

COUNCIL OF GOVERNORS MEETING IN PUBLIC

Wednesday 17 April 2024, 13:00

**Kent Community Health NHS Foundation Trust,
Rooms 6 and 7, Trinity House,
110 – 120 Upper Pemberton, Ashford, Kent
TN25 4AZ**

Agenda and Papers

Contents

	Agenda	Page 1
2	Register of interests	Page 2
3	Minutes of extraordinary council meeting	Page 4
4	Minutes of previous council of governors meeting	Page 9
5	Action log	Page 18
6	Chair's report	
	6.2 Board designations	Page 21
	6.3 Developmental well-led review	Page 30
7	Chief executive's report	Page 52
9	2024/25 quality priorities report	Page 64
10	Governor appointments	Page 70
12	Engagement and volunteers Q3 report	Page 84

COUNCIL OF GOVERNORS MEETING

Wednesday 17 April 2024, 13:00 to 15:00

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 to new governors and apologies Results of the public and staff governor elections	Chair	Verbal	13:00
2	Declaration of interests	Chair	Paper	13:05
3	Minutes of the extraordinary council meeting held on 9 January 2024	Chair	Paper	13:10
4	Minutes of the council of governors meeting held on 17 January 2024	Chair	Paper	13:15
5	Action log and matters arising from the meeting held on 17 January 2024	Chair	Paper	13:20
6	Chair's report 6.1 Recruitment process for Non-Executive Directors and Associate Non-Executive Directors 6.2 Board designations 6.3 Developmental well led review – update on actions	Chair	Verbal Paper Paper	13:25
7	Chief Executive's report and reflections on Board of Directors meeting	Chief Executive	Paper	13:40
8	Governor feedback from constituencies	Full council	Verbal	14:00
9	Report on 2024/25 quality priorities	Head of Quality Management	Paper	14:15
10	Governor appointments	Chair	Paper	14:25
11	Report from charitable funds committee	Governor member of committee	Verbal	14:35
12	Engagement and volunteers Q3 report	Assistant Director for Prevention and Public Health Services	Paper	14:40
13	Any other items of business previously notified to the chair	Chair	Verbal	14:50
14	Questions from members of the public relating to the agenda items	Chair	Verbal	14:55
Date of next meeting: Wednesday 17 July 2024 at Trinity House, Ashford				15:00

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 Advisor to the Board of East Kent Hospitals NHS Foundation Trust
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
Honour	Alison	Appointed Governor, Universities	
Lloyd	Kimberley	Staff Governor, Health and Wellbeing Services	None

Odumade	Jide	Public Governor, Swale	None
Shepherd	Penny	Public Governor, Folkestone and Hythe	Co-founder of Ageing without Children East Kent (AWOC East Kent)
Woolgrove	John	Public Governor, Rest of England	None

UNCONFIRMED Minutes of the Extraordinary Council of Governors meeting in public held on Tuesday 9 January 2024 via MS Teams

Present:	<p>John Goulston Janet Allen William Anderson Sarah Ansell Elaine Ashford Maria-Loukia Bratsou Alison Carter Carol Coleman Ruth Davies Lea Dehaney Alison Fisher Gill Harris Alison Honor Kimberley Lloyd Jide Odumade Penny Shepherd John Woolgrove</p>	<p>Chair Staff Governor for Corporate Services Staff Governor for Adult Services Public Governor for Ashford Public Governor for Dartford Staff Governor for Children and Families Appointed Governor for Kent Dementia Action Public Governor for Dover and Deal Public Governor for Tonbridge and Malling Public Governor for Gravesham Public Governor for Maidstone Public Governor for Sevenoaks Appointed Governor, Universities Staff Governor for Health and Wellbeing Services Public Governor for Swale Public Governor for Folkestone and Hythe Public Governor for Rest of England</p>
In Attendance:	<p>Gina Baines Pippa Barber Judith Cramp Chloe Crouch Joy Fuller Mercy Kusotera Kim Lowe Mairead McCormick Julia Rogers Victoria Robinson Collins Nigel Turner</p>	<p>Assistant Trust Secretary Non-executive director Governor Support Administrator Head of Communications and Engagement Governor Lead (minute taker) Director of Governance Non-executive director Chief Executive Director of Communications and Engagement Chief People Officer Non-executive director</p>
Apologies:	<p>Loretta Bellman Chris Cornell Anjan Ghosh Janine Harris</p>	<p>Public Governor, Tunbridge Wells Public Governor, Canterbury Appointed Governor for Public Health Staff Governor for Adult Services</p>

1 Welcome and apologies

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

Attendees introduced themselves.

**2 The meeting was quorate.
Declarations of interests**

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

3 Proposed amendments to the KCHFT Constitution

John Goulston provided an overview of the paper.

John confirmed that a report on the proposed staff voice model would be presented to the Board and Council of Governors at their meetings in public on Wednesday 17 January.

In terms of the staff governor constituencies, John Goulston explained that when the Council of Governors was formed, the constituencies were created to represent the organisational structure at that time. It was identified that the staff governor constituencies no longer aligned the new organisational structure, which meant that the staff governors no longer accurately represented our staff.

John Goulston explained that by having one staff constituency, anyone who worked at KCHFT would be eligible to stand as a governor. John added that by amending the Constitution to remove the constituencies, all staff governors would be up for re-election.

In terms of the number of staff governors, John Goulston explained that since the formation of the Council of Governors, the size of the Trust had increased from approximately 3,000 to 5,000 staff. Given the importance of the development of the staff voice model, it was decided that an additional staff governor would be required to better represent all staff at KCHFT.

John Goulston explained that there would be an opportunity to review the Constitution in full. This would include a review of the composition of the Council, in particular the appointed governor posts. He confirmed that this would be presented to the Council meeting on 17 January to ask governors to volunteer to be part of a small working group to undertake the review.

John Goulston asked the Council for any questions or comments.

Penny Shepherd commented that at the Council meeting in October, it was mentioned that the number of appointed governors would decrease if the number of staff governors increased, meaning that the total number of governors would remain the same. She was concerned that the appointed governors had not been reduced as part of the proposed amendments. John Goulston responded that the composition of the Council was acceptable as there would still be a majority of public governors. John Goulston explained that a full review of the Constitution would take place, to include a review of the appointed governors.

In response to a question from Penny Shepherd, John Goulston confirmed that Council would be asked to vote separately on the two recommendations detailed in the paper.

In response to a question from Ruth Davies related to ensuring that all staff felt represented by staff governors, John Goulston confirmed that a robust engagement exercise would be developed for the elections to ensure that all staff were contacted and encouraged to stand as a governor. He added that Julia Rogers would lead on this exercise.

John Goulston highlighted that Mercy Kusotera had researched the staff constituencies at other foundation trust organisations. Many foundation trusts had moved to having one staff constituency, and there was evidence that it worked well.

Alison Fisher commented that she was disappointed about the process and that governors were only now finding out about the staff voice initiative. She was disappointed that public governors were not given the opportunity to be involved in the discussions leading up to the proposed amendments related to the staff governors.

In response to a question from Alison Fisher, John Goulston confirmed that if members did not support the amendments at the annual members meeting in September, the Trust would need to revisit the amendments and return to members with an alternative. John Goulston reminded governors that staff were also members. In relation to the annual members meeting, we would need to provide adequate information and rationale so that both public members and staff members were happy to endorse the changes.

Julia Rogers commented that she had heard concerns about the lack of focus on patient voice, and explained that the experience of staff had an impact on the quality of patient care. By improving staff experience, it would result in improved staff retention and engagement, and ultimately the care provided to patients and service users. John Goulston added that focussed work to improve patient voice would be undertaken during 2024. This would be presented to a future Council of Governors meeting.

John Woolgrove commented that he felt uneasy about enacting the amendments to the Constitution before being approved by members.

In response to a comment from Carol Coleman who wished to hear opinions from the current staff governors, Jan Allen confirmed that she would be completing her sixth year as staff governor representing corporate services, however there was no longer a corporate services directorate. She added that they were proposing to make the changes prior to the next round of elections to avoid the confusion of having staff constituencies that were no longer reflective of KCHFT staff structures. Carol Coleman added that it would also be difficult to extract accurate staff data for constituencies that no longer existed.

Lea Dehaney was concerned about the message it could give to staff if governors did not support the amendments, which were being put in place to improve staff voice and staff engagement.

Kimberley Lloyd explained that the rationale amending the composition of the staff governors was to make the role of the staff governors more effective, particularly with the development of the staff voice model.

In response to a comment from Ruth Davies, John Goulston confirmed that there would be a robust engagement exercise for the elections, which would include the knowledge and experience of the current staff governors.

Penny Shepherd commented that the Council were being asked to approve the amendments in January, but they would not be fully endorsed until the annual members meeting in September.

In response to a question from Penny Shepherd, Mercy Kusotera confirmed that governors could serve no longer than three years, meaning that their terms of office could not be extended nor could the elections be delayed. Mercy explained that it was important to address the issues with regards to the staff governor constituencies prior to the elections taking place. Mercy added that the lead governor would present the amendments at the annual members meeting in September.

In response to a question from Penny Shepherd, Joy Fuller confirmed that the current voting method was 'first past the post', meaning that the six highest polling candidates would be elected. Joy added that the voting method was defined in our Constitution under Model Election Rules, so couldn't be changed without an amendment to the Constitution.

Julia Rogers explained the work currently being undertaken to mitigate the risks in relation to the diversity of staff putting themselves forward as candidates. She explained that a robust communications and engagement exercise was under development to ensure that all staff could be reached. The plan would include improving awareness and understanding of the role of the governor and the value that the staff governors would bring to the staff voice model. Chloe Crouch added that we would also link in with the staff networks. Chloe was confident that we would be able to reach out to all staff to encourage them to stand as a governor and/or vote.

Pippa Barber highlighted that a similar discussion had taken place at the Board meeting, where it was discussed that we would need to evaluate the level of engagement and whether we had been able to attract a diverse representation of our staff. John Goulston confirmed that we would need to undertake an evaluation following completion of the full election process, and it would be added to the forward plan.

Action: Mercy Kusotera, Joy Fuller, Communications Team

The Council voted on the proposal to remove the four staff constituencies to have just one staff constituency. All governors, with the exception of one governor, supported the amendment. The Council **APPROVED** the amendment to remove the four staff constituencies.

The Council voted on the proposal to increase the number of staff governors from five to six. All governors, with the exception of one governor, supported the amendment. The Council **APPROVED** the amendment to increase the number of staff governors from five to six.

4 Any other items of business previously notified to the Chair

There were no other items of business to discuss.

5 Questions from members of the public relating to the agenda items

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

6 Date and Time of Next Meeting

Wednesday 17 January 2024 from 12.30pm.
Rooms 6 and 7, Trinity House, 110-120 Upper Pemberton, Ashford, TN25 4AZ
The meeting will be broadcast live to the public.

The meeting ended at 17:15

DRAFT

UNCONFIRMED Minutes of Council of Governors meeting held in public on Wednesday 17 January 2024 in Rooms 6 and 7, Trinity House, 110-120 Upper Pemberton, Eureka Park, Kennington, Ashford, Kent, TN25 4AZ

Present:	John Goulston Janet Allen William Anderson Sarah Ansell Elaine Ashford Maria-Loukia Bratsou Alison Carter Carol Coleman Chris Cornell Ruth Davies Lea Dehaney Alison Fisher Anjan Ghosh Gill Harris Alison Honour Kimberley Lloyd Jide Odumade Penny Shepherd John Woolgrove	Chair Staff Governor for Corporate Services Staff Governor for Adult Services Public Governor for Ashford Public Governor for Dartford Staff Governor for Children and Families Appointed Governor for Kent Dementia Action Public Governor for Dover and Deal Public Governor for Canterbury Public Governor for Tonbridge and Malling Public Governor for Gravesham Public Governor for Maidstone Appointed Governor for Public Health Public Governor for Sevenoaks 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 Sive Cavanagh Judith Cramp Joy Fuller Mercy Kusotera Kim Lowe Mairead McCormick Sue Mitchell Julia Rogers Victoria Robinson-Collins Dr Razia Shariff Mercia Spare Karen Taylor	Non-Executive Director Deputy Chief Nursing Officer Governor Support Administrator Governor Lead (minutes) Director of Governance Non-Executive Director Chief Executive Assistant Director Prevention and Public Health Services Director of Communications and Engagement Chief People Officer Non-Executive Director Chief Nursing Officer Non-Executive Director
Apologies:	Loretta Bellman Jan Harris	Public Governor for Tunbridge Wells Staff Governor for Adult Services

1 Welcome and introduction

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

Attendees introduced themselves.

The meeting was quorate.

2 **Declarations of interests**

Penny Shepherd asked for her interest in the organisation Aging Without Children (East Kent) to be added to the register and for her interests in Orchard Community Energy and COAM Members Ltd to be removed from the register.

