Kent Community Health
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING IN PUBLIC

Wednesday 17 January 2024, 12:30

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

Agenda and Papers

Kent Community Health
NHS Foundation Trust

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COUNCIL OF GOVERNORS MEETING

Wednesday 17 January 2024, 12:30 to 14:30
Rooms 6 and 7, Trinity House, 110-120 Upper Pemberton, Eureka Park, Kennington, Ashford, Kent, TN25 4AZ

This meeting will be broadcast to the public

AGENDA

1	Welcome and apologies	Chair	Verbal	12:30
2	Declaration of interests	Chair	Paper	12:35
3	Minutes of the council of governors meeting held on 18 October 2023	Chair	Paper	12:40
4	Action log and matters arising from the meeting held on 18 October 2023	Chair	Paper	12:45
5	Chair's report to include report on the extraordinary meeting of the Council of Governors to consider staff governor constituencies	Chair	Verbal	12:50
6	Chief Executive's report and reflections on Board of Directors meeting	Chief Executive	Paper	13:00
7	Staff Voice Model	Director of Communications and Engagement	Paper	13:15
8	Nominations committee report to include • Proposed succession plan for Non-Executive Directors (NEDs) • Appraisal of NEDs: half year review 2023-24 • Proposal to extend Chair's term of office	Chair	Paper	13:30
9	Governor feedback from constituencies	Full council	Verbal	13:40
10	Report from communications and engagement committee	Chair of committee	Verbal	13:50
11	Report from charitable funds committee	Governor member of committee	Verbal	13:55
12	Engagement and Volunteers Q2 report	Assistant Director for Prevention and Public Health Services	Paper	14:00
13	Any other items of business previously notified to the chair	Chair	Verbal	14:10
14	Questions from members of the public relating to the agenda items	Chair	Verbal	14:20

Date of next meeting: Wednesday 17 April 2024 at Trinity House, Ashford 14:30

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Council of Governors' Register of Interests

Surname	First Name	Role	Financial or other interests declared
Goulston	John	Chair of Council of Governors	Chair of Steering Board, NHS London Procurement Partnership (LPP) Co-chair, Kent and Medway Provider Collaborative Board for Adult Mental Health, Learning Disabilities and Autism Adviser to the Board of Remedy Healthcare Solutions
Allen	Janet (Jan)	Staff Governor, Corporate Services	None
Anderson	William	Staff Governor, Adult Services	None
Ansell	Sarah	Public Governor, Ashford	Voluntary role with KCHFT, Vice Chair of Patient Participation Group at Hamstreet GP Surgery
Ashford	Elaine	Public Governor, Dartford	None
Bellman	Loretta	Public Governor, Tunbridge Wells	None
Bratsou	Maria-Loukia	Staff Governor, Children & Families	None
Carter	Alison	Appointed Governor, Kent Dementia Alliance	Owner of organisation 'No Place like Home' (Dementia Companionship and Care) and Chair of Kent, Swale, Canterbury and Ashford Dementia Action Alliance
Coleman	Carol	Public Governor, Dover/Deal	Member of League of Friends for Deal Hospital
Cornell	Chris	Public Governor, Canterbury	Employee of Birkbeck University and University of Arts
Davies	Ruth	Public Governor, Tonbridge & Malling	None
Dehaney	Lea	Public Governor, Gravesham	Patient representative at Darenth Valley Hospital
Fisher	Alison	Public Governor, Maidstone	None
Ghosh	Anjan	Appointed Governor, Public Health	Employee of Kent County Council, Board member of Kent Housing Group and Health in Europe Centre
Harris	Gillian	Public Governor, Sevenoaks	None
Harris	Janet (Jan)	Staff Governor, Adult Services	None
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	Shareholding and ownership interests of Orchard Community Energy and COAM Members Ltd
Woolgrove	John	Public Governor, Rest of England	None

Kent Community Health NHS Foundation Trust

UNCONFIRMED Minutes of Council of Governors meeting in public held on Wednesday 18 October 2023 in Rooms 6 and 7, Trinity House, 110-120 Upper Pemberton, Eureka Park, Kennington, Ashford, Kent, TN25 4AZ

Present:	John Goulston	Chair
	Janet Allen	Staff Governor for Corporate Services
	William Anderson	Staff Governor for Adult Services
	Sarah Ansell	Public Governor for Ashford
	Elaine Ashford	Public Governor for Dartford
	Dr Loretta Bellman	Public Governor for Tunbridge Wells
	Maria-Loukia Bratsou	Staff Governor for Children and Families
	Alison Carter	Appointed Governor for Kent Dementia Action
	Carol Coleman	Public Governor for Dover and Deal
	Chris Cornell	Public Governor for Canterbury
	Ruth Davies	Public Governor for Tonbridge and Malling
	Lea Dehaney	Public Governor for Gravesham
	Alison Fisher	Public Governor for Maidstone
	Gill Harris	Public Governor for Sevenoaks
	Kimberley Lloyd	Staff Governor for Health and Wellbeing Services
	Jide Odumade	Public Governor for Swale
	Penny Shepherd	Public Governor for Folkestone and Hythe
	Janine Harris	Staff Governor for Adult Services
In Attendance:	Pippa Barber	Non-Executive Director
	Paul Butler	Non-Executive Director
	Rachel Dalton	Chief Allied Health Professionals Officer
	Gordon Flack	Chief Finance Officer
	Joy Fuller	Governor Lead (minutes)
	Anna Kitchingham	Assistant Director Rehab and Therapies
	Mercy Kusotera	Director of Governance
	Kim Lowe	Non-Executive Director
	Mairead McCormick	Chief Executive
	Sue Mitchell	Assistant Director Prevention and Public Health Services
	Victoria Robinson-Collins	Chief People Officer
	Dr Razia Shariff	Non-Executive Director
	Karen Taylor	Non-Executive Director
	Mercia Spare	Chief Nursing Officer
Apologies:	Anjan Ghosh	Appointed Governor for Public Health
	Paula Kersten	Appointed Governor for Universities
	John Woolgrove	Public Governor for Rest of England

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 held in public.

Attendees introduced themselves.

The meeting was quorate.

2 Declarations of interests

John Goulston confirmed that one of his declared interests had changed due to a company name change. This should now read as Board Adviser to Medinet Clinical Services (previously known as Remedy Healthcare Solutions).

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

3 Minutes of the Council meeting held on 12 July 2023

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 12 July 2023

John Goulston declared that all items on the action log were closed apart from the item related to the appointed governor vacancies for Age UK and Kent Association of Head Teachers. There was an action in place to follow these up.
Action: Mercy Kusotera and Joy Fuller

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

5 Chair's report

John Goulston presented a verbal report to the Council.

John mentioned that it was currently 'celebrating community services' week. John had visited the Sevenoaks and Swanley health visiting team in the previous week. He highlighted that the health visiting service was one of the few that operated across the whole of Kent and Medway with approximately 500 staff. John had also visited the adult community nursing team in Margate.

As part of these two visits, he met with a public health senior assistant as well as a healthcare assistant, and had been impressed with the holistic nature of the care provided to patients and their families. He reminded the Council that community services are, by nature, holistic services.

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 highlighted the launch of community hospitals review. She confirmed that the report focussed on the progress of the four ambitions of the Trust's We Care Strategy.

Mairead invited questions and comments regarding her report.

In response to a question from Alison Fisher in relation to the patient story at the Board meeting and reflecting on the patient's experience at Herne Bay compared to Westbrook House. Mairead confirmed that there was a large variation in the delivery of recovery and that Westbook House was the pilot for the new model. Rachel Dalton echoed comments made by Mairead, and mentioned that there would be a focus on reducing the variation.

Alison Carter commented that she had received a concern related to Edenbridge Medical Centre, and the use of a particular room which was not fit for purpose. Alison confirmed that she was pleased that Mairead had spoken to the person directly. Mairead confirmed that Clive Tracy (Director of Specialist, Health, Safety and Emergency Planning, and Edenbridge and Estates Clinical Lead) had also been in contact with the person and was taking the concern forward.

William Anderson was pleased to report that data was starting to go in the right direction in relation to the number of patients waiting to go home or to rehabilitation or a care home. He added that this had made a huge difference to staff morale and the culture was changing.

Carol Coleman commented in relation to the patient story at the Board meeting. She questioned whether feedback had been sought from the patient and his family to ascertain their thoughts on whether discharge was at the right time, and if the aftercare had been adequate.

Mairead confirmed that this would form part of the design of the intermediate care model, were the whole pathway for bedded and non-bedded care would be reviewed.

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

7 Update on intermediate care model

Anna Kitchingham updated the Council on the intermediate care model.

Anna confirmed that they had involved the local population and HealthWatch throughout the process.

In response to a question from Lea Dehaney, Anna confirmed that patients would still have the support of our services and that it was important to ensure that the patient and their families receive the correct and proportionate support. It had been agreed across therapy services that we would use some protocols for manual handling and they would be used with a paid carer as well as an informal carer.

In response to a question from Alison Fisher related to managing expectations, Anna confirmed that it was important to be really open and transparent from the beginning of the journey in the acute trust, and acknowledged that managing expectations was a skill in itself for clinicians.

Mairead McCormick commented that self-management and self-responsibility was a huge cultural shift in the NHS and the wider population. Mercia Spare added that person centred goals via a shared plan or contract would be important

to work together with the patient to set expectations of what the person could do for themselves and what services could offer in terms of support.

Alison Carter commented that the notion of single handed moving and handling would make a big difference with the technology available, which could also help alleviate risk aversion and fear.

Alison Carter commented that a single point of contact for the end of life journey was so important.

In response to a question from Paul Butler, Anna confirmed that the pathway was selected in the acute trust, but the purpose of the hub was to enable multi-agency decision making.

In response to a question from Mr Butler, Anna confirmed that at end of an episode of care, communication is always sent to the GP.

In response to a question from Penny Shepherd related to gathering data on the circumstances in which a patient was discharged, Anna confirmed that the trust plan to review this, but had agreed to take a step back to look at the moving and handling assessment work first.

In response to a question from Penny Shepherd in relation to raising awareness of the support available for the public, Mairead McCormick confirmed that the Kent and Medway Integrated Care System were working on this, as well as the Health and Care Partnerships at a much more local level, with integrated neighbourhood teams working on very local services. Mairead added that the trust has launched engagement around the intermediate care model and review of community hospital services.

John Goulston confirmed that the development session on 26 October would further the discussion on the review of community services.

The presentation would be shared with governors.
Action: Joy Fuller

The Council **RECEIVED** the update on the intermediate care model.

8 Governor elections process

Joy Fuller presented the report to the Council.

Joy confirmed that John Woolgrove, Public Governor for Rest of England, would be stepping down from the role in February. The Rest of England constituency would be added to the governor elections taking place in early 2024.

Joy confirmed that, following feedback from governors, a date for the new governor induction had been scheduled in the proposed timetable. All governors would be invited to attend.
Action: Mercy Kusotera and Joy Fuller to agree the Provider for Elections.

The Council **RECEIVED** the governor elections process report and **APPROVED** the proposed timetable.

9 Governor feedback from constituencies

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

Carol Coleman described her experience of visiting the rough sleeper service, alongside Dr Sarah Phillips. She commended the work of one nurse who covered Dover, Folkestone, Ashford and Canterbury during her working week.

Jan Allen had attended an executive team meeting, the We Care conference, and was part of the Choir. Jan reminded governors that they would be welcome to join the Choir.

Elaine Ashford had been linking in with local healthy living centres, and was continuing to reach out to her constituents.

Loretta Bellman commended one of the senior operational nurses following a safeguarding issue. The nurse had acted very quickly.

Maria-Loukia Bratsou confirmed that a number of staff had reached out to her following the Lucy Letby case which she believes had increased the appetite to address issues and concerns.

Gill Harris had observed the People Committee and had welcomed the Chair Kim Lowe reaching out to her after the meeting to ask if she had any questions.

Gill had attended a Patient Led Assessment of the Care Environment (PLACE) review at Sevenoaks hospital, which was good but she felt very unprepared for due to lack of training and information provided beforehand. Mairead/John agreed to pick this issue up with the team organising the PLACE reviews.
Action: Sue Mitchell

Gill Harris had welcomed a meeting with Ali Carruth as part of the new buddy scheme with the executive directors. Gill had also met with Chloe Crouch from the Communications Team regarding Edenbridge, and was looking forward to receiving some communication that could go out to constituents soon.

Alison Fisher had attended two we care visits and had observed a people's network meeting. Alison was looking forward to meeting her executive buddy soon.

