

Agenda and Papers

for the

Kent Community Health NHS Foundation Trust
Council of Governors

to be held at 1pm
on

Wednesday 26 January 2022

Virtual meeting via MS Teams

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**Meeting of the Kent Community Health NHS Foundation Trust
Council of Governors
to be held at 1.00pm on Wednesday 26 January 2022
Via MS Teams**

AGENDA

1. STANDARD ITEMS

1.1	Introduction by Chair	Chair	
1.2	Apologies for Absence	Chair	
1.3	Declarations of Interest	Chair	
1.4	Minutes of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 3 November 2021	Chair	Att. 1
1.5	Matters Arising of the Kent Community Health NHS Foundation Trust Council of Governors meeting held on 3 November 2021	Chair	Att. 2
1.6	Chair's Report	Chair	
1.7	Trust Quarterly Report	Acting Chief Executive	Att. 3

2. ITEMS FOR REVIEW AND DISCUSSION

2.1	Strategic Priorities for 2022/23	Director of Strategy and Partnerships	Att. 4
2.2	Chief Executive Recruitment	Chair	Att. 5
2.3	Governor feedback from each of the constituencies	Full Council	Verbal
2.4	Report from Communication and Engagement Committee	Chair of Committee	Verbal
2.5	Feedback from Charitable Funds Committee	Public Governor, Dover and Deal	Verbal
2.6	Report on Membership	Director of People and Organisational Development	Att. 6

3. ITEMS FOR APPROVAL

3.1 Nominations Committee Report Lead Governor Att. 7

4. PAPERS AVAILABLE FOR GOVERNORS

4.1 The following papers are shared for Governor information and are available on Flo: For noting only

- Formal Board Agenda - 11 November 2021
- Confirmed Board Minutes - 9 September 2021
- Chief Executive's Report
- Committee Assurance Reports
- Integrated Performance Report

5. ANY OTHER BUSINESS

5.1 Any other items of business previously notified to the Chair.

6. QUESTIONS FROM MEMBERS OF THE PUBLIC RELATING TO THE AGENDA

7 DATE AND VENUE OF NEXT MEETING

The next meeting of the Kent Community Health NHS Foundation Trust Council of Governors will take place in public at 1pm on Wednesday 27 April 2022, venue to be confirmed.



UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust Council of Governor's Meeting
Held at 1pm on Wednesday 3 November 2021
Held virtually via MS Teams

Present:	<p>John Goulston, Chair</p> <p>Janet Allen, Staff Governor, Corporate Services</p> <p>William Anderson, Staff Governor, Adult Services</p> <p>Elaine Ashford, Public Governor, Dartford</p> <p>Dr Loretta Bellman, Public Governor, Tunbridge Wells</p> <p>Maria-Loukia Bratsou, Staff Governor for Children and Young People Services</p> <p>Carol Coleman, Public Governor, Dover and Deal</p> <p>Ruth Davies, Public Governor, Tonbridge and Malling</p> <p>Gill Harris, Public Governor, Sevenoaks</p> <p>Miles Lemon, Public Governor, Swale</p> <p>Kimberley Lloyd, Staff Governor, Health and Wellbeing Services</p> <p>John Norley - Appointed Governor for Age UK</p> <p>David Price, Public Governor, Maidstone</p> <p>Lynne Spencer, Public Governor, Canterbury</p> <p>Dr Sue Plummer, Appointed Governor, Universities</p> <p>Kathy Walters, Public Governor, Ashford</p>
In Attendance:	<p>John Woolgrove, Public Governor, Rest of England</p> <p>Gina Baines Committee Secretary (Minute Taker)</p> <p>Pippa Barber, Non-Executive Director</p> <p>Ali Carruth, Director of Participation, Experience and Patient Engagement</p> <p>Natalie Davies, Director of Corporate Services</p> <p>Gordon Flack, Deputy Chief Executive/Director of Finance</p> <p>Prof. Francis Drobniowski, Non-Executive Director</p> <p>Bridget Skelton, Non-Executive Director</p>

03/11/1 Introduction by Chair

Mr Goulston welcomed everyone present to the meeting of the Council of Governors (the Council).

Mr Goulston reminded the Council that the meeting was being recorded, and the recording would be available on the public website.

Mr Goulston welcomed John Norley, Appointed Governor for Age UK.

03/11/2 Apologies for Absence

Apologies were received from Paul Bentley, Chief Executive; Pauline Butterworth, Chief Operating Officer; Alison Carter, Appointed Governor, Kent Dementia Alliance; Joy Fuller, Governor Lead; Daniel Mott, Public Governor, Folkestone and Hythe; and Matthew Wright, Appointed Governor, Kent Association of Head Teachers.

The meeting was quorate.

03/11/3 Declarations of Interest

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

Ms Coleman added that she had been appointed as a designate non-executive patient and public representative to the Kent, Surrey and Sussex Partnership Board from 1 September 2021.

03/11/4 Minutes of the Kent Community Health NHS Foundation Trust (the Trust) Council of Governors meeting held on 21 July 2021

The Council **AGREED** the minutes.

03/11/5 Matters Arising

The Council **RECEIVED** the Matters Arising.

03/11/6 Chair's Report

Mr Goulston presented a verbal report to the Council.

Mr Goulston confirmed that Mr Cedi Frederick had been appointed as the new Chair of the Kent and Medway NHS Integrated Care Board and would take up the post on 1 November 2021. Mr Goulston would step down as the interim chair at the end of November. It was agreed that Mr Frederick and the new chief executive would be invited to a future governor development session to give their vision and talk to the Council about the future of the Kent and Medway integrated care system (ICS).

Action – Mr Goulston

Mr Goulston had participated in We Care visits to the Looked After Children Service and the East Sussex School Nursing Service. The Looked After Children Service was experiencing an increase in demand for its services due to the increased number of refugees that were entering Kent.

Mr Goulston had attended three service visits. Ms Barber had joined him at the Thanet Long Term Conditions. Ms Coleman had joined him at Victoria Hospital, Deal where they had met staff on the ward and in the other services based there. Mr Lemon had accompanied him to Faversham Cottage Hospital where they had met staff on the ward, along with the community nursing team and Tissue Viability Team that were based at the site.

On behalf of the Quality Committee, Mr Goulston and Mr Nigel Turner, Non-Executive Director had undertaken a visit to the East Kent Rapid Transfer Service to carry out a deep dive to assess any quality impacts from the service's cost improvement schemes. Mr Anderson had been attendance from the management team.

On 22 October, the Trust had held a staff event at Kent Event Centre to celebrate a number of staff achievements over the year. This had included the long service awards, the staff awards and the graduating ceremony of the first cohort of nurse associates from the Trust's Nursing Academy.

October 2021 was Black History Month and Mr Goulston and Mr Bentley had taken the opportunity to join the Trust's black, Asian and minority ethnic (BAME) staff network meeting where the theme had been allyship.

Mr Goulston reported that the first quarterly informal meeting with governors had taken place. All those who had attended had agreed that it had been valuable and further meetings would take place through the year.

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

03/11/7 Trust Quarterly Report

Mr Flack presented the report to the Council.

Mr Flack asked the Council to take the report as read, and highlighted a number of items contained within the report.

He remarked on the high levels of patient satisfaction that had been recorded. However, the workforce was under pressure, and sickness due to stress and anxiety was being recorded. The community hospitals were also under pressure and the Trust had approved its winter plan to support services through the winter months. Programmes were in place to respond to these various pressures including providing support through the staff bank and new appointments from overseas recruitment, health and well-being schemes for staff and a funding scheme to deliver winter services. With regards to the Trust's financial position, at the half year Mr Flack could report that the position was good and he expected that the Trust would report a break-even position at year end. With regards to the vaccination programmes, the report provided an update on both the children's immunisation programme and the staff flu vaccination programme, both of which were underway. To support the winter plan, it had been agreed that the Trust would increase its bank rates as part of wider investment in the system. In October, the Board had joined the Board of Kent and Medway NHS and Social Care Partnership (KMPT) in a Board to Board meeting to discuss how the two trusts would work together. There was a great appetite for the two organisations to work more closely and to collaborate in areas such as frailty and dementia.

Ms Allen agreed that staff were tired and asked if there were any measures being considered to take the pressure off staff. Mr Flack highlighted that investment was being targeted at the local referral units and roster management to help with lifting the administrative burden from clinical staff. Other ideas that would help with streamlining processes for staff would be welcome such as in

the management of patient records. It was agreed that the staff governors would forward any suggestions they might have of measures that could be introduced to ease the pressures on staff.

Action – Staff governors

Mr Woolgrove referred to the reports of potential industrial action by GPs and asked that if this occurred whether it would have a significant impact on the Trust. Mr Flack was not aware of any potential impact on services as these were delivered by nurses and therapists rather than GPs.

Ms Coleman reported that there had been instances at Victoria Hospital, Deal where the urgent treatment centre physiotherapists had had capacity while the physiotherapy service on site had not. In response to her request for the Trust to work with other stake holders in the building to help manage this more effectively, it was agreed that Mr Flack would liaise with Ms Butterworth about moving staff between services in order to respond to changes in demand and capacity.

