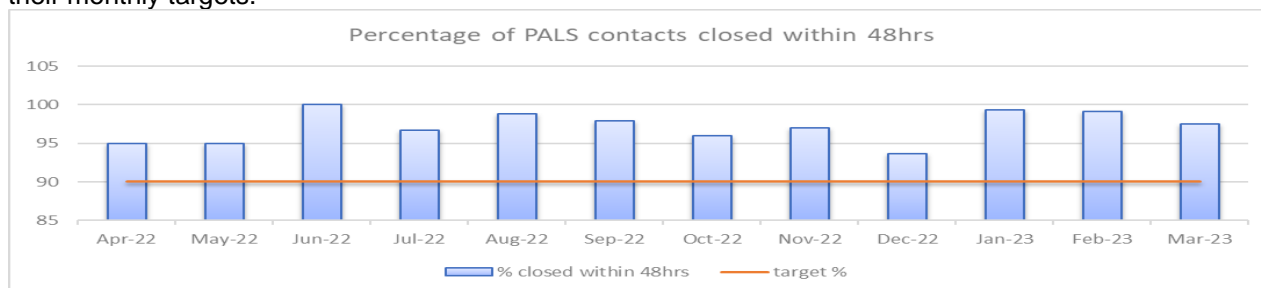
- **PALS Enquiry** – which requires a response from the service within 2 working days.
- **General query** – which the Patient Care Co-ordinator can answer or signpost to the correct service, or external organisations immediately.

PALS received 3073 General queries and 892 PALS Enquiries in Apr 2022-Mar 2023. This is a 7% increase on last year using the 8 month data from when we started recording data in Aug 2021. The average monthly contact to PALS is 330 contacts per month compared to last year at 309 per month.



15.3. Response

The objective for PALS is to ensure that 90% of contacts are resolved within 2 working days (48hrs). This year PALS have exceeded the target every month in 2022-23. This shows the hard work, support, communication and good relationships they have with all the services to enable PALS to meet and exceed their monthly targets.



15.4. Themes

There were 892 PALS Enquiries relating to 43 services within the Trust. The highest PAL contacts were for Community Paediatrics (123). The other top contacts were for Podiatry (72), Community Nursing (51), Integrated Musculo-Skeletal (IMSK) Physiotherapy (50), Dental (43) and Children's Therapies (43). There were a high number of contacts for Health Visiting, Kent and East Sussex School Years, Community

Rehabilitation, Community Orthopaedics, Clinical Nutrition and Dietetics, Health Visiting, Orthopaedics and Chronic Pain.

Community Paediatrics has doubled their patient contacts in 2022-2023 (61) and this is reflected in the increased complaints received. See 5.2 for information regarding the reasons for this.

Podiatry have also seen an increase in contacts. The increased demand has impacted on call waiting times, with patients reporting difficulty in getting through to the service. Podiatry are trying to retain staff, manage sickness and leave and continue to answer the 14,000 calls they can receive each month. Patients have become aware that contacting PALS can mean a speedier response to get appointments etc. and the service are aware of this. A letter is being drafted to provide patients in clinic the correct return times for further appointments, which they hope will reduce contact and manage patient expectation. Both Podiatry and PALS will monitor the impact of the letter, once it goes into practice and update in the next annual report.

Due to the number of IMSK service contacts, PALS have met with the administration team for IMSK services. They are ensuring that letters and appointment cards have the number to call for the service and are following telephone bookings up with a text, email or letter to confirm appointment details. They have also been contacting PALS to advise of any upcoming issues or problems with the telephone lines or mailing.

The service also received 57 contacts that were for other and external Trusts or organisations. This is a reduction on the 90 received in 2021-22 and may be due to the updated contact page on the Trust website, with changes led by Complaints and PALS and supported by the Trust's communications team. Previously, when the public chose "contact us" it went straight to the PALS page. It now includes contact information for other departments in the Trust, as well as links to other Trusts.

15.5 Access

Of the 892 PALS queries, 330 were via email, which is in line with last year when 345 were received, 407 by telephone, which is an increase of 99 (24%) on 2021-22, 153 by online form completed on the public website. This is a large decrease on last year from 213 (29%) and 2 via text message, which is again a reduction from 11. However there has been a growth in general queries where email, telephone and online form contacts have grown significantly. It is clear the patients and the public are utilising all aspects of contact put in place.