William Anderson reported that he had spent time supporting the nobody left behind and staff voice work. He had also supported a number of colleagues through difficult periods, including senior staff. He had also assisted with raising awareness of the staff survey.

Kimberley Lloyd had supported the Nobody Left Behind work and confirmed that she was a Nobody Left Behind ambassador. She had assisted with raising awareness of the staff survey and dispelled some of the myths surrounding it. Kimberley had been involved in the volunteer to career initiative.

Penny Shepherd had attended the Folkestone health and wellbeing meetings, which she had found really useful. Penny had attended two preparation meetings for the We care visits. Penny had attended a recent People Committee meeting, and would be going to the Quality committee meeting in November. Penny had also attended the adult services community engagement meetings, East Kent Voluntary VSC alliance meetings, We Care conference and Annual Members meeting.

Jan Harris had attended the We Care conference and had supported the One You team in Faversham.

Ruth Davies had attended an academy recruitment day, which she had found disappointing and expensive, as only 4 candidates had turned up. Ruth had also attended PLACE assessor training, the Annual Members meeting, and Tonbridge Community Hospital.

Ruth mentioned that the dementia clocks were still not in place at Tonbridge Community Hospital even though it had been raised over a year ago. Mercia Spare agreed to follow this up.
Action: Mercia Spare

Sarah Ansell confirmed that she had sent a newsletter to her constituents in Ashford. Sarah had attended an Eat Well public health event, run by Ashford Borough Council. She reported that there were another two events taking place prior to Christmas. She had also attended a PLACE review, the We Care conference and a Quality Committee meeting.

Sarah Ansell had already buddied up with Mercia Spare and had discussed Westview House.

Alison Carter had attended PLACE training, and had attended a PLACE visit at Whitstable and Tankerton hospital. She had attended the Patient Experience and Learning Council, and had observed the board meetings.

Jide Odumande had met with Richard Brittain, Public Governor for Swale at East Kent Hospitals NHS Foundation Trust (EKHUFT) to discuss a number of issues including areas where people find it difficult to access services, will work together offline to bring back to their respective Councils. He had also attended the We Care conference.

Chris Cornell mentioned that in addition to being a governor he was also a cabinet member at Canterbury City Council. He would be meeting with all city counsellors and Karen Sharp, Director of East Kent Health and Care Partnership. He reported that they were beginning to feel the impact of KCC transferring services to local authority level. He added that they were also undertaking some work with KCC in relation to the changes to accommodation of care leavers which would be reducing from the age 21 to 19.

Lea Dehaney would be attending PLACE assessor training next week.

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.

William confirmed that a review of the overall aims and purpose of the committee would be undertaken. He added that it had been recognised that the chair of the committee should be a public governor, rather than a staff governor. It was agreed that a progress report would be provided at the next Council meeting.
Action: William Anderson

11 Report from charitable funds committee

Ruth Davies confirmed that the committee had not met since the last Council meeting.

Ruth mentioned that the hardship fund was now up and running for staff to access.

The Council **RECEIVED** the report.

12 Engagement and Volunteers quarter 1 report

Sue Mitchell presented the report to the Council.

Sue asked the Council to take the report as read, but wished to highlight the celebration of the staff awards, and the new category for volunteers to recognise the important work they do.

In response to a question from Elaine Ashford, related to the trust's work on prevention, Sue agreed to meet with Elaine outside of the meeting.
It was agreed that an update on prevention would be added to the forward plan for a future development session.
Action: Mercy Kusotera and Joy Fuller

In response to a question from Ruth Davies, Sarah Ansell confirmed that the process for applying to be a volunteer was very straight forward, having been through the process herself recently.

John Goulston highlighted that the annual long service awards event was taking place on Friday 20 October.

The Council **RECEIVED** the report.

13 Complaints annual report

Mercia Spare presented the report to the Council

Mercia asked the Council to take the report as read, but highlighted that the Trust remained compliant with regulation 18 of the Local Authority Social Services and NHS Complaints Regulations (2009).

Mercia confirmed that the trust had seen a small increase in the number of complaints compared to the previous year. There were two main areas which had contributed to the increase; community paediatrics and community nursing teams.

Mercia confirmed that the Trust received an average of 22 complaints per month. She highlighted that there continued to be focus on early resolution which included working with staff, patients and families to resolve issues before they reached a formal complaint. As a result, there had been a reduction in the number of complex complaints received.

In response to a comment from Jan Allen related to the format of the report, Mercia agreed to meet with Jan outside of the meeting to undertake a review of the format to make it easier to read.
Action: Mercia Spare

The Council **RECEIVED** the report.

14 Update on procurement of the Trust's external auditors

Gordon Flack presented an update to the Council.

Gordon confirmed that he was seeking approval from the Council to extend the current provider for a further year. He confirmed that this extension had full support of the Chair of the Audit and Risk Committee and would allow time for a joint procurement for the whole system, which included the Integrated Care Board and six providers in Kent.

In response to a question from Ruth Davies, Gordon confirmed that he was confident that all parties wished to work together on the joint procurement. This would also allow the system to harmonise accounting policies and practices which would result in benefits such as cost savings.

The Council **APPROVED** the extension for a further year.

The Council **RECEIVED** the report.

15 Fit and Proper Persons Test Framework

Victoria Robinson-Collins presented the report to the Council.

Victoria confirmed that the new national framework was effective from 30 September 2023, and now included a director reference check at the point of appointment as well as a requirement to hold the data for the fit and proper person tests in the Electronic Staff Record (ERS) system and local records.

Victoria confirmed that there would be no new responsibilities for the Council of Governors in relation to the Fit and Proper Person Test.

In response to a question from Alison Fisher, John Goulston confirmed that the outcome of the FPPT's would go to the Nominations Committee for consideration, who would then provide assurance at the Council of Governors meeting.

Action: Victoria Robinson-Collins to provide FPPT assurance report to the Nominations Committee in May 2024.

The Council **RECEIVED** the report.

16 Any other items of business previously notified to the Chair

Carol Coleman was disappointed to report that, following attendance at the Kent, Surrey and Sussex Partnership Board meeting yesterday, she became aware that research participation at KCHFT did not reflect well when compared to other foundation trusts. It was agreed that this would be added to the forward plan for the Board to discuss research participation.
Action: Dr Sarah Phillips

It was agreed the Mercia Spare and Carol Coleman would discuss the matter outside of the meeting.
Action: Mercia Spare and Carol Coleman

Mairead McCormick confirmed that a buddy system had been created between executive directors and public governors. This was offered as part of the review of community hospitals, because it was felt that it would be helpful to connect people, and that geographies of the buddies would be based on the community hospital sites. Mairead confirmed that the executive director geographies would be as follows:

- Deal and Westbrook – Mairead McCormick and Rachel Dalton
- Sevenoaks and Tonbridge – Gordon Flack and Ali Carruth
- Faversham, Whitstable, Tankerton and Herne Bay – Pauline Butterworth, Mercy Kusotera and Sarah Phillips.
- Westview and Hawkhurst – Mercia Spare and Victoria Robinson-Collins

It was agreed that the full list would be shared with governors prior to the development session on 26 October.
Action: Mairead McCormick

Mairead confirmed that there would be wider engagement work in relation to the integrated neighbourhood teams and the ask of the local population, led by the National Association of Primary Care. Governors would be invited to participate in this.

In response to a question from Elaine Ashford, Mairead confirmed that the Kent and Medway Integrated Care System were undertaking a review of better use of beds based on the new models of care.

It was agreed that event feedback forms would be circulated following today's meeting.
Action: Joy Fuller

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 January 2024 from 12.30pm.
Venue to be confirmed. The meeting will be broadcast live to the public.

The meeting ended at 14:11

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Action Log updated: **10/01/2024**

Date of meeting	Minute number	Agenda Item	Action Points	Action Owner	Current Status/Update	Open/Closed	Date Closed
18/10/2023	4	Action log and matters arising	To update the action log.	Mercy Kusotera and Joy Fuller	Action log updated 7/11/23.	Closed	07/11/2023
18/10/2023	7	Update on intermediate care model	To share Anna Kitchingham's presentation with governors.	Joy Fuller	Slides sent wc 4/12/23	Closed	07/12/2023
18/10/2023	8	Governor elections process	To agree the provider for the upcoming elections	Mercy Kusotera and Joy Fuller	Provider agreed.	Closed	28/11/2023
18/10/2023	9	Governor feedback from constituencies	To communicate with governors the training available for PLACE visits.	Sue Mitchell	Each year in Q2 we begin the recruitment process for patient and public assessors to support the inspections that September. This is advertised to existing volunteers, governors and participation partners as they have already been through a recruitment process and are registered on the database' For new recruits, adverts are placed on the volunteer vacancies page of the public website, the participation matters newsletter, and through sharing with other networks including the Council of Governors. New patient assessors should attend the training ahead of the hospital inspections to understand more about what to expect on the day and why inspections are carried out. The training dates will be communicated via the Engagement team and dates allocated. There will also be refresher training for any assessors who have taken part in PLACE previously.	Closed	29/11/2023

18/10/2023	9	Governor feedback from constituencies	Follow up on dementia clocks at Tonbridge Community Hospital.	Mercia Spare	Mercia confirmed that this has now been resolved.	Closed	28/11/2023
18/10/2023	10	Report from Communications and Engagement Committee	To provide an update on the overall aims and purpose of the committee at the next Council meeting on 17/1/24.	William Anderson	Governor Lead and Director of Governance to review the Terms of Reference	Open	
18/10/2023	12	Engagement and Volunteers quarter 1 report	To add an update on prevention to the forward plan for a future development session.	Mercy Kusotera and Joy Fuller	Added to the forward plan for development sessions in 2024.	Closed	28/11/2023
18/10/2023	13	Complaints annual report	To meet with Jan Allen and review the format of the report.	Mercia Spare and Jan Allen	Mercia and Jan are working with the report author to review the format of the report so it is more reader friendly.	Closed	30/11/2023
18/10/2023	15	Fit and Proper Persons Test (FPPT) Framework	To provide an FPPT assurance report to the Nominations Committee in May 2024.	Victoria Robinson-Collins	Systems are in place to comply with the FPPT framework. The assurance report has been added to the Nominations Committee forward	Closed	29/11/2023
18/10/2023	16	Any Other Business	To meet and discuss research participation.	Mercia Spare and Carol Coleman	Mercia confirmed that she would be putting a date in the diary for a discusssion.	Closed	28/11/2023
18/10/2023	16	Any Other Business	To add a discussion regarding research participation to the forward plan for the Board.	Mercia Spare	Mercia confirmed that there will be an annual paper research paper presented to the Board.	Closed	28/11/2023
18/10/2023	16	Any Other Business	To share the full list of exec and governor buddy system with governors.	Mairead McCormick	Judith has been liaising with Minu about the governor buddy list (update 28/11/23 and 4/1/24).	Open	
18/10/2023	16	Any Other Business	To circulate event feedback forms following the Council of Governors.	Joy Fuller	Forms sent to governors and forwarded to Gina Baines to send to Execs and NEDS.	Closed	07/11/2023

Kent Community Health NHS Foundation Trust

Meeting:	Council of Governors
Date of Meeting:	17 January 2024
Agenda item:	6
Report title:	Chief Executive's report
Executive sponsor(s):	Maired McCormick, Chief Executive
Report author(s):	Julia Rogers, Director of Communications and Engagement
Action this paper is for:	☐ Decision/approval ☐ Assurance/Information ☑ 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 public Council of Governors meeting in October. This report will also be presented to the Board meeting on 17 January 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				
☑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:	Mairead McCormick
Date:	10 January 2024

Kent Community Health
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CHIEF EXECUTIVE'S REPORT
January 2024

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

I've been incredibly impressed by colleagues' resilience, innovation and achievements during the winter months.

As a community provider, we have worked closely with system colleagues to look at the 10 high impact winter actions set by the Department of Health and agree where we should focus. What I'm most proud of is that we have not focused on short-term innovations that we sometimes do at winter, but we have been trialling things that will deliver long-term sustainable change and improvements to patient outcomes.

You'll see some of the green shoots of success in our integrated performance report, but other examples include increasing our virtual ward capacity, our senior clinical decisions makers reviewing ambulance calls and diverting patients to our urgent care response teams rather than patients ending up unnecessarily in accident and emergency departments and our work to introduce new integrated health and social care roles to support people to come home from hospital sooner.

It's always a challenging time and I also want to acknowledge and thank teams who are having to make difficult decisions on a daily basis.