Ms Barber commented that she had visited Gravesham Community Hospital recently where it had been confirmed that seven day therapy had been planned for the winter.

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

03/11/8 Governor Feedback from each of the Constituencies

Mr Goulston invited governors to provide feedback or issues.

Ms Coleman had attended two events in Dover. The feedback she had received at both was that patients were worried about their diabetes. There had been a lack of follow up tests from GP nurses and patients were concerned that they had been forgotten. She asked if the Trust could work with the clinical commissioning group to ensure that patients were seen at the right time by their GP. Mr Goulston highlighted that supporting diabetic patients in the community was a priority for all providers and this was being overseen by the East Kent Health and Care Partnership Board. Mr Flack added that the partnership board was building on the clinical model that was already in place in west Kent and this was being rolled out at pace.

Dr Bellman reported that she had attended the opening of the dementia café at Tonbridge Cottage Hospital and welcomed this excellent initiative.

Ms Walters explained that she had recently had a positive, personal experience of the Chronic Pain Service and highlighted the excellence discharge call she had received.

Ms Spencer had attended a We Care visit to Heron Ward at the Queen Victoria Memorial Hospital, Herne Bay with Ms Barber. The staff had explained the challenges they had faced with the alpha variant of COVID-19. They were in good spirits and looking forward to the refurbishment of the ward. Ms Spencer had also had the opportunity to be involved with the assessments of the Chronic Pain Service, the Podiatry Service and the Diabetes Service.

Ms Lloyd reported that she had attended two We Care visits. Staff had talked about the difficulties they had faced during the pandemic and how they had supported each other through the difficult times.

Ms Ruth Davies had attended the opening of the dementia café at Tonbridge Cottage Hospital. The facility was for inpatients at present and she asked whether it might have wider access in the future. She had also visited the Maidstone community nursing team.

The Council **RECEIVED** the governor feedback.

03/11/9 Report from the Communications and Engagement Committee

Ms Coleman provided a verbal report to the Council.

This would be the last report that Ms Coleman would be presenting to the Council as she would be stepping down as chair of the Committee.

The Committee had met on 28 October. The Communications Team had presented their social media winter health messaging programme. The concept was that it would address the questions that most people would ask in winter. It would take place over one week and deal with a different topic each day. The programme plan had been circulated to the governors who had not attended the meeting and it was requested that they should feedback to Ms Julia Rogers, Deputy Director of Communications and/or Ms Rutland, Communications and Media Officer and cc'd to Ms Coleman by 8 November. The comms programme would provide an opportunity to support patients and direct people to the right place to access support. Looking ahead, it was planned that there would be a face-to-face event next year in the community.

Action – All governors

Governors were requested to contact Mr Goulston or Ms Davies if they wished to be considered for the role of Chair of the Communication and Engagement Committee.

Action – All governors

The Council **RECEIVED** the report.

03/11/10 Feedback from Charitable Funds Committee

Ms Coleman provided a verbal report to the Council.

The Committee had not met recently. However, Ms Coleman highlighted that Team Treats funding was still available for staff to access. She added that many staff were still not aware of the existence of charitable funds and how it could support the funding of resources and suggested that further actions to raise awareness were needed. Prof. Drobniowski, Chair of the Charitable Funds Committee concurred with Ms Coleman. Mr Flack commented that the Committee had asked for more proactive planning by managers.

The Council **RECEIVED** the report.

On behalf of the Council and the Trust Board, Mr Goulston thanked Ms Coleman for the work that she had done as the Chair of the Communication and Engagement Committee and as a member of the Charitable Funds Committee. Both groups had progressed far due to her commitment.

03/11/11 **Report on Patient and Public Engagement, Experience and Complaints**

Ms Carruth presented the Patient and Carer Partnership Team report and the Complaints report to the Council.

The reports would be received by the Quality Committee on 10 December 2021. The link to the Participation video would be circulated to the Council.

Action – Ms Davies

In response to a question from Mr Woolgrove as to what was the private component of the Trust's dental provision, Ms Davies explained that private schemes such as Denplan could supplement NHS provision. Mr Flack added that the Trust's Dental Service did offer a very small element of private NHS care in one practice in east Kent; an arrangement which had been inherited from NHS England. With regards to continuing to offer this private treatment option to new patients at the practice, Mr Flack indicated that it was not the Trust's intention to rule out potential private growth, although it was not a priority at the moment. It was an important debate to be had as this private component did play a role in subsidising a loss-making NHS service. Mr Flack suggested that the Leadership Form could debate this when it discussed the Trust's business develop strategy at its meeting in November.

Action – Mr Flack

The Council **RECEIVED** the report.

03/11/12 **Quality Strategy**

Ms Barber presented the Quality Strategy to the Council.

In response to a question from Dr Bellman as to why patient safety was objective seven rather than objective one, Ms Barber stressed that all the objectives were equally important and that the Quality Committee would be monitoring the progress of each of the objectives equally.

The Council **RECEIVED** the Quality Strategy.

03/11/13 **Digital Strategy**

Mr Flack presented the Digital Strategy and Mr Mark Gray, Assistant Director of ICT joined the meeting to take questions.

In response to a question from Ms Coleman regarding data transfer governance arrangements with stakeholders such as primary care networks, Mr Gray confirmed that all organisations including all GP practices had been engaged with to agree governance arrangements and all data protection requirements were in place. This meant that documents and processes should be transferable between health and social care settings.

In response to a question from Ms Spencer as to whether every area had a Rio superuser, Mr Gray responded that superusers had been identified previously but this had now moved on to wider engagement with staff. He would raise this at the Digital Strategy Group meeting to ensure there were a wider number of super users across the Trust.

Ms Barber commented that on her recent visit to the Podiatric Surgery Team, staff confirmed that they have been accessing the Kent and Medway Care Record which was bringing real benefit to their work.

In response to a question from Mr Price as to how the Trust would guarantee non-digital access for patients, Mr Gray explained that services took account of patient preference and would offer a face to face consultation where it was preferred, wanted or needed. The strategy was to use a digital approach if that was what was preferred. The Trust would be working with voluntary groups to help patients with using digital technology and it recognised that not everyone in the community had the economic means to access digital channels.

It was agreed to provide a six monthly update to the Council on progress with the strategy along with a consolidated report of all the Trust's strategies.

Action – Ms Davies

The Council **RECEIVED** the Digital Strategy.

03/11/14 **Governor Elections**

Ms Davies presented the report to the Council.

The Council **APPROVED** the proposed timetable.

03/11/15 **Nominations Committee Report**

Mr Price presented the report to the Council.

Mr Price asked the Council to approve the recommendations of the Nominations Committee:

- The remuneration of the non-executive directors should stay at £13,000 per year with a 20 per cent uplift for the chairs of the main board committees.
- The chair's remuneration should be set at £48,000 from 1 November 2021.
- In relation to the recruitment process for non-executive directors;
 - Alumni Harvey Nash to be appointed as the Search Consultant for the recruitment of the non-executive directors.
 - Candidates for the two associate non-executive directors would be sought during the search for the two non-executive directors. If the associate non-executive directors were not found during the current search, the process would commence again in Spring 2022.
 - The associate non-executive directors should be offered a remuneration of £9000.

The Council **RECEIVED** the report and formally **APPROVED** the recommendations.

03/11/16 Papers Available for Governors

Ms Baines would circulate the papers from the 9 September Board meeting to the Council.

Action – Ms Baines

03/11/17 Any Other Business

Ms Spencer highlighted the restricted use of pronouns in the non-executive director application pack and it was agreed that they would be updated.

Action – Ms Davies

Ms Harris commented that she was struggling with some aspects of the Trust's systems and would welcome some further support. It was agreed that Ms Davies would arrange this for individual governors as requested. Mr Goulston would meet with all the governors appointed in 2021 for feedback on their induction.

Actions – Ms Davies / Mr Goulston

03/11/18 Questions from members of the public

There were no questions from the public.

The meeting ended at 2.34pm.

03/11/19 Date and Time of Next Meeting

Wednesday 26 January 2022 at 1pm.