PALS also now have an Easy Read and an Autism friendly online form available on the website. As previously mentioned the online form has been updated to allow for better signposting and also now allows for the staff to forward to other Trusts as consent is requested to be able to share the form if not for KCHFT. This has assisted staff in forwarding PALS online contacts in a timely manner and allows the concern to be dealt with by the correct organisation quicker.

Of the 3073 General contacts there were 825 that were contacts for external Trusts and organisations. This is 26.8% of the contact received. This provides information on how easy it is to access PALS utilising the available options easily. As our service is "Kent" when patient put in that word we are high on the internet search for PALS. Other services that are high in the general enquiry contacts are reflected in similar services for our enquiry contacts, which include Dental, Podiatry, IMSK and Community Paediatrics.

15.6 NHS Feedback

PALS also manages feedback from patients/service users and relatives on NHS Digital (formally NHS Choices) and Care Opinion. Responses are sent to the website thanking those that uploaded positive comments and these are shared with the service. Any negative comments received the person is asked to contact PALS directly should they wish to raise further. There were 47 NHS Digital comments provided. 17 negatives and 30 positives. Please see below a few of the positive reviews published on the NHS Digital website.

I started physio earlier this year and was in much pain with arthritis in my lower back and both hips. I was shown difficult exercises which at first I found painful to do now I'm much stronger thanks to my physio therapist. The pain doesn't go but it eases it and I feel more mobile. Thank you.

Marvellous treatment : I have just returned home from attending Deal Victoria Hospital's Urgent Care Centre and felt compelled to report what a wonderful experience it was (despite my injury). From the cheery reception desk staff to the nurse assessor to the nurse practitioner, I was treated with the utmost respect, efficiency and kindness along with a professional examination that came as reassuring and extremely helpful. We are certainly blessed in Deal to have such a wonderful and caring 'cottage hospital'. Many thanks to all and long may you continue to thrive.

The most outstanding NHS hospital. End of. -Never, ever, in my experience of using NHS hospitals have I received the care that I did here. A building full of kind, friendly and caring staff that all genuinely care about ensuring you are looked after. The staff went above and beyond to help me and provided me with care I needed. Could not praise the staff here more highly! I'd like to thank the staff especially for giving my partner amazing advice regarding paramedic science and nursing in general - it's those little moments and conversations that make such a difference!

Name: Karon Rawlings

Role: Complaints and PALS Manager

1 June 2023

Title of Meeting	Council of Governors
Date of Meeting:	18 October 2023
Agenda Item:	14
Subject:	External Auditors Procurement - Update and Recommendation
Presenting Officer:	Gordon Flack, Chief Finance Officer

This report provides an update and recommendations for the procurement of the external auditor contract for KCHFT.

Gordon Flack
Chief Finance Officer
October 2023

External Auditors Procurement – Update & Recommendation

- 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 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 in January, it was advised the Trust would explore the scoping and agreement for a potential collaborative tendering exercise with K&M System partners to be undertaken in 2023-24 in preparation for a new contract from 1 April 2024 (Financial Year 2024-25).
- Following a review of the limitations the current timeline allows to undertake and complete an effective procurement exercise for contract award by 31 December 2023 and contract commencement on 1 April 2024, the approach set-out below is now proposed and has been agreed to be taken forward by all respective parties;
 - All K&M system partners to either enact the allowable one-year extension with their current external audit provider to cover the financial year 2024-25 (1 April 2024 to 31 March 2025); or where existing contracts are to expire and do not offer the option to extend, follow appropriate procurement and governance arrangements to formally direct award for a one-year contract (or relevant period where part-year arrangements are in situ) to cover the financial year 2024-25 (1 April 2024 to 31 March 2025). All parties are to act independently in arranging and formalising procurement and contract agreements for 2024-25.
 - The Trust's Procurement team will lead on behalf of the K&M system and commence the scoping and planning of a K&M system-wide external audit procurement to be completed by 31 December 2024 and for the contract to commence from 1 April 2025.

- In line with the proposed agreed actions above, it is recommended for approval the option to extend the Trust's current external audit contract with Grant Thornton LLP for the financial year 2024-25 (1 April 2024 to 31 March 2025).

Carl Williams
Head of Financial Accounting
26 September 2023

Title of Meeting	Council of Governors
Date of Meeting:	18 October 2023
Agenda Item:	15
Subject:	Fit and Proper Person Test Framework
Presenting Officer:	Victoria Robinson-Collins, Chief People Officer

This report provides an update on the Fit and Proper Person Test (FPPT) Framework.