Planning guidance and financial position
KCHFT is continuing to predict a breakeven position for the end of the year – however, there is a significant financial challenge across Kent and Medway. We have much to offer in helping to deliver more care outside of hospital that is better for patients and more cost effective. We are instrumental to the financial recovery programme for the system and our executive team are leading major programmes of change for a more sustainable future.

We continue to seek ways to improve how we do things within the organisation and have embarked on a series of cost-improvement workshops. This involves a check and challenge areas of work where we could deliver efficiency saving, across frontline and infrastructure services. Examples include improvements in clinical productivity, estates and digital, with a view to delivering cost improvement measures during the next six months to two years.

The Department of Health has not yet published the planning guidance for 2024/25 but have asked us not to pause our planning for the year ahead. They have published financial allocations for 2024/25. The overall financial framework will remain consistent, with a focus on recovering our core service delivery and

productivity. System plans will need to achieve financial balance and target a reduction in the cost of temporary staffing.

Chief nurse steps down
Our Chief Nursing Officer, Dr Mercia Spare, will be retiring from the chief nurse role in March 2024. Fortunately, we will still benefit from Mercia's experience as she will work more part time supporting the clinical roles within the academy alongside Chief People Officer Victoria Robinson-Collins. We will be recruiting to the substantive role in the next couple of months and in that period Mercia's deputy Sive Cavanagh will take on additional responsibilities at quality committee and various other forums. We will get an opportunity to formal recognise Mercia's contribution in her final Board, which will be in March.

Community, social and primary care provider collaborative
We had a very positive first official meeting for the collaborative in December 2023, with a focus on the intermediate care model and driving down the overuse of pathway three beds, and enabling work for the integrated neighbourhood teams.

Another focus is the ageing well programme aimed at aligning frailty care pathways, improving dementia diagnosis and programmes to support ageing well across the system.

We have also agreed in principle to KCHFT hosting the academy for Kent and Medway and we will work with local authorities to merge and lead on the health and care academy and develop an integrated leadership programme.

Health and care partnerships
More than 150 colleagues from across health, social care, the community and voluntary sector came together at the East Kent Health and Care Partnership world café networking and information event in November. The purpose was to talk about the work of the partnership and facilitate discussions around a variety of relevant topics areas.

We also led two public health Winter well events in Thanet and Dover in November, building on the success of last year's event in Folkestone. More than 600 people attended the events which brought together partners from local authority, the NHS and the voluntary sector to give people advice on staying healthy and well during the colder months, as well as providing catch-up vaccinations for school-age children.

On the next pages is some of our progress against our We care strategy.

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 at Westbrook House and West View Integrated Care Centre

We are working, as part of the East Kent Health and Care Partnership, with Kent County Council, KCHFT and East Kent Hospitals University NHS Foundation Trust to develop and test a new way of working in wards at Westbrook House in Margate and West View Integrated Care Centre in Tenterden. This work will also test our ambition to rethink how we deliver rehabilitation, recovery and reablement in our community hospitals by providing an integrated model of care. Rachel Dalton our Chief Allied Health professional officer is now leading this new model of care and will be bringing back the evaluation of the first set of trials to our next Board and a plan on how this will help us shape our future delivery.

With winter funding, we have mobilised up to 30 additional beds (15 per site) to deliver an integrated rehabilitation and reablement model on both wards. The project has four key aims: More efficient ways of working, a shared health and care ethos, increased productivity and better system flow. Myself and Richard Smith, Corporate Director for Adult Social care for Kent County Council, held four engagement sessions with staff at Westbrook and Westview in November to discuss the plans and to kick off the work to co-design improvements with staff.

The beds at Westbrook House were mobilised in mid-December and the ward is now at capacity (15 beds). The West View ward opened a week earlier than planned on Tuesday, 2 January. It is taking patients gradually and is on plan to reach capacity in mid-January.

Community hospital rehabilitation and recovery roadshows

Staff engagement roadshows took place in November and December to talk to colleagues about our ambition to transform rehabilitation, reablement and recovery for patients in our community hospitals. There was broad agreement with the aims. Several strong and recurrent themes emerged and some obstacles were identified which were; lack of staff to carry out therapy programmes, silo working between providers and difficulty involving patients in their own recovery. Next steps have been agreed. We have also created a web page to help us present the ideas and get further feedback from all stakeholders.

We are working on a generic patient admission leaflet following the feedback, developed in partnership with our matrons.

Clinical coordination hubs in west and east Kent

The trust has 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.

In west Kent the trial is operating from MTW offices at Hermitage Lane and has already been extended until March 2024, with appropriate patients being diverted to, among other provision, our Home Treatment Service. The hub is staffed by a frailty consultant from KCHFT with advanced clinical practitioners from SECAMB and MTW urgent care. The service has been successful with around 75 per cent of patients successfully directed away from the emergency department since September.

In east Kent the hub is based at the SECAMB site in Ashford and was started in the first week in November to run for a trial period of six weeks. First evaluations have shown success with up to 10 patients per day diverted from ED to alternatives, including our Frailty Home Treatment service.

Edenbridge health centre opens

After more than seven years of hard work, we opened the doors to Edenbridge Memorial Health Centre and welcomed our first patients on Monday, 27 November.

The new health centre provides NHS and voluntary sector services under one roof, including a new GP surgery, children's services, diagnostic services, a wellbeing centre and a range of outpatient clinics, reducing the need for people to travel to Tunbridge Wells or Maidstone hospitals for some care. The GP practice is providing a minor injuries unit.

Trust ambition: Putting communities first

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

Tackling health inequalities: 1,000 people get help on the road

More than 1,000 people have now been seen on our new public health bus as it completes its first year of operation. The bus has been to festivals, family days, supermarket outreach, information and signposting events, Eat Well Spend Less events and to offer satellite clinics. A range of interventions have been delivered on board, including health checks, health visiting services, immunisations, podiatry services, health and wellbeing conversations, oral health, blood pressure checks and many more.

Adult healthy lifestyle partnership working

The lifestyle pathway continues to work on some exciting projects building and developing partnerships, including south Kent coast community mental health services, Porchlight, Riverside Centre, Buckland Hospital, Folkestone Rainbow Centre, Gravesham Place day centre, Springhead Health, Greenhithe community café, Go Train, Hope Street community centre, Kemsley Hub, Fusion, Hermitage Park, Maidstone market, probation, Level Health, Diabetes UK and Ash surgery.

Our partnership with Job Centre Plus continues to work well and we have host sites with them in Folkestone, Ramsgate, Dover, Sittingbourne and Sheerness, plus a new clinic in Margate. We have started a pilot with Millmead Children's Centre, which is one of the first two centres in Kent to become a Family Hub. This has been very successful and has brought all of the health improvement services together to have a presence in the hub every day. The pilot project with Ash surgery, which involves delivering a group intervention to their patients on a diabetes pathway, has been extended to include those who are pre-diabetic.

Responsive feeding / healthy weaning project

Our health visiting service is working with Kent County Council on a responsive feeding campaign to follow on from the responsive bottle-feeding project which was aimed at clinicians and early years staff and started in 2023. The next stage of the project is focused on families with toddler-aged children and is designed to encourage healthier attitudes to food for the whole family and forms part of the UK.

Trust ambition: A great place to work

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

NHS staff survey 2023

This year's staff survey ran from 2 October to Friday, 24 November. The survey is one of our key channels to receive feedback and we work hard to encourage colleagues to complete it.

To build on the work around our staff voice model and listening strategy, we set a response target of **63 per cent**, as agreed in our We care strategy. We are confident we have exceeded this. Results will be published in March.

Hardship fund

Our hardship fund has now been introduced to support colleagues in financial difficulty with an emergency expense, for example car repairs or an essential household appliance. A total of £13,853.39 has been committed as spend against the hardship fund as of 1 January 2043. The Charitable Funds Committee has been discussing how to manage demand for the hardship fund going forward.

Staff vaccinations

Our seasonal staff vaccinations programme is being extended into January. We are offering free flu vaccinations for every colleague and Covid boosters to anyone who is eligible, and we are also offering both vaccines to wider K&M system partners. Uptake of both vaccines nationally has been lower than in previous years, with vaccine hesitancy thought to be a major factor. For the first time this year the programme has been delivered by our school-age immunisations service. As of 3 January 2024, uptake for the Covid booster was 41 per cent and for flu was 47 per cent.

Nobody left behind strategy refresh

The final recommendations provided by the Public Engagement Agency (PEA) have now been endorsed by our Nobody left behind ambassadors and shared with our People Committee, Executive Team and Board

Our workforce race equality standard (WRES) and workforce disability equality standard (WDES) reports have also been published alongside our action plans to help improve the experience of our colleagues.

We have also published our workforce sexual orientation equality standard report. All three action plans will be brought together to create our three-to-five-year ambition to support and develop an inclusive culture at KCHFT.

The trust has been selected in the inclusive culture category of the Employers Network for Equality and Inclusion (enei) Inclusive Excellence Awards, which celebrate individuals and organisations making a significant contribution to promoting inclusivity and diversity.

Developing our staff voice model

We are continuing to work with colleagues to codesign and test our new Staff Voice model. An update is provided as part of the papers.

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

Demand and capacity nursing programmes

We are working on several programmes to reduce demand on our community nursing teams and provide a better skill mix for our teams to deliver patient care. Workstreams include reducing unexpected end of life incidents / not in the preferred place of death through increased use of RESPECT forms and EOL planning, and a focus on wound care.

Another workstream has trialled voice recording on ipads for adding progress notes, which has resulted in clinicians spending 46 minutes less each day on admin. The process will now be rolled out in other areas.

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

We are continuing with our automation programme. One of our newest flobots is automating processes in our patient record system Rio. Similar bots could help other teams and services across the trust, reducing time spent on admin and giving colleagues more time with patients, fitting in with our We care strategy.

Making best use of our estate

Head Chef at Hawkhurst Community Hospital, Sarah Agyemang, was one of three finalists for Community Food Champion 2023 in the BBC Food and Farming Awards 2023 in November, recognising her commitment to sustainable food growing to support healthcare outcomes at Hawkhurst Hospital. This work has been supported by the Queen's Nursing Institute and exemplifies how the trust are nationally leading in emphasising benefit to patients as we reduce our carbon impact.

Reducing our carbon footprint

Our Sustainability Team received the 'highly commended' accolade in the Net Zero Innovation of the Year category in the Academic Health Science Network and NHS Confederation Innovation Awards 2023 for the NHS Emissions Quantification Recipe Book (NHS EQRB) project in collaboration with NHS Kent and Medway.

I am immensely proud of the people who work for Kent Community Health NHS Foundation Trust and their continued efforts to rise to every challenge keeping patients at the centre of everything they do.

Thank you.

Mairead McCormick
Chief Executive January 2024

Kent Community Health
NHS Foundation Trust

Meeting:	Council of Governors
Date of Meeting:	17 January 2024
Agenda item:	7
Report title:	Staff Voice model
Executive sponsor(s):	Julia Rogers, Director of Communications and Engagement
Report author(s):	Julia Rogers, Director of Communications and Engagement Lorraine Denoris, Public Engagement Agency (PEA)
Action this paper is for:	☑ Decision/approval ☐ Assurance/Information ☐ Note
Public/non-public	Public

Executive summary

This paper sets out our proposed way forward to establish a staff council. The paper provides a description of co-design work to develop the structure and measure the impact.

The proposed draft model describes three levels of escalation:

Local level: This describes how colleagues raise issues, concerns and ideas first within their *line management chain*, with the support of their people and organisational development business partner.

Forum level: If issues or ideas need wider support to investigate or unblock, individuals can seek help from a range of existing forums and networks, that can provide expert, confidential support. These include our *staff governors, staff networks, people and organisational development business partners, health and wellbeing leads and Freedom to Speak Up Guardian*. These may refer to each other appropriately between forums to help source solutions. The model has been revised to recognise the different role played by Staff Side and the independent nature of the Freedom to Speak Up (FTSU) Guardian made clear.

Staff council: The purpose of the new Staff Council, led by the staff governors, with an independent chair and made up of forum-level representatives, is to help identify issues that prevent KCHFT from delivering on its strategic ambitions. It will do this by interpreting the big picture, triangulating data and insight from across multiple staff groups, using the insight and coordinating the responses to the NHS Staff Survey and Pulse surveys. The Staff Council is not a decision-making body. It is our intention that

everyone who sits on the council is supported with training and has a good knowledge of the organisation, the context and the environment in which decisions are made. Themes and trends identified by the Staff Council would be **reported to the Executive Team, every two months, as part of a dedicated 'Staff Voice' section of the Executive Team agenda**, which will also be used to triangulate insight from Executive Team and We Care visits. The Executive Team's role would be to provide support to unblock issues or support sharing of best practice.