Venue to be confirmed.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING

OPEN ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
3 November 2021	03/11/6 - Chair's report	To invite Cedi Frederick, Chair-designate of the new Kent and Medway NHS Integrated Care Board and its new chief executive to a future Governor development session.	Mr Goulston	Mr Frederick and Mr Bentley invited to attend the Governor Development Day on 6 April 2022.
3 November 2021	03/11/7 - Trust Quarterly Report	To forward any suggestions of measures that could be introduced to ease the pressures on staff.	Staff governors	Action complete.
3 November 2021	03/11/7 - Trust Quarterly Report	To liaise with Ms Pauline Butterworth, Chief Operating Officer regarding moving staff between services delivered by different stakeholders but on the same site in order to respond to changes in demand and capacity.	Mr Flack	<p>Ms Clare Thomas, Community Services Director (Adults) responded to confirm that Physios were not part of the KCHFT/ Urgent Treatment Centre (UTC) team. They are employed by Channel Health Alliance (CHA) as part of the primary care visiting service. The UTC team does sometimes seek advice as they are onsite but there is a separate referral route for accessing physio internally.</p> <p>The Trust has worked with 111 to increase the direct bookings to the UTC which has increased utilisation, including walk-ins.</p>

3 November 2021	03/11/9 - Report from Communication and Engagement Committee	To send feedback to Ms Julia Rogers, Deputy Director of Communications and/or Ms Amy Rutland, Communications and Media Officer and cc'd to Ms Carol Coleman regarding the Comms plan for the winter health messaging programme by 8 November.	All governors	Action complete.
3 November 2021	03/11/9 - Report from Communication and Engagement Committee	To contact Mr Goulston or Ms Davies regarding being considered for the role of Chair of the Communication and Engagement Committee.	All governors	Action complete.
3 November 2021	03/11/11 - Report on Patient and Public Engagement, Experience and Complaints	To circulate the link for the video to the Council of Governors.	Ms Davies	Action complete.
3 November 2021	03/11/11 - Report on Patient and Public Engagement, Experience and Complaints	To include the provision of private dental services in the discussion of the Trust's future business development strategy at its Leadership Forum in November.	Mr Flack	Action complete.
3 November 2021	03/11/13 - Digital Strategy	To provide a six-monthly update to the Council of Governors on progress with the Trust's strategies within a consolidated report.	Ms Davies	Added to Forward Plan.
3 November 2021	03/11/16 - Papers Available for Governors	To circulate the papers to the Council of Governors by email.	Ms Davies	Action complete.
3 November 2021	03/11/17 - Any Other Business	To update the pronouns in the non-executive application pack.	Ms Davies	Action complete.

3 November 2021	03/11/17 - Any Other Business	To meet with all the governors appointed in 2021 for feedback on their induction.	Mr Goulston	meetings to be arranged.
3 November 2021	03/11/17- Any Other Business	To arrange for one to one technical support for individual governors as requested.	Ms Davies	Governor Lead to take forward the arrangement of a training session with governors.
11 November 2020	11/11/7 – Trust Quarterly Report	To provide an update on the collaboration between KCHFT and Kent and Medway Partnership NHS Trust (KMPT) at a future Council meeting.	Mr Goulston	Update to be provided to the Council of Governors meeting in Spring 2022. Deep dive discussion to be arranged for a future development session.
11 November 2020	11/11/7 – Trust Quarterly Report	To share NHS Provider's guidance on the role of Council of Governors and Non-Executive Directors in provider collaboratives, when published.	Mr Goulston	Still awaiting publication.

MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING

CLOSED ACTIONS

Meeting Date	Agenda Item	Action Agreed	By Whom	Current Status/Update
21 July 2021	21/07/5	To invite Ms Butterworth to a future Governor Development Session to discuss integrated and partnership working and pathways.	Mr Goulston	3.11.21 – Action complete. Added to forward plan.
21 July 2021	21/07/5	To share details of unresolved payments in relation to mandatory training for vaccination staff with Mr Bentley.	Governors	3.11.21 – Action complete.
21 July 2021	21/07/7	To share a message of thanks to all KCHFT staff on behalf of Governors.	Mr Bentley	3.11.21 – Action complete.
21 July 2021	21/07/7	To share with the Trust's new Director of Medical Education that the University of Kent had appointed Kent and Medway Partnership and Social Care Trust's (KMPT's) Director of Medical Education as a visiting Professor.	Mr Bentley	3.11.21 – Action complete.
21 July 2021	21/07/7	To request that the information provided on the public website in relation to dental services is updated.	Mr Bentley	3.11.21 – Action complete. Mr Bentley asked the communications team to update the website.
21 July 2021	21/07/7	To take back the request for a pop-up vaccination centre in Dover.	Mr Bentley	3.11.21 – Action complete.

21 July 2021	21/07/8	To inform Ms Coleman if any governors wished to be involved in research opportunities.	Governors	3.11.21 – A number of governors showed interest, but due to the early stages of development the opportunity for governors to be involved would be revisited again in 2022.
21 July 2021	21/07/8	To assist with the arrangement of service visits to community nursing teams.	Mr Anderson	3.11.21 – Action complete. a number of service visits were arranged which the Chair attended.
21 July 2021	21/07/9	To discuss at board level the need for more public health messages on prevention and health promotion issues, which had reduced significantly since the beginning of the pandemic.	Mr Bentley	3.11.21 – Action complete. Mr Bentley has taken this request to the communications team to do some promotional work around this.
21 July 2021	21/07/14	To forward the invitation to the Annual Members Meeting to all governors.	Ms Fuller	3.11.21 – Action complete.
21 July 2021	21/07/15	To share the 2021 Freedom to Speak Up Index Report with all governors.	Ms Fuller	3.11.21 – Action complete.
21 July 2021	21/07/18	To provide a formal response to Mr Fletcher's question to the Council of Governors.	Mr Goulston/ Mr Bentley	3.11.21 – Formal response issued to Mr Fletcher
21 July 2021	21/07/18	To discuss current issues related to Minor Injuries Units with Ms Gaiger outside of the meeting.	Mr Bentley	3.11.21 – Action complete. Conversations were had with Ms Gaiger and the Chief Nurse.

Title of Meeting	Council of Governors
Date of Meeting:	26 January 2022
Agenda Item:	1.7
Subject:	Trust Quarterly Report
Presenting Officer:	Gordon Flack, Acting Chief Executive

I am honoured to be appointed as Acting Chief Executive of KCHFT. I will be in post until a new substantive Chief Executive has been appointed, and until such time, I will work closely with the Council of Governors in delivering the Trust strategy and dealing with the impacts of winter and the pandemic. As with previous reports provided by Paul Bentley, I will continue to provide the Council with a quarterly update, where I will highlight a number of issues which have arisen since the last meeting, grouped into the following categories: performance, patients, our people and partnerships.

Since the last time the Council met in November, our Trust along with the rest of the country has continued to manage the consequence of the global COVID-19 pandemic whilst simultaneously providing the non-pandemic services which we provide. At the time of writing, Kent and Medway Trusts are currently level 3 within the Operational Pressures Escalation Level (OPEL) framework, the second highest escalation level meaning that the local health and social care system is experiencing major pressures compromising patient flow and continues to increase.

1. Performance

1.1 Quality

Quality indicators continue to report a strong position providing assurance that we are continuing to deliver high quality care. The Friends and Family Test (FFT) scores remain high, with 98% of people rating their overall experience of the service they received in as good or very good during October and November 2021.

Turnover of our workforce in November has increased to 16.70% and is the highest rate for the last 24 months. This is the sixth consecutive month that this has been reported above the target.

From June 2021, the vacancy rate has continued to decrease, and in November 2021 we reported a decrease to 4.53% which is the lowest vacancy rate since March 2021. The vacancy rate continues to remain below the target of 6%.

The sickness absence in November was 5.3%, and is an upward trend from March 2021. Although this is a reduction from the sickness absence levels experienced in December 2020 and January 2021, the absence rate continues to report above the mean and target.

As mentioned in the previous report, our workforce continues to operate at very high levels of intensity and the rates mentioned above remain indicative of the pressures

being felt across our workforce. We continue to support our staff, through counselling and well-being support.

During October and November, there were seven lapses in care which resulted in avoidable pressure ulcers. Three were reported as low harm and four as moderate harm, three of which were declared as Serious Incidents.

1.2 Financial Position

The Trust continues to deliver a balanced financial position as shown in the tables in Appendix 1.

2. Patients

2.1 COVID-19 vaccination programme

At the end of October, we handed over the reins for the COVID-19 vaccinations programme to colleagues across the Kent and Medway system after helping to deliver more than half a million vaccines. Folca, the first large-scale vaccination centre we opened on 26 January, is now being run by Channel Health Alliance. During the past year, we have transformed two shops, a call centre, a theatre and a sports hall into highly-efficient, safe clinical centres that we hope have potentially saved the lives of many.

On behalf of the board, I would like to record our thanks to everyone for their efforts; the clinical teams and pharmacy, estates, facilities, HR and education development, communications, IT, the army of volunteers and all those who came out of retirement, transferred from other non-NHS backgrounds, such as cabin crew, logistics, or hospitality, and our existing KCHFT staff who did so very much to make the programme a huge success.

2.2 Staff Flu Vaccination Programme

The trusts staff flu vaccination programme commenced on 18 October 2021, and the national requirement is 100% offer with 85% uptake in frontline staff.

At the time of writing, we have achieved 55% vaccine update for frontline staff.

2.3 Winter Plan

A detailed winter plan has been developed to ensure that, as a trust, we are ready to respond to the predicted demand on operational and support services. There are a number of initiatives within the plan to enable good patient flow across the system and they form an integral part of the broader Kent and Medway Winter Plan. There is a particular focus across the system to mitigate the risks relating to reduced domiciliary care capacity. This will support both our own teams and acute colleagues to reduce the number of patients who are no longer fit to reside in our care.