John Goulston asked for his role of Advisor to the Board of East Kent Hospitals University NHS Foundation Trust (EKHUFT) to be added to the register. This role will run to June 2024. John confirmed that his role as Advisor to Medinet Clinical Services would continue to the end of 2024.

Action: Joy Fuller

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

3 **Minutes of the Council meeting held on 18 October 2024**

John Goulston thanked Joy 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 18 October 2024**

Mairead McCormick confirmed that the Executive and Governor buddy list had been finalised and would be circulated. She further confirmed that the buddy system was linked to the Community Hospitals Review so not all governors would have an Executive buddy.

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

5 **Chair's report**

John Goulston presented a verbal report to the Council.

John thanked governors who had attended the Extraordinary Council of Governors meeting on Tuesday 9 January 2024. Two resolutions had been agreed at the meeting. The first was to change the existing four staff governor constituencies to one staff governor constituency. The second was to increase the number of staff governors from five to six.

John commented that it would be important to have a good engagement campaign for the forthcoming governor elections to encourage nominations from a diverse range of groups.

Action: Julia Rogers

John outlined that Mercy Kusotera would be leading a small task and finish group to review the Trust's Constitution and he invited expressions of interest from governors to be part of this group. The group would report back to the Council of Governors in July 2024 with any proposed changes. Subject to agreement from the Council of Governors the revised Constitution would go forward to the Annual Members Meeting in September 2024 for approval.

Action: Mercy Kusotera

John informed the Council that Joy Fuller and Mercy would circulate a list outlining the time commitments relating to the mandatory and optional activities of the governor role.

Action: Joy Fuller and Mercy Kusotera

John informed the Council that there would be governor vacancies on the Nominations Committee from April 2024. He explained that Joy would circulate the Terms of Reference for the committee and governors were asked to let Joy know if they would be interested in becoming a member. If there were more expressions of interest than vacancies, there would be an internal vote.

Action: Joy Fuller

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

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

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

Mairead summarised key points of the report and acknowledged the achievements of staff during the winter months. She outlined that there had been financial challenges however the Trust was predicting a breakeven position. Mairead acknowledged the efforts of all staff that ensured the Edenbridge Health Centre opened on time and she mentioned the work on inequalities that had started to embed care within local communities.

Mairead announced that Mercia Spare would be retiring from her role as Chief Nursing Officer and thanked Mercia for her contribution as Chief Nurse. Mairead explained that Mercia would be staying with the Trust supporting the work of the Clinical Academy and the Trust would be recruiting for a new Chief Nursing Officer.

Mairead invited questions and comments regarding her report.

In response to a question from Penny Shepherd, Mairead explained that there were a number of voluntary organisations in East Kent who were supporting patients with cognitive impairment to remain in their own homes.

In response to a query from Ruth Davies, Mairead confirmed that the timeline for the review of Community Hospitals would first be shared at the Board meeting and then the Council of Governors meeting in April 2024.

Action: Mairead McCormick

In response to a question from Alison Fisher, Mairead agreed to circulate a list of dates to governors and the Non-Executives to observe a Virtual Ward.

Action: Mairead McCormick

William Anderson commented that during this winter period there had been a remarkable increase in patients being sent home from hospital rather than being sent to a care home.

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

7

Staff Voice Model

Julia Rogers presented the Staff Voice Model paper and explained that the model would be tested at a simulation on Thursday 7 March 2024.

In response to a question from Carol Coleman, Julia confirmed that staff governors' involvement in the staff council would be during work hours and they would be provided with support and training. Carol commented that the role definition for staff governors would need to be updated and Julia confirmed that this was being considered at a task and finish group.

Victoria Robinson-Collins confirmed that the staff voice model was to engage staff in strategic objectives rather than a forum to raise employee relations or existing terms and conditions issues as these were dealt with under other HR related policies and procedures.

In response to a suggestion from Alison Honour related to using technology such as Padlet to support the authentic staff voice, Julia agreed that this would be a great idea and agreed to take this forward.

Action: Julia Rogers

In response to a question from Anjan Ghosh, Julia confirmed that there were many mechanisms for ensuring that the model would be inclusive and that voices from diverse staff groups would be heard. The planned simulation would be used to test the inclusivity of the model.

Victoria informed the Council that the work on the Staff Voice Model had run alongside the Nobody Left Behind initiative which linked in with the equality, diversity and inclusion (EDI) strategy.

In response to comments from Ruth Davies, Julia confirmed that a purpose of the model was to celebrate good practice and she thanked Ruth for her observation.

Kimberley Lloyd mentioned that she was an Ambassador for Nobody Left Behind and had, in this role, visited teams and services around the Trust. She had heard teams sharing their good practices and had been encouraged to see how the Nobody Left Behind initiative could work alongside the Staff Voice Model.

In response to a question from Alison Fisher regarding the independent chair of the staff council, Julia explained that Kent and Medway NHS and Social Care Partnership Trust (KMPT) were introducing a similar staff model. Therefore, one option would be for our Trust to provide KMPT with a chair and they could provide our Trust with a chair. Another option would be for a staff governor to chair the staff council. Both these options would be explored as part of the simulation.

John suggested that progress on the Staff Voice Model would be brought to the Council of Governors in either July or October 2024.

Action: Julia Rogers

In response to a question from Carol, John asked Mairead to consider a timeline for an initiative to look at Public Voice along the lines of the Staff Voice Model.

Pippa Barber outlined that systems and processes were in place for patient and public engagement and that the next step was how to help the Public Governors engage with their constituencies.

In response to a request from Penny Shepherd, John confirmed that Public Governors would be involved in any Public Voice initiative.

In response to comments from Penny, John explained that to introduce one public membership across all local NHS Trusts would be a complex piece of work. Mairead added that KCHFT worked with local health and care partnerships and that she would raise the matter at the East Kent Health and Care Partnership.

The Council **RECEIVED** the Staff Voice Model paper.

8 Nominations Committee report

John Goulston presented the Chair's report and then invited questions and comments.

In response to a question from Alison Fisher, John confirmed that the recruitment process for the Non-Executive Directors (NEDs) could provide an opportunity to appoint one or two associate NEDs. These would be development posts and would not be considered a voting member of the Board.

Responding to a question from Carol Coleman, John explained that following appointment of the new NEDs, consideration would be given to the replacement of the Senior Independent Director (SID) and changes relating to committee chairs. This would be the subject of a further paper which would be brought to the Council for approval later in the year.

In response to a question from Alison Carter, John confirmed that the appointment committee for NEDs must have a majority of governors. During the previous recruitment of NEDs there had been three governors, the Chair and one current NED on the Recruitment Panel. There would be a stakeholder event for shortlisted candidates to meet governors, NEDs and Executive Directors.

In response to a question from Ruth Davies, John confirmed that the terms of office for governors would not be impacted by changes to the terms of office for Chairs and NEDs.

The Council **APPROVED** the Chair's report.

John Goulston left the meeting at 1.32pm whilst Pippa Barber presented the Chair's Term of Office report.

Pippa invited questions and comments regarding her report.

In response to a question from Penny Shepherd, Pippa explained that the new Code of Governance for NHS Provider Trusts came into force on 1 April 2023. The new guidance was that any decision to extend a Chair's term beyond six years should be subject to rigorous review. Pippa confirmed that there had been considerable thought given to the extension of the Chair's term of office.

In response to a comment from Penny, Pippa commented that the terms of office of the Chair and the NEDs would be monitored for succession planning purposes.

In response to a comment from Gill Harris, Carol confirmed that the Chair's extension had been discussed in depth by governor representatives on the Nominations Committee, at Board and Non-Executive level and with the Integrated Care Board (ICB). This due diligence had ensured that the one-year extension of the Chair's term of office would meet the needs of Trust.

William reiterated that the extension of the Chair's terms of office meant the Trust had an opportunity to retain experience and provide continuity through a period of change.

In response to a question from Gill, Pippa outlined that, if the proposal was approved by the Council of Governors, the next steps would be to inform the Chair and the ICB and then seek the approval of the NHS England Regional Director.

Mercy Kusotera thanked Pippa for presenting the paper.

Alison Carter commented that if the proposal to extend the Chair's term office was approved then John could take an active part in the recruitment and appointment of the new Chair from autumn 2025.

The Council **APPROVED** the Chair's term of office report.

John Goulston rejoined the meeting at 1.50pm

9 **Governor feedback from constituencies**

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

Ruth Davies had attended the Nominations and Charitable Funds Committee meetings. She had also attended an update on community hospitals and had visited the League of Friends at Tonbridge Cottage Hospital.

Alison Carter attended the Learning from Experience council.

Sarah Ansell had attended an Eat Well for Less event, had been involved in a couple of interview panels, had carried out a We Care visit and attended an ICB event at the Ashford International Hotel.

Jan Allen had been involved in Staff Voice and Equality, Diversity and Inclusion (EDI) initiatives.

William Anderson reported that he had enjoyed his involvement in the development of Staff Voice.

Gill Harris had sent a letter to her constituents regarding the opening of the Edenbridge Memorial Health Centre. Gill visited the health centre with Gordon Flack, Chief Finance Officer, and reported that it was a centre of excellence.

Anjan Ghosh, Appointed Governor for Public Health, reported that Kent County Council (KCC) had signed off the Kent and Medway Integrated Care Strategy. KCC had worked with local councils to develop priorities for the next three years and he reported that there would be public health specialists supporting delivery.

Anjan reported on the review of public health services and outlined health prevention programmes for adult social care and creating a smoke free generation.

John asked that Joy Fuller circulate the link for the Kent and Medway Integrated Care Strategy to the governors, the Board and the NEDs.

Action: Joy Fuller

In response to a question from Penny Shepherd, John suggested that Anjan could present an overview of the KCC public health strategy and initiatives at one of the Board and Governor Development sessions. It was agreed that this should be added to the forward plan.

Action: Joy Fuller

Penny Shepherd attended the Dover WinterWell event, the Volunteers Christmas Party and the World Café event. Penny reported that she was on the working group for one of the integrated neighbourhood team pilots in her constituency and she has attended meetings of the East Kent Adult Services Community Engagement Group. She had been involved in groups including Hythe Dementia Awareness, a patient group looking at age care technology and a Folkestone District Council community forum and had observed a webinar on sex based language in the NHS. Penny reported that plans were in progress for her to visit the urgent treatment centre in Folkestone.

Alison Fisher reported that she had attended the West Kent Listening event.

Carol reported that she had attended the Dover WinterWell event and she was due to attend an information event in Dover in the next week. She had re visited Deal Hospital following a PLACE assessment late in 2023. The original visit had highlighted some accessibility issues for one of the assessment team members so the second visit gave the opportunity for that individual to review accessibility with the Director of Estates and Facilities. Whilst on the second visit to Deal Hospital there was an issue with the fire alarm and the air conditioning leading to a significant drop in temperature on a very cold day. In response, Jan Allen and Mairead McCormick stated that there was a task and finish group looking into this problem across sites.

Alison Honour, Appointed Governor for Universities, reported that there had been new leadership appointments at Canterbury Christ Church University and current recruitment campaigns included Head for the School of Nursing and academic staff. The University had met with the Chief Executive and other senior colleagues of the Kent and Medway ICB to explore ways of working in partnership. Alison reported on a couple of current research projects; applied research to support allied and public health professionals transition from student to employee and a research group looking into Artificial Intelligence (AI) and its uses.

Lea Dehaney reported that he had written to members in his constituency via the communications team, had attended a Finance, Business and Investment

committee and a Charitable Funds committee and had taken part in a PLACE assessment at Darent Valley Hospital.

Elaine Ashford reported that she was still visiting the Dartford Health Living centres and felt that they were a valuable resource to local residents.

The Council **RECEIVED** the reports from individual governors.

10 Report from communications and engagement committee

William Anderson confirmed that the committee had not met since the previous Council meeting as the purpose and terms of reference for the committee were still under review.

11 Report from charitable funds committee

Ruth Davies confirmed that the committee had last met in November 2023. Expenditure had been equally distributed between patient and staff groups and the Staff Welfare fund had received a range of applications for support. John Goulston informed the Council that the current interest rate on fund investments was more favourable.

In response to a question from Carol Coleman, Ruth Davies and Mercia Spare confirmed that there were internal admin charges related to managing funds. John added that there were economies of scale relating to overheads and he asked if there could be any efficiencies in the costs of managing funds.

Razia Sharif explained that the charitable trust was semi autonomous and to maintain the relationship with KCHFT it was necessary to pay for the services of staff to administer the funds. She further outlined that there were challenges in distributing some of the restricted funds.

The Council **RECEIVED** the report.

12 Engagement and Volunteers quarter 2 report

Sue Mitchell presented the report to the Council.

Sue highlighted the involvement of patient assessors and estates in accessibility audits and the work of the People's network around information for patients and carers relating to end of life care. Sue reported that planning was going ahead for the carers conference, that there were now two therapy dogs going into the Trust's hospitals and there was a safeguarding training booklet in place for volunteers.

Sue invited questions and comments.