Victoria Robinson-Collins
Chief People Officer
October 2023



Kent Community Health

NHS Foundation Trust

FIT AND PROPER PERSON TEST (FPPT) FRAMEWORK

Introduction

NHS England has developed a Fit and Proper Person Test (FPPT) Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). This also considers the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles.

The recommendations aim to prioritise patient safety and good leadership in NHS organisations, as well as to allow board members to build a portfolio to support and offer assurance they are fit and proper. Demonstrably unfit board members will be prevented from moving between NHS organisations.

The framework introduces a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors, a new way of completing references with additional content whenever a director leaves an NHS board, and extension of the applicability to some other organisations, including NHS England and the CQC.

The framework is effective from 30 September 2023 and Boards are expected to implement by this date. NHS organisations are not expected to collect historic information to populate the ESR system or local records but should use the framework for new board appointments or promotions and for annual assessments going forward.

The framework applies to executive and non-executive directors irrespective of voting rights, and interim (all contractual forms) and permanent appointments. It also incorporates all individuals called 'directors' within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It also requires those board members who by virtue of their profession are members of other professional registers to be assessed.

The framework should springboard an ongoing dialogue between board members about values, probity and be seen as part of a program of board development, appraisals and values-based appointments.

Process

Regulation 5 of the Health & Social Care Act requirements are that:

An individual is of good character

- An individual has the qualifications, competence, skills and experience necessary for the relevant office or position of the work for which they are employed
- The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks that are intrinsic to the office or position for which they are appointed or to the work for which they are employed
- The individual has not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) whilst carrying out a regulated activity or providing a service elsewhere, which if in England would be a regulated activity
- None of the grounds of unfitness specified in part 1 of Schedule 4 apply to the individual:
 - The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged
 - The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland
 - The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986
 - The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it
 - The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland
 - The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

The good character requirements referred to above in Regulation 5 are specified in Part 2 of Schedule 4 to the Regulated Activities Regulations, and relate to:

- whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence
- whether the person has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

These requirements underpin the NHS constitution, guiding principles and values, as well as the Nolan Principles of Standards in Public Life.

Personal data of board members relating to FPPT will be retained in local records and specific fields of the ESR system. This data will routinely not be accessible

externally to the individual's organisation/ employer, and NHSE have established the relevant lawful basis for collection and storage of the data under the GDPR regulations.

Assessment

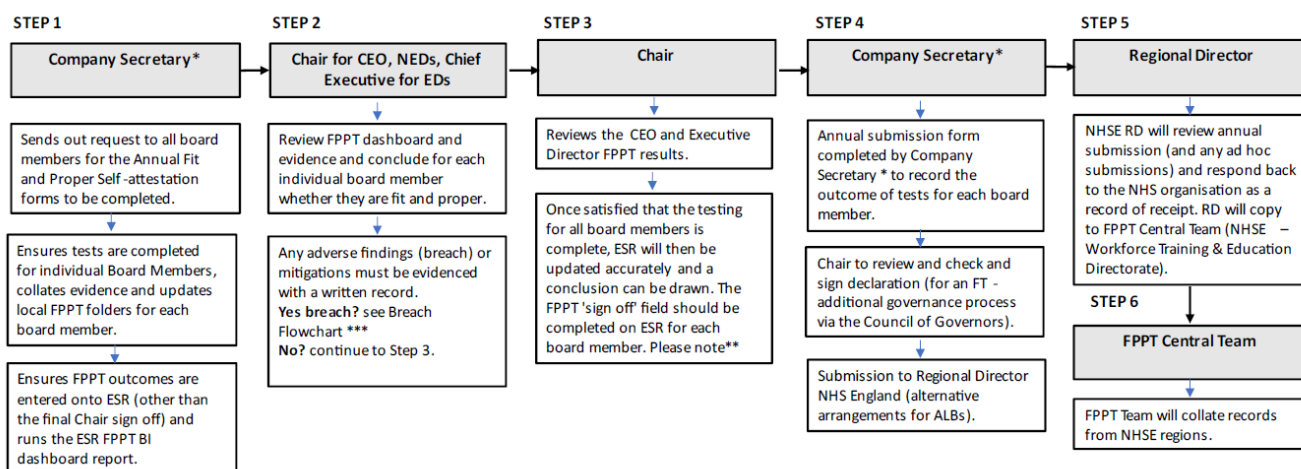
The Chair is responsible for ensuring the organisation conducts and keeps under review a FPPT to ensure board members are, and remain, suitable for their role. A FPPT check has been in place for providers, including KCHFT and any predecessor organisations where TUPE would have applied for board members, since its inception in 2014. The key additions under the framework include a requirement to hold information in ESR as well as local records, and to complete the board member reference check.