2.4 We Care Programme

The We Care programme continued throughout 2021, and 20 of our services were reviewed with very strong performance experienced. I am pleased to report that 9 services received an overall rating of 'Outstanding', with the remaining 11 services receiving an overall rating of 'Good'.

Key themes had been identified during these visits, and the programme provides assurance that our teams are operating to the strong standards which the Trust sets.

The programme will continue in 2022, and all governors would be very welcome to observe the visits which will be planned in the coming weeks and months.

3. Our People

3.1 Leadership changes

I am pleased to report that Victoria Robinson-Collins joined the trust on 18 October in the role of Director of People and Organisation Development. Victoria has taken over the role following the retirement of Louise Norris.

Governors will be aware that the process to appoint a new Chief Executive is underway. While I am acting Chief Executive the Deputy Director of Finance, Gill Jacobs, will be Acting Director of Finance. These arrangements commenced on 17 January 2022.

I am looking forward to welcoming three new Non-Executive Directors to the Board in the Spring. Karen Taylor and Kim Lowe have been appointed as Non-Executive Directors, and Razia Shariff has been appointed as associate Non-Executive Director.

3.2 Recognition for our Quality Improvement (QI) Team

Our QI team has been given a Gold Medal from the Academy of Fab NHS Stuff for the work they shared at the end of last year. The team spotlighted some of our QI case studies, including our project to increase the number of adults with learning disabilities having annual health checks and our “flashes of brilliance” template which allows staff to record great ideas which could be replicated by other teams and services. More information can be found on Flo if Governors are interested.

3.3 Mandatory Vaccination Deadline

The trust, in common with all other trusts in the country is preparing for the deadline to implement the Government mandate for healthcare workers to be fully vaccinated against Covid-19. From the 1st April 2022 all staff, contractors and volunteers who are considered to be in scope by way of social or direct contact with patients undertaking CQC regulated activity must either be fully vaccinated or able to offer suitable evidence of their status of exemption.

As the Council is aware the Trust has a high rate of staff vaccination and we are working hard to collect evidence-based records and validate the data held. The current rate of vaccination among our staff is 94%. The process and number of colleagues involved will inevitably mean that not all unvaccinated colleagues will be able to be supported into alternative roles prior to the deadline. We are therefore working hard with all staff to support them to have the vaccine and supporting those who are medically exempt.

4. Partnerships

4.1 New architecture of the NHS in Kent and Medway

Work has continued to develop the architecture of the NHS in England with the formation, subject to legislation, of Integrated Care Boards. As you will know, our former Chief

Executive Paul Bentley was appointed to the role of Designate Chief Executive of the Kent and Medway Integrated Care Board (ICB), with effect from January 2022. The new Designate Chair of the ICB has been confirmed as Cedi Frederick. The Trust continues to be fully engaged with the development of the system architecture.

The Planning Guidance for the 2022/23 financial year has been published by the Department of Health. The guidance confirmed 10 priorities for the health service:

- A. Invest in our workforce
- B. Respond to COVID-19 ever more effectively
- C. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity
- E. Improve timely access to primary care
- F. Improve mental health services and services for people with a learning disability and/or autistic people
- G. Continue to develop our approach to population health management, prevent ill health and address health inequalities
- H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- I. Make the most effective use of our resources
- J. Establish ICBs and collaborative system working

The Guidance is helpful as it offers a continuation of the previous approach, and is issued in a tone which is sympathetic to the NHS and the enduring challenges presented by Covid. The assumption as identified above is that the escalated incident level in place at present will reduce, understandably the guidance does not include a date on when and whether the continued escalation of the pandemic would lead to a reduction in the priorities or a delay in their implementation.

These priorities align well with the current Trust priorities. At the Council meeting today, it is planned that the Governors will receive a presentation on the Trust strategic priorities for discussion.

I invite the Council to support me in thanking our workforce for the extraordinary way in which they continue to deliver high quality and compassionate care, and their continued commitment and contribution to responding to the pandemic and the resetting of our services.

Gordon Flack
Acting Chief Executive
January 2022

Appendix 1

Assurance on Financial Sustainability

Surplus		Rag rating: Green	
	Actual	Plan	Variance
Year to Date £k	0	0	0
Year End Forecast £k	0	0	0
<p>The Trust is in a breakeven position to the end of November.</p> <p>YTD pay has overspent by £4,297k offset by underspends on non-pay and depreciation/interest of £276k and £198k respectively and an over recovery on income of £3,824k.</p>			

Cash and Cash Equivalents		Rag rating: Green	
	Actual	Forecast	Variance
Year to Date £k	40,047	37,131	2,916
Year End Forecast £k		40,727	
<p>Cash and Cash Equivalents as at M8 close stands at £40,047k, equivalent to 58 days operating expenditure. The Trust recorded the following YTD public sector payment statistics 82% for volume and 81% for value.</p>			

Use of Resourcing Rating		Rag rating: Green	
	Year to Date Rating	Year End Forecast Rating	
Capital Service Capacity	1	1	
Liquidity	1	1	
I&E margin (%)	2	2	
Distance from Financial Plan	1	1	
Agency Spend	1	1	
Overall Rating	1	1	
<p>The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M8 2021-22. The YTD I&E margin % has returned a rating of 2 as a result of the current break-even regime.</p>			

Capital Expenditure		Rag rating: Amber	
	Actual/Forecast	Plan	Variance
YTD Expenditure £k	2,831	5,664	2,833
Year End Forecast £k	8,025	12,698	4,673
<p>Spend to November was £2,831k against a YTD plan of £5,664k (50% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes.</p> <p>As at M8, the full year forecast is £8,025k and the trust expects to utilise this in full. The full year variance of £4,673k is the net effect of the redistribution of the £4,924k ringfenced funding held on behalf of the K&M system for system priorities plus the additional spend forecast (£251k) for the KMCR project. The external funding application (PDC) of £3,092k for the KMCR project has now been</p>			

approved and confirmed. In turn, the £8,025k full year forecast is planned to be funded via £4,933k of internal funds and £3,092k via external funds.

CIP**Rag rating: Amber**

	Actual	Plan	Variance
Year to Date £k	2,369	2,943	-574
Year End Forecast £k	4,415	4,415	0

The Trust achieved CIPs of 2,369k to the end of November against a risk rated plan of £2,943k and so CIP is £574k behind plan to date.

81.1% of the total annual CIP target has been removed from budgets at month eight.

The Trust is forecasting to achieve the full plan of £4,415k by the end of the year.

Agency Targets**Rag rating: Green**

	M8			YTD		
	Actual	Target	Variance	Actual	Target	Variance
External Agency Excluding Covid-19 Expenditure £k	335	491	156	2,554	3,930	1,376
External Agency Including Covid-19 Expenditure £k	316	491	175	2,660	3,930	1,270

External Agency and Locums excluding Covid-19 expenditure was £335k against £491k target in November.

External Agency and Locums including Covid-19 expenditure in February was £316k against £491k target in November.

Title of Meeting	Council of Governors
Date of Meeting:	26 January 2022
Agenda Item:	2.1
Subject:	Strategic Priorities 2022/23
Presenting Officer:	Gerard Sammon, Director of Strategy and Partnerships

The attached paper summarises feedback on the areas of the strategy that the Trust should go further and faster with in 2022/23.

The Trust refreshed the strategy in 2020 which set out goals and enablers. Of these, it was agreed to focus on High Quality Care, People and System Leadership as the priorities during 2021/22.

An engagement exercise is progressing to give a range of stakeholders across the organisation the opportunity to shape what the Trust prioritises and moves further and faster with next year. Early findings demonstrate a continued emphasis on the importance of investing in our people and providing high quality care.

Gerard Sammon
Director of Strategy and Partnerships
January 2022

Strategic Priorities 2022/23

1. Introduction

- 1.1. This paper will provide an update on the engagement to date to identify priorities of the strategy to move further and faster with during 2022/23.