In response to a suggestion from Alison Carter, it was confirmed that Sharon Picken, Participation and Engagement Services Manager, would be arranging for a session at the carers conference dedicated to dementia care.

The Council **RECEIVED** the report.

16 Any other items of business previously notified to the Chair

John Goulston thanked John Woolgrove, Public Governor for Rest of England, for his time as a public governor including his membership of the Nominations Committee.

John Goulston also thanked Loretta Bellman, Public Governor for Tunbridge Wells, who has decided not to stand for re election.

17 Questions from members of the public

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

Date and Time of Next Meeting

Wednesday 17 April 2024 from 12.30pm.

Venue to be confirmed. The meeting will be broadcast live to the public.

The meeting ended at 2.28pm.

DRAFT

ACTION LOG FROM THE COUNCIL OF GOVERNORS MEETING HELD ON 17 JANUARY 2024

Meeting date	Minute number	Agenda Item	Action	Action Owner	Update	Action status
09/01/24	3	Proposed amendments to the KCHFT Constitution	To undertake an evaluation of the success of the elections process following completion.	Mercy Kusotera/ Joy Fuller/ Chloe Crouch	Review of governor elections process due to take place in May. Outcome of Governor Elections report to be presented to Council of Governors in July.	Open
17/01/24	2	Declarations of interests	To update the Register of Interests for Penny Shepherd and John Goulston	Joy Fuller	Register of interests updated.	Closed
17/01/24	5	Chair's report	To ensure a good engagement plan for the governor elections to encourage a diverse range of candidates	Julia Rogers	Nominations received for all vacancies from diverse range of candidates.	Closed
17/01/24	5	Chair's report	To present the proposed changes to the Constitution following the review by the Task and Finish Group to the July Council of Governors meeting. Approved changes to be presented to the Annual Members meeting in September 2024.	Mercy Kusotera	In progress - proposed changes to be presented to Council of Governors meeting in July.	Open
17/01/24	5	Chair's report	To circulate a list outlining the time commitments relating to the mandatory and optional activities of the governor role.	Mercy Kusotera/ Joy Fuller	Included in the weekly update for governors	Closed

Meeting date	Minute number	Agenda Item	Action	Action Owner	Update	Action status
17/01/24	5	Chair's report	To circulate the Terms of Reference for the Nominations committee. Governors to let Joy know if they would be interested in becoming a member	Joy Fuller / Governors	Terms of Reference updated. Expressions of interest for Nominations Committee to be circulated to governors (delayed to await outcome of elections).	Open
17/01/24	6	CEO report	To present an update on the review of Community Hospitals including timelines.	Mairead McCormick	Update will be provided at the Council meeting in April.	Closed
17/01/24	6	CEO report	To circulate a list of dates to observe virtual wards to governors and non-executive directors.	Mairead McCormick	This has been completed.	Closed
17/01/24	7	Staff Voice model	To explore the use of technology such as Padlet in the staff voice model	Julia Rogers	The Communications Team has investigated using padlet, it's an American/Asian collaboration primarily aimed at the education sector. It is a seemingly easy to use collaborative whiteboard. However, it is cloud-based with servers outside the UK, which may cause an IG risk. It has an annual cost of £129 per year, per padlet creator, unfortunately the free version has too many limitations for our use. While an option, due to cost and IG we are continuing to explore other existing solutions.	Closed
17/01/24	7	Staff Voice model	To provide an update on progress of the Staff Voice model at the July or October Council meeting	Julia Rogers	Added to the Council of Governors forward plan for July or October.	Open
17/01/24	9	Governor feedback from constituencies	To circulate the link for the Kent and Medway Integrated Care Strategy to governors and board members	Joy Fuller	Included in the weekly governor update and circulated via email to board members	Closed

Meeting date	Minute number	Agenda Item	Action	Action Owner	Update	Action status
17/01/24	9	Governor feedback from constituencies	To add to the development session forward plan an update from Anjan Ghosh on the KCC public health strategy and initiatives.	Joy Fuller / Anjan Ghosh	Added to the forward plan for development sessions.	Closed

Meeting:	Council of Governors
Date of Meeting:	17 April 2024
Agenda item:	6.2
Report title:	Board designations
Report author(s):	John Goulston, Chair
Action this paper is for:	<input type="checkbox"/> Decision/approval <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Note
Public/non-public	Public

Executive summary

The purpose of this paper is to provide an update on Non-Executive Director designations and Committee membership to take account of the imminent changes of the Non-Executive Directors, which were approved by the Council of Governors on 17 January 2023. This report also includes the up to date position on Executive Director designations and Committee membership following the appointment of the Chief of Allied Health Professionals, Rachel Dalton in September 2024.

Report history / meetings this item has been considered at and outcome

Board Meeting (Part 2) on 13 March 2024

Recommendation(s)

The Council of Governors is asked to

- **NOTE** the report

Link to CQC domain

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
--	---	--	--	--

Assurance Level		
<input type="checkbox"/> Significant	<input checked="" type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input type="checkbox"/> BAF	<input type="checkbox"/> CRR
Equality, diversity and inclusion	Yes – The Trust has a diverse leadership	
Legal and regulatory	Yes – Well-Led Framework	

Executive Sponsor sign off	
Name and designation:	John Goulston, Chair
Date:	April 2024

**BOARD OF DIRECTORS –
BOARD AND COMMITTEE MEMBERSHIP AND DESIGNATIONS
From 1 April 2024**

1. Introduction and purpose of the report

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

This paper provides an update on Non-Executive Director designations and Committee membership to take account of the imminent changes of the Non-Executive Directors, which were approved by the Council of Governors on 17 January 2023. This report also includes the up to date position on Executive Director designations and Committee membership following the appointment of the Chief of Allied Health Professionals, Rachel Dalton in September 2024.

2. Non-Executive Director Terms of Office

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

The Trust Constitution sets out that “In the event that the number of Non-Executive Directors (including the Chair) is equal to the number of Executive Directors, the Chair (and in his absence, the Deputy Chair), shall have a second or casting vote at meetings of the Board of Directors in accordance with the Standing Orders for the Board of Directors.” (paragraph 8.8). The Constitution also, that there shall be a majority of NEDs including the chair (paragraph 8.10.2).

Tables 1 shows that Peter Conway and Pippa Barber’s third terms of office end in 2024 and Nigel Turner’s second term of office ends in 2024. In line with the principles of the NHS Foundation Trust, Code of Governance, this means that from;

- 1 April 2024, the Trust will need a Deputy Chair and Chair of the Audit and Risk Committee (ARC) to replace Peter Conway
- 1 October 2024, the Trust will need a Chair of the Charitable Funds and deputy chair of People Committee and a member of ARC to replace Nigel Turner
- 1 December 2024, the Trust will need a SID and Chair of the Quality Committee and member of ARC to replace Pippa Barber

The terms of office for the Non-Executive Directors are detailed in table 1 below.

Table 1 - terms of office for the Non-Executive Directors

First name	Surname	Start date	(Re) Appointment to the Board	Period of appointment	End date appointment
Peter	Conway	01/03/2015	01/04/2021 (R2)	3 years	31/03/2024
Pippa	Barber	01/12/2016	01/12/2022 (R2)	2 years	30/11/2024
Nigel	Turner	01/10/2018	01/10/2021 (R)	3 years	30/09/2024
Paul	Butler	01/03/2020	01/03/2023 (R)	3 years	28/02/2026
Karen	Taylor	01/02/2022		3 years	31/01/2025
Kim	Lowe	01/02/2022		3 years	31/01/2025
John	Goulston	01/11/2018	01/11/2021 (R2*)	1 year*	31/10/2025*
Razia	Shariff	01/02/2022		3 years	31/01/2026

NB R – reappointed to the Board of Directors by the Council of Governors for a second term of 3 years.

*From September 2023, with the refreshed Code of Governance for NHS Foundation Trusts, only in exceptional circumstances can the Chair and Non-Executive Directors stand for more than two, 3-year terms of office (more than 6 years) and be offered up to further years by the Council of Governors (R2). This has to be agreed by NHS England. The maximum term for a NED is 9 years. The Council of Governors has agreed to extending the Chair's terms of office by 1 year to 31 October 2025, subject to NHS England's approval.

3. Board Membership

The Constitution sets out that the Board is made up of a Non-Executive Chair, up to a maximum of seven Non-Executive Directors (NEDs) and up to a maximum of seven Executive Directors. Table 2 demonstrates that we currently have 7 NEDs plus the Chair and 6 Executives (including the Chief Executive). This means under the Trust's constitution, we have the opportunity to reduce our number of NEDs from 7 to 6. Under discussion with the Chief Executive, there are no plans to increase the number of voting members of the Board.

Following recommendations from the Nominations Committee, The Council of Governors approved on 17 January 2024 that we do not replace Peter Conway and that we go out to appoint two new NEDs to replace Nigel Turner and Pippa Barber. We have a large Board of Directors with 14 voting members, the proposal to appoint two new NEDs rather than 3 will help to streamline the Board with a minimum of 2 NEDs on each Committee as Chair and deputy chair while retaining 3 NEDs as the ARC.

Table 2 Board Composition

Non-Executive Directors (As at 1 April 2024)	Executive Directors (As at 1 April 2024)
John Goulston, Chair	
1. Pippa Barber	1. Mairead McCormick, Chief Executive
2. Nigel Turner	2. Pauline Butterworth, Deputy Chief Executive & Chief Operating Officer
3. Paul Butler	3. Gordon Flack, Chief Finance Officer (CFO)
4. Karen Taylor	4. Sarah Phillips, Chief Medical Officer (CMO)
5. Kim Lowe	5. <i>Sive Cavanagh, Acting Chief Nursing Officer (CNO)</i>
6. Razia Shariff	6. Victoria Robinson-Collins, Chief People Officer (CPO)
	Non-voting board members
	Ali Carruth, Director of Health inequalities & Prevention
	Rachel Dalton, Chief Allied Health Professions Officer

The Trust is in the process of recruiting a Chief Nursing Officer following the retirement of Mercia Spare on 31 March 2024. Sive Cavanagh will be acting CNO until an appointment is made.

The Director of Communications and Engagement, Julia Rogers reports to the Chief Executive and attends Board development sessions.

The Director of Corporate Governance, Mercy Kusotera reports to the Deputy Chief Executive and attends Board and Committee meetings. This post covers the role of Trust Secretary.

4. Membership of Board Committees

From 1 April 2024, the membership of Board Committees is set out in table 3 below. Changes since 1 March 2023 are shown in red font.

Table 3 - Membership of Board Committees from 1 April 2024

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

Executive directors will utilise their deputies where necessary to ensure attendance and utilise specific expertise. As part of good governance, all NEDs, the Chair and the Chief Executive are encouraged to attend at least one meeting per year of the Board Committees that they are not formal members of.

5. Chairs and Deputies of Board Committees

As detailed in Table 4 each of the Board committees has a chair. In the interests of good governance, each committee should also have a deputy chair. Table 4 proposes the deputy chair for each Board committee. This will be reviewed on at least an annual basis in order to ensure that we take account of succession planning.

Table 4 - Chairs and Deputy Chairs of Board Committees (changes in red from 1/4/2024)

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

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

6. Other Non-Executive Board Leadership responsibilities

6.1 Deputy Chair and Senior Independent Director

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

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

The Council of Governors at its meeting on 17 January 2024 approved the appointment of Kim Lowe as Deputy Chair of the Trust. Kim is also the Chair of the People Committee.

The Senior Independent Director (SID) is appointed by the Council of Governors. The Council of Governors on 21 March 2022 approved the appointment of Pippa Barber as Senior Independent Director. Pippa finishes her term on 30 November 2024. By the 30 September 2024, the Chair will be proposing to the Council of Governors, following consideration by the Nominations Committee, a successor to Pippa as SID.

6.2 Non-Executive Director Champion roles

In addition to the responsibilities in section 6.1 and table 4; there are the following assigned NED lead roles / responsibilities:

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

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

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

This guidance sets out a new approach to ensuring board oversight of important issues by discharging the activities and responsibilities previously held by some NED champion roles, through committee structures. It also describes which roles should be retained and provides further sources of information on each issue. Table 5 sets out the Board Committees that will champion / lead on these roles.

Table 5 – Committee leadership roles

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

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

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

7. Recommendations

The Board is asked to approve:

- 7.1. The Non-Executive and Executive Director membership of committees as set out in Table 3 effective from 1 April 2024
- 7.2. The changes to the Non-Executive directors' designations following the approval of the Council of Governors (see sections 5 and 6.1).

8. Next steps

The Board is asked to note:

- 8.1. the composition of the Board and its voting membership as set out in section 3.
- 8.2. This report will be forwarded to the Council of Governors meeting on 17 April 2024 for the Council to note the updated Board designations and Committee membership.
- 8.3. The Trust has commenced the recruitment process to replace Nigel Turner and Pippa Barber with the skills set as agreed by the Council of Governors at their meeting on 17 January 2024. As part of the process of recruiting two new NEDs, the Trust will consider appointing up to two Associate NEDs for future succession planning.
- 8.4. The Board is asked to note that;
 - from 1 October 2024, Paul Butler will replace Nigel Turner on the ARC and
 - from 1 October 2024 Razia Shariff will chair the Charitable Funds Committee.
- 8.5. The Chair will come back to the Nominations Committee by 30 September 2024 on the proposal to replace Pippa Barber as SID together with identifying the chair of the Quality Committee and any associated committee membership changes.