Our aim is to have a working Staff Voice model up and running to receive the NHS Staff Survey results in quarter one of 2024.

The success of the model will be shown by an increase in our staff engagement score – as measured via our NHS Staff Survey and set out in our We Care Strategy target.

Items of concern to be brought to the committee's attention:

The current staff governors have been heavily involved in co-designing the model and the terms of four of them will complete in March 2024. Should they not re-stand, or not be re-elected, we would need to achieve the buy-in of our new staff governors to take forward the model.

It is important colleagues are reassured that the Freedom to Speak Up Guardian is independent, impartial and people can still feel confident that what they share with the FTSU is confidential. Therefore, it maybe that, even though the suggestion is only themes or insights are shared at the Staff Council, the FTSU Guardian does not sit on the council and these insights continue to be shared every six months with the People Committee. This will be explored and tested as part of a simulation in March.

Significant improvements in matters that were previously an area of concern: The model has been revised and simplified since it was first brought to the Executive Team and tested at the We Care conference in June 2023.

Report history / meetings this item has been considered at and outcome
The report was discussed by Executive Team on 9 January and ETM approved the process and next steps.

Recommendation(s)
The Board and Council of Governors are asked to: • **APPROVE** the approach to a new Staff Voice model.

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	Yes, the model has been designed to improve accessibility to make sure everyone has a voice that counts.	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Julia Rogers
Date:	10 January 2024

Kent Community Health NHS Foundation Trust

Date: January 2024
Report: A great place to work – staff voice proposal

Staff voice model | We each have a voice that counts

Situation

As part of our *We care* strategic ambition to make KCHFT a '**great place to work'**, one of our targets is to improve staff engagement – and see a significant shift in this score in the NHS Staff Survey.

While KCHFT benchmarks strongly against other community trusts for engagement (7.3 out of 10, compared to 7.4 best in sector), *we know not all colleagues enjoy work, feel like their voice is heard or feel they can change things to make their job more rewarding.*

There is a considerable and growing body of evidence that shows more engaged staff deliver a higher performance and better patient care; with correlations with increased staff satisfaction, better retention and improved staff health and wellbeing, all contributing to a better patient experience. By further improving the way in which we engage, we hope to support the trust to retain and build on its 'outstanding' rating – and most importantly, deliver a better working environment for our colleagues and improved outcomes for our patients.

This paper sets out our progress to develop a Staff Council to provide a more structured approach to our listening and develop a culture where colleagues feel listened to, their feedback is acted upon, and they can help shape and drive positive change.

It describes a proposed staff voice model based on best practice and has drawn learning from NHS organisations and those outside of the sector. It has been co-designed with colleagues, based on 10 principles, and will be tested at an engagement session on 7 March 2024.

The work has included:

- a Staff Voice working group
    - mapping the current model for engagement
    - identifying gaps and issues
    - co-designing a new draft model
- testing of a draft model with 250 colleagues as part of our *We care conference*
- identify themes and engaging further on our model
- adapting the model based on feedback
- designing a simulation exercise to test our new model.

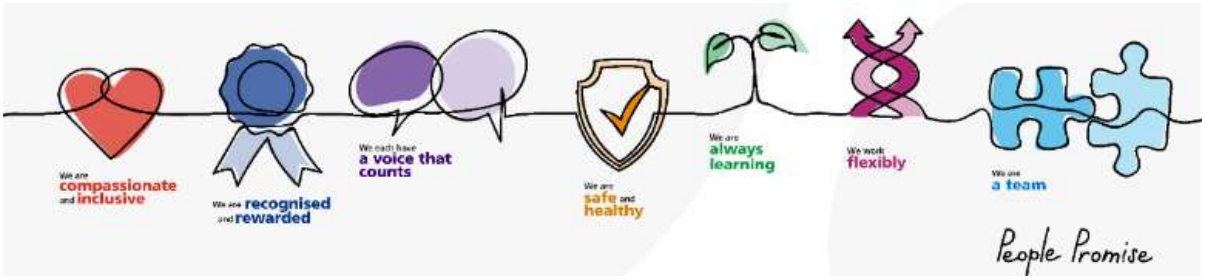
As we are taking a quality improvement approach to this work, we recognise we will not get the model right the first time and that the model will take time to embed. Our approach will be to evolve our model, as we learn.

Our aim is to have a working Staff Voice model up and running to receive and act on the NHS Staff Survey results in quarter one of 2024/25.

Background

Staff voice and why does it matter?

Staff voice is the ability of employees to express their views, opinions, concerns and suggestions and for these to influence decisions at work. Having a voice that counts – is one of the NHS People Promises, which is measured through the NHS Staff Survey, but having a voice impacts all areas of the People Promise, such as wellbeing, recognition and reward, compassion and inclusion and team work. Effective voice contributes to positive outcomes for individuals and organisations, supporting: Innovation, productivity, increased job satisfaction, retention, employee engagement and wellbeing.



Where are we now

KCHFT has a fairly strong track record of engaging with colleagues and benchmarks strongly against other NHS trusts, **achieving best in sector results in some areas.**

Our score for **staff engagement** in the 2022 staff survey is 7.3 out of 10, a slight improvement from 2021, better than average across the sector, with the highest score 7.4.

Results for 2023, are due to be published in March 2024.

	2022 Score	2021 Score	Diff	Sector Score	Diff
Motivation	7.27	7.26	+0.01 (Not sig.)	7.20	+0.07 (Not sig.)
Involvement	7.20	7.08	+0.12 (Not sig.)	7.04	+0.16 (Not sig.)
Advocacy	7.45	7.47	-0.02 (Not sig.)	7.22	+0.23 (Sig.)
Overall Staff Engagement	7.31	7.27	+0.04 (Not sig.)	7.16	+0.15 (Not sig.)

Staff engagement is measured across three sub scores:

- Motivation – 7.3 (7.5 best in sector)
- Involvement – 7.2 (7.3 best in sector)
- Advocacy – 7.4 (7.7 best in sector)

We each have a voice that counts is made up of three sub themes:

- we each have a voice that counts – 7.3 (7.3 best in sector)
- autotomy and control – 7.3 (7.3 best in sector)
- and raising concerns – 7.3 (7.4 best in sector)
- overall score – 7.3 (7.3 best in sector).

However, we know the scores don't tell the whole picture. Alongside our drive to improve our engagement model is our target to increase the number of people who respond to the NHS Staff Survey and Pulse Survey. We have seen positive progress in the past year, significantly exceeding this year's target for an increase in the NHS Staff Survey response rate.

While there are some good pockets of engagement at local levels, many of the corporate mechanisms we use for listening to or hearing employees could be considered ‘transactional engagement’.

To further develop a culture where colleagues feel listened to, that their feedback is acted upon and they can help shape and drive positive change, we want to move towards a model which supports ‘transformational engagement’.

Our engagement to date has emphasised the need to also focus on colleagues who have supervisory, line management and leadership roles. The model assumes all colleagues regardless of their role and grade will participate in the model. We already know, for example, staff from across the trust lead and engage in the staff networks. The working group does however recognise that staff in leadership roles may need additional support to contribute to the new model, as individual or to support staff that they work with or manage. We also recognise there are specific staff groups who not regularly engage with organisational channels.

Assessment

Methodology

To progress the development of a new listening strategy and model for engagement, a Staff Voice Working Group was set up, chaired by the Director of Communications and Engagement, with supportive facilitation by Pea, the specialist agency which is supporting the work of the Nobody Left Behind (NLB) Strategy action plan refresh.

It included a core group of representatives to help explore the idea of a ‘Staff Council’ and how it might work, as well as bring together the learning from the Staff Survey Working Group and the themes emerging from the NLB engagement.

The Staff Voice Working Group included:

- Five staff governors
- Six people and organisational development business partners
- Joy Fuller, Governor Lead and Freedom to Speak Up Guardian
- Hasan Reza, Head of Workforce Equity, Diversity and Inclusion
- Staff network chairs or a lead from the network
- John Stone, Health and Wellbeing Lead
- Communications representatives
- Representative(s) from the Staff Partnership Forum
- Staff Side representative
- HR and employee relationships representative
- Lorraine Denoris, Pea.

From March to May, we ran a series of five workshops, which focused on:

- mapping our current mechanisms for engagement
- developing principles
- sharing best practice and learning from other organisations
- co-designing our new model.

In addition to this, members of the group gained feedback from their forums to feed into the model.

Early research mapped the various ways in which the trust currently listens and is shown below:

How we listen now

NB: The diagram above shows six staff networks however, a Men's Network is in development.

After mapping the current model, key themes emerged. These were:

- there is some good engagement at a local level that must be built upon
- general agreement that pockets of listening need to be brought together and we need to triangulate what we are hearing
- people need to be and feel heard – any new group/forum should be a vehicle to identify themes and issues, 'unblock' and create change as well as share best practice
- we need to create a 'safe space' for any new model to work and this looks different for different people e.g. people feeding in anonymously, others having time to reflect
- managers are key to good engagement and more support should be provided to support them to engage well, recognising the significant pressures they are under
- any new model needs resource – budget, time and training for key roles and responsibilities, which need to be clearly defined
- new engagement group needs to provide a check and challenge that we are acting on feedback
- more awareness was needed about the role and responsibilities of staff governors and how they can help, recognising we may need to increase the number
- staff network chairs feel the purpose of networks is not entirely clear, nor is the governance arrangements and learning across networks or themes are not shared
- staff council wasn't a term that resonated or was popular and was agreed this was a working description only.

The early engagement also demonstrated that existing mechanisms for listening to staff, do not have strong governance and that there was a need to improve the way we triangulate themes and trends or act on feedback.

Learning from elsewhere

Given that KCHFT generally benchmarks well within its NHS sector, we looked outside of the sector to organisations that are renown for enabling their employees to have a **strong voice**, such

as John Lewis Partnership and Waitrose, as well as other successful NHS models, while recognising these organisations were employee-owned and our role and function differs.

Key learning included:

- having an independent chair is key to success and elected representatives have to feel comfortable in asking the hard questions
- part of creating a safe space is a complete absence of defensiveness to any questions raised from senior leadership and honest answers in response
- colleague representatives need to be well trained, capable and supported, e.g. a buddy system where their elected reps are buddied with a member of the Board and Waitrose and John Lewis give training
- staff council representatives are offered an induction of key elements of the business, e.g. finance, governance
- agenda should be decided by the people not influenced by what the organisation's leaders want to talk about.

Model principles

The model builds on a number of important principles that have been identified through staff engagement and the working group.

It was agreed the new model must:

1. **listen to and triangulate colleagues' views on KCHFT**, hearing issues, themes and trends that are vital to the **success of our strategic priorities**

2. act upon feedback at the **lowest level possible/closest to the person through line management** or with the support of the people and organisational development business partners

3. **build on engagement, insight and engagement activities that are already in place** and be easily accessible

4. **have staff governors** playing a more significant role in staff voice, increasing them in number and putting them at the heart of our new model

5. provide a safe space where issues can be raised without prejudice or judgement

6. ensure colleagues receive a **full and complete response to issues and questions raised**

7. provide a place where new **staff initiatives can be tested and refined, and best practice can be shared**

8. **provide a resource to support internal engagement** across and within teams using a range of engagement techniques

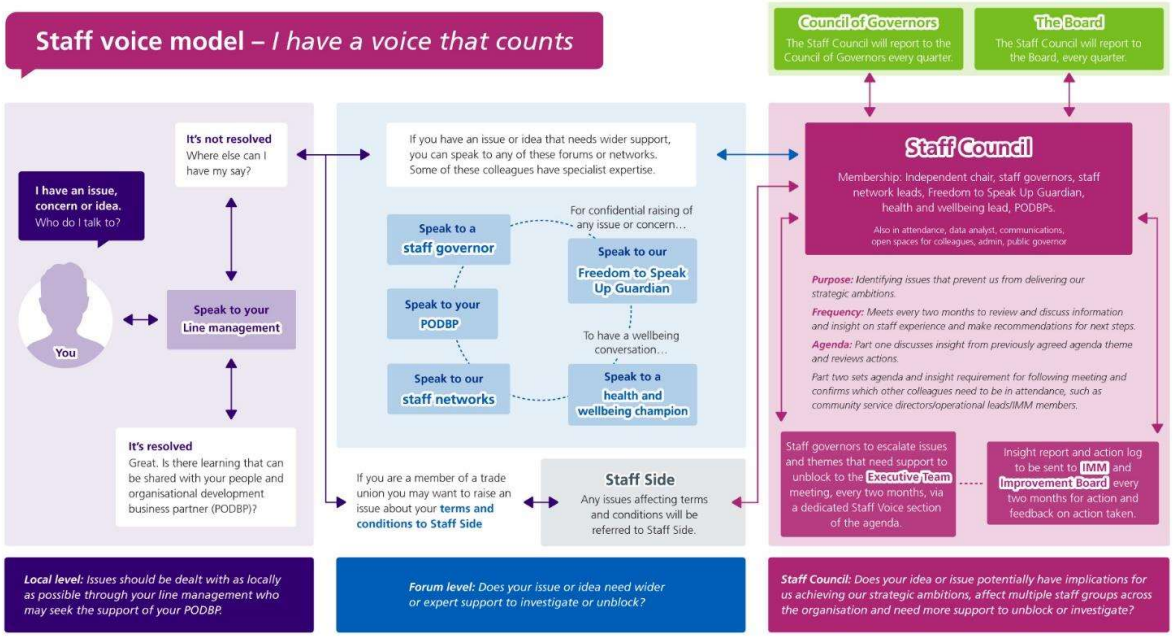
9. develop mechanisms through which existing initiatives such as staff networks, health and wellbeing champions, FTSU, alongside PODBPs and staff governors, can **liaise and co-ordinate** to support resolution of organisational issues more effectively

10. create a **staff council** that can review relevant insight at a strategic level and escalate to make sure colleagues' voices are heard **at Exec and Board-level.**

Overview of draft staff voice model

An initial model – showed in appendix 1 – was developed and tested at the We care conference in June 2023. What we heard and what we changed can be read in appendix 1.