2. Background

- 2.1. The Trust's strategy was formally refreshed in May 2020 following extensive engagement with both internal and external stakeholders. The strategy includes the following eight goals and enablers:
- **High quality care** - Safe, effective care leading to consistently positive experiences
 - **Prevent ill-health** - Supporting people to stay healthy
 - **Sustainable services** - Developing affordable services
 - **People** - Engaging, developing and valuing our people
 - **Digital** - Having accessible and integrated technology
 - **Environmental sustainability** - Improving our environmental impact
 - **Integrate services** - Connecting the care patients receive
 - **System leadership** - Improving population health and wellbeing
- 2.2. Each year, the Trust identifies a smaller number to be the priorities for the coming year, in 2020/21 the Trust priorities were: high quality care, people and system leadership.
- 2.3. The Trust goals/enablers continue to be consistent with the ten priorities for the NHS as set out in the national planning guidance published in December 2021 and available at: [B1160-2022-23-priorities-and-operational-planning-guidance.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/planning-guidance/B1160-2022-23-priorities-and-operational-planning-guidance.pdf)

3. Assessment

- 3.1. The engagement process was designed to identify the strategic priorities (from the strategies goals and enablers) for next year and themes about what to move further and faster with. To date it includes the feedback from the Leadership Forum, Executive Team, Trust Board and the Trust's business planning activity as well as the feedback from a staff survey conducted during December.
- 3.2. Appendix one contains the quantitative feedback received from the staff survey and leadership forum as well as the proportion of services' business plans that fit with our strategic goals and enablers. The leadership forum and feedback from the staff survey favoured quality, people and digital whilst the business plans primarily present alignment towards quality, people and sustainable services.
- 3.3. A summary of the qualitative feedback about what to go further and faster with in delivering our strategic goals and enablers is set out below. There was a strong focus on continuing to support teams and staffing levels to deliver high quality care

and creating space and time to make improvements. Recruitment and retention activity alongside reducing bureaucracy, empowering decisions, harnessing data and using digital to streamline tasks were also prominent themes. Discussions also featured the importance of equality, diversity and inclusion activity and a plan for recovery from the pandemic as a priority.

Figure one: Moving further and faster to deliver our strategy

Goal / Enabler	Themes
High quality care	<ul style="list-style-type: none"> • Use data and QI approach to drive changes, piloting staff ideas for change • Focus on the basics e.g. wound care, productive ward, staffing levels • Better engage and communicate with patients to make sure they understand what is happening, how to manage their condition and what will happen next
Prevent ill-health	<ul style="list-style-type: none"> • Focus on educating (including at school) and supporting individuals to better manage their health – smoking and obesity, care navigation • Encourage screening and early detection of preventable illnesses • Use community assets and remove barriers to healthy living e.g. fruit stalls and food banks at our locations
Sustainable services	<ul style="list-style-type: none"> • Improve efficiency of services and reduce bureaucracy • Consider structure of services compared to other trusts and consistency of functions
People	<ul style="list-style-type: none"> • Educate and train staff (particularly lower bands) to have a broader skill set that can seek more specialist advice via hotlines • Involve teams more in decision making and create time for them to contribute to projects • Recruit, value and retain staff to reduce stress and burnout by giving staff time to access support on offer and improve communication with staff
Digital	<ul style="list-style-type: none"> • Better understanding and use of data to monitor performance and drive improvements • Reduce system barriers between the Trust and GPs and acute partners • Improve speed and connectivity as well as ongoing training and support for using systems
Environmental sustainability	<ul style="list-style-type: none"> • Reduce single use plastic (e.g. window envelopes, milk pots, cups...) • Make better use of community assets to reduce travel • Promote recycling at our centres with recycle bins on site
Integrate services	<ul style="list-style-type: none"> • Communication is key – listening to service users and other providers and changing services to reduce waste and provide more joined up care • Integrate support services such as safeguarding and tissue viability • Closer working with GPs enabled through digital (access to GP records) • Agree principles or memorandum of understanding across organisations to jointly work on targeted pathways
System leadership	<ul style="list-style-type: none"> • Use population health management approach to agree priorities with partners and collectively agree how to address them • Work with partners on priority areas and new pathways

Next stages

- 3.4. Feedback on priorities and the areas to go further and faster with in 2022/23 will continue to be gathered in quarter four through engagement with the Trust's planning process and with staff through mediums such as the Staff Partnership Forum.
- 3.5. The Board will receive a final update and recommendations at its board meeting during either March or April.

4. Recommendations

- 4.1. The Council of Governors is asked to;
 - note the feedback received in determining the priorities,
 - identify and discuss priorities for the strategy to move further and faster with during 2022/23.

Gerard Sammon
Director of Strategy
19 January 2022

Appendix One

Figure 1: Feedback received to date: staff survey and leadership forum.

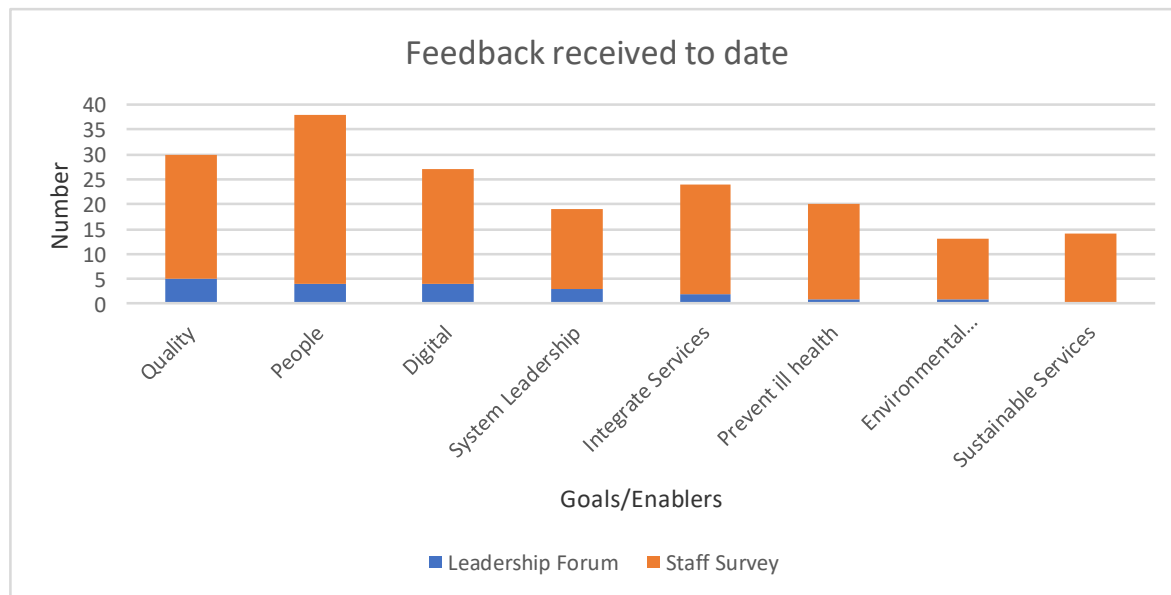


Figure 2: Business planning objectives alignment to the goals and enablers



Title of Meeting	Council of Governors
Date of Meeting:	26 January 2022
Agenda Item:	2.2
Subject:	Chief Executive Recruitment
Presenting Officer:	John Goulston, Chair

1. Introduction

- 1.1 This paper outlines the process proposed for the recruitment of a new Chief Executive Officer and the role of the Council in that process.

2. Executive Search

- 2.1 The Board has taken the decision that due to the significance of the appointment of an experienced and competent individual that it would invest in the appointment of an executive search and selection firm with a proven track record of appointing Chief Executives within large and complex organisations.
- 2.2 In accordance with the Trust Standing Financial Instructions a number of framework providers are asked to submit tenders for the contract. Following the receipt of formal tenders and presentations the preferred supplier, Odgers Berndtson was appointed. Success criteria for the preferred supplier include a demonstrable track record of success in recruiting high calibre Chief Executives to the NHS, including expertise to advise on the type of talent required to play a key leadership role in our Trust and within the Kent and Medway Integrated Care System.

3. Candidate information pack

- 3.1 A comprehensive information pack was developed for candidates. The briefing document is shown at Appendix A.

4. Chief Executive – Recruitment Timetable

- 4.1 The recruitment timetable is as follows.

Date	Activity
W/C 3 rd January 2022	Advertisement placed online Search commenced

Date	Activity
3 February 2022	Longlisting Commences
23 February 2022	Shortlisting Meeting
11 March 2022	Stakeholder Event
16 March 2022	Final interview
Shortly after 16th	Extraordinary Council of Governors to approve the appointment

- 4.2 All candidates will be assessed against the person specification and graded in terms of their suitability for progression to interview stage.
- 4.3 Preliminary face to face interviews will be undertaken by the preferred supplier to assess technical capability, fit and empathy with the values of KCHFT. It is anticipated these will take the form of a face to face constructive dialogue, during which candidates are stretched but also given the opportunity to find out more about KCHFT and the role.
- 4.4 It is suggested that the stakeholder day will comprise 3 group discussions. The suggested groups are:
1. Board of Directors
 2. Governors and Patient representatives
 3. Kent and Medway partners including provider CEOs, Local Authority chief/ executive officers and ICB Accountable Officers
- 4.5 Governors are asked if they would support the following group discussion topic: *"How would you ensure that the voice of the public is heard in the Trust?"*
- 4.6 Following the group discussions, around a pre-set brief, groups will provide the interview panel with questions to probe with the candidates at final interview.
- 4.7 The interview panel is still under consideration and it is likely to include the Chair, vice chair, an external assessor and the chair of the BAME network. The Lead Governor has been asked to be a member of the panel.
- 4.8 Following the final interviews the panel will need to be in a position to agree an offer to the successful candidate within 24 hours. This offer will be subject to Council of Governors approval.