15 February 2024

Chair, John Goulston

Kent Community Health NHS Foundation Trust

Meeting:	Council of Governors
Date of Meeting:	17 April 2024
Agenda item:	6.3
Report title:	Developmental well led review – update on actions
Report author(s):	John Goulston, Chair
Action this paper is for:	<input type="checkbox"/> Decision/approval <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Note
Public/non-public	Public

Executive summary

The Trust commissioned the Good Governance Institute to undertake a developmental review of leadership and governance in line with NHS England’s well-led framework. The review was carried out from September to December 2023 with the final report issued in March 2023.

The recommendations and the action plan were approved by the Board in June 2023. Following Board approval, the actions were presented to the Council of Governors on 12 July 2023.

The Council is asked to note progress against the actions.

Report history / meetings this item has been considered at and outcome

A progress report against the actions to address the recommendations was presented to Part 2 Board meeting on 21 February 2024 and the Part 1 Board meeting on 17 April 2024.

Recommendation(s)

The Council of Governors is asked to

- **NOTE** the report

Link to CQC domain				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Assurance Level		
<input type="checkbox"/> Significant	<input checked="" type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input checked="" type="checkbox"/> BAF	<input checked="" type="checkbox"/> CRR
Equality, diversity and inclusion	No	
Legal and regulatory	Yes – Well-led – KLOE 5	

Executive Sponsor sign off	
Name and designation:	John Goulston, Chair
Date:	11 April 2024



Good Governance Action Plan: 10 April 2024

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R1	Consider how to make NEDs more visible to staff including making the most of opportunities which arise when attending meetings on site and from board visits.	Review feedback system of NEDs	June 2024	ETM/Board	Pauline Butterworth Mercy Kusotera	Board meetings live streamed with links via website. NEDs taking part in series of We Care visits. NEDs attending, We Care conferences, now open to all staff, plus involved in engagement exercises with staff, such as Nobody Left Behind and Staff Voice, increasing visibility. Kim Lowe joined recent staff voice simulation event. NEDs to be included in staff governor film, which election concluded. NED visibility to be tested as part of Communications Survey planned for May/June.	Ongoing
		Increase profile of NEDs		ETM/Board	Julia Rogers		





Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R2	The Board should review its development needs and create an outcome orientated board development programme against specific goals. This should include information sessions, strategic needs, team building and informal sessions to enhance their work as a unitary board.	Discuss development needs at appraisals	September 2023 – May 2024	ETM/Board	John Goulston	The Board held two facilitated Board Development sessions on 26 September 2023 and 7 February 2024 respectively. A third session is being arranged for May 2024. These sessions focus on Board effectiveness, strategic needs and culture.	Completed
		Develop board development programme 2023/24	July 2023		Mairead McCormick Mercy Kusotera		



Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R3	Refresh the current strategy together with the underpinning sub-strategies as appropriate to tie in with the Kent & Medway Integrated Care Strategy and the ICB's Joint Delivery Plan and reflect the trust's contribution to the system.	<p>Refresh Trust Strategy</p> <p>Review People Priorities, most notably EDI plan (see R5).</p> <p>Complete Estates Optimisation Strategy/ Plan.</p> <p>Develop intermediate Care clinical strategy with revamped rehabilitation and recovery pathways</p>	December 2023	ETM / Audit and Risk Committee	<p>Sarah Philips</p> <p>Victoria Robinson-Collins</p>	<p>The We Care Strategy directly supports delivery of the ICB four core purposes of integrated care strategy. Two examples of how our We Care Strategy directly supports the delivery of the ICB four core purposes are:</p> <p>(1) our ambition for 'Putting Communities First' directly supports tackling inequalities. There is no significant difference in did not attend (DNA) or 'was not brought' rates between patients living in the most and least deprived areas or ethnic group by April 2026.</p>	Completed



						<p>(2) our We Care ambition of Staff spend 50% less time on admin processes that don't add value to patient care by March 2027 directly contributes to ICB core purpose of enhancing productivity and value for money.</p> <p>The People & OD Priorities were approved by ETM and People Committee in Q1 FY24/25.</p> <p>The EDI plan was refreshed following trust wide engagement and approved by the Board (see R5)</p> <p>Estates Optimisation Plan was developed.</p>	
--	--	--	--	--	--	--	--



Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R4	The trust should increase the promotion, monitoring and reporting of environmental sustainability, including the trust's Green Plan and its links to the system wide green plan and the Sustainability Strategy.	Review sustainability strategy	August 2024	ETM Audit and Risk Committee	Julia Rogers Pauline Butterworth	The KCHFT Sustainability webpage has been refreshed and includes more information on how the Trust is tackling its carbon footprint, and the projects which are contributing to the drive.	On track but not fully completed
		Review sustainability reporting				Local radio and media coverage of environmental initiatives to reduce food waste and develop self-sustaining patient food services at community hospital site.	
						Sustainability update is included in the Trust Annual Report	
						Further actions proposed subject to agreement, including timeframes are Environmental Sustainability Skills for Managers/workforce	



						E- Learning course is available via IEMA LFB commissioned their own bespoke e-learning package for all staff, comparatively inexpensive against individual courses.	
--	--	--	--	--	--	---	--



Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R5	The trust should ensure there is sufficient resource to support the work of the staff networks and to continue to prioritise work on the WRES and WDES.	Review current allocations with staff networks as part of network refresh exercise and undertake gap analysis to inform proposal for executives to consider. Continue to prioritise work on WRES and WDES by delivering on agreed actions following NLB refresh.	December 2023	People Committee	Victoria Robinson-Collins	<p>The refresh project to review the form, function and governance of the staff networks commenced November 23 and due to complete end of 2023/24 financial year. Progress update at February 2024 Board.</p> <p>NLB action plan refresh completed with WRES/ WDES actions and approved by Board. New IPR dashboard tracks progress and gives visibility to Board.</p> <p>April 2024 update: the staff networks requested support in engaging their members with the proposed new processes and infrastructure related to the staff networks. This has resulted in the project not concluding in line with the original project plan. However, this extension has proven beneficial in ensuring that there is greater understanding within the</p>	Completed.



						<p>network leadership and membership as to the details of the proposed way forward. This has also allowed the project team to further develop the proposal.</p> <p>A final in-person event is planned to launch the new approach to Staff Networks at KCHFT. A date for this will be announced soon.</p> <p>R5 can be considered complete on the basis of the WRES and WDES work continuing to be a priority as well as the assurances provided by the Network Review project highlighting the system leading resource commitment KCHFT makes to its Staff Networks.</p>	
--	--	--	--	--	--	--	--



Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R6	The trust should provide training for those who regularly write board papers to enable them to enhance this skill and produce more focused papers for the board.	Run a programme of training on assurance report authoring for key staff	March 2024	ETM	Mercy Kusotera	Training for Board / committee report writers arranged.	Completed



Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R7	The trust should undertake a review of the management groups (that is, the meetings which are outside of the board committees) with the aim of reducing the number of groups which meet, to release time spent in meetings. Focus should then be on ensuring that meetings run effectively, including the reporting of assurance. Any such rationalisation of the management assurance meetings' structure will need to be accompanied by organisational development to ensure that the new structure provides more effective assurance.	Mapping of all groups and then review and revise the governance structures in place to oversee the quality and safety, use of resources, finance, and people agendas	December 2023	Quality Committee Audit and Risk Committee	Pauline Butterworth Dr Mercia Spare Mercy Kusotera	A review of the management groups was undertaken and the agreed reporting structure was reported to the quality committee in July 2023. A trust-wide risk and governance group co-chaired by the Chief Nursing Officer and the Director of Governance was established.	Completed



Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R8	The trust should ensure the governance of trust Standard Operating Procedures and policies in the organization is understood and followed by all staff who have responsibility for the review, approval and ratification of trust documents.	A policy group is required to review and approve both clinical and non-clinical policies	February 2024	ETM	Dr Mercia Spare Mercy Kusotera	A Policy Review Group is now in place.	Completed



Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R9	In view of provision Section D, 2.8 of the Code of Governance the trust should create a separate risk management strategy.	Develop combined document as risk management framework (strategy, policy and procedures) to clarify accountabilities for, and escalation thresholds in relation to risk from ward to board.to clarify accountabilities for, and escalation thresholds in relation to risk from ward to board in line with best practice.	October 2023	ETM Audit and Risk Committee	Pauline Butterworth Mercy Kusotera	The Risk Management Framework was approved by the Audit and Risk Committee on 31 August 2023. The approved version was published on Flo.	Completed



Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R10	In order to clearly identify risks that have a wider impact beyond the service where they arose it is recommended that the trust creates a corporate risk register.	Develop corporate risk register and refresh the BAF in line with best practice and introduce an explicit means of seeking and providing assurance on strategic risk to the board	December 2023	ETM Audit Risk Committee	Pauline Butterworth Mercy Kusotera	Corporate Risk Register in place and is presented to the Board and sub-committees to increase visibility.	Completed



Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R11	Estates management needs to continue to be a priority for the trust focusing on the leadership of the estates team and amending the strategy to align with the ICS strategy making it fit for purpose.	Review estates and facilities governance and compliance and the change the structure to ensure adequate leadership in place and undertake a culture and behavioural review.	December 2023	ETM Audit and Risk Committee	Pauline Butterworth	Director of Estates now in place. Estates restructure now complete. Cultural Review undertaken and recommendations implemented.	Completed



Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R12	The trust should review its internal processes for responding to requests for changes to the EPR (RIO) to suit the requirements of their services.	Review current process and lessons learnt from progress to date, engage with current supplier to improve usability of the system, work with other organisations with similar issues (e.g. KMPT) for solutions	March 2024	ETM	Gordon Flack	A pilot to reduce clinical documentation using progress notes function rather than forms function in RIO and utilising standard abbreviations in notes was completed. A test of change has demonstrated 33% reduction in time spent by clinicians on clinical documentation. A roll out plan developed for all community nursing teams is underway scheduled to be complete across all community nursing teams by early summer 2024. Meetings with executives from the Access group have set the supplier key development aims around interoperability by April 2024 and will	On track but not fully completed.



						determine if the trust continues with their product. In parallel the Trust is exploring alternative products with partner community organisations.	
--	--	--	--	--	--	--	--



Ref	Recommendation	Key action(s)	By date	Responsible Committee	Executive owner	Progress to date	Status
R13	The trust needs to decide which opportunities presented by the new system it wants to develop and work with the ICB and other partners to achieve this.	Incorporate in board development programme	May 2024	Board	John Goulston Mairead McCormick	<p>The second part of the Board Development programme focuses on our We Care Strategy and how this can best support the delivery of Kent & Medway's integrated care delivery plan.</p> <p>Development sessions on this are taking place during 2024; the first session was held on 21 February 2024. The next session is scheduled for 22 May 2024.</p>	On track but not fully completed.



Ref	Recommendation	Key action(s)	By date	Responsible Committee	Executive owner	Progress to date	Status
R14	We recommend that the trust takes every opportunity to agree a system wide policy for the investigation of serious incidents that involve different partners in the system.	Discuss with partners and develop.	December 2023	ETM and Quality Committee	Sive Cavanagh	<p>Discussion held with Chief Nursing Officer ICB and agreed medium term plan to develop system level policy.</p> <p>Each provider is working towards full implementation within national timescales following which the Chief Nursing Officers group will work with the ICB to agree overarching policy on incident review.</p>	On track but not fully completed.



Ref	Recommendation	Key action(s)	By date	Responsible Committee	Executive owner	Progress to date	Status
R15	The trust is asked to consider how it may ensure all staff have the means to access personal and professional development and the opportunity to introduce changes within their services.	<p>Completion of demand and capacity work to understand right workforce numbers, right place, right time with headroom on rosters.</p> <p>Completion of leadership development programme refresh, career pathways for clinical posts at Trust, PLACE and system.</p> <p>Continue to promote and embed QI as the methodology for colleagues to be empowered to make changes within their teams and services</p>	May 2024	ETM and People Committee	Victoria Robinson-Collins, Sive Cavanagh and Sarah Phillips	<p>Demand and capacity programme underway led through Ops, QI and CCQ.</p> <p>Refresh of leadership programmes complete, and leadership behaviours framework refresh complete.</p> <p>Proposal for establishment of Kent and Medway Academy as CIC hosted by KCHFT agreed in principle with paper deferred by system Chief People Officer's; deferred to 12 April meeting. Suite of supporting papers for education and careers in KCHFT being considered alongside.</p> <p>QI in progress - There is a process for specialist</p>	On track but not fully completed.