The FPPT process is needed for:

- New appointments in board members roles, whether permanent or temporary, where greater than six weeks duration. Covering:
 - a) new appointments that have been promoted within an NHS organisation
 - b) temporary appointments (including secondments) involving acting up into a board role on a non-permanent basis
 - c) existing board members at one NHS organisation who move to another NHS organisation in the role of a board member
 - d) individuals who join an NHS organisation in the role of board member for the first time from an organisation that is outside the NHS.
- Where a board member changes to a new board role within their current NHS organisation
- Annually, i.e. within 12 months of the date of the previous FPPT

For 1a, b and c the full FPPT will include a board member reference check. For the others, this is not required.

The suggested approach to the FPPT assessment is:



Self-Attestation

Each board member will be required to complete an annual self-attestation, to confirm they comply with the FPPT requirements. This is also a necessary step forming the full FPPT requirement, for example at appointment for new starters.

The Board Member Reference Process

A standard reference is being introduced to ensure greater transparency, robustness and consistency of approach when appointing board members in the NHS. This aims to ensure no recycling of unfit individuals within the NHS and is informed by the NHS Leadership Competency Framework. The expectation is that the competency domains are considered when writing a board member reference.

Board level leaders will be asked to attest they have the requisite experience and skills to fulfil minimum standards against the six competency domains. This will be reviewed by the board director's line manager and overseen by the organisation's chair, and will be captured on ESR.

The annual attestation is expected to be undertaken at the same time as the annual appraisal process and assessment of competence against the six competency domains will also be used to guide the board member's development plan for the coming year. The line manager will also capture stakeholder feedback as part of the appraisal process and summarise competence against each of the six competency domains. A board member appraisal framework is expected to be published ahead of the 2023/2024 appraisal process to support this process. The annual appraisals of the past three years will be used to guide the board member's reference.

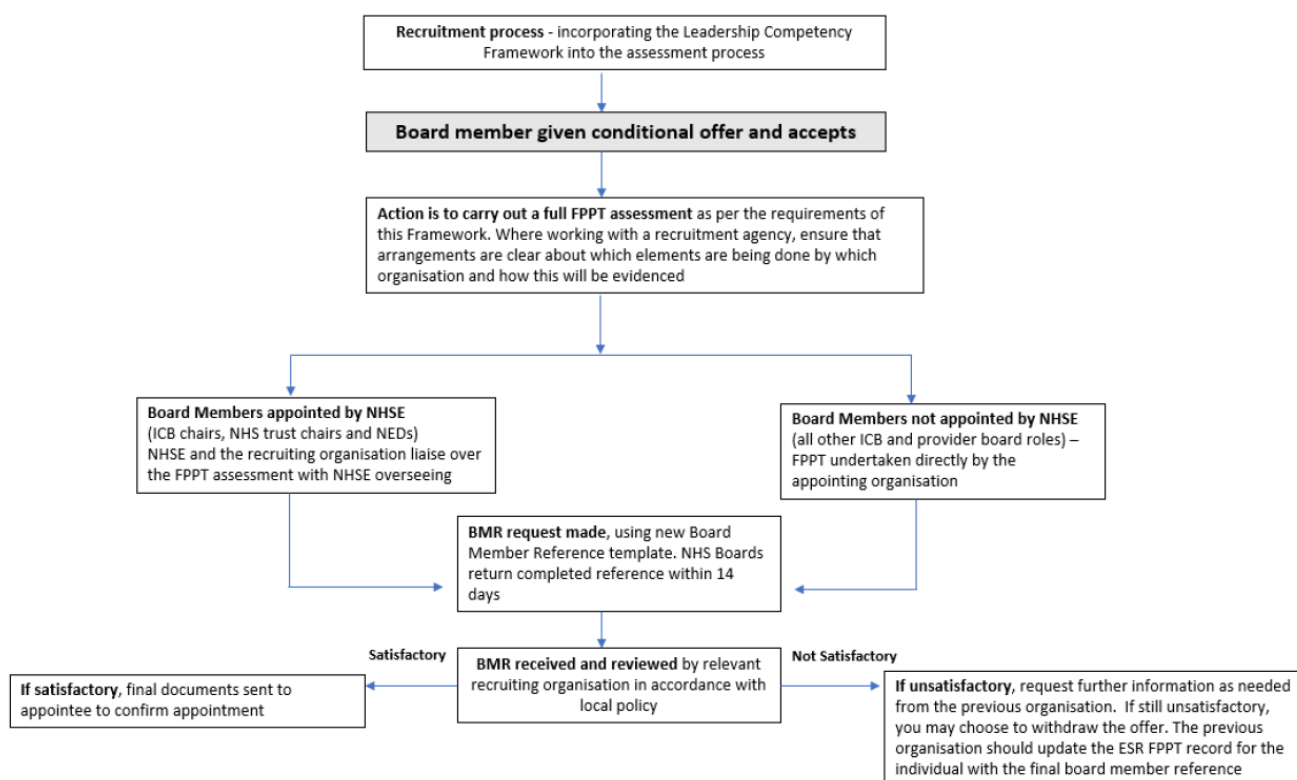
NHS organisations will need to request board member references, and store information relating to these references so they are available for future checks; and use this to support the full FPPT assessment on initial appointment.