- 4.9 Once the preferred candidate has agreed the proposed offer and contract, an extraordinary meeting of the Council of Governors will be held to gain approval of the appointment. Governors will be asked to approve the appointment on the basis that this process has been followed and appropriate.

5. Recommendations

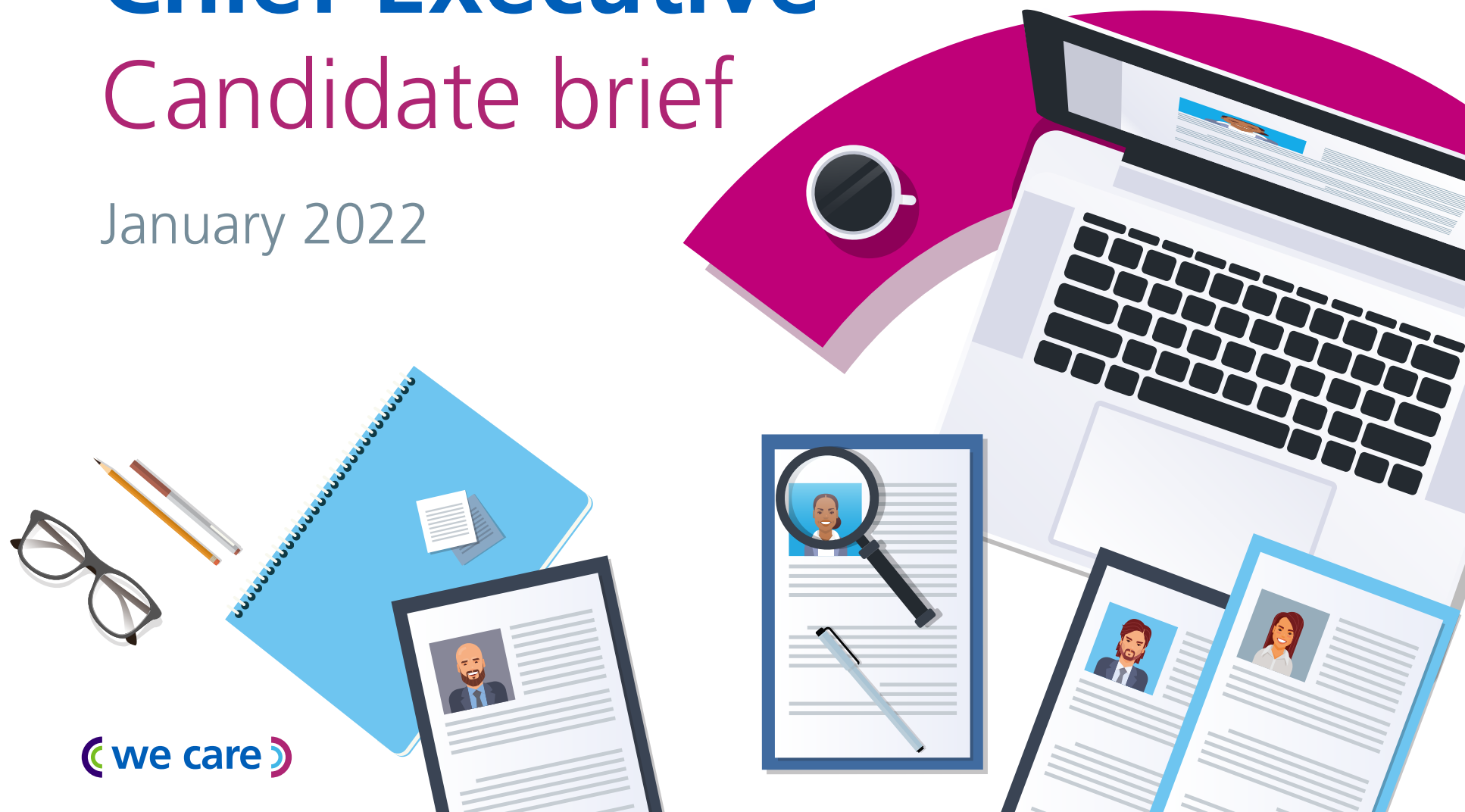
- 5.1 The Council of Governors is asked to:

- Note and support the recruitment process proposal
- Note the date for the stakeholder day
- Consider the proposal for the group discussion on the stakeholder day
- Support the establishment of an Extraordinary Council of Governor following the interview date

John Goulston
Chair

Chief Executive Candidate brief

January 2022



 we care

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Welcome from our chair

During the past 18 months, COVID-19 has taken over our lives and changed so much in the way we provide healthcare and the way in which the NHS is perceived by the people we serve. The pandemic thrust Kent Community Health NHS Foundation Trust into the spotlight and showed the speed and skill in which we could set up vaccination centres, adopt digital innovation faster with online consultations and provide expert mutual aid to both NHS and social care colleagues.

We are very proud of our workforce who continue to deliver high-quality care to the people we serve in Kent, Medway, East Sussex and north east London. That pride in our work and the amazing people we have at KCHFT have helped us address the challenges brought about by COVID-19.

Our focus – despite the pandemic – has remained the people we see, treat and care for together with their families, our people and our partners as we continue with our mission to empower adults and children to live well, to be the best employer and work with our partners as one. Whatever their role, wherever they work – every single one of our 5,000 colleagues, plays an outstanding role in delivering the high-quality care to our communities.

We are looking for an outstanding leader as our new chief executive who has a proven track record of improving health and care services and can take us on the next stage of our journey, making sure we play a leading role in the integrated care system in Kent and Medway.

As well as being passionate about engaging and empowering staff so we can achieve our goal of best employer, you will be committed to a culture of compassionate and inclusive leadership, alongside fostering excellent relationships with governors, members of the Board and our colleagues at every stage of their KCHFT journey.

While we are a trust rated 'outstanding' by the Care Quality Commission with a workforce which rates us as one of the best organisations in the country to work for, our values make sure we always aspire to keep improving. The years ahead are an exciting time in which we can go further with our services and pathways within emerging placed-based partnerships; building on formal alliances between community and mental health providers, as well as relationships with our primary care networks, acute trusts, local authority and community and voluntary sector partners.

If you believe you have what it takes to make a difference to our people and the communities we serve, it would be great to hear from you. Best of luck with your application and we look forward to hearing from you.

John Goulston
Chair



3

About us

Kent Community Health NHS Foundation Trust was formed in April 2011. We are a large provider of NHS care in patients' homes and in the community in England. In July 2019, the trust was rated as outstanding by the Care Quality Commission.

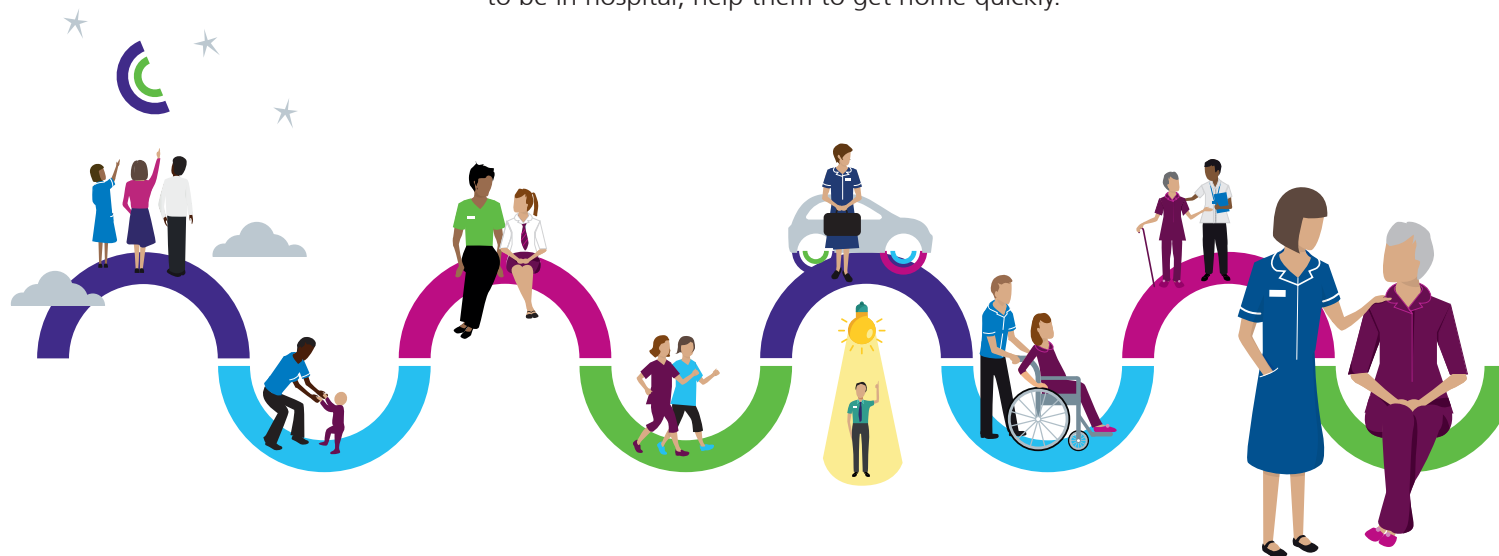
Our budget was £248m but we spent £257m including £11m on the Covid response (of which £3m related to the vaccination programme). Our year end accounts show expenditure of £269m because it includes expenditure for PPE we received free (but paid for and valued nationally) and for employers' pension costs which were paid by NHS England.