Kent Community Health
NHS Foundation Trust

						doctors to support their development. We will target more doctors to do QI development.	
--	--	--	--	--	--	---	--



Meeting:	Council of Governors
Date of Meeting:	17 April 2024
Agenda item:	7
Report title:	Chief executive's report
Executive sponsor(s):	Mairead McCormick
Report author(s):	Julia Rogers, Director of Communications and Engagement
Action this paper is for:	<input type="checkbox"/> Decision/approval <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Note
Public/non-public	Public

Executive summary

This report highlights key developments in achieving our four strategic ambitions of Kent Community Health NHS Foundation's *We Care Strategy* and gives an update since the last Council of Governors meeting in January. This report has also been presented to the Board Meeting on 17 April 2024.

Report history / meetings this item has been considered at and outcome

Not applicable

Recommendation(s)

The Council of Governors is asked to

- NOTE** the report

Link to CQC domain

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
--	---	--	--	--

Assurance Level		
<input checked="" type="checkbox"/> Significant	<input type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input type="checkbox"/> BAF	<input type="checkbox"/> CRR
Equality, diversity and inclusion	No	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Mairead McCormick
Date:	10 April 2024

CHIEF EXECUTIVE'S REPORT April 2024

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

We care – our strategy one year on

As we start a new financial year, it's easy to dive headfirst into what's coming, but I thought I would start this update with a few reflections.

This time last year, we launched our new five-year We Care strategy, signalling a new direction for the way ahead and focusing on those things which will make the biggest breakthroughs to patient care and the working lives of our colleagues. Driven by data, we have taken a quality improvement approach and have learned along the way, drawing learning from across the country. You will find some key updates since the last Board below.

Last month, more than 200 colleagues joined us at our We Care conference, as we talked through the progress we have made and teams brought the progress to life with some great examples. Around 70 per cent of colleagues said they felt we have made good or very good progress on our four ambitions, while 67 per cent said it had helped them set objectives for their teams to help us achieve our ambitions. This is all incredibly encouraging as we head into the next financial year.

Every achievement is a testament to our 5,300 colleagues and demonstrates – even in the toughest circumstances, improvements are possible. We know the year ahead, in the face of continuing industrial action, increased demand and significant pressure on budgets, will be challenging. We will need to adapt and do things differently. We will continue our relentless focus on the quality of our care, putting the patients at the heart of every decision. Our maturing relationships with our health and care partners means these are challenges we face together and the future is one of possibilities.

Board appointments

Chief nursing officer appointment

Caroline Bates has been appointed as our new chief nursing officer and will join the team at the end of June. Caroline, from Sittingbourne, is currently the divisional director of nursing at Dartford and Gravesham NHS Trust; responsible for medicine, cancer, therapies, pharmacy and emergency care. She has had an extensive career, including considerable experience in stroke care. I know she is really passionate about proactive care and prevention – and also making sure we provide the right support for our colleagues to thrive, so I'm delighted she is joining the Executive Team and Board.

Our former Chief Nurse Dr Mercia Spare is now in her new role, supporting the clinical academy. In the interim and while we wait for Caroline to join us, Sive Cavanagh will be our acting chief nurse.

Non-executive director recruitment and governor elections

We said goodbye to Peter Conway, our longest standing non-executive director in March. Peter started with us at the inception of Kent Community Health NHS Foundation Trust and was a valued member of our Board. I would like to put on record a huge thanks to him for all his support.

A campaign to recruit to vacant posts in our Council of Governors launched in February. There are five public governor constituencies and six staff governor vacancies open to election and following a change in our constitution. Nine people nominated themselves to stand as a public governor and I was hugely encouraged by the record number of 21 colleagues putting themselves forward as staff governors. At the time of writing, voting is due to close.

Executive Team visits

We have been reviewing how we undertake visits to make sure they are purposeful and meaningful. We will use a continuous improvement approach and develop a coaching style approach as part of our We care strategy. This will require a live feedback at the time of visits and monitoring impact. We have restructured the visits, so our conversations focus on not only what our colleagues want to tell us but also around our four ambitions. Key headline themes are:

- *Great place to work* – colleagues reported a sense of belonging to Team KCHFT and on the whole feel well supported by their senior teams. However, substandard or limited accommodation is having a significant effect on team morale and wellbeing in some locations.
- *Sustainable care* – Teams reported automation projects are having an impact on the administrative load, but others reported there are still issues with lengthy processes on Rio, and other provider systems not 'talking' to Rio or KMCR.
- *Putting patients first* – Services are tailoring their offer around patient needs, but improvements in joined-up working with other providers would aid patient pathways.
- *Better patient experience* – teams report a strong commitment to patients and delivering the best care. Multi-disciplinary working is especially valued in areas where teams are co-located with other providers. Teams are aware of the breakthrough objectives and identified some of the challenges with patient pathways.

Financial position and planning update

KCHFT is forecasting to deliver a surplus of £12m at the end of the financial year. The surplus is due to additional non-recurrent funding from Kent and Medway ICB of £12m, however this will be ignored for performance measurement and the trust will have achieved plan of breakeven. The full CIP target of £14.4m is forecast to be delivered in full with £7.3m of this delivered on a non-recurrent basis. The cash position remains strong, with a balance

at the end of February of £40m which equates to 53 days of operating expenditure. The full capital plan of £13.97m is forecast to be fully spent.

We have evaluated a number of our winter schemes and are waiting for funding to be agreed for those we would like to go forward with.

Operational planning guidance

NHS England published the [2024/25 priorities and operational planning guidance](#) on 27 March. The document sets out the priorities for the next financial year including recovering core services, improving productivity and focusing on quality and safety, as well as working towards the long-term ambition of making the NHS fit for the future. NHSE acknowledges that 2024/25 will be a challenging year for the NHS, with ongoing financial pressures, industrial action and capacity issues.

Some of the key priorities for community services are to improve waiting times, increase vaccination uptake for children and young people, and support building integrated neighbourhood teams, through alignment with primary care. The development of INT is already one of our key priorities and we are making good progress, with four early adopters in east Kent and others in west Kent, focusing on delivering proactive care to the most complex and vulnerable patients.

Provider collaboratives

Since January, the wider provider collaborative (PC) network across Kent and Medway has been expanded. A PC Board has been formed, attended by provider CEOs and chairs, reporting into the ICB Board.

There are three provider collaboratives:

- Community, social and primary care – led by me, Mairead McCormick.
- Mental health, learning disability and autism
- Acute and diagnostic imaging

Community, social and primary care provider collaborative

Two meetings have taken place with representation from all community providers, primary care, local authorities and the ICB. The membership will be extended to ensure we get third sector engagement and partnership with the communities we serve.

It was agreed programmes will focus on value – the quality for patients and services across Kent and Medway as well as the efficiency, effectiveness and cost. Priorities have been confirmed, alongside key measurables and a dashboard, developed to support three programmes:

- *Short term services and a better use of beds:* This large-scale programme of work challenges how and where we deliver care with a high emphasis on only delivering care in a bed if we believe that this is essential to the early stages of recovery. Working with our local populations and sharing evidence of the impact of bedded care on recovery will be essential to help us focus on moving more care into someone's home environment. There are too many patients in the most dependant pathway, which is pathway three and we know this as there is a national benchmark for best practice that fits with better outcomes. This will involve identifying the correct pathway for patients early on following admission, with a focus on 'home first' and finding out 'what matters to me' and then supporting that to happen. The opportunity

builds on the short-term pathways work already in east Kent and will be phased with east Kent as an established early adopter and West Kent a fast follower.

- *Electronic patient record (EPR) convergence:* We are reviewing our electronic patient record system to improve access and the quality of records across providers with a strong focus on interoperability to make sure systems speak to one another and that it makes it easier for the end user.
- *Integrated Neighbourhood Teams:* We are involved in the four early adopter sites in east Kent and actively involved in a number of PCN pilots in west Kent (Tonbridge and Weald). We are working closely with the PCN clinical directors and are organised in community nursing at PCN level. We have also secured funds for this work from NHS England (South East), with the aim to co-produce the first draft of an Integrated Neighbourhood Team development framework, which is due to be completed by June 2024.

Health and care partnerships

KCHFT continues to play an active and influential role in both east and west Kent HCPs.

- The latest East Kent HCP newsletter can be read [here](#).
- West Kent HCP has been developing its approach to tackling population health management and health inequalities, with 11 initiatives to address health inequalities in the community. This video highlights the work: <https://vimeo.com/920391859>

Awards

KCHFT scoops nine Healthwatch awards

I was so proud to see colleagues and teams from across KCHFT named in **nine Healthwatch Kent awards** in March, a huge well done to all. The awards recognised excellence in projects that have improved patient voice, inclusivity and equal access, collaboration across the system and inspiring individuals. It was a bumper night for community services, showing the real difference our teams make.

Health Visitor Jemma Scott was recognised for her work with Roma families, Complex Care Nurse Theresa Tester was awarded as an 'inspiring individual' for her work with homeless people and our Health Inequalities and Patient Participation Team was also celebrated for the difference they have made to patient care.

The following pages show our progress against our We care strategy ambitions.

Trust ambition: Better patient experience

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

Winter improvement wards



During the winter, we worked with Kent County Council to open an additional 30 specialist rehabilitation beds across Westbrook House in Margate and West View Integrated Care Centre in Tenterden.

These beds were for patients recovering from illness or injury, enabling them to return home sooner and with reduced reliance on social care, like Rosemary Crouch pictured. You can read her story on [our website](#). The wards tested our ambition to rethink how we deliver rehabilitation, recovery and reablement in our community hospitals, by providing an integrated model of care. Nine out of 10 people who were treated on the wards were able to return home

with reduced care needs. **Almost half returned home with no external support at all.** We're now evaluating the outcomes and will use the learning to decide next steps.

New roles for Home First

The 100th patient was seen by our new Home First Support workers in March. We have been working with Kent County Council in Thanet to introduce the new health and social care roles in the community, designed to keep people safe and well at home. The Home First Support Workers provide support to people who have just been discharged from hospital, or are at risk of being admitted to hospital. More jobs are being created to roll the programme out to other areas.

Clinical coordination hubs in west and east Kent

We have been involved in two multi-disciplinary trials with SECAMB and acute colleagues, to assess 999 calls and provide alternative pathways to ED admission for people with frailty.

The hubs are staffed by frailty consultants from KCHFT with advanced clinical practitioners from SECAMB and acute urgent care providers.

The combined clinical teams set up virtual hubs to remotely monitor patients in ambulance queues, removing them from the 'stack' (list of 999 calls) where possible to deliver more appropriate care, including referring people to GP and home treatment services.



The west Kent hub in Paddock Wood has helped more than 500 patients avoid a trip to A&E. In Ashford, more than 800 patients, who would otherwise have been taken to A&E, were

able to avoid the journey. The hubs will continue to run with a new site just introduced to support the Queen Elizabeth the Queen Mother Hospital (QEQM) in Thanet.

Celebrating the centenary of Victoria Hospital, Deal



The Duke of Gloucester visited Victoria Hospital, Deal in March, to mark the centenary celebrations, exactly 100 years since his father opened the hospital in 1924. The royal party was met by myself and our Chair, John, and had a guided tour of the ward and newly-refurbished garden, followed by a short plaque unveiling ceremony in the hospital's therapy gym. The Duke also enjoyed a performance from the local choir and met staff, volunteers and former employees before signing the visitors' book, as his father had done 100 years before. You can [read more](#) about the Royal visit online.

Pictured: The Duke meets Sharon Lamb from our Deal hospital Facilities Team.

Trust ambition: Putting communities first

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

MMR catch-up campaign

A joint campaign with Kent County Council (KCC) and Medway Council, UK Health Security Agency and the ICB was launched in January to promote measles, mumps, rubella (MMR) vaccine catch-up clinics following a major increase in measles cases.

Our School-Age Immunisations Team rose to the challenge to deliver 54 MMR catch up vaccination clinics across Kent and Medway, since January. The team has delivered 1,114 vaccines, through a combination of in-school and catch-up clinics. Immunisations Lead Emma de Vos became a 'trusted voice' for several weeks on local radio stations, promoting the MMR vaccination clinics and providing reassurance for parents and carers.

Infant feeding sessions, animations and information for families

We launched 'ready for baby' courses to help families make informed infant feeding decisions antenatally. Face-to-face, virtual and pre-recorded SlideDecks are available to support people. Breast pumps are now available for families on certain benefits. We are working with Kent County Council to produce three further projects on responsive bottle-feeding, breastfeeding and healthy eating for children under-two which will be launched shortly.



New assets have been developed to promote the [Kent Family website](#), which is a major source of information and advice for parents of children from birth to 19-years-old. We are working closely with our public health commissioners to make sure information provided is accessible, up-to-date and easy to understand to help our communities navigate their way through family life.

Improving digital accessibility for people with extra needs

We have increased self-care information on our websites to help people manage their condition, for example, The Pod for children's therapies, end-of-life preparedness and sexual health advice.