The revised proposed staff voice model is made up of three levels that build on the principles described above.



Local level (purple)

This level describes how colleagues raise issues, concerns or ideas within their teams or line management arrangements, who may seek the support of their PODBP.

If issues are solved at this level, the prompt is to ask if this learning could be shared elsewhere via the PODBPs.

We know the most efficient organisations address issues and challenges locally with their peers, exercising independence and autonomy around problem solving, learning and performance improvement.

However, there may be some instances where this is not possible. This is not about escalating above the line management – the line manager may support the individual to raise issues, concerns or ideas if it cannot be solved locally.

Forum Level (blue)

If issues or ideas need wider support to investigate or unblock, individuals can seek help from a range of existing forums and networks, that can provide expert and confidential support in a safe space.

These include our *staff governors, staff networks, people and organisational development business partners, health and wellbeing leads and Freedom to Speak Up Guardian*.

Ideas can be raised with any of the groups. We know colleagues are not always clear about the role and remit of the networks, so as part of the model we will improve awareness and support

them to coordinate better, signpost to one another and bring together their insights to help source solutions.

To improve accessibility, it is proposed staff governors – who will play a key role in bringing the insights from across the forums and networks together, will hold monthly surgeries for colleagues to drop-in either virtually or face-to-face.

There will be instances, where as part of KCHFT's business as usual practices, issues raised at local or forum levels may, for operational reasons, need to be escalated through usual governance arrangements, for example from a senior manager to IMM, or straight to the Employee Relations Team. This model does not preclude this from continuing.

Issues affecting people's terms and conditions should be referred to Staff Side and the Staff Partnership Forum (SPF), which has a very specific role and remit to agree or influence issues that affect people's terms and conditions of employment. These would not be discussed at the Staff Council – which will focus on issues that shape and develop the culture and working experience of our workforce – but the two-way arrow demonstrates that Staff Side could escalate issues to Staff Council for consideration and vice versa.

Staff Council (pink)

Purpose

The new Staff Council will help identify issues and trends from colleagues' experiences and feedback that prevent the trust from delivering on its strategic ambitions. It does this by listening and interpreting the big picture; triangulating data and insights from across multiple staff groups and the NHS Staff Survey and Pulse surveys. It is not a decision-making body.

Membership

Led by our staff governors, with an agreed quorate membership to include:

- Independent chair
- minimum of four staff governors
- minimum of three Staff network leads
- the Freedom to Speak Up Guardian or a champion
- the Health and Wellbeing Lead or a champion
- minimum of three PODBPs.

There will be a number of **open spaces for invited colleagues** as well as some places for staff observers and speakers (by arrangement/invitation). This will help to illustrate the lived experienced in a similar way as Board stories, where appropriate, or allow staff to tell their story for themselves. There will also be an **observer place for a public governor for transparency.**

In addition, a number of colleagues will support and enable the staff council, and these will include **administrative and communications support, a member of the equality, diversity and inclusion team and data analyst, as required.**

It's important to note the FTSU Guardian is an independent and confidential role and would only participate in sharing themes and issues, maintaining people's anonymity. Whether this role can sit on the Staff Council and still retain the confidence of staff, will be explored further as part of the simulation.

In response to feedback, the Board and Council of Governors approved on 9 January a change to KCHFT's Constitution to increase the number of governors from five to six and for governor constituencies – which no longer reflect new organisational divisions – to be replaced with one staff constituency. This will be formally ratified at the Annual Members' Meeting in September 2024.

To support this, we are committed to making sure our election campaign results in staff running who are representative of our diverse workforce. We know from our engagement that barriers to this will be colleagues understanding the role of the staff governor and feeling they can make a difference. The Staff Council is intended to provide support for them to achieve this. We know another barrier will be providing adequate training not only for staff governors, but for anyone who sits on the Staff Council to make sure they have good knowledge of the organisation and the context and environment in which decisions are being made.

Draft role descriptions for these need to be tested and expanded and can be seen in appendix 2.

Agenda

The meeting will be in two parts. Part one discusses insight from previously agreed agenda themes, part two sets agenda and insight requirement for following meetings and confirms which other colleagues need to be in attendance, e.g. community services director, operational leads, IMM members.

Key topics to be discussed may be structured around the elements of the People Promise, e.g. we work flexibly, we are always learning, or on key topics, e.g. cost of living crisis, new models of care, demand and capacity and new ways of working.

Detailed terms of reference will be drafted as part of the engagement process.

Frequency

The council will meet every two months, face-to-face or hybrid. The suggested length is a half day meeting, with lunch and refreshment break.

The meeting may move around the patch. To ensure a safe space, this meeting is not live streamed.

Outputs

- The Staff Council, with the independent chair, sets the agenda and decides what's for information, action or escalation to the Executive Team.
- Staff governors will present a **themed report to the Executive Team** as part of a dedicated staff voice section on the Executive Team agenda, every two months. As part of this staff voice section, we will also triangulate insight from Executive Team visits and the We Care visits. The Executive Team's role would be to provide support to unblock issues.
- **Themed reports will also be shared with the Improvement Board –** as this monitors the progress of our strategy **–** and our **Integrated Management Meeting (IMM),** to support any action that needs to be taken.
- **Quarterly summary reports –** which include how feedback has been acted upon **–** would be shared with the **Council of Governors and The Board.**

To ensure the feedback loop is completed, feedback is expected to follow back down the routes it was escalated to the individuals or staff groups who raised the issues or ideas and also be supported by 'together we did' examples through KCHFT's range of communication channels.

Next steps

Simulating the model

The sections above describe the co-design approach but to 'stress test' the model, the Staff Voice working group is designing a simulation.

This will create a life-like environment, with a number of scenarios, to challenge how the model will work in practice, in a safe space.

After the event, a session with a decision-making panel will discuss any potential changes and implementation – but we recognise the model will continue to evolve and may take 18-months to embed.

Developing roles and responsibilities in the model

The principles described emphasise the need to build on existing good practice, improve learning, identify trust-wide learning alongside better coordination of staff voice.

In developing those principles, the working group recognised this will not happen without some behaviour change. The new model is intended to underpin a new way of working that will provide a trusted mechanism through which staff voices can be heard and acted upon.

Key to success are the groups and networks described in forum level. They are the groups that in broad terms currently support staff, gather insight and lived experience so as part of their usual activities, can provide data, intelligence and information that will support the model.

We are developing role descriptions for the part they play in the staff voice model and these will be further tested at the simulation. Draft role descriptions can be read in appendix 2.

Defining measures of success

Our overarching target is to increase our staff engagement score in the NHS Staff Survey and our breakthrough target for the next 12 to 18 months is to increase the 'I have a voice that counts' measure.

However, we have also developed success measures that can be tested during the engagement session and once agreed will be regularly reviewed by the Staff Council to check on progress, identify risks and mitigations. These will be developed into SMART measures.

These are:

1. the new staff voice model is known and understood by staff across KCHFT
2. the value of the staff voice model is recognised by The Executive Team, Board and Council of Governors and that issues raised can be linked to the delivery of our strategic ambitions
3. staff governors are provided with relevant support to fulfil their lead roles at staff council
4. an inaugural staff council meeting takes place in the second quarter of 2024
5. existing networks and groups identified at local forum level are given opportunities to collaborate more explicitly (this may be through a combination of face-to-face and virtual channels)
6. the Staff Council produces demonstrable change that staff recognise as improving their working environment
7. issues and ideas are referred through the new arrangements and feedback is provided to colleagues about how they have been addressed
8. feedback is communicated to staff using a variety of channels
9. existing forums and networks recognise the value of the new model and are willing to continue to engage with it on an ongoing basis.

Risks and issues

- Time and resource will be needed to support the new model and to release people to train and attend.
- Four of the current staff governors who have been involved in the co-design are due to come to the end of their three-year service in March 2024 and may not stand or be re-

elected and we may need to seek the support of a new governors to take forward the model.

- It is important colleagues are reassured the Freedom to Speak Up Guardian is confidential, so it maybe that, even though the suggestion is only themes or insights are shared at the Staff Council, that they do not sit on the staff council and these insights continue to be shared every six months with the People Committee. This will be explored and tested as part of the simulation.

Recommendations

The Board and Council of Governors are asked to:

- APPROVE the approach to a new Staff Voice model.

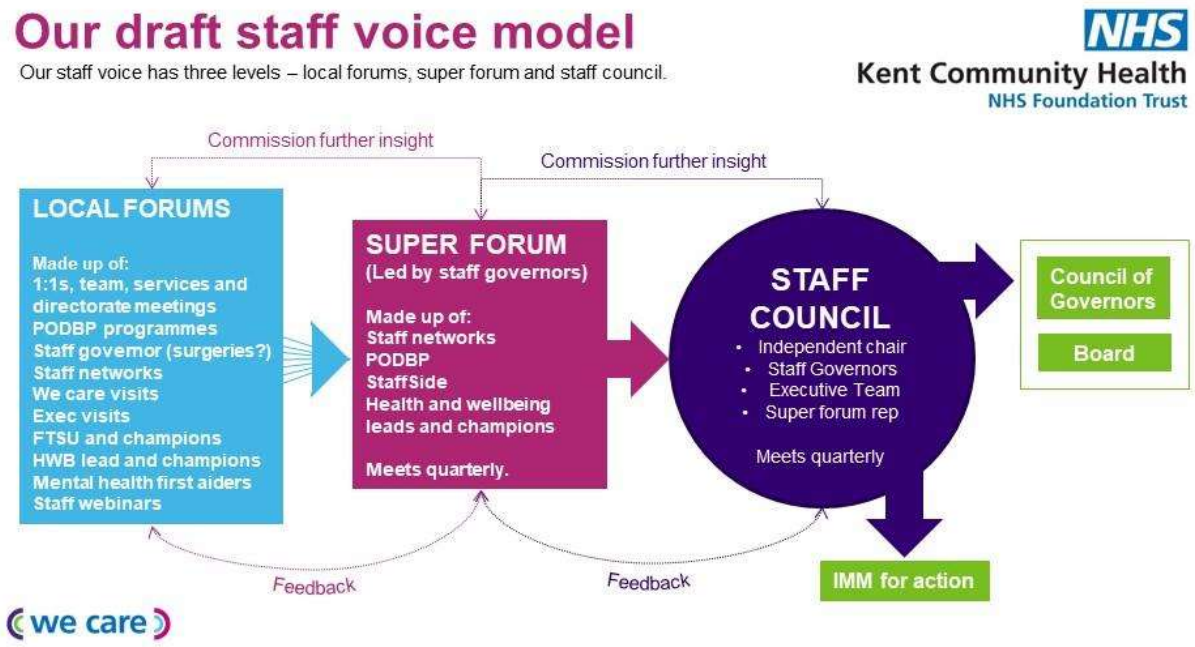
Appendix

1 – Draft staff model and what has changed in response.