We employ in the region of 5,117 (31 March 2020) in a wide range of clinical and support roles. We serve three million people; 1.5million living in Kent and 1.5million people outside of Kent. Our workforce includes doctors, community nurses, dieticians, health visitors, dentists, podiatrists, occupational therapists, physiotherapists, family therapists, clinical psychologists, speech and language therapists, radiographers, pharmacists, health trainers and more.

The trust provides services for children and adults to support them to stay healthy and manage their long-term health conditions, help them avoid going into hospital and, when they have needed to be in hospital, help them to get home quickly.

Advice and support for children's emotional and physical health and wellbeing is available from a range of services, including health visitors, by attending one of the trust's parenting support groups in children's centres or from our school-based nurses.

Our health improvement services support people to make positive lifestyle choices. Help is available to increase exercise, eat healthily, quit smoking and assist with wider health and social care needs. Sexual health services encourage safe sex and provide contraception, family planning and treatment.



Our mission, vision and values

Our mission

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

Our vision

A community that supports each other to live well.

Our goals

- Prevent ill health.
- Deliver high-quality care at home and in the community.
- Integrate services.
- Develop sustainable services.

Our enablers

- **Digital** — having accessible and integrated technology.
- **People** — engaging, developing and valuing our people.
- **Environmental sustainability** — improving our environmental impact.
- **System leadership** — improving population health and wellbeing.

Our values

We have four values:

Compassionate

We put patients and our service users at the heart of everything we do. We're positive, kind and polite. We understand diversity. We're respectful, patient and tolerant.

Aspirational

We feel empowered and we empower our patients. We strive to improve. Our focus is on research and generating ideas and innovations. We're open, transparent and we think creatively.

Responsive

We listen. We act. We communicate clearly. We do what we say we will. We take account of the opinions of others.

Excellent

We strive to deliver the best care we can. We grow a culture of excellence in our teams. We challenge complacency.



Job description

Chief Executive, Kent Community Health NHS Foundation Trust

We are seeking an outstanding leader who is either an experienced or aspiring chief executive with a proven track record of improving health and care services through the collaboration of people (staff), the local population and partners. In successfully leading Kent Community Health NHS Foundation Trust, in particular, you will:

- be a collaborative, system leader and share our passion for delivering inclusive high-quality care and exceptional experience for our service users
- be passionate about engaging and empowering our staff so we achieve our goal of being the best employer
- build and maintain our culture of compassionate and inclusive leadership; and lead our drive to meet the aim of our equality, diversity and inclusion strategy of “leaving no one behind”
- be committed to good relationships with the governors, members of the Board and our colleagues of every profession and occupation
- understand we cannot deliver for the people we serve on our own and that relationships with primary care networks, acute and mental health providers, local authorities, the voluntary and community, social enterprise sector are fundamental to all we do
- fulfil the role of the accounting officer of an NHS foundation trust and be seen as a system leader within the Kent and Medway Integrated Care System

- have the resilience, independence of thought, emotional intelligence, the ability to work through conflict and ambiguity and the ability to demonstrate a range of leadership styles to secure results
- have personal integrity and a commitment to openness and live by the Nolan principles of public life.

Accountability

The post holder is accountable to the Board of Directors through a primary reporting relationship to the chair of the Council of Governors and Board of Directors.

Responsibility within Kent and Medway

As well as being accounting officer for KCHFT, you will be responsible as a system leader for enabling the East and West Kent Health and Care Partnerships, provider collaboration(s) and the Integrated Care Board and the Kent and Medway Health and Care Partnership to succeed.



Key result areas

1. Strategy, leadership and management

- To ensure our vision for the trust remains clear, inspiring and ensures that we play our full part in a sustainable future for community services: To lead the development of our trust-wide strategy into a set of objectives and deliverables, which are clear and measurable and unpinned by the delivery of robust enabling strategies.
- To ensure the successful delivery of our strategy by providing leadership to, and development of, the Executive Team and ensuring the trust has the capacity, capability, and the effective management systems to both deliver these within a culture of collective leadership and support the development and delivery of the plans of the Kent and Medway ICS, the places and provider collaborations.
- To ensure leadership and performance management of the Executive Team aligned to KCHFT culture and values, including support to achieve professional development needs and objectives are successfully delivered.

2. Governance and regulatory compliance

- As accounting officer for the foundation trust, to ensure the trust meets its statutory requirements and service obligations as set out in its provider license.
- To be responsible for making sure the trust acts within a framework of good governance and in accordance with its constitution as agreed by the Council of Governors and to deliver the trust business in a safe, effective, efficient, and economical way
- As the accounting officer for the trust make sure the governance arrangements are in place reflect the highest standards of probity, openness, transparency, and conduct in line with the Nolan principles.

- To work closely with the chair to ensure proper constitutional, governance, and development arrangements are in place to assure ongoing capability and capacity to meet their collective and individual duties and responsibilities.

3. High quality services

- To ensure delivery of the highest quality services to secure the best possible outcomes for service users within appropriate resource allocation while maintaining a consistent focus on safety, quality, integration, and innovation.
- To develop the trust's ongoing service development and quality improvement programme to enhance community engagement and access, and shape our services in line with the future needs of local communities.
- To make sure the trust fulfils the commitment within its vision to be a leader in the delivery of high-quality care and a champion for those we serve.
- To make sure internal and external systems are in place to deliver safe and effective services.
- To ensure performance and development systems are in place to achieve compliance with and, where possible, exceed regulatory and quality standards.
- To ensure the development of a performance management culture, which is supportive, motivating and embraces trust and system-wider learning, objective setting and involvement of staff at all levels.



4. Partnership working, social inclusion and stakeholder management

- Contributing towards a truly integrated care system giving people more control over their own health and the care they receive, driving forward a collaborative approach to working with other service providers.
- Work with the wider health and care system including the Third Sector and local government and establish dynamic place based and provider collaboration partnerships to address our most complex health and care problems and issues of inequality.
- Build and maintain effective working relationships with a wide range of stakeholders, integral to the success of community services and the integrated care system and as a socially responsible employer and provider.
- To develop a culture and practice within which the views and input of service users and carers are embedded in the trust services, and ways of working.
- To develop and maintain constructive relationships with local, regional, and national regulators, commissioners, primary care networks, local authorities, MPs, the third sector, and other relevant organisations within the community.

5. Our people

- To ensure the trust delivers its People Strategy, which supports the delivery of its objectives, incorporating national, system-wide and local priority initiatives.
- To ensure KCHFT is at the forefront of the current national commitment to supporting, engaging, and recognising the contribution of its staff.

- To ensure the implementation of KCHFT's Equality, Diversity and Inclusion strategy, ensuring a zero-tolerance response to discrimination and inequality organisational development.
- To promote and embed a devolved, empowered leadership style with effective engagement of colleagues to create a just culture of innovation, inclusion and psychological safety.
- To ensure effective mechanisms are in place to capture organisational learning from the varied sources both within and out-with the trust.

6. Best use of resources

- As accounting officer to be responsible for the financial performance of the trust and for effective financial systems being in place enabling the trust's financial and statutory duties to be met.
- To ensure effective management of resources through the development of key performance indicators, which are regularly monitored by the Board of Directors.
- To ensure timely and sufficient reporting of such matters to the Board of Directors so it is adequately placed to make informed decisions about the financial health of the trust and the wider integrated care system.
- To recommend to the Board of Directors an annual budget and financial plan and ensuring their achievement following approval, taking into consideration wider system-wide priorities.

Person specification

Leadership experience and capabilities

- Visionary leader, who will continue to develop Kent Community Health NHS Foundation Trust as an outstanding provider of health and care services through the collaboration of people (staff), the local population and partners.
- Strategic thinker with a track record in strategic planning and delivering major organisational change.
- Experience at executive or equivalent level position in a complex organisation providing a range of services.
- Evidence of generating commitment to change and building management capability within own team.
- Passionate commitment to the NHS, its patients and staff, and strong operational grip to deliver on that commitment.
- A demonstrable commitment to equality and inclusion, with the capability to lead our EDI strategy of 'leaving no one behind'.
- Evidence of effective and successful partnership working within and between organisations and stakeholders.
- Substantial experience and a record of successful, large-scale operational, workforce, financial and resource management.
- Evidence of leading, empowering and caring for the staff of the organisation.
- Strong evidence of personal leadership in achieving organisational outcomes, including clinical quality, sound financial control and the promotion of efficiency and productivity improvements.