Making sure the information we provide digitally for patients and public is simple, clear and accessible is vitally important. Our aim over the next year is to reach the NHS top 50 on the well-used SilkTide accessibility index. Our initial work has already seen us climb from 236th to 158th in the NHS rankings. We have written an accessibility roadmap that outlines our plan for meeting Web Content Accessibility Guidelines (WCAG) on our websites, making sure documents are accessible, having alternative formats where needed and educating our workforce to create more accessible content.

Trust ambition: A great place to work

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

NHS staff survey results

We received our highest ever response rate to the 2023 national staff survey with more than 3,500 (70 per cent) staff taking part.

In the majority of questions, KCHFT scored significantly higher than similar community trusts in the country. Results showed staff feel supported and valued by their teams and colleagues, which echoes the previous year's results. A full report is included in the papers.



I took part in a podcast interview that has involved provider organisations with the highest scores in the NHS staff survey. The purpose is to share the learning and it explored how we influence culture in a time of greatest challenge. Once available, I will share the link.

Pulse survey results



More than 970 colleagues completed the January pulse survey, themed around whether people feel they can talk openly about flexible working with their line manager.

Our campaign focussed on case studies from colleagues talking about their positive experiences of talking about flexible working with their line manager and offering support to managers to have those conversations. We scored better than other community trusts for the question, 'I feel my organisation champions flexible working'.

Staff voice model – a new way of listening



Around 40 colleagues (pictured) were transported into a parallel universe at KCHFT where we road tested our new staff voice model last month before we prepare to go live.

Following feedback and input from hundreds of colleagues, the co-designed **staff voice model**, not only builds on what we already do, but proposes a new staff council.

The staff council – led by the staff governors – brings together the insight from all our local forums and networks, including our staff networks, health and wellbeing champions and

freedom to speak up guardian. With the data and insight from our staff and pulse surveys, the staff council will identify themes and trends that are getting in the way of delivering our strategic ambitions – or ideas that can help support us to deliver them. There is now a 12-month plan for the Staff Council, with evaluation built in.

Apprenticeships



Pictured: Our 2020 intake of nurses celebrate the completion of their nursing apprenticeships.

Our newest home-grown community nurses are taking the next step in their careers as they come to the end of their four-year apprenticeships. They are the second cohort to successfully complete their nursing training through our academy and will now take up roles as fully-qualified nurses across the trust. Since the academy was established in 2019, we have supported 36 registered nurses to complete their training.

In February, we welcomed 16 new nursing apprentices who begin their programmes with the academy, while recruitment for our September intake of nursing and AHP apprentices began. More than 200 colleagues are on apprenticeship programmes. They include data analysts, senior leaders, dental nurses, occupational therapists, podiatrists, physiotherapists, business administrators, chartered managers, as well as our first dietetic apprentice.

Inclusion ambassadors

A campaign to recruit inclusion ambassadors (IAs) launched this month April. IAs will sit on our recruitment panels and act as a fair, impartial and equal member. They will assist in reviewing applicants, developing a shortlist and choosing candidates. Ambassadors will be people who positively demonstrate our values and behaviours with a particular focus on our equality, diversity and inclusion ambitions and expectations.

We care conference

More than 200 colleagues joined our March *We care conference* to hear local and national updates and talk about the progress on our strategy, one year on.

We heard how teams have reduced admin time by using voice recognition to upload notes to RiQ and automate patient letters, as well as how our children's services have been tackling missed appointments to put our communities first.



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

Voice notes programme releases more time for patient care



A new initiative, trialing voice recording on iPads to add progress notes to patient records, is one of the ways we have reduced admin time for clinical services. This trial has been driven by our aim to achieve a 20 per cent reduction in time spent on RiO, by March 2024.

Two community nursing teams in Maidstone trialed the voice notes project, which resulted in clinicians spending 41 minutes less each day on RiO patient visit documentation. The trial resulted in a **33 per cent** admin time reduction. The approach has now been rolled out across two of the six community localities and we expect this to be with the remaining four by the end of June.

WATCH: [Our clinicians talk about the success of the voice notes project.](#)

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

We are continuing with our automation programme and 107 processes have been automated. Our bots include WaLi, DiLe and InLe, which are automating processes on our patient record system, RiO. They are looking at waiting lists, sending patient invitation letters and discharge letters. We also have Bertie who works with the Pulmonary Rehab Team, helping with waiting lists and Ravi who is making the recruitment process faster and easier for managers and candidates.

We have three new bots in our Child Health Information Service, which are sending reports to GPs regarding immunisations and newborn blood spot tests. Having the bots means we have been able to bring this work in-house, rather than using an external mailer service, achieving a £5,500 cost saving this year.

This report represents the enormous amount of work going on to support our ambitions so it feels important to share. A huge thank you to all our teams for what they have achieved as we end a challenging financial year, as chief executive I couldn't be prouder.

M. A. McCormick

Mairead McCormick
Chief Executive April 2024

Meeting:	Council of Governors
Date of Meeting:	17 April 2024
Agenda item:	9
Report title:	2024/25 Final 12 Quality Priorities Paper
Executive sponsor(s):	Sive Cavanagh, Chief Nursing Officer (Interim)
Report author(s):	Donna Knibbs, Head of Quality Management
Action this paper is for:	<input type="checkbox"/> Decision/approval <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Note
Public/non-public	Public

Executive summary

Providers of NHS Healthcare are required to publish a Quality Account each year. Quality Accounts must contain the Trust’s Quality Priorities for improvement to be achieved in the following year and this paper contains the Final 12 Quality Priorities for 2024/25 which have been drafted following the consultation period.

Five of the Quality Priorities for 2024-25 span two years, with 2024 being the second year.

The Trust is required to submit a Quality Account to NHSE by the 30th of June 2024.

Report history / meetings this item has been considered at and outcome

Approved by the Executive Team Meeting Members on 09/04/2024 who agreed to recommend to board for approval.

Recommendation(s)

The Council of Governors is asked to

- **NOTE** the report

Link to CQC domain				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Assurance Level		
<input checked="" type="checkbox"/> Significant	<input type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input checked="" type="checkbox"/> BAF	<input type="checkbox"/> CRR
Equality, diversity and inclusion	No	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Sive Cavanagh, Chief Nursing Officer (Interim)
Date:	12/04/2024

Kent Community Health NHS Foundation Trust Final 12 Quality Priorities for 2024/25

Providers of NHS healthcare are required to produce an annual quality account which describes how we deliver high-quality care to people who use our services.

In the Quality Account, we identify 12 priorities. These are projects which span either one or two years and are aligned to KCHFT's quality strategy objectives, which are:

1. focus on continuous improvement
2. make sure information drives continual improvement
3. promote positive staff experience
4. improve patient and carer experience
5. reduce health inequalities
6. effective use of resources
7. prioritise patient safety
8. promote clinical professional leadership

The quality account regulations say there must be priorities in the following three areas:

1. patient safety
2. clinical effectiveness
3. patient experience

We have added a fourth priority: 4. staff experience.

Improving the safety of the people we care for	Improving clinical effectiveness	Improve the experience of the people we care for	Improving the experience of our people
<p>We will reduce the number of delayed or omitted doses of medication (This will be the second year of a 2-year priority)</p> <p>In 2024, 100% of omitted doses will have a documented reason Omitted doses for all prescribed medications will be no greater than 10% Omitted doses for prescribed critical medicines will be no greater than 5%</p>	<p>We will develop a Single Point of Access and Assessment (SPOA) in East and West Kent to ensure the right people, go to the right place at the right time, first time. (This will be the first year of a 2-year priority)</p> <p>Metric: In year 1 we will measure – how many people did not go to the right place 1st time. Using this data, we will agree a reduction target to demonstrate improvement to be delivered in year 2. The main metric for the project is a reduction of patients referred to SECAMB conveyed to an ED.</p>	<p>We will develop a programme to make sure that young people with long-term healthcare needs feel prepared when moving from children to adult services. (This will be the second year of a 2-year priority)</p> <p>In 2024, all relevant services will have implemented the quality and safety KPIs ensuring that all children identified for the transition pathway have had all necessary actions completed for their transition into adult services. These measurements will be built into Rio.</p>	<p>We will implement a new model of clinical supervision in KCHFT Community Hospitals (This will be the second year of a 2-year priority)</p> <p>In 2024, we will increase the proportion of nursing staff attending clinical supervision by 60-80%</p>
<p>We will deliver a joint Quality Improvement Project to implement a positive safety culture within the organisation. We will involve our patient representatives as part of the project implementation.</p> <p>Metric: Measure the toolkit, introduce and roll out the toolkit and then measure compliance at year end (Q3).</p>	<p>We will standardise and raise the level of quality assurance within the community hospital wards by delivering quality rounds.</p> <p>Metric: Every Community Hospital will undertake a quality round every month for 12 months. These will be delivered by the Ward Managers who will be looking at a range of safety and quality KPIs. Target: 100% of quality rounds delivered throughout the year for each Community Hospital.</p>	<p>We will use digital technology to improve the number of patient survey responses received by the trust. We will increase the number of patient survey responses by 20%. (This will be the second year of a 2-year priority)</p> <p>In 2024, we will increase the number of patient survey responses by 20%.</p>	<p>We will decrease the likelihood of white applicants being appointed from shortlisting compared to BAME applicants from 2x to 1.7x over 12 months.</p> <p>Progression of BAME applicants from shortlisting to appointment</p>

<p>We will reduce calls to IT regarding EPR by 90% post implementation phase and increase staff satisfaction regarding EPR</p> <p>Metric: In the previous 10 months there have been <i>918 calls</i> to the IT Service Desk regarding our current system.</p>	<p>We will implement a Screening service for cCMV for babies identified with potential hearing loss during the New-born hearing test utilising local services. (This will be the first year of a 2-year priority)</p> <p>Metric: currently being agreed in Q4</p>	<p>We, the East Sussex School Health team will provide packages of care to children and young people at risk of emotionally based school avoidance. (This will be the second year of a 2-year priority)</p> <p>In 2024, we will improve outcomes for children and young people who have a targeted emotional health and wellbeing assessment.</p>	
		<p>We will Support the health inequalities agenda by recruiting volunteers to represent the population we serve and use their lived experience to support services users from diverse backgrounds and develop our services to meet their needs.</p> <p>Metric: Increase the percentage % of new volunteers recruited with protected characteristics - 4% are from ethnic minorities we would like to increase this to 10%, for Sexual orientation we have less than 2% who are gay and bi-sexual, this we aim to increase by 10%. 12% of our volunteers have disclosed they have a disability, and we aim to increase this to 20%</p> <p>Increase percentage % of current volunteer workforce in the top 3 deprived areas within Kent as</p>	

		<p>identified from data already collected – these are the % of active volunteers we have in deprived Kent areas: Swale (4%), Thanet (10%) and Folkestone and Hythe (3%).</p> <p>We would like to increase these % to above 15% for Thanet, over 10% for Swale and Hythe – so these are more in line with our largest population areas where our volunteers reside of Canterbury (18%) and Ashford (14%).</p>	
--	--	--	--

Meeting:	Council of Governors
Date of Meeting:	17 April 2024
Agenda item:	10
Report title:	Governor appointments
Report author(s):	John Goulston, Chair
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p>The purpose of this paper is to set out the process and timetable for the appointment for the following governor posts:</p> <p>Deputy Lead Governor</p> <p>The deputy lead governor supports the lead governor by providing advice and support as required and deputises for the lead governor in their absence.</p> <p>In April 2022, the Council of Governors elected Jan Allen as the Deputy Lead Governor. Jan Allen has reached the end of her current three-year term of office. It was agreed that the term of office for a Deputy Lead Governor would be three years, or the remainder of the governor’s term of office, whichever is the soonest. Having been re-elected, Jan is eligible to stand for election for the position of deputy lead governor for another 3 years should she wish to do so.</p> <p>Member of Nominations Committee</p> <p>We are seeking four members of the nominations committee. Ruth Davies has come to the end of her three-year term of office as member of the committee, Maria-Loukia Bratsou and Jan Allen have both come to the end of her three-year term of office as governor, and John Woolgrove (Public Governor for Rest of England) has resigned from his post as governor. Ruth, Maria-Loukia and Jan are eligible to stand for election for another three years as a member of the Nominations Committee, should they so wish to.</p>

Members of the nominations committee are appointed for a period of three years, or the remainder of the governor's term of office, whichever is the soonest.

The terms of reference for the Nominations Committee is included as Appendix 1.

Chair of Communications and Engagement Committee

We are seeking a new chair of the Communications and Engagement Committee, following the resignation of William Anderson (Staff governor). It was agreed that the Chair should be a public governor as stated in the terms of reference, following agreement by the committee.

The terms of reference for the Communications and Engagement Committee is included as Appendix 2.