Dependent on NHS background and external versus internal movement/ promotion, a minimum of one reference should be obtained as stipulated by the framework guidance, and in the case of joiners from another NHS organisation, comprising up to six years employment history.

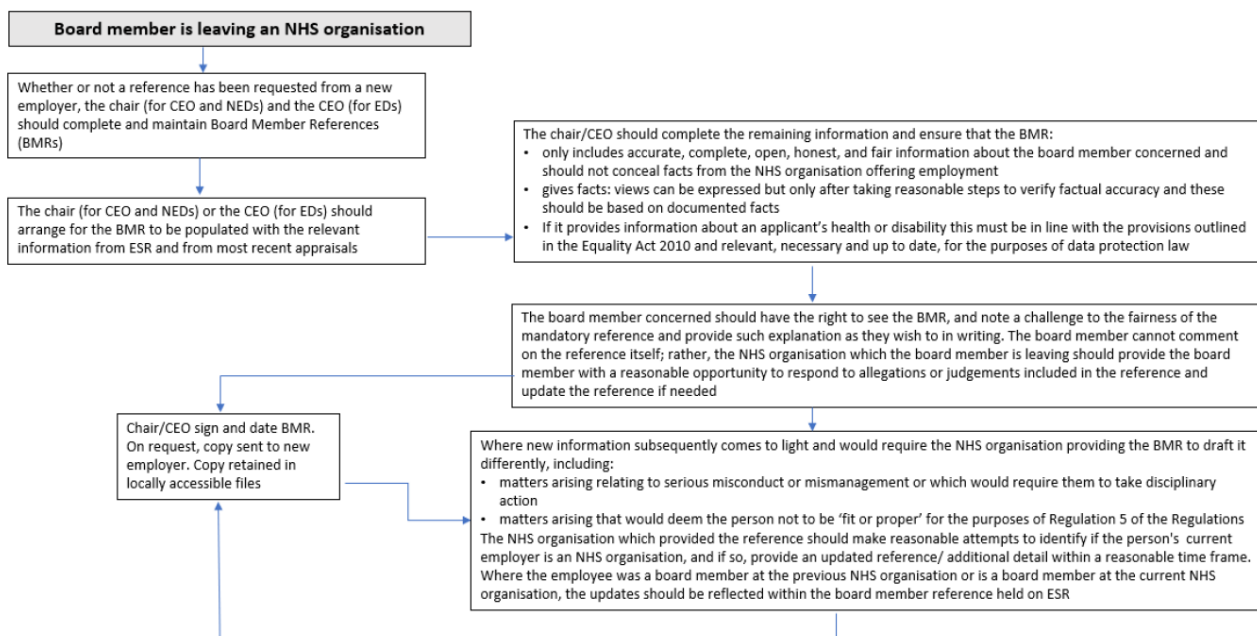
NHS organisations should maintain complete and accurate board member references at the point where the board member departs, irrespective of any request from another NHS employer and including on retirement. Both the initial and board member references should be retained locally.

Requests for references from other NHS organisations should aim to be returned within 14 days. In the event a reference has been provided and subsequently becomes aware of matters that would cause them to write the reference differently, including matters of serious misconduct or mismanagement, they should make the effort to identify if the new employer is an NHS organisation and if so, provide an updated reference.

Board Member Reference (BMR) – for appointments



Board Member Reference (BMR) – for leavers



Capsticks have indicated a national offer to provide wording to insert into contract of employment templates, the board member reference and right of reply process. This will be included in local processes when provided.