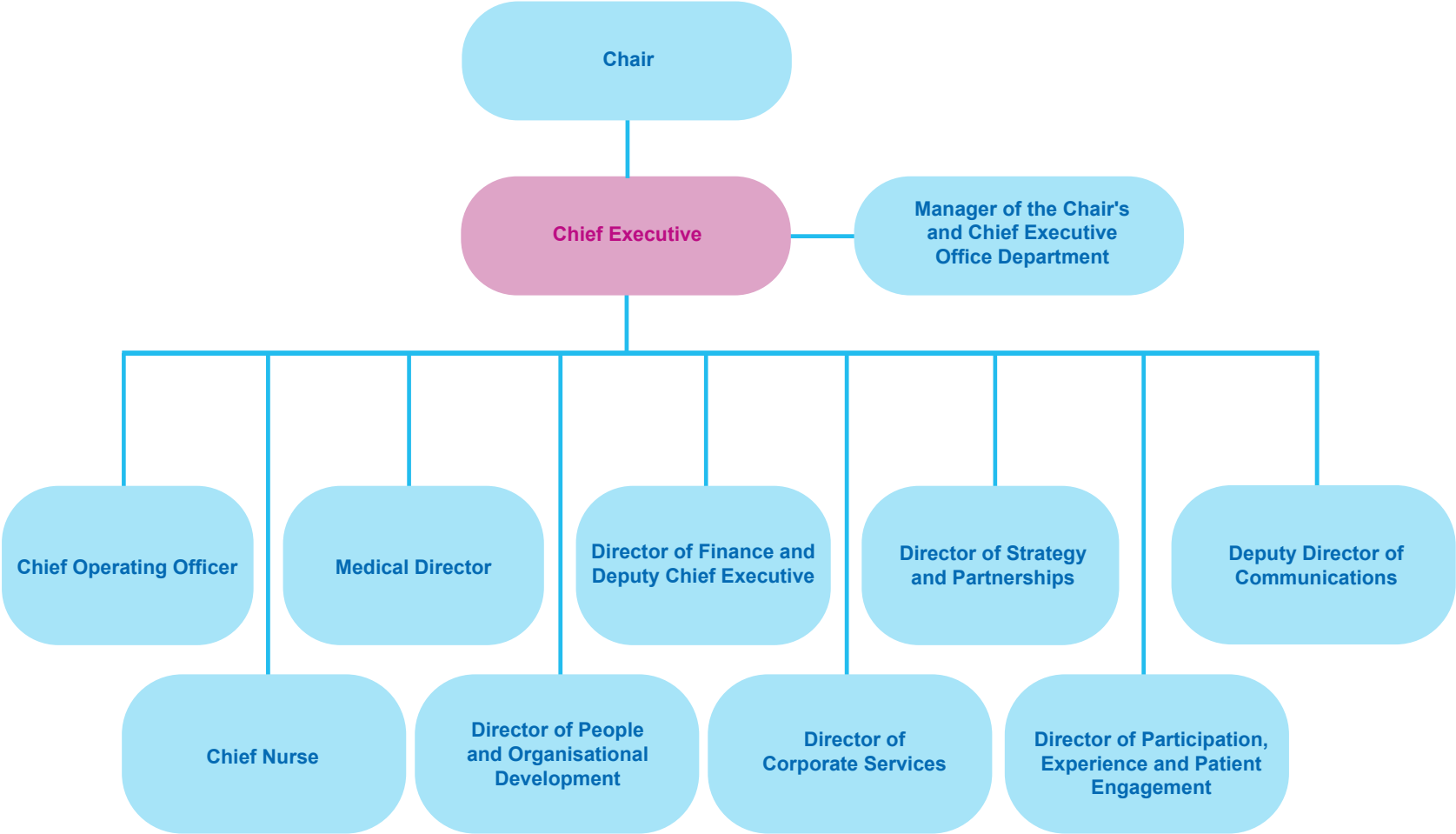


Knowledge and understanding

- A demonstrable understanding of, and commitment to, our values of: compassionate, aspirational, responsive and excellent.
- Ability to think creatively, prioritise and to influence effectively at Board level.
- Ability to understand, lead and manage complex issues and environments to achieve results.
- Ability to build and maintain effective working relationships internally and externally.
- Ability to develop an effective strategic direction in a fast-changing environment.
- Knowledge of good human resource practice and ability to foster an inclusive approach, delegate, facilitate and motivate people to achieve organisational goals.
- Skilled negotiator with ability to use a range of influencing styles to achieve required results.
- Excellent verbal and written communication skills with demonstrably strong analytical skills.
- Ability to inspire and stimulate a positive and inclusive organisational culture.
- Ability to use innovative thinking and approaches to solving challenging problems.
- Flexible leadership style – consensual and participative but clear and decisive when required.
- The ability to live with ambiguity and to show personal resilience.
- Recognises the need to work within the emerging integrated care system (ICS). This will require an individual who recognises the need to partner across key stakeholders for the purpose of improving the care delivered to our local population and beyond.
- A real understanding of the value of digital, data and analytics in continually improving care delivery, and enabling translational research.
- Ability to build strong relationships with the governors, Board, senior staff both clinical and non-clinical, as well as across the whole of our health and care economy in Kent and Medway.



Structure



Process and timescales

The closing date for applications is Monday, 31 January.

Following a long list meeting of the selection panel, successful candidates will be invited to attend preliminary interviews with Odgers Berndtson in **mid-February**.

Stakeholder sessions will take place on **11 or 14 March** and the final interview will be on **16, 17 or 18 March**.

How to apply

To apply, please submit a comprehensive CV along with a covering letter, which sets out your interest in the role and encapsulates the aspects of your experience relevant to the required criteria. Please include current salary details and the names and addresses of three referees. Referees will not be approached until the final stages, after permission from candidates.

All candidates should also complete an online equal opportunity monitoring form, at the end of the application process. This will help KCHFT in monitoring selection decisions to assess whether equality of opportunity is being achieved. Any information collated from the forms will not be used as part of the selection process and will be treated as strictly confidential.



Please apply online at:
www.odgers.com/84929

If you are unable to apply online,
please email:
84929@odgersberndtson.com

All applications will receive an
automated response.

Title of Meeting	Council of Governors
Date of Meeting:	26 January 2022
Agenda Item:	2.6
Subject:	Report on Membership
Presenting Officer:	Victoria Robinson-Collins, Director of People and Organisational Development

This report provides an update on public membership activity for quarter three (October to December 2021).

The Quarter 3 report on Patient and Public Engagement, Experience and Complaints will be presented to the Council of Governors in April.

Victoria Robinson-Collins
Director of People and Organisational Development
January 2022

Public membership activity

October to December 2021

The trust's public membership at 1 December 2021:

 **8,515**

Of the membership:

- 774 are from Black, Asian or minority ethnic communities
- 50 are aged 21 or under
- 1,078 are aged over 75.

Month	Joiners	Cumulative
October	30	8,505
November	4	8,509
December	6	8,515

Contacts

Message from Paul

We sent **3913 members** a message from Chief Executive Paul Bentley as he announced he would be leaving the trust and thanked every one for their support during his career at KCHFT, with a 27 per cent open rate.



Winter well

We asked **3905 people** to get involved with our Winter Well campaign, experts providing advice to help keep our communities well across our social media channels, with a 35 per cent open rate.

Thank you for your support

We thanked **3879** for their support over the year alongside a round-up of our achievements throughout 2021, with a 37 per cent open rate.

Governor elections

We sent **3897 members** information about the upcoming governor's elections, encouraging them to get in touch if they'd like to stand for the role, with a 34 per cent open rate.



That makes
15,594
contacts

October to December



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Meeting Title:	Council of Governors
Date of Meeting:	26 January 2022
Agenda Item:	3.1
Subject:	Nominations Committee
Presenting Officer:	David Price, Lead Governor

1. Introduction

The Nominations Committee (the Committee) is a committee of the Council of Governors (the Council). It is not a decision-making body but rather it makes recommendations for consideration and approval by the Council. This report sets out the recommendations of the most recent Committee meeting for Council review.

The Committee met on 17 January 2022. In attendance were governors; David Price, Miles Lemon and Jan Allen, and John Goulston, Chair and Bridget Skelton, Senior Independent Director. The meeting was quorate. In attendance was Natalie Davies, Corporate Services Director.

The agenda considered the appraisal process for the Chair and Non-Executive Directors for 2021/22.

This report advises the Council of the recommendations of the Committee.

2. Appraisal Process for Chair and Non-Executive Directors for 2021/22

The Committee considered the proposed appraisal process for the Chair and the NEDs for 2020/21. The proposed process would reflect the exceptional nature of the previous year and the continued pressures that the trust is facing in relation to the pandemic as well as the seasonal response. The appraisal would contain three components; Self appraisal, Peer appraisal and Governor appraisal.

The appraisal process was approved by the Committee. It was agreed that the appraisal process would be shared with the full Council of Governors at the Informal Governors meeting on 26 January 2022.

3. Recommendations

The Council of Governors is asked to ratify the approval of the appraisal process for the Chair and Non-Executive Directors for 2021/22.

David Price
Lead Governor
January 2022