2 – Draft role descriptions for the Staff Council.

Appendix one: Evolution of our co-produced staff voice model

Figure 1: Following initial discussions last year, the first version of our model looked like this:

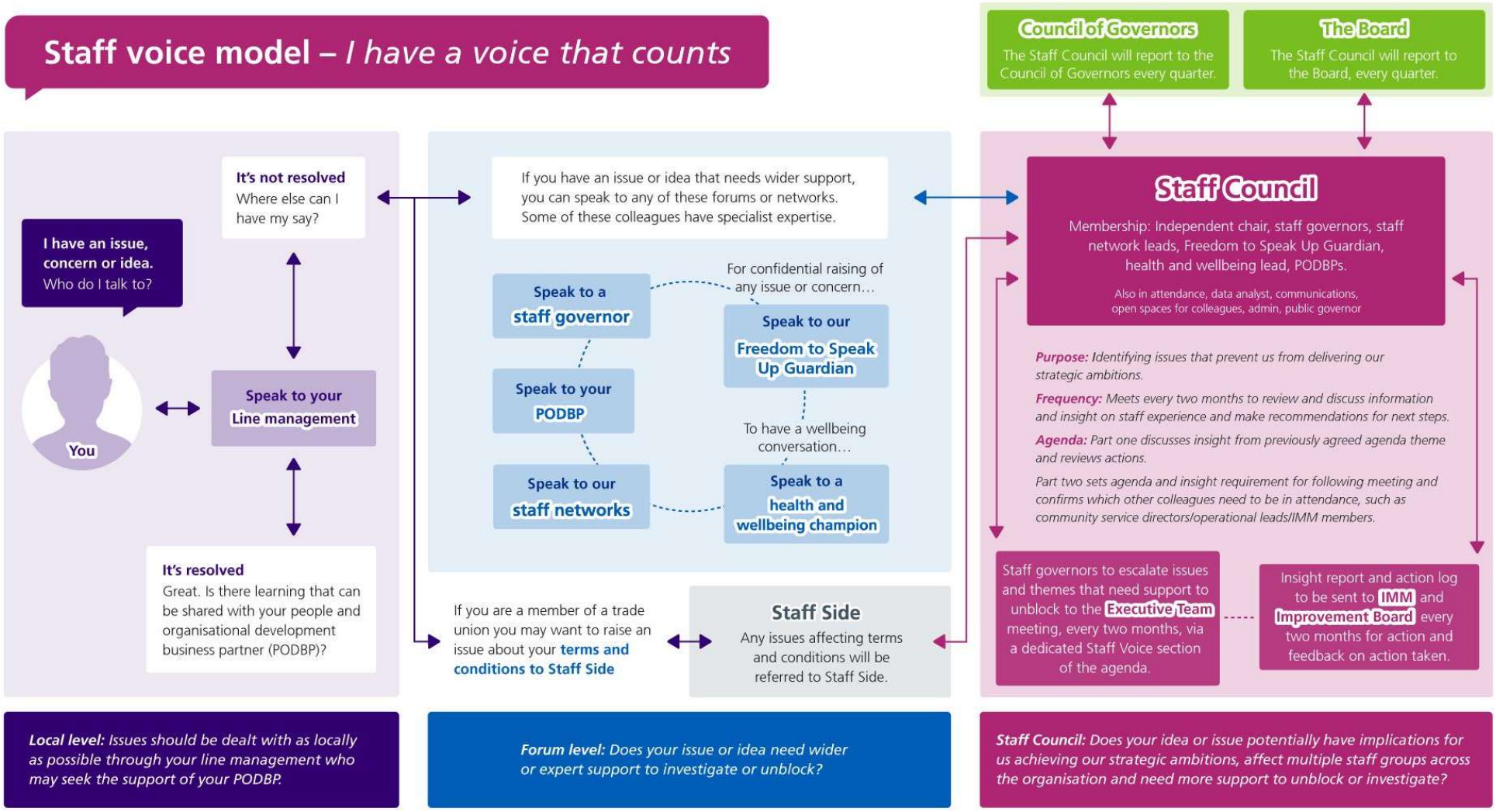


Through the We Care conference and further engagement, we listened and evolved the model.

What colleagues told us	What we have changed
This looks very hierarchical and does not put the individual at the heart of the model	Changed the model to look more like a flow chart/process with the individual at the start/heart.
Local forums were confusing as the pathway into the model was not clear for the individual	The model has been edited to show how an individual would move through the process and better explains what the local forums are in relation to extra support needed to resolve concerns.
Suggests the process is very linear but doesn't explain how things will be dealt with as locally as possible – need to make it clear the importance of line management and not diminish their role in problem solving.	The dotted lines and double-ended arrows demonstrate that issues may not always move in one direction and could involve several partners at different levels. We have made it clear the first step in this process is always for the individual to go to their line manager and if they cannot help, to escalate through their line management. If the line manager is unable to resolve or needs further support, they would and should travel through this model or support their colleague to travel through this model to resolution. The intention is for this model to give colleagues the information to take things forward with the support of their line manager, but also give them alternative routes if they do not feel they are getting the support they need through their line management structure.
Need to explain the role of local forums available for people to reach out to and how things move from one level to the next	This has been expanded upon and the flow chart approach is intended to show the different routes of accessing support. Further detail will be added to flo and the supporting narrative when we launch the model.
Needs to meet more regularly than quarterly otherwise it will become a blocker rather than an enabler of change and action	Staff Council and much of its reporting governance has been increased to every two months. Only item that remains quarterly is reporting to the Board and Council of Governors.

Not clear who and how feedback will be shared	This needs to be tested at the simulation. The double ended arrows demonstrate that these are two-way conversations where feedback at every level is vital. We are suggesting that feedback should follow the same route back as through the chain of people it came to the council by. It would also be part of the action log/agreed way of working of the council to note how information presented at meetings was being fed back.
How does Staff Side fit into this?	We have been committed from the beginning to making sure the Staff Council does not impede or step into the remit of what Staff Side is responsible for. Any issues brought to the local forums or Staff Council will be referred to Staff Side and the updated model makes it clear that colleagues who are members of a trade union can contact Staff Side about issues relating to their terms and conditions.
Did not like the term super forum	We have removed the word super forum and changed some of the levels. Staff Council was also a term that some people didn't warm to, but when mapping out the journey of how issues/ideas would be escalated or raised, the resulting 'listening group' was an evolution of the super forum into what is now called the Staff Council in the below graphic.
Needs to include the Freedom to Speak Up Guardian (FTSU) further into the model	The membership of the Staff Council is outlined below and includes the FTSU. The membership are the representatives who need to be present for meetings, with staff governors and staff network leads representation being quorate. Other roles/individuals will also be invited to attend to enable/support the council.
To ensure it feels like a safe space, where should the Executive Team sit in this model?	The Executive Team has been taken out of the Staff Council layer and now sits as an escalation route for issues and ideas to be reported to. Staff governors will have protected time every other month on an Executive Team agenda to discuss issues and update on actions.
How will you make sure this is not just a model that can be accessed by managers and senior people but that frontline staff have a way in and its business is transparent.	There will be open places made available for people to attend the Staff Council meetings and the agenda, action log and feedback from these meetings will be available through flo and our usual communications channels. The route for doing this needs to be tested via the simulation, but colleagues sitting in our local forums will be guided to nominate people who have raised issues and ideas with them who would be willing to speak about their experience at council meetings. We have discussed the opportunity to live stream these meetings but the working group feels strongly that this would not create the safe space for people to speak and be heard that we know is a key concern of those we have engaged with. Feedback and progress will be embedded at every level and issues requiring further support will be reported through several routes to make sure the Staff Council is able to hold the trust to account for delivering on the actions. These routes include via the Executive Team, Integrated Management Meeting (IMM), Improvement Board, the KCHFT Board and Council of Governors

Figure 2: Current draft staff voice model



Appendix 2: Draft roles and responsibilities

These are draft roles and responsibilities. It's important to note that everyone who sits on the Staff Council will be provided with support and training, so they feel confident to fulfil their role and have a good knowledge of the organisation and the context and environment in which decisions are made.

Staff Networks

KCHFT has a proud tradition of supporting a number of staff networks. They are an important mechanism to allow colleagues to discuss their lived experiences and help KCHFT shape its organisational culture and create a fairer and inclusive work environment for all.

There are seven Staff Networks that support all our colleagues with advice, sharing of ideas, promoting opportunities available across the county and nationally, training and advocacy support. The active network groups are as follows:

1. Armed Forces Community Network
2. Black, Asian and Minority Ethnic Network
3. Disability and Carers' Network
4. LGBTQ+ Network
5. Menopause Network
6. Neurodiversity Network
7. Men's network

A review of staff networks is underway, but we anticipate the networks being part of the new staff voice model so the insights and lived experience they gather from the groups they work with, can be shared and understood more widely and inform policy development from the outset. We would also suggest that the model may provide a route through which issues across the networks can be considered and addressed.

Freedom to Speak Up

KCHFT recognises how important it is to provide trusted opportunities for staff to speak up about concerns that they may have at work. The best performing trusts are able to use the freedom to speak up process to improve patient safety and outcomes as well as the working environment.

The Freedom to Speak Up Guardian (FTSUG) provides help to colleagues who want to speak up about anything that gets in the way of patient care or affects their working life. For example, this could be something which doesn't feel right, a way of working or a process that isn't being followed or something where staff feel discrimination is taking place. It may also be where the behaviours of others are affecting the wellbeing of colleagues or patients.

The most important aspect of speaking up is the information being provided, not anyone's identity and therefore many of these conversations are likely to be confidential or in some instances anonymous. Nevertheless, the working group is keen to have input and insight from the FTSUG so issues raised through this channel can be considered and support improvement even with these insights anonymised.

People and Organisational Development Business Partners (PODBPs)

KCHFT's PODBPs provide leadership to their service areas, by developing a robust understanding of their workforce and contributing to the delivery of the People Strategy and Plan. To do this, they develop and maintain positive relationships with their specific services and other corporate teams to influence, challenge and support service delivery and monitor success.

Given this remit, it is clear that PODBPs can provide valuable insights and understanding of what is happening at operational levels across KCHFT. They are a conduit through which workforce data and intelligence can be used to identify people management requirements. They are also key to developing ideas and detecting issues that may need to be addressed and shared.

The model therefore includes the PODBPs as part of the blue forum level so their expertise and workforce insight can be understood, triangulated and shared to support performance improvement.

Health and Wellbeing Champions

Our Health and Wellbeing Champions are colleagues who work at all levels of KCHFT to promote, identify and signpost their colleagues to local and national health and wellbeing support offers. They do this by having conversations at a local level with their peers. They are uniquely placed to make a positive contribution to the new staff voice model because, they are a trusted group who work within a credible national framework and are trained and equipped to help colleagues think about their health and wellbeing; providing choices and options that are responsive to their local circumstances and issues.

Because champions are having regular conversations with staff across the trust, we hope intelligence gained through their activities can be shared in a more systematic and coordinated fashion.

Staff Governors

Staff Governors have the same rights and responsibilities as other types of governors at KCHFT and play a key role informing the Council of Governors about staff views and perspectives. This is particularly important if these views have an impact on patient experience and delivery of services.

In recent months there have been ongoing discussions about how staff governors operate across KCHFT and a consensus that the new staff voice model could provide a helpful vehicle through which the staff governor role can be supported.

This paper is not intended to provide details of those ongoing discussions but is proposing that staff governors play a significant role leading and coordinating the formal staff council that will be established as part of the new voice model and, will report to the Council of Governors on a quarterly basis. The way in which the staff council will operate is in the paper and more detailed terms of reference will be drafted as the engagement progresses.

The working group is proposing that staff governors develop new channels, such as regular surgeries and engagement sessions to listen, question, discuss and feedback to, staff providing a link between the Council of Governors, NEDs and

Executives in line with their statutory duties. They will manage the staff council activities and work closely with the independent chair to manage agendas and ensure issues are being dealt with in an appropriate way.

In addition, it is suggested they liaise with the support and enabling staff including administrative staff, the Communications Team and data analysts alongside networks and forums.

Executive directors

Executive level engagement in the new staff voice model will be a success factor and an important part of the escalation process. This may be necessary if, for example, there are service-specific issues that may require intervention or, if there are corporate issues that need wider investigation, problem-solving and collaboration.