Report history / meetings this item has been considered at and outcome

Not applicable

Recommendation(s)

The Council of Governors is asked to

- **RECEIVE** the report

Link to CQC domain

Safe
 Effective
 Caring
 Responsive
 Well-led

Assurance Level

Significant
 Reasonable
 Limited

Implications

Links to BAF risks / Corporate Risk Register

BAF

CRR

Equality, diversity and inclusion

No

Legal and regulatory	No
----------------------	----

Executive Sponsor sign off	
Name and designation:	John Goulston, Chair
Date:	10 April 2024

Timetable and Process for Governor Appointments:
Deputy Lead Governor
Chair of Communications and Engagement Committee
Member of Nominations Committee

1. Timetable:

Date	Action
Monday 22 April	Invite expressions of interest or nominations to be made to Joy Fuller
Monday 29 April at 5pm	Deadline for candidates
Thursday 2 May	List of nominees compiled and voting packs despatched
Friday 3 May	Voting opens
Friday 10 May	Votes chased
Friday 17 May at 5pm	Voting closes
Monday 20 May	Voted counted and candidates informed
Tuesday 21 May	Full Council informed by email
Wednesday 17 July	Formal announcement at Council of Governors Meeting

2. Terms of Office

The Council of Governors agreed in 2018 that the term of office for a Lead Governor and Deputy Lead Governor would be three years, or the remainder of the governor's term of office.

The term of office for membership of the Nominations Committee is for a period of three years, or the remainder of the governor's term of office.

The term of office for the Chair of the Communications and Engagement Committee is for a period of one year, and may be reappointed with the Committee members' agreement.

3. Process

1. Governors will be asked to express their interest, or nominate another governor, for the following posts by 29 April at 5pm:
 - Deputy Lead Governor
 - Chair of the Communications and Engagement Committee
 - Four members of the Nominations Committee

A governor may be nominated for any post, and may be nominated for more than one post. Any nominations should be discussed and agreed with the candidate before being put forward.

2. All candidates will be asked to produce a short statement - less than 300 words - in support of their nomination. These will be collated and circulated with the ballot papers.
3. If only one candidate is put forward for a post, they will be declared on 2 May.
4. If there is more than one candidate for each post, voting slips will be compiled and sent to all governors. They will be asked to send their vote to the Trust Secretary in confidence by 17 May at 5pm. Voting can be either by way of giving a name, or completing the voting slip. Both of which can be done verbally, electronically or in hard copy.
5. The Trust Secretary will maintain a list of governors who have voted and their votes, keeping the details of the voting confidential.
6. On 10 May, the Trust Secretary will chase the Governors who have not yet voted.
7. Voting will close on 17 May at 5pm. The Chair will be informed of the outcome of the votes and will inform the successful candidates on the morning of 20 May. All other candidates will be informed once the successful candidates have accepted. Unsuccessful candidates will be notified as part of a group email to be sent out to all Governors on 20 May.
8. The full Council will be informed of the successful candidates by email on 21 May.
9. The successful candidates will be formally announced at the next Council of Governors meeting on 17 July 2024.

Terms of reference Nominations Committee

Document Control

Version	Draft/Final	Date	Author	Summary of changes
1.0	Final	April 2019		
1.1	Draft	07/12/18	Joy Fuller	Amended to include further detail around succession and diversity
2.0	Draft	07/02/19	Joy Fuller	Membership of the committee amended to state that there should be a majority of public governors. All references to Chairman amended to Chair.
2.1	Draft	07/07/20	Joy Fuller	Membership of Committee to include the Senior Independent Director paragraph 1.3 amended from "Member (and governor as appropriate)" to "member and governor"

Review

Version	Approved date	Approved by	Next review due
1.0	April 2014	Council of Governors	
2.0	February 2019	Council of Governors	

1 Membership

- 1.1 Members of the committee shall be appointed by the Council of Governors in consultation with the chair of the board of directors and shall be made up of at least 5 members, the majority of whom shall be public governors, and free of any conflict of interest. Membership also includes the Lead Governor, Chair and Senior Independent Director of the NHS foundation trust.
- 1.2 Only members of the committee have the right to attend committee meetings. Other individuals such as the chief executive, Directors and external advisers may be invited to attend for all, or part of, any meeting, as and when appropriate.
- 1.3 Appointments to the committee shall be for a period of up to three years, which may be extended for a further three-year period, subject to Council election, provided the committee member remains a governor of the foundation trust. A Governor could be extended for up to 9 years (subject to election by the Council onto the Committee every 3 years) in line with the constitution. This applies equally to all classes of Governors- Public, Staff and Appointed Governors.
- 1.4 The foundation trust chair shall be the chair of the committee, or vice-chair of the board of directors or an independent non-executive director. The chair of the foundation trust shall not chair the committee when it is dealing with the matter of succession to the chair, and shall not participate in discussions concerning their performance or possible re-appointment.
- 1.5 Members conflicted on any aspect of an agenda presented to the committee, such as succession planning for a non-executive director vacancy or the chair's position shall declare their conflict and withdraw from discussions.

2 Secretary

- 2.1 The trust secretary or their nominee shall act as the secretary of the committee.

3 Quorum

- 3.1 The quorum necessary for the transaction of committee business shall be 3 the majority of whom must be governors. A duly convened meeting of the committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

4 Frequency of meetings

- 4.1 The committee shall meet at least twice a year and at such other times as the chair of the committee shall require.

5 Notice of meetings

- 5.1 Meetings of the committee shall be summoned by the secretary of the committee at the request of the chair of the committee.
- 5.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded

to each member of the committee, any other person required to attend and all other governors, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

6 Minutes of meetings

- 6.1 The secretary shall minute the proceedings and resolutions of all meetings of the committee, including recording the names of those present and in attendance.
- 6.2 The secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.
- 6.3 Minutes of committee meetings shall be circulated promptly to all members of the committee and, once agreed, to all members of the board of directors unless a conflict of interest exists.

7 Annual members' meeting

- 7.1 The chair of the committee shall attend the annual members' meeting prepared to respond to any members questions on the committee's activities.

8 Duties

- 8.1 The committee shall:
 - 8.1.1 Regularly review the structure, size and composition (including the skills, knowledge and experience) required of non-executive directors of the board of directors compared to its current position and make recommendations to the board of governors with regard to any changes
 - 8.1.2 Give full consideration to succession planning for all non-executive directors in the course of its work, taking into account the challenges and opportunities facing the foundation trust, and what skills and expertise are therefore needed on the board of directors in the future
 - 8.1.3 Be responsible for identifying and nominating, for the approval of the council of governors at general meeting, candidates to fill non-executive director vacancies, including the chair as and when they arise
 - 8.1.4 Before any appointment is made by the council of governors, evaluate the balance of skills, knowledge and experience on the board of directors, and, in the light of this evaluation prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates the committee shall:
 - Use open advertising or the services of external advisers to facilitate the search.
 - Consider candidates from a wide range of backgrounds, promoting diversity and equality with particular reference to the protected strands of diversity.

- Consider candidates on merit and against objective criteria, taking care that appointees have enough time available to devote to the position.
 - Take into account the views of the board of directors as to the skills, experience and attributes required for each position.
- 8.1.5 Review the job descriptions of the non-executive director role and that of the chair on an on-going basis
- 8.1.6 At least once every three years, receive and consider a recommendation from the Trust Secretary regarding the remuneration of Non-Executive Directors. The Committee will then make a recommendation to the Council for approval.
- 8.1.7 Keep under review the leadership needs of the organisation, with a view to ensuring the continued ability of the organisation to deliver services effectively.
- 8.1.8 Keep up to date and fully informed about strategic issues and commercial changes affecting the foundation trust and the environment in which it operates.
- 8.1.9 Review annually the time required from non-executive directors to perform their roles effectively. Performance evaluation should be used to assess whether the nonexecutive directors are sufficiently fulfilling their duties.
- 8.1.10 The committee, having consulted the board of directors, will make recommendations to the governors on the appropriate process for evaluating the chair which is led by the Senior Independent Director.
- 8.1.11 Ensure there are a majority of governors on the interview panel when recruiting a new chair, and
- 8.1.12 Ensure that on appointment to the board of directors, non-executive directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board meetings, and that all non-executive directors have confirmed that they have the time to serve. Terms and conditions of appointment should be made available for public inspection.
- 8.2 The committee shall make recommendations to the board of governors concerning:
- 8.2.1 Formulating plans for succession for non-executive directors and in particular for the key role of chair
- 8.2.2 Suitable candidates to fulfil the role of senior independent director
- 8.2.3 Proposals for the position of vice-chair, where appropriate and with due regard for the opinions of the board of directors

- 8.2.4 The re-appointment of any non-executive director at the conclusion of their three-year term of office having given due regard to their performance and ability to continue to contribute to the board of directors in the light of the knowledge, skills and experience required
 - 8.2.5 Any matters relating to the continuation in office of any non-executive director at any time including the suspension or termination of service, and
 - 8.2.6 Any recommendation to the board of governors pertaining to the removal of any nonexecutive director, including the chair of the board of directors, shall be subject to a $\frac{3}{4}$ vote in favour by all governors
- 8.3 The committee shall ensure that the foundation trust's annual report provides sufficient information about its role and duties and the process by which it fulfilled those duties, including its approach to succession planning and diversity.
 - 8.4 The committee will ensure that the full range of eligibility checks have been performed and references taken and found to be satisfactory.

9 Reporting responsibilities

- 9.1 The committee chair shall report formally to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 9.2 The committee shall make whatever recommendations to the Council of Governors it deems appropriate on any area within its remit where action or improvement is needed.
- 9.3 The committee shall make a statement in the annual report about its activities, the process used to make appointments, its approach to succession planning and diversity, and explain if external advice or open advertising has not been used.
- 9.4 The committee shall make available upon request, in a format they deem appropriate, information regarding the attendance of all members at committee meetings.

10 Other matters

The committee shall:

- 10.1 have access to sufficient resources in order to carry out its duties, including access to the trust secretariat for assistance as required
- 10.2 be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members
- 10.3 give due consideration to laws and regulations, and the provisions of the NHS Foundation Trust Code of Governance
- 10.4 oversee any investigation of activities which are within its terms of reference, and

- 10.5 at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the board of governors for approval.

11 Authority

The committee is a committee of the Council of Governors and has no executive powers, other than those specifically delegated in these Terms of Reference. The committee is authorised:

- 11.1 to seek any information it requires from any employee of the foundation trust in order to perform its duties
- 11.2 to obtain, at the trust's expense, outside legal or other professional advice on any matter within its terms of reference to the total of £5,000 per annum, and
- 11.3 to call any employee to be questioned at a meeting of the committee as and when required.

TERMS OF REFERENCE

Communication and Engagement Committee

Document Control

Version	Draft/Final	Date	Author	Summary of changes
4	Final	2019		
4.1	Final	Nov 2022	Joy Fuller	Update to purpose and membership of the committee, and other small administrative amendments
4.2	Draft	Nov 2023	Joy Fuller	Small administrative amendments including change of job titles.

Review

Version	Approved date	Approved by	Next review due
5	22 November 2022	Communications and Engagement Committee	November 2023

1. Role

The Communication and Engagement Committee is a committee of the Council of Governors tasked with developing activities specified in these Terms of Reference.

1.1 Accountability

The Communication and Engagement Committee (the Committee) is accountable to the Council of Governors.

2 Purpose:

The main aim of the Communication and Engagement Committee is to ensure that it supports the Council of Governors (the Council) in fulfilling its duty to engage with the Trust members and the public. The purpose of the Communication and Engagement Committee is to:

- To develop a strategy for the Council to engage with Trust members and members of the public;
- To work with the Communications Team and the Patient and Engagement Team to support engagement and participation with service users, and the wider community and stakeholders;
- To regularly review the trust's membership data;
- To ensure effective mechanisms are in place for the Council to gain member and public views, for example member communications, the annual members meeting, and other public events.

3. Reporting Arrangements:

Produce minutes of the meeting and report to the Council at each full Council meeting.

4. Governance

4.1 Chair:

One Public Governor will be appointed as Chair of the Committee, by the members of the Committee. This position will be held for a period of one year. A Chair may be reappointed to the role by Communication and Engagement Committee Members' agreement.

4.2 Secretariat:

The Director of Governance or a delegated representative from the secretary's office usually the Governor Lead, will act as Secretariat to the Communication and Engagement Committee, and must attend each meeting.

4.3 Membership:

The Committee shall be appointed by the Council from amongst the Governors of the Trust and shall consist of not less than 4 members.

The Committee will be supported at members request, by the Director of Governance, Head of Communications and Engagement, the Participation and Engagement Services Manager and the Governor Support Team. Other individuals with specialist knowledge may attend for specific items by invitation by the Committee Chair.

4.4 Quorum:

The meeting will be quorate if three Governors are in attendance.

4.5 Frequency of Meetings:

Meetings will be held not less than four times a year.

4.6 Conduct of Business:

The agenda for each meeting will be circulated five working days in advance, together with any supporting papers and will be distributed by the Governor Support Team.

4.7 Minutes of Meetings:

The Governor Support Team will record the minutes of the Communication and Engagement Committee meetings, including recording the names of those present and in attendance.

Minutes of the Communication and Engagement Committee shall be circulated within 10 working days to all members by the Governor Support Team.