Settlement Agreements and the board member reference check

Board member references will not ask specifically whether there is a settlement agreement or non-disclosure agreement in place but will instead ask for any further information and concerns about an applicant's fitness and propriety, relevant to the FPPT, to fulfil the role as a board member.

Trusts are expected to retain information on settlement agreements locally (where applicable) and included in the overall consideration of the fit and proper status of the individual in question.

If there is a historical settlement agreement or non-disclosure agreement already in place which includes a confidentiality clause, NHS organisations are expected to seek permission from all parties prior to including any such information in a board member reference.

Going forward, NHS organisations are asked to consider inclusion of a term in any proposed settlement agreement to state that information about the settlement agreement can be included in ESR, and in doing so will not be a breach of confidence.

The existence of a settlement agreement does not, in and of itself determine that a person is not fit or proper to be a board member.

Investigations

The board member reference is based on the standard NHS reference and includes additional requests for information as follows (relevant to the FPPT):

- Any discontinued, outstanding, or upheld complaint(s) considered as gross misconduct, serious misconduct or mismanagement including grievances or complaint(s) under any of the organisation's policies and procedures (for example, under the trust's equal opportunities policy).
- Confirmation of any discontinued, outstanding or upheld disciplinary actions under the trust's disciplinary procedures including the issue of a formal written warning, disciplinary suspension, or dismissal for gross or serious misconduct.
- Any further information and concerns about the applicant's fitness and propriety, not previously covered, relevant to the FPPT to fulfil the role as a director, be it executive or non-executive.

Discontinued investigations are included in the reference request to identify issues around serious misconduct and mismanagement and to deliberately separate them from issues around qualifications, competence, skills, and experience (which it is believed can be remedied) and health (which it is believed can improve), unless such competence and/or health issues could potentially lead to an individual not meeting the requirements of the FPPT.

Investigations should be limited to those which are applicable and potentially relevant to the FPPT, and examples are:

- Relating to serious misconduct, behaviour and not being of good character (as described in the FPPT Framework)
- Reckless mismanagement which endangers patients
- Deliberate or reckless behaviour
- Dishonesty
- Suppression of the ability of people to speak up about serious issues in the NHS, e.g. whether by allowing bullying or victimisation of those who speak up or blow the whistle, or any harassment of individuals
- Any behaviour contrary to the professional Duty of Candour which applies to health and care professionals, e.g. falsification of records or relevant information.

The reason for discontinuing or not commending an investigation should be recorded, including whether an investigation was not started or stopped because a compromise, confidentiality or settlement agreement was then put in place.

Right of Reply

It is important as a matter of fairness that an individual has the opportunity to comment on information likely to be disclosed as part of a reference request. A local policy will be developed to confirm who provides references, when they are provided, what will be included and a formal right to reply.

Access in ESR

Access to the FPPT fields in ESR will be limited to the Chair, CEO, Senior Independent Director (SID), Deputy Chair, Company Secretary (Director of Governance) and Chief People Officer (CPO). Access will be provided to appropriate individuals in the CQC at a local level as required for their roles.

The relevant data fields in ESR will require maintenance to ensure the information held is current. As a minimum it is expected that this data is reviewed and updated annually and the chair will be accountable for ensuring this is in place.

It is anticipated that a small number of senior HR professionals with appropriate granted access rights will undertake any maintenance required or run reports on behalf of the Chair, overseen by the Chief People Officer. The specifics in relation to the standard operating protocols for the ESR system have not yet been published nationally in response to the FPPT framework.

The FPPT assessment on initial appointment of a board member will cover all points mentioned below:

- First name
- Second name/surname
- Organisation
- Staff group
- Job title
- Occupation code
- Position title

- Employment history
- Training and development
- References
- Last appraisal and date
- Disciplinary findings
- Any ongoing and discontinued investigations relating to Disciplinary/ Grievance/Whistleblowing/Employee behaviour should also be recorded.
- Type of DBS disclosed
- Date DBS received
- Disqualified directors register check
- Date of medical clearance
- Date of professional register check
- Insolvency check
- Self-attestation form signed
- Social media check
- Employment tribunal judgement check
- Disqualification from being a charity trustee check
- Board member reference
- Sign-off by chair/CEO.

It should also be noted that the national insurance number is an additional check where there may have been a change of name highlighted in the initial or annual assessment.

Victoria Robinson-Collins, Chief People Officer

Mercy Kusotera, Director of Governance

September 2023