Staff with leadership, supervisory or management roles

The new model assumes all staff will be able to engage regardless of role or grade. Colleagues with leadership supervisory or management roles play an important role facilitating and supporting engagement because they have a close relationship with staff teams and understand issues at a local level. When implementing the new model, our ambition is to harness the engagement that already takes place through team meetings, supervisions and one-to-ones so that intelligence can be triangulated. We will also seek to develop new opportunities to gather and share ideas, based on local staff feedback. Raising awareness with this group of staff will be a critical success factor.

Kent Community Health
NHS Foundation Trust

Meeting:	Council of Governors
Date of Meeting:	17 January 2024
Agenda item:	8
Report title:	Nominations Committee - Chair's Report
Report sponsor(s):	John Goulston, Trust Chair
Report author(s)	Mercy Kusotera, Director of Governance
Action this paper is for:	☑Decision / approval ☐ Noting ☐ Discussion ☐ Assurance/Information
Public/non-public	Public

Executive summary

This report provides an update on the Nominations Committee's meeting held on 25 October 2023.

The Committee considered the following overarching areas:

- Proposed succession plan for non-executive directors.
- Appraisal of non-executive directors: half year review 2023-24

Proposed succession plan for non-executive directors

The Committee received a report from the Chair outlining the proposals for the succession of the three non-executive directors who would be leaving the Trust in 2024 following the end of their terms of office:

Peter Conway - end of March 2024
Pippa Barber – end of November 2024
Nigel Turner – end of September 2024

The Committee endorsed and agreed to recommend the following to the Council of Governors:

- Kim Lowe would succeed Peter Conway as deputy chair from 1 April 2024.
- The Board of Directors would move from having 7 NEDs to 6 NEDs from 1 April 2024 (Peter Conway would not be replaced).
  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. 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.

- The Trust would therefore go out to recruit two NEDs to replace Nigel Turner and Pippa Barber in early 2024 with the following skills and experience:
    - NED with clinical background to replace Pippa Barber. The appointee should have the potential to chair the Quality Committee.
    - NED with business transformation, estates or digital background; they would replace Nigel Turner. The appointee would be a member of the Finance Business and Investment Committee (FBI) and should have the potential to chair the Committee.

- Associate NEDs

  When recruiting the 2 NEDs, there may well be an opportunity for them to start a few months prior to the departure or Nigel Turner and Pippa Barber. Should this be the case, then it would be sensible to appoint them in the first instance as Associate NEDs (on NED salary and terms and conditions) to enable them to have a smooth induction and transition before starting on 1 October and 1 December 2024 respectively as NEDs.

  There is also an opportunity to separately recruit one or two associate NEDs from the recruitment process for the two NEDs; if we have candidates who are not quite ready to be a NED but with development over a year or two can develop into a NED. This would be helpful for future NED succession both in KCHFT and for other trusts in Kent & Medway. It can also be an important route to further increase the diversity of the Board of Directors.

Appraisal of Non-Executive Directors: half year review 2023-24

The Committee was briefed on the appraisal process for Non-Executive Directors. In the half year review, the Chair had held meetings with each NED and discussed progress against their objectives. The committee were assured that the NEDs were performing well as individuals and as a group.

Recommendations

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

- Kim Lowe to succeed Peter Conway as deputy chair from 1 April 2024.
- The Board of Directors to move from having 7 NEDs to 6 NEDs from 1 April 2024.
- To recruit two NEDs to replace Nigel Turner and Pippa Barber in early 2024.
- To extend the Chair's tenure for one year until October 2025.
- The Council is asked to note that from 1 April 2024, Karen Taylor will chair the ARC.

Report history / meetings this item has been considered at and outcome
This report has been considered by the Nominations committee on 25th October 2023.

Recommendation(s)
The Council of Governors is asked to: • **APPROVE** 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	Yes – in recruiting to the proposed roles, NHSE and the Trust would be interested in hearing from people of a range of backgrounds who understand the needs and priorities of our local communities and can hold the confidence of patients and the public.	
Legal and regulatory	Yes - Well-led Framework	

Sponsor sign off	
Name and designation:	John Goulston, Trust Chair
date:	9th January 2024

Kent Community Health
NHS Foundation Trust

Meeting:	Council of Governors
Date of Meeting:	17 January 2024
Agenda item:	8
Report title:	Nominations Committee - Chair's Term of Office
Report sponsor(s):	Pippa Barber, Senior Independent Director
Report author(s)	Pippa Barber, Senior Independent Director
Action this paper is for:	☑Decision / approval ☐ Noting ☐ Discussion ☐ Assurance/Information
Public/non-public	

Executive summary

John Goulston's term of office is due to complete on 31st October 2024. Following new guidance set in the Code of governance by NHSE any extension of JGs tenure beyond this time needs to have rigorous review and comply with the exceptional circumstances set on the Code of Governance.

The Council of Governors is asked to consider the NHSE guidance and rationale set out in proforma and approve the extension of the chair's tenure for one more year until October 2025.

Appendices:
Appendix A – NHSE Proforma

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

This report has been considered and agreed by the Nominations Committee on 25th October 2023.

Recommendation(s)

The Council of Governors are asked to:

- **APPROVE** 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	Yes – in recruiting to the proposed roles, NHSE and the Trust would be interested in hearing from people with a range of backgrounds who understand the needs and priorities of our local communities and can hold the confidence of patients and the public.	
Legal and regulatory	Yes - Well-led Framework	

Sponsor sign off	
Name and designation:	Pippa Barber, Senior Independent Director
Date:	9th January 2024

Report Summary:

1. The New Code of Governance for NHS Provider Trust

1.1 The new Code of Governance for NHS Provider Trusts (the Code) came into force on 1 April 2023. NHS England has issued the Code to help NHS Providers deliver effective corporate governance, contribute to better organisational and system performance and improvement, and ultimately discharge their duties in the best interests of patients, service users and the public.

2. Length of Service (see section 4.3 in the Code)

2.1 The Code states that Chairs or Non-executive Directors should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a Chair was an existing Non-executive Director. The need for all extensions should be clearly explained and should have been agreed with NHS England. A Non-executive Director becoming Chair after a three-year term as a Non-executive Director would not trigger a review after three years in post as Chair.

3. Cases to extend Chairs and Non-executive Directors beyond 6 years for NHS Trust Providers

3.1 The NHSE proforma is designed to provide a consistent structure to support systems in ensuring that rigorous review is applied when considering extending Chairs and Non-executive Directors beyond six years.

3.2 Typical length of service for provider chairs and NEDs is three years although two terms are common.
Key principles on length of service from the code include:

- To avoid impairing independence NHS Chairs and non-executives should normally serve a maximum of 6 years in post.

- There is provision to extend, in exceptional circumstances, following rigorous review and only with the express approval of NHSE.
- No one should exceed a period of 9 years in the same organization without the express consent of NHSE.

3.3 To ensure continuous board renewal and that organizations are equipped for the future, there is no automatic right to term extensions or re-appointment. Where any chairs or NEDS are approaching the end of their term in office, it is important for boards to consider:

- Succession planning well in advance (at least 9 months)

- The performance of the organisation, board dynamics and effectiveness, and diversity of thought and experience as well as representation of staff and populations served.
- The skills and experience the organization will need to meet its future ambitions and objectives.

4. Considering cases beyond 6 years

4.1 Exceptional circumstances extending beyond 6 years might be in response to a need for stability over a particular period of the boards life such as; an impending governance or legislative change, provider collaboration system programme milestones, capital plan or quality improvement journey, or a key major public consultation. Any such extension should be limited to and consistent with the issues under consideration. As part of the rigorous review, and as set out in the NHSE template evidence will need to be provided of:

- Good practice for re appointments has been followed.
- Clear explanations for the need to extend and associated timelines.
- Support of ICB chair.
- Evidence of the individual's contribution to the objectives of the ICS
- Evidence of their positive impact on EDI and organizational culture
- Approval of NHSE regional Director.

4.2 Attached is the NHSE proforma completed as requested setting the proposal to extend John Goulston's term of office by one year to 31st October 2025.

APPENDIX A

PROTECT – APPOINTMENTS IN CONFIDENCE

NHSE Consideration of cases to re-appoint individual NHS Trust Chairs and Non-executives (NEDs) beyond 6 years

Purpose: This proforma is designed to provide a consistent structure to support systems and regional teams in ensuring that rigorous review is applied when considering re-appointing NHS Chairs and NEDs beyond 6 years in post.

Key principles:

- NHS Chairs and NEDs should be independent. To avoid impairing this independence they should normally serve a maximum of 6 years in post.
- There is provision to extend this, in exceptional circumstances, following **rigorous** review. For chairs, only with the express approval of NHSE COO, for NEDs support of the region should
- No one should exceed a period of 9 years in the same organisation without the express consent of NHSE.

This assessment will be shared in full NHSE COO for approval, and with the People and Remuneration Committee who make the appointment.

Name	John Goulston
Organisation	Kent Community Health NHS Foundation Trust
Role	Chair
Term end	31/10/24
Years served as chair	6 years
Years served as NED	0 years
Years served in same organisation	6 years
Proposed extension period	1 year to 31/10/25
Regional Director approval	

We are looking for positive assurance against the following considerations:

1.What are the exceptional circumstances? Please provide a clear explanation of the need for extension and associated timelines including the impact losing this individuals knowledge and experience will have. Note: Exceptional circumstances for extending might be in response to a need for stability over a particular period of the board's life such as:

an impending governance or legislative change, provider collaborative or system programme milestones, capital plan or quality improvement journey, a key point in a major public consultation or other extraordinary reason. Any such an extension should be strictly limited to and consistent with the issue(s) under consideration.

Following formal and rigorous consideration by the Trust Nominations Committee on 25th October 2023 and a recommendation to be approved at the Council of Governors meeting on 17 January 2024, we propose an extension of the Chair's contract for one more year (to 31.10 2025) due to the following exceptional circumstances. Consideration has been given by the Nominations Committee, CEO, NEDs, and the SID has discussed this with the Kent and Medway ICB Chair (see section 4). Key to our consideration has been the requirement for continuity of Chair leadership during the current period of transformation, balanced with the Trust's longer-term leadership continuity requirements to take it forward in the delivery of service changes and forming of strategic partnerships. Decisions have also been informed by consideration of the different roles of Chair and CEO.

A) The Trust has recently launched its We Care Strategy 2023 – 2028. Over the next two years the Trust is undertaking a review and transformation of its models of care. Within the new intermediate care models, this includes the use of our community hospitals across Kent. This will involve consultation with partners and the public on the service model going forward. The next two years from this point will be critical to ensure leadership and continuity during this key System and Trust transformation. As part of this, the Trust is a national pilot for the new model of intermediate care, which it is developing first in East Kent HCP with Kent CC, EKUH, KMPT and primary care. This is leading to fewer delayed discharges from EKUH and will involve new rehabilitation models of care in KCHFT's community hospitals, at home and in care settings. In West Kent HCP the Trust is working with primary care, MTW, KMPT, KCC, and the voluntary sector to develop Integrated Neighbourhood Teams to increase prevention and reduce demand on hospital and GP urgent and emergency care, and reduce delayed discharges from hospitals.

B) These transformation programmes will need to be maintained whilst the Trust also undertakes the bids for community services during 24/25(ICB) and possible bids or renegotiation of its public health contracts in 24/25 (KCC). There will need to be a transition period to introduce the new models of community and primary care across Kent and Medway.

As a Trust, we recognise our important role as a system player, particularly with the HCPs and the provider collaboratives and we know that we need to proactively support EKUH with their quality and financial recovery programmes (e.g., starting the new intermediate care models and leading on the frailty and respiratory virtual wards in East Kent HCP). By extending the Chair's role by one year, this will enable us to keep continuity and leadership over the next two critical years.

C) Key governance Board changes over the next 1 year: three NEDs will be finishing their terms in 2024.

- Deputy chair and chair of Audit & Risk Committee (ARC) & deputy chair Finance, Business and Investment Committee - final term

ends on 31/3/24

- Chair of Charitable Funds, Deputy chair People and member of ARC committees - 2nd term of 3 years ends on 30/9/24
- Senior independent Director (SID), chair of Quality Committee, member of ARC – final term ends on 30/11/24

KCHFT will need to replace its deputy chair, SID and chairs of ARC, Quality Committees and Charitable Funds in 2024 and will be losing its three most experienced NEDs.

By October 2025 these new NED post replacements will have been in place for at least a year and together with the existing NEDs who will have all been in place for a minimum of 3 years. Extending the Chair's term by one year will provide continuity going forward for the Board. It is not anticipated that there will be any changes in CEO appointment, with the current CEO having been in post for 3 years by November 2025.