4.8 Declarations of Interest:

Declarations of Interest will be the first item on the agenda at each meeting.

5 Approval and Review of Terms of Reference

The Council will review these Terms of Reference at least once each year.

6. Monitoring Compliance

The full Council will monitor the effectiveness of the Communication and Engagement Committee.

What will be monitored	How will it be monitored?	Who will monitor?	Frequency
Actions taken to facilitate and achieve the purpose of this Committee.	Chair provides a written assurance report to the Council	Council	Following each meeting.
Frequency of attendance	Attendance register of each meeting	Director of Governance will report to the Council	Annually

Meeting:	Council of Governors
Date of Meeting:	17 April 2024
Agenda item:	12
Report title:	Engagement and volunteers Q3 report
Executive sponsor(s):	Ali Carruth, Executive Director for Health Inequalities and Prevention
Report author(s):	Sharon Picken, Participation and Engagement Service Manager
Action this paper is for:	<input type="checkbox"/> Decision/approval <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Note
Public/non-public	

Executive summary
<p>This report gives an overview of public and patient engagement, volunteer services, and the Expert Patients Programme for the period October to December 2023.</p>

Report history / meetings this item has been considered at and outcome
<p>Considered by Public Health and Prevention Governance on 31/01/2024 Considered by Population Health Group on 21/02/2024</p>

Recommendation(s)
<p>The Council of Governors is asked to</p> <ul style="list-style-type: none"> • RECEIVE the report

Link to CQC domain				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Assurance Level		
<input type="checkbox"/> Significant	<input checked="" type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input type="checkbox"/> BAF	<input type="checkbox"/> CRR
Equality, diversity and inclusion	Yes / No (If yes, provide brief one sentence description of issue)	
Legal and regulatory	Yes / No (If yes, provide brief one sentence description of issue)	

Executive Sponsor sign off	
Name and designation:	Ali Carruth, Executive Director for Health Inequalities and Prevention
Date:	31 st January 2024

Engagement and Volunteers Quarter 3 Report October to December 2023

Executive summary

This report gives an overview of public and patient engagement, volunteer services, and the Expert Patients Programme for the period October to December 2023.

Participation

Talking Together Group

Three online sessions took place, welcoming 3 new members to the group. There are now 15 regular attendees. This quarter was focused on health and wellbeing, and in December we had our annual Christmas event with our guest speakers who joined us to talk about healthy living and how to get motivated to start exercising. Over the next few months we will be developing a project to increase visibility and awareness of our Talking Together group. The aim of the project is to support more people living with HIV in Kent.

TB service – Was not brought (WNB) BCG vaccination clinic project

BCG vaccinations are offered to babies who are more likely to be exposed to TB (tuberculosis) soon after they are born. Appointments are automatically booked according to eligibility however some parents do not bring their babies to the appointment. A few parents were contacted to explore the reasons for missing their appointments. These parents felt that their baby was not at risk of contracting TB and therefore did not attend their appointment. This is an ongoing project and a meeting is taking place in January 2024 to discuss and address feedback from parents.

Kent School health – Did not attend (DNA) appointment project

Kent School Health offer packages of care to children aged 5 and over and young teens. These packages of care offer support around toileting, sleep, healthy lifestyle, puberty, and behaviour. Over 100 calls were made to parents who had a booked telephone appointment with school health nurses but had missed them. Of the 48 answered, some parents said that the service did not meet their needs. These parents had children who were diagnosed with or being assessed for autism or ADHD. There appeared to be a lack of understanding among parents about what the service offered versus their expectations of the school health nurses. These findings have been shared with the head of service and the wider team in order to discuss whether changes can be made moving forward.

Responsive Feeding – Communications Infant feeding media campaign

In order to promote healthy, responsive infant feeding from birth to 2 years, a media campaign is being developed by KCHFT communications team. The campaign will gain insights into parents' understanding of "responsive feeding". Engagement work took place this quarter at two children's centres in Kent. A total of 15 parents of babies aged between 0 – 2, were asked questions around use of formula, reasons for stopping breastfeeding if support was provided by our health visiting or breastfeeding teams and what prompted parents to feed their baby. Feedback indicated that the majority of parents did not breastfeed or had stopped breastfeeding before their baby was 3 months old. Most parents had not heard of responsive feeding and followed feeding routines which is no longer considered best practice. These findings will support the development of a script for an animated video that will be available to view on our KCHFT Kent family website. Once complete, this video will inform parents on responsive feeding and healthy ways to feed their baby. This will be available for parents to view on our KCHFT Kent Family website

People's Network

This quarter the Peoples Network held two full meetings and engaged in conversations to feedback their reflections from attending the Patient-Led Assessment of Care Environment (PLACE) inspections as patient assessors. The feedback has been shared with the facilities team, who lead on PLACE. Patient assessors will be invited to a debrief meeting in January 2024 where they will be able to discuss their feedback further with the Estates team.

Our Healthwatch representatives fed back about their involvement in various projects which included opportunities for participation partners to be involved. They included:

- The Sheppey community development forum, linking in with the Oasis Academy.
- The Sheppey prison service - providing advice to young people to support them to find local employment.
- Kent County Council (KCC) - supporting young people to find employment in care and have been providing work experience opportunities this summer.
- KCC - developing and testing questions on their online assessment form for carers and clients.
- Attending the Kent and Medway Learning and Disability and Autism Strategy event.

The Health Inequalities team delivered a spotlight session to share information about the Equality and Delivery System (EDS) and how it aims to improve services provided to the community and the working environment for staff. The trust is assessed by four domains and looks at services that have:

- A good record of data, equality monitoring and patient feedback
- Gaps in recording data
- A low record of data with areas for improvement

Following the People's Network spotlight session, participation partners will also share this opportunity to feedback on experiences to other community groups.

Carers involvement

The KCHFT Carers and Disability Network has opened up their meetings and provided spotlight sessions to volunteers and participation partners. This will provide a unique opportunity for volunteers to receive information, advice and support, an invitation to join subsequent sessions which highlight specific issues and topics and a unique opportunity to be involved in sharing their experiences to improve how the organisation, listens to, involves and supports carers.

Volunteers and engagement – Demographic data

Team Equality Monitoring Data

In November the team started to evaluate the demographic data held for volunteers, expert patient facilitators and participation partners supported by our team (148). A report was created to look at the highlights of our current EDI information to allow us to identify gaps relating to diversity. This will support us to develop and grow membership of our patient engagement and volunteer pool and will ensure that there are opportunities for a diverse range of volunteers / participation partners that reflect our communities.

Overview of monitoring information collected on Trust volunteers Dec 2023

Data highlights from our report:

Ethnicity

White British is the most common ethnicity for volunteers' (103) 70%volunteers. The smallest percentages consisted of Asian or Asian British - Any other Asian background, Black or Black British - Any other Black, Mixed - White and Asian, Mixed - White and Black Caribbean, Other ethnic group - Chinese. These groups make up less than 4% of the volunteers.

Gender

Despite our monitoring form including multiple options for Gender we only have figures for male and female: Male - 16% (24), female 80% (119). We have no responses; for transgender man, transgender woman, Non-binary and non-identifying genders.

Age

The largest percentage group for age is made up of 67-76-year olds at 39 (26) %. The smallest percentages are 27-36 and those over 86 which equate to 6% (9).

Sexual orientation

70% (104) of volunteers did not answer and disclose their sexual orientation.

Faith

We have 63% (93) of our volunteers who did not answer this question. Which leaves a substantial number of data unknown for faith amongst our volunteers.

Disability

For disability for volunteers we have 23 (12%) people who have disclosed they have a disability, and 114 (84%) do not. 11 have not answered this question.

Volunteers

Recruitment and retention

Recruitment continues to be steady across the trust, we currently have 173 active volunteers. We've recruited 12 volunteers, 8 Community Hospital Support Volunteers, 1 Admin Volunteer, 1 Gardener, 1 Pets as Therapy (PAT) and 1 Breastfeeding Support Volunteer in the last quarter. We also had 4 leavers.

Christmas Celebration Event

The Engagement and Volunteers team held an end-of-year Christmas event for volunteers, governors, participation partners and services. The event was organised to recognise the achievements of volunteers and the positive impact of volunteer roles. Over 60 volunteers, services and partners attended. There were talks from the engagement team, governors, facilities and estates alongside lunch and some magical afternoon entertainment! It was a great day for people to meet each other in person and hear of other opportunities to be involved. Our day also included an engagement activity that has given the team important insights regarding the future recruitment and retention of volunteers. Some of the feedback included:

- Work more with other trusts and voluntary sector
- Create a volunteer online support group
- Opportunity to learn new skills

One of our Tonbridge Cottage Hospital resident Pets as Therapy (PAT) dog Suki and owner Fiona attended the event to support all the guests and open the event.



Feedback from Sarah, Westview Volunteer

"Just to say what a lovely time today and very interesting for me as there is so many different things you do which I would love to dip my toes in at a later date. Have a great Christmas".



The engagement and volunteer team will continue work to take insights and feedback from the event forward in to Q1 2024. Including setting up a volunteer support group, and increasing training opportunities for volunteers. Immediate plans include volunteers being added to our staff training system TAPS to allow volunteers to access further training. We plan to work with education development to offer sessions to volunteers as well as staff during learning at work week 2024.

Volunteer to Career

This is a new programme being rolled out in Kent and Medway to develop a pathway which will help people turn voluntary roles into a career in health or social care. The project looks to recruit east Kent volunteers with target groups of over 50s, school leavers and carers. This is delivered through the East Kent Health and Care Partnership (EKHCP) with KCHFT hosting the project. This is an innovative opportunity for the trust to help upskill, recruit and attract people in a new way, creating an alternative pathway into work within the healthcare sector.

Voluntary services have been working with the One You and NHS health Checks team to develop two new roles within their teams. The One You volunteer role will be based at the One You Shop in Ashford, welcoming members of the public and supporting them to kick-start lifestyle changes including losing weight, stopping smoking, getting more active or reducing their alcohol intake. The NHS Health Checks outreach volunteer role will involve travelling to outreach events in east Kent, providing brief intervention conversations, signposting to other services and engaging the public in free NHS health checks available.

We have successfully interviewed and offered the roles to two applicants who will be starting in the new year. People who successfully apply for the roles will be fully supported throughout a pathway on the programme by the Volunteer Service, One You Kent and NHS Health Checks Teams at KCHFT, as well as the Kent Volunteers Centre in Ashford.

To find out more about the project including the career pathway map please see below:

[Volunteer your way into an NHS career | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](https://www.kentcht.nhs.uk)

Expert Patients Programme (EPP)

We have been focusing on recruiting to courses and facilitator training along with raising awareness of the programme both within KCHFT and the wider network.

Annual reporting to the Self-Management Resource Centre (SMRC) has been completed, submitted and accepted.

License

The License from SMRC is due for renewal in 2024, and has been applied for and permits KCHFT to deliver 20 chronic disease self managing programme courses and 2 leader (facilitator) trainings as part of the licence agreement over the 3-year period.

A telephone toolkit course was delivered in October for 5 people.

The feedback included:

“This course and the book have been a huge asset in managing perspective and realising I am not a burden and I can still achieve a lot.”

“The course made a huge difference to me managing my life”

“I am able to talk about things with my family / husband that I wouldn't usually talk about”

“it made me look at things in more depth”

“I felt listened to”

Two individuals from this course have expressed an interest in training as facilitators.

Facilitators

There are currently 3 active facilitators. A Chronic Disease Self-Management Programme (CDSMP) facilitator training is being recruited to and will take place in Q1 of 2024. We have 6 potential trainees for the facilitator training but will be advertising for further participants on our public webpage, social media and across our local voluntary networks.

Courses planned

In person:

There is a course in Ashford starting 14 February and 11 people from the Ashford locality will be invited to attend. We will be holding a Thanet course in Q1 and there are currently 4 people signed up with further advertising on social media, website and local networks.

There are 25 people on the waiting list for courses who will be invited to attend as they are advertised. We have received 19 referrals in this quarter:

- 11 have self-referred
- 7 as a result of a presentation
- 2 from the Winter Well events
- 2 from online social media
- 6 from the Adult Health Improvement team

We are currently planning a recruitment drive to increase referrals with an aim to ensure that those accessing reflect the population health needs for east Kent, and include those groups who are seldom heard.

To commence with the recruitment drive, the following outreach work has taken place:

- Presentation to Ashford Chronic Pain support Group
- Attendance at the Winter Well event, Margate
- Making connections with the Stronger Kent Communities network
- Engagement and Volunteers Christmas event
- Attendance at the better Mental Health Network meeting
- Attendance at the HIV Talking Together Peer support meeting

From the out-reach work, we have 9 self referrals from prospective participants

Focus for next quarter

Organise the setting up of a course for people living with HIV

Meet with colleagues in Health Inequalities to explore opportunities to reach seldom heard groups

Sharon Picken
Participation and Engagement Service Manager
18 January 2024