D) Strategic Leadership

The consensus of the Board is to ensure continuity over these next two critical years (one of which is within Johns existing 6-year term). It will enable the opportunity to provide continuity over a critical time in implementing the Trust's We Care Strategy with staff, partners and the public and continuity within the system during this period. Finally, by November 2025 the Trust will need to ensure longer term continuity in Chair leadership to take it forward with the longer-term delivery of the new strategy and system partnerships.

2. What plans have you considered for succession after this period?

The deputy chair will have been in post for 18 months by November 2025. New chair appointment will require transparent external recruitment.

3. What is your assessment of the performance of the organisation, board dynamics and effectiveness?

Effective. Well led review undertaken in February 2023 by Good Governance Institute, stated that, "We consider this a well-functioning competent Board with effective leadership who understand and clearly discharge their duties.''

4. Does this recommendation have the support of the ICB chair? For Chairs, what has been the impact of individuals contribution to the objectives of the integrated care system(s)?

Yes, SID has spoken to ICB Chair (18/09/23) who is supportive of Johns' system working and of the exceptional circumstances that would support an extension of one year to October 2025.

5. Do you have a recent and satisfactory appraisal? Yes

For chairs this should demonstrating positive feedback from key local and wider system stakeholders and is there evidence of

continued support from local stakeholders and the wider system? Yes, demonstrated in Well led review interviews with system partners.
6. What positive impact has been made by the individual on EDI and organisation culture? What is the evidence of leading for inclusion and reducing health inequalities?
EDI is an objective on all objectives reviewed by the renumeration committee for executives and nominations committee for chairs and NEDS. EDI data and lived experience and feedback on visits to services and staff council and networks. All feedback is discussed and considered at Board and committees. The feedback is evidenced through minutes and agendas. An OD development programme is in place for the board on culture. An EDI Dashboard is under development. These metrics will need to include quadrants on staff feedback/ lived experience as well as cover key ESR metrics, feedback loops from the Staff Voice forums and Networks, information related to career progression and development and training up take. These will enable the Trust to have a live view on the culture and practices in the Trust and will inform future programmes of work.
7.Are there any known concerns over performance, behaviour, or unresolved grievances?
None

Non-executive diversity - The table below highlights the breakdown of the non-executive board alongside the demographics of the local population and workforce for those groups currently under-represented in NHS roles.

		Women	BAME	Disabled	LGBT+	Under 55
National / Local population						
Local workforce	5306	4644	725	432	168	3924
	All	**Women**	**BAME**	**Disabled**	**LGBT+**	**Under 55**
Current NED appointments	8	4	1	0	0	1

Note: Some appointees have selected "prefer not to say" option for some specific questions. Actual figures could therefore be higher.

Kent Community Health NHS Foundation Trust

Meeting:	Council of Governors
Date of Meeting:	17 January 2024
Agenda item:	12
Report title:	Engagement and Volunteers Q2 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:	☐ Decision/approval ☑ Assurance/Information ☐ Note
Public/non-public	Public

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

Report history / meetings this item has been considered at and outcome
Considered by Population Health Committee on 11/1/2024

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:	Ali Carruth, Executive Director for Health Inequalities and Prevention
Date:	10 January 2024

Kent Community Health
NHS Foundation Trust

Engagement and Volunteers Quarter 2 Report July to September 2023

Executive summary

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

Participation

Involving People and Communities training

Two pilot sessions of the new 'Involving People and Communities' training were delivered to 30 dental and planned care quality improvement (QI) leads in July.

The co designed session was developed by KCHFT colleagues and participation partners, to support the organisation to better engage, involve and co design services with patients, families and carers. The session was developed in response to the new 'Working in Partnership with People and Communities' Statutory Guidance from NHS England and social care, which sets out how to support collaborative working to involved people and communities, in ways that are meaningful and lead to improvement.

Feedback from the pilot sessions was very positive with all participants rating their knowledge from low before starting to very good/excellent after attending the session. The engagement team are now involved in supporting a number of QI projects to increase service user and family involvement in improving services across dental and planned care.

The training will be available to access on the staff intranet in November.

Talking Together

Talking Together is a support group for patients living with HIV. This quarter, online sessions and 1 face to face session were held. 1 new member was welcomed and there are now 12 regular members in the group. In September the group was joined by the Health Inequalities team to talk about their work in engaging seldom heard groups and members shared personal experiences and discussed topics for future sessions. One of the peer mentors has also started mentoring another person, supporting them through their HIV diagnosis.

Health Visiting - Child Health Clinics project

Participation and engagement took place involving 36 parents at children's centres in; Margate, Herne Bay, Gravesend, Canterbury and Tunbridge Wells. Parents were asked to share their experience of attending child health clinics, their expectations of the services and suggestions for further support to access services.

Outcome: parents were largely satisfied with the services offered at these clinics. However, it was felt that the timings of child health clinics at some centres should be reviewed. This project is ongoing, and engagement is now taking place with parents who have not attended or do not wish to return child health clinics.

Health Visiting - Lets Chat 0-5 texting service

The Health Visiting Service had procured a new texting service for parents; nationally it is called Chat Health.

The Health Visiting service required insights from parents to support their comms strategy to launch the new texting service.
Outcome: Parents suggested an alternative name for the texting service: Let's chat 0-5. This has now been launched.

Health Visiting - digital transformation project
Aim: To improve accessibility of health visiting digital offers to support parents. Discussions with parents took place at various children centres across Kent. 60 parents gave insights into how they look for advice, where they go to for support and how they would like the Health Visiting service to share information.
Feedback from parents: They are often inundated with information when they have a baby and unaware of available services. Many parents follow the children centre Facebook page and would like the Health Visiting service to have a social media account which they could follow to stay updated on what support is offered by the service. This is still under discussion, and the Health Visiting service are exploring alternative ways to keep parents informed.

People's Network

This quarter, the network has engaged with updates to the end of life care resources on the public website, Healthwatch Kent and Medway projects, and opportunities to be involved as a patient/carer representative, shared by Healthwatch volunteers, the new communication needs leaflet for patients, and the reablement project for the community hospitals.

The highlight of this quarter was the involvement with this year's Patient-led Assessment of the Care Environment (PLACE) programme. A total of 24 patient assessors took part, including members of the network, volunteers, governors, learning disability group members and students. The visits were a great opportunity for networking, especially for newly recruited participation partners and volunteers. Initial feedback included some improvements needed to the use of day rooms and maintenance of gardens for patients to access. Results of the assessments will be shared at a debrief meeting with patient assessors in early 2024.

Participation Matters
This quarter's newsletter was sent to 3613 public members and volunteers with a 31 per cent (1119) open rate. The edition featured Anne's involvement with the South East Driveability Service (SED), Andrea's experience of volunteering as a health walk leader, signposting for back care awareness week and a call to action for a falls class volunteer to support the postural stability team.

QI project
A recruiting in partnership QI project has started with the aim to 'recruit and support participation partners/volunteers to take part in 12 interview panels by August 2024 by embedding patient participation in the staff recruitment process.' The main change idea, to create interview skills training for volunteers and participation partners, has been completed and six people have completed the training. Three of those have taken part in an interview panel this year, supporting recruitment for the Quality Management, Health Inequalities and Engagement teams.

Carers involvement

Carers' Conference
The Carers Involvement Steering group have developed a draft to plan to hold a carers conference during carers week in June 2024. The focus of the conference will be about developing skills for

carers who regularly carry out complex tasks in a range of situations, often with very little or no training or awareness. The group has started to build the event agenda, with skills workshops and presentations from services and providers across Kent, to share information and support with unpaid carers across the county. Public members, carer representatives, volunteers and the public will be invited, joined by KCHFT colleagues, carers support organisations and other public sector services. Carers will receive awareness training sessions on basic first aid, manual handling, medication, understanding carer support organisations and have an opportunity to join a mindfulness session. The conference will take place in the Ashford area, venue to be confirmed.

Accessible information

British Sign Language (BSL)
A survey has been designed for the audiology team to capture feedback from the Deaf community about their experience of BSL interpreters and their preference for face-to-face or video interpreting. The team initially sent the survey to patients and families on their caseload but would like to open it up to the wider Deaf community for more feedback about interpreting services offered at health appointments. Survey responders will be invited to a face-to-face focus group to capture further insights with BSL interpreters present.

An engagement session also took place with the Ashford Deaf Together group in July, asking about their experience of BSL interpreters at health appointments and to discuss the option for a virtual relay service and/or on-demand BSL interpreting at KCHFT. Feedback included:

- It is essential to offer on-demand BSL interpreting, especially for services like the minor injury units and when face-to-face BSL interpreters are unavailable. Four members of the group fed back recent incidents when they were turned away by NHS services as an interpreter had not arrived for their appointment.
- While face-to-face interpreters are preferred, the group agreed that in situations like those outlined above, communication is essential and on-demand video interpreting should be used. On-demand BSL interpreting will be added to the tender for new interpreting contracts starting September 2024.
- The group was more familiar with SignLive to provide virtual relay as this provider is also used by organisations such as Kent County Council and multiple NHS trusts. Having the app will empower members of the Deaf community to be more involved in their care as they usually have to rely on carers, family members or support workers to contact health and social care providers.
- If a license is set up for members of the Deaf community to contact KCHFT services, they will need support setting up and practicing using the SignLive app so they are more confident using it.
- It will need to be advertised widely to the Deaf community so they are aware of its availability. This should include regular engagement sessions and an addition to KCHFT appointment letters to explain that SignLive is available.
- NHS staff need more training about communicating with and understanding the Deaf community.
- Having in-house interpreters may be useful and worth exploring as a wider system approach to BSL provision.

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

- BCG appointment letters
- TB contact screening letter
- TB new entrant letter

Accessibility audits
Following discussion at the PLACE 2022 action group meetings, the Estates team will be taking ownership of the accessibility audit action of the PLACE programme by upskilling members of their

service to lead accessibility audits at all KCHFT sites. This is due to start in the new year and will involve support from volunteers and participation partners with various disabilities to help inform how we can make our sites more accessible to patients, relatives, colleagues and visitors.

Volunteers

Recruitment and Retention

Voluntary services are currently very busy with recruitment. In the months of September and October 15 volunteers were going through recruitment which is double the average number. We currently have 166 active volunteers working across the whole trust. 9 volunteers were recruited in the quarter, of which 4 are Community Hospital support volunteers; 1 Patient Safety partner; 3 gardeners and 1 breastfeeding support volunteer. In addition to these the infant feeding team are recruiting 7 breast feeding support volunteers who started a new training session in September. Voluntary services have reported 11 leavers in the last quarter and this is due to recent work with infant feeding to update their active volunteers database.

Patient Safety Partner

The Patient Safety partner is a new and evolving role developed by NHS England to help improve patient safety across the health care system in the UK. Patient safety partners work alongside our colleagues, patients and families to influence and improve safety within the trust and in the community. Earlier this year we worked with Particpation and Patient Safety teams to recruit to this new role. Over the last quarter the current patient safety partner volunteer has been developing, and in September we recruited a second volunteer.

"The recruitment of the Patient Safety partner role has been beneficial in supporting us in the design of safer systems of care, including the identification of risk. The Patient Safety partner attendance at governance groups provides us with opportunities to elevate the voice of patients". Head of Patient Safety and Patient Safety Specialist

We look forward to further seeing how this role develops and to continue to work with Patient Safety teams to support their service with the contribution of volunteers.

Deal Fete

League of Friends, Deal held their first fete since the pandemic. The team went to raise awareness of volunteering. We continue to work closely with the League of Friends and we now have volunteers who work both with us and the League of Friends. Collobrative working with both organisations to support volunteers to help the hospital have a positive impact on it's patients.

Safeguarding training

Since the introduction of paper booklet safeguarding training in September there has been a significant shift in the increase of training compliance for volunteers. There is further work to be done around the acccessibility of the booklets, this has helped to help reduce digital exclusion, assist candidates to overcome barriers for recruitment and to reduce safeguarding risks to the trust. Below are the figures before and after the introduction of the paper safeguarding:

Community and infant feeding volunteers training compliance:

Safeguarding training compliance before introduction of paper resource	After paper resource introduction

72% children safeguarding (75) 72% adults safeguarding (75) 72% Prevent safeguarding (75)	99% children safeguarding (103) 99 % adults safeguarding (103) 97 % Prevent safeguarding (101)

Expert Patients Programme (EPP)

Due to staff sickness, courses for this quarter have been put on hold. A virtual course has been organised for October 2023 and information will be included in the quarter 3 report.

Sharon Picken
Participation and Engagement Service